



TRUST PERFORMANCE & QUALITY REPORT

January 2024



NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024 Q4	2023-2024	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	79.02%	82.09%	84.06%	80.32%	73.70%	75.80%	77.88%	78.05%	76.40%	78.87%	80.78%	80.78%	79.08%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	63.29%	61.54%	61.21%	63.80%	57.73%	55.76%	56.21%	57.34%	60.22%	58.35%	58.50%	58.50%	60.21%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.42%	95.84%	94.82%	95.70%	94.37%	94.01%	94.42%	94.52%	95.22%	94.73%	94.58%	n/a	94.99%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	100%	100%	100%	100%	97.55%	100%	100%	100%	n/a	97.56%	
	31 day combined position (Target: >=96%)	94.59%	93.65%	95.08%	96.05%	99.12%	97.70%	97.20%	97.18%	97.33%	96.00%	96.43%	96.43%	96.50%	
	62 day combined position (Target: >=85%)	87.25%	87.10%	78.88%	79.02%	84.85%	80.11%	77.80%	78.00%	85.88%	82.90%	78.19%	78.19%	82.12%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	83.23%	82.75%	79.51%	82.92%	70.77%	71.07%	69.38%	72.56%	75.62%	75.50%	73.00%	73.00%	76.52%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	2	3	2	17	1	0	1	14	3	3	3	3	31	

A&E 4-hr Waiting Times

The Trust achieved 80.78 % performance in January against the 4-hr ED measure, with 25,840 patients seen across both Emergency Departments. This represents a 6.5% increase in performance from October 2023. This places the Trust in the top quartile nationally among comparable Trusts, and a sector leader in NWL. The UEC Winter Plan is being monitored through executive-led Winter Pressure meetings with a continuing focus on the UEC pathway and improvement programme.

18 Weeks RTT (Incomplete Pathway)

There was an overall reduction in the Trust PTL, while the 18-week RTT incomplete position remained broadly stable. Despite a month of Industrial action and winter pressures, the Trust focused on the NHS drive to book and see patients in the RTT long waiting cohorts, resulting in a decrease in the 52ww, 65ww and 78ww backlogs. Additionally, validation has been stepped up to free up capacity, while operational teams ensure patients are booked in clinical priority and chronological order.

Cancer (Final Previous Month, Unvalidated Current month)

62-Day: The 62-day combined target was not compliant in December 2023 with a performance of 82.90%. For January the unvalidated position is currently 78.19%, impacted by a high volume of breaches in Urology

28-Day FDS: Performance against the FDS target was sustained in December 2023 at 75.5%. The January 2024 unvalidated position shows that FDS has been impacted across a number of tumour sites predominantly ADOC and in some part by the demand into diagnostics alongside a reduction in capacity following equipment failures in CT and MRI. Sarcoma and Urology have particularly felt this challenge.

31-Day: The 31-day combined target was compliant for December 2023 with a performance of 96%.

Clostridium Difficile

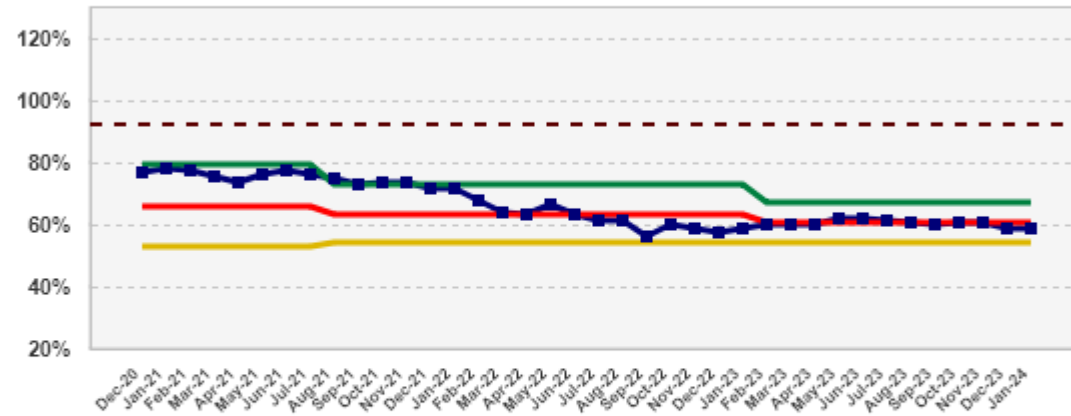
There were 3 Trust attributed CDI cases in January 2024, 1 occurred in PSSU at WMH and the two other cases occurred on Edgar Horne and David Erskine at CWH. The David Erskine RCA identified there were no lapses in care that contributed to the development of CDI and no evidence of cross transmission. The 2 remaining RCAs are pending.



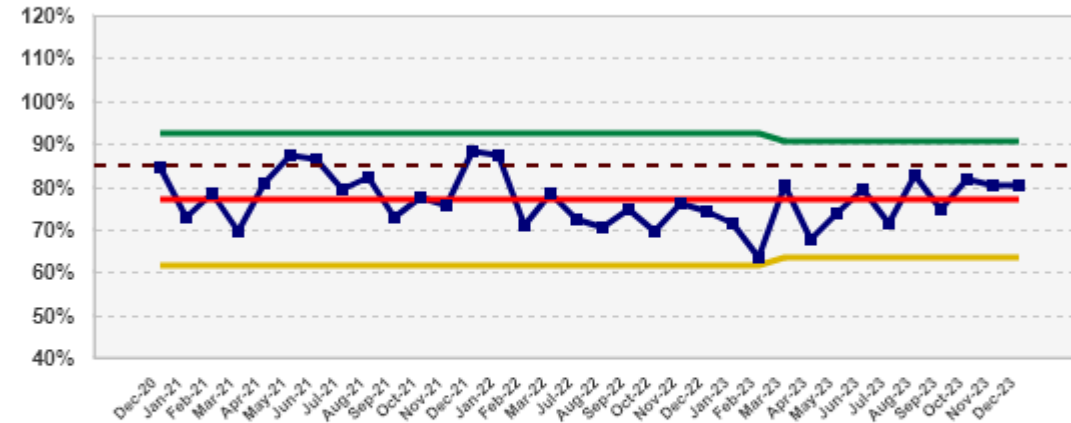
SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 36 months May 2020 to Jan 2024

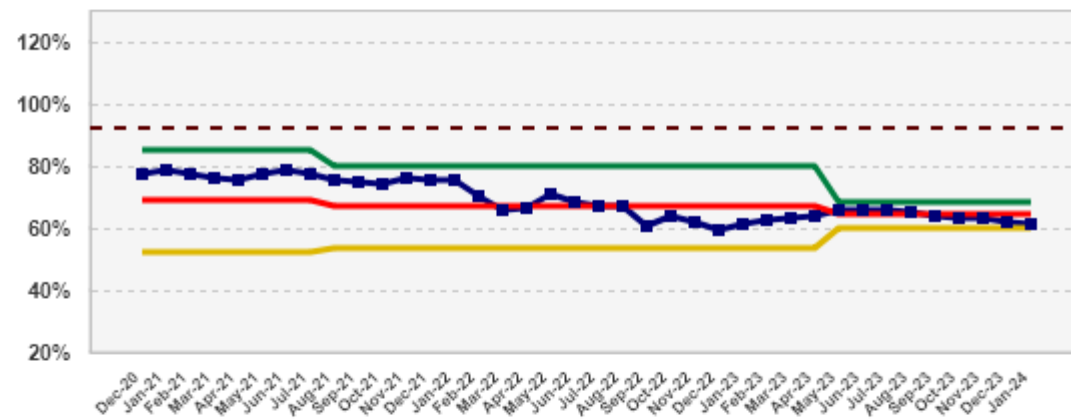
RTT Incomplete pathways
Trust Total



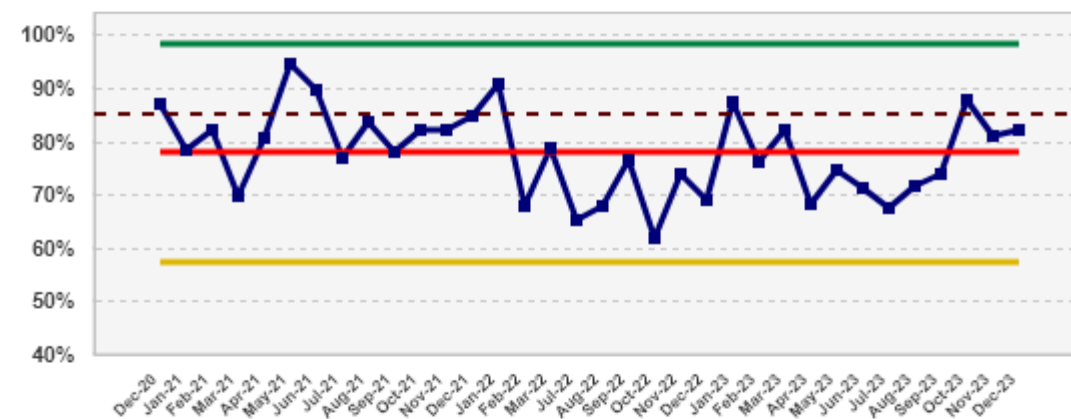
Cancer: 62 day standard
Trust Total



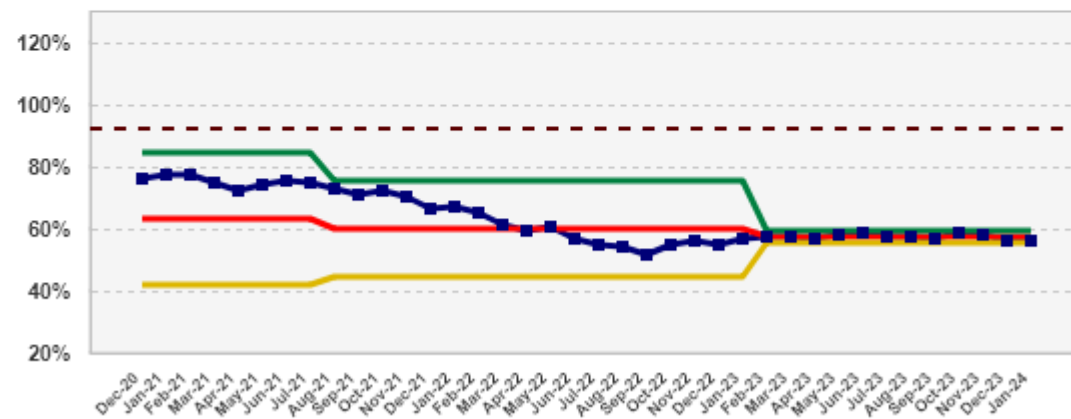
Chelsea and Westminster



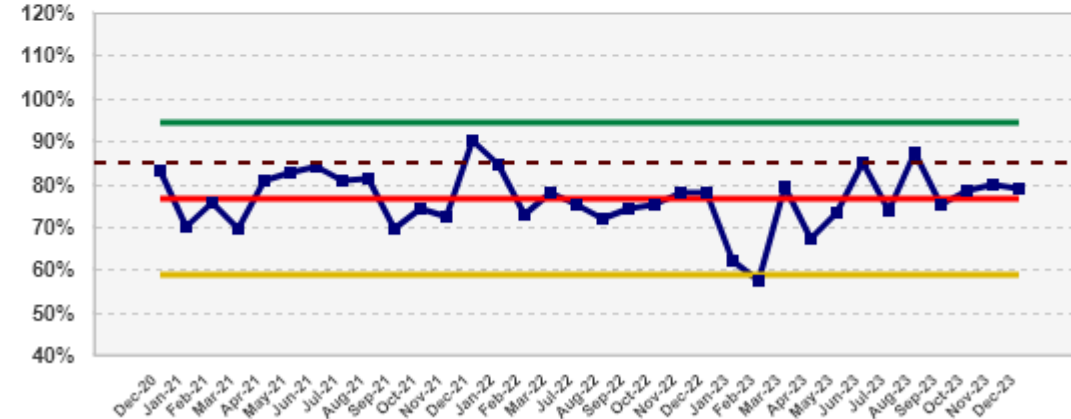
Chelsea and Westminster



West Middlesex



West Middlesex





Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months Trend charts
		Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024 Q4	2023-2024	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	1	0	1	4	0	0	0	0	1	0	1	1	4	
	Hand hygiene compliance (Target: >90%)	94.5%	97.5%	97.3%	95.3%	94.6%	94.4%	98.6%	97.1%	94.6%	96.2%	97.9%	97.9%	96.1%	
Incidents	Number of serious incidents	2	2	3	18	0	1	0	12	2	3	3	3	30	
	Incident reporting rate per 100 admissions (Target: >8.5)	8.3	9.2	8.6	9.1	8.5	10.3	9.3	9.5	8.4	9.7	8.9	8.9	9.3	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.03	0.00	0.01	0.01	0.00	0.00	0.00	0.01	0.01	0.00	0.01	0.01	0.01	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.44	3.84	4.40	4.53	4.00	5.61	5.06	4.28	4.23	4.69	4.73	4.73	4.40	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	2.8%	1.8%	1.5%	0.8%	1.7%	0.0%	1.3%	0.3%	2.3%	0.7%	1.4%	1.4%	0.6%	
Harm	Never Events (Target: 0)	1	0	1	4	0	0	0	1	1	0	1	1	5	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	1	0	4	0	1	0	1	1	2	0	0	5	
	Safeguarding adults - number of referrals	31	37	52	366	34	41	32	336	65	78	84	84	702	
	Safeguarding children - number of referrals	168	94	80	728	124	98	117	1025	292	192	197	197	1753	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	68	66	67	67	73	75	77	77	71	71	73	73	73	
	Number of hospital deaths - Adult	56	56	37	402	70	67	68	634	126	123	105	105	1036	
	Number of hospital deaths - Paediatric	0	0	1	3	0	0	0	1	0	0	1	1	4	
	Number of hospital deaths - Neonatal	3	5	2	19	1	0	0	4	4	5	2	2	23	
	Number of deaths in A&E - Adult	3	2	1	15	4	5	6	43	7	7	7	7	58	
	Number of deaths in A&E - Paediatric	0	0	0	2	0	0	0	3	0	0	0	0	5	

MRSA

There was one Trust attributed MRSA in January 2024 which occurred in CW ICU. This was a medically complex case. The patient screened positive for MRSA on surface swabs along with a viral respiratory screen positive for Influenza A on admission. The patient was later discovered to be MRSA blood culture positive, and it was noted that the patient was difficult to bleed with poor skin integrity and therefore this may have contributed to the positive culture. However, the patient was treated and rapidly cleared MRSA from cultures.

Incidents

There were three External SIs reported in January 2024; two cases are being reviewed by The Maternity and Newborn Safety Investigations (MNSI) programme and relate to a unexpected admission to NICU and a unexpected Neonatal Death. The third incident was declared a surgical Never Event - wrong site nerve block. During the target month (January 2024) the target rate of patient safety incidents per 100 admissions was exceeded by both sites. It is anticipated that reporting rates will increase following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE); staff training will be an integral part of the roll out.

Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days

The Trust has achieved the target reporting rate for both sites, for in-month and year to date

Medication-related (NRLS reportable) safety incidents % with harm

There were two incidents of moderate harm reported (1 at CW site, 1 at WM site). Trust target achieved.

Safeguarding

Adult safeguarding: In January we saw an increase in referrals at Chelsea & Westminster Hospital with a slight decrease at West Middlesex Hospital. The team continue to be busy with these referrals, and we have seen an increase on both sites relating to care/ nursing homes with patients admitted with skin damage. Complex cases involving mental health & domestic abuse continue to present.

Childrens safeguarding: Chelsea & Westminster Hospital continue to see a reduced number of referrals, although these do still remain high. At West Middlesex Hospital we have seen an increase in referrals after a reduction last month. Cases remain complex with mental health, maternity team and high levels of social care involvement already in place for families.



Patient Experience

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024 Q4	2023-2024	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	93.6%	95.6%	94.8%	95.3%	96.6%	95.7%	99.5%	96.5%	95.1%	95.6%	96.6%	96.6%	95.9%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	1.3%	1.5%	2.8%	1.7%	0.49%	1.51%	0.00%	1.2%	0.9%	1.5%	1.7%	1.7%	1.5%		-
	FFT: Inpatient response rate (Target: >15%)	35.7%	39.6%	40.5%	35.0%	43.7%	33.2%	38.6%	44.4%	39.5%	36.7%	39.8%	39.8%	39.3%		-
	FFT: A&E satisfaction % (Target: >90%)	83.8%	86.3%	86.7%	84.7%	75.1%	75.6%	75.9%	77.1%	80.1%	81.4%	82.0%	82.0%	81.9%		!
	FFT: A&E not satisfaction % (Target: <10%)	10.1%	8.7%	8.3%	9.6%	16.2%	15.6%	15.8%	14.9%	12.7%	11.9%	11.6%	11.6%	11.5%		!
	FFT: A&E response rate (Target: >15%)	27.2%	21.9%	27.3%	26.7%	22.6%	19.5%	22.1%	23.4%	25.0%	20.7%	24.8%	24.8%	25.4%		!
	FFT: Maternity satisfaction % (Target: >90%)	87.9%	85.8%	93.5%	90.1%	86.2%	92.0%	88.7%	88.7%	87.4%	88.0%	91.6%	91.6%	89.6%		-
	FFT: Maternity not satisfaction % (Target: <10%)	6.7%	8.6%	3.2%	6.2%	12.1%	5.7%	4.1%	8.0%	8.2%	7.6%	3.6%	3.6%	6.9%		-
	FFT: Maternity response rate (Target: >15%)	39.7%	33.3%	31.5%	41.1%	21.5%	21.5%	22.9%	28.8%	32.1%	27.9%	27.5%	27.5%	35.5%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	18	16	14	192	18	16	14	14	192		!
Complaints	Complaints (informal) through PALS	28	23	32	236	37	22	46	379	65	45	78	78	615		-
	Complaints formal: No of complaints due for response	22	22	22	261	19	19	14	168	41	41	36	36	429		-
	Complaints formal: Number responded to < 25 days	19	20	22	226	15	16	13	160	34	36	35	35	386		-
	Complaints sent through to the Ombudsman	1	0	1	2	0	0	1	2	1	0	2	2	4		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-

MSA (Mixed Sex Accommodation)

The "Guidelines for the Provision of Intensive Care Services" require "discharge from critical care to a general ward must occur within four hours of the decision" and where this does not occur and the patient remains in a shared bay or room, this would be classified as a mixed sex breach. West Middlesex site had 14 breaches for January. 6 of our breach patients waited for ward beds longer than 10hrs, 2 of which waited for more than 25hrs in January. Up to the end of Q2, 75% of our discharges from critical care waited longer than 4hrs. We have discussed this at our Policy Board meeting in January and will be sharing this information with the site team this month and highlight the knock on effect it has on our mixed sex breaches. We will continue to address breaches with the site management team at each bed meeting. As always, we ensure that our patients are well cared for and their dignity and cultural considerations are maintained.

Complaints

97% of complaints were responded to within the 25-day KPI (target 95%) during January 2024. One was not responded to within the timeframe (EIC) due to delays in receiving the investigation outcome/draft response. Compliance with responding to PALS concerns within 5 working days was 91% (KPI 90%).

Friends and Family Test

Admitted patients across both sites continue to report positive experiences of their care and response rate remain over 35% of patients, which ensures we are capturing opinions from a number of voices. A&E satisfaction rates remain consistent with previous months and themes from feedback continue to be shared with the leads. However, a positive takeaway is that response rates for these areas are 2-3 times above national average. Women accessing maternity care at Chelsea have reported an improved experience in January compared to previous months but this is not the case in West Middlesex, where patients on antenatal and postnatal wards have raised concerns over how staff interact with them and caring environment. Findings have been shared with leads to support with ongoing improvement work.



Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024 Q4	2023-2024	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.09	2.14	2.05	2.68	2.76	2.76	3.10	3.19	3.00	2.29	2.32	2.32	2.81		-
	Average length of stay - non-elective (Target: <3.95)	4.44	4.26	4.05	4.05	3.64	3.28	3.11	3.54	4.00	3.71	3.51	3.51	3.78		!
	Emergency care pathway - average LoS (Target: <4.5)	4.87	4.51	4.19	4.32	3.88	3.47	3.24	3.88	4.29	3.88	3.61	3.61	4.06		-
	Emergency care pathway - discharges	284	263	289	2757	413	408	457	3849	697	672	746	746	6607		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.41%	5.44%	4.54%	4.92%	5.94%	7.71%	6.35%	6.49%	5.14%	6.57%	5.44%	5.44%	5.68%		-
	Non-elective long-stayers	509	484	256	4372	466	464	177	4044	975	948	433	433	8416		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	87.2%	85.5%	88.0%	87.1%	88.8%	87.3%	89.5%	86.1%	87.8%	86.1%	88.5%	88.5%	86.8%		-
	Operations cancelled on the day for non-clinical reasons: actuals	10	2	5	114	21	18	12	181	31	20	17	17	295		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.25%	0.06%	0.13%	0.33%	0.77%	0.74%	0.45%	0.70%	0.47%	0.35%	0.26%	0.26%	0.49%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	3	0	6	38	0	3	4	26	3	3	10	10	64		!
	Theatre Utilisation Model Hospital (Target > 85%)	77.7%	80.4%	78%	80.3%	92.3%	88.9%	91.3%	92.6%	82.4%	83.1%	82.4%	82.4%	84.3%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.27	2.32	2.21	2.34	1.69	1.74	1.79	1.74	2.00	2.05	2.02	2.02	2.06		!
	Average wait to first outpatient attendance (Target: <6 wks)	10.5	9.1	10.5	9.7	12.8	11.2	12.7	12.2	11.5	10.1	11.4	11.4	10.8		!
	DNA rate: first appointment	11.6%	12.2%	11.0%	11.7%	10.4%	11.9%	11.5%	11.3%	11.1%	12.1%	11.2%	11.2%	11.5%		-
	DNA rate: follow-up appointment	9.6%	9.9%	9.4%	9.9%	8.4%	7.5%	7.9%	8.5%	9.1%	9.0%	8.8%	8.8%	9.4%		-
	PIFU - % of Total Outpatient attendances	12.0%	12.1%	11.8%	11.3%	1.9%	1.9%	2.1%	1.6%	7.9%	7.9%	7.8%	7.8%	7.4%		-

Day-Case Rate

The day-case rate remains above the 85% Trust-Wide in January at 89%. This was an improved position from December (85.9%).

Cancelled Operations

The number of cancelled operations for non-clinical reasons on-the-day increased again Trust-wide in January to 10. The Chelsea site showed increase compared to previous months caused by a temperature fault in main theatres, resulting in four patients being cancelled on the day. All of these patients were rebooked within the 28-day target. Overall performance remains within set targets across both sites, and will show a positive reduction in February

Theatre Utilisation

Trust-Wide utilisation declined slightly in January to 82.4%. Theatre utilisation remains significantly above the 85% target at 91.3% on the West Middlesex site. The Chelsea site remains below the 85% target, and has driven the Trusts slight decline for January reported at 78.2%. Across the Chelsea and Westminster site, theatre utilisation remains well above the 85% target in Main Theatres, however decreases in utilisation in Treatment Centre and Paediatric Theatres account for the deterioration.

Outpatients

The Trust made some very small progress on first-to-follow up ratio between December and January. The overall trend is largely positive but there is considerable work required for us to maximise the opportunity at hand. The financial aspect of that opportunity was presented at both Improvement and Outpatient Board in January 2024. The average wait to first attendance had dropped at both sites in December due to prioritisation of urgent activity running rather than a genuine reduction in waiting time, and was back on trend for January. Waits remain longer at the WMUH site. The Trust DNA rate improved in January for both new and f/up appointments, with significant improvement at CW. PIFU rates are largely static but performance overall is good against the NHS target. This is still skewed by the CW site HIV service whose high PIFU rates elevate the overall position, but encouragingly January saw some improvement on the WMUH site too.



Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024 Q4	2023-2024	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	93.4%	99.0%	90.2%	93.4%	95.6%	94.2%	93.6%	95.0%	94.6%	96.4%	92.1%	92.1%	94.3%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	60.0%	72.2%	64.3%	69.2%	91.7%	95.7%	100.0%	92.2%	77.3%	85.4%	83.9%	83.9%	82.2%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	71.4%	90.9%	83.3%	89.4%	88.2%	89.7%	85.7%	89.3%	80.6%	90.0%	84.8%	84.8%	89.3%		-
VTE	VTE: Hospital acquired	0	0	1	3	3	3	5	33	3	3	6	6	36		-
	VTE risk assessment (Target: >95%)	95.5%	95.2%	94.1%	92.6%	96.4%	95.5%	95.9%	96.0%	95.9%	95.4%	95.0%	95.0%	94.3%		-
TB Care	TB: Number of active cases identified and notified	3	2	3	31	7	4	6	60	10	6	9	9	91		-
Sepsis	ED % Periods Screened (Target >90%)	93.5%	92.0%	91.9%	92.1%	85.3%	82.4%	84.6%	85.9%	90.4%	88.1%	88.7%	88.7%	89.6%		-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	81.1%	77.8%	81.1%	78.5%	90.1%	92.2%	90.4%	90.1%	83.8%	82.3%	84.3%	84.3%	82.6%		-
	Ward % Periods Screened (Target >90%)	85.5%	81.9%	82.8%	86.7%	94.1%	95.6%	95.6%	95.4%	89.3%	88.1%	88.5%	88.5%	90.7%		-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	95.9%	95.0%	94.1%	95.5%	96.2%	95.7%	96.5%	95.8%	96.0%	95.3%	95.3%	95.3%	95.7%		-
Discharge	Date of Discharge is same as Discharge Ready Date	90.3%	92.3%	88.3%	89.8%	87.7%	88.4%	86.0%	85.9%	89.0%	90.3%	87.1%	87.1%	87.8%		-
	Date of Discharge is 1+ days after Discharge Ready Date	9.7%	7.7%	11.7%	10.2%	12.1%	11.5%	13.9%	14.0%	11.0%	9.7%	12.9%	12.9%	12.2%		-

Dementia Screening

The Trust is reporting full compliance for Dementia screening with both sites consistently achieving the target of 90% and above for January, West Middlesex at 93.6% and Chelsea site at 90.2%.

#NoF (Time to Theatre - Neck of Femur)

There was a slight decrease in performance in January is at 83.9%. West Middlesex site achieved full compliance, however in the Chelsea site which saw a reduction in performance, there were five breaches, with four patients waiting for space on the trauma list due to a high volume of trauma, one breach due to the unavailability of a specialist surgical resource.

VTE Risk

The Trust is reporting overall compliance against this measure at Trust level. The West Middlesex site is reporting compliance with a performance of 95.5% and the Chelsea site is marginally below the target. All Hospital Acquired Thrombosis events undergo RCA to ensure adherence to guidelines and appropriate learning

Discharge Ready

This new metric measure timely discharge and the time taken between a patient being identified as no longer meeting the criteria to reside in an acute hospital bed and their discharge. Patients who are not discharged on the same day that they are identified as being ready for discharge are predominantly those who are discharged on a P1-P3 supported discharge pathway (i.e. discharge with a package of care, to a rehabilitation bed, or to a nursing home). Daily meetings take place between discharge teams and local system colleagues to facilitate these supported discharges in a timely way, but it is recognised there is a particular challenge on the West Middlesex site with patients delayed waiting for discharge with a package of care and work is being undertaken with the local borough to resolve this



Access

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024	Nov-23	Dec-23	Jan-24	2023-2024 Q4	2023-2024	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	858	853	822	7867	872	860	774	9265	1730	1713	1596	1596	17132		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.12%	99.04%	95.57%	98.60%	94.71%	91.57%	82.05%	92.61%	96.77%	95.02%	88.27%	88.27%	95.44%		!
	Diagnostic waiting times >6 weeks: breach actuals	48	49	250	660	328	499	1189	3886	376	548	1439	1439	4546		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.4%	7.4%	6.8%	6.9%	6.9%	7.2%	7.1%	7.0%	7.1%	7.3%	6.9%	6.9%	7.0%		!
	A&E time to treatment - Median (Target: <60')	00:28	00:28	00:24	00:25	00:38	00:37	00:37	00:48	00:32	00:33	00:31	00:31	00:35		-
	London Ambulance Service - patient handover 30' breaches	52	47	44	349	141	134	153	1493	193	181	197	197	1842		-
	London Ambulance Service - patient handover 60' breaches	0	1	0	2	5	0	4	104	5	1	4	4	106		!

Diagnostic 6-Week Waits

The performance against the national DM01 measure was not achieved in Jan 2024, with a position of 88.7%. The Trust experienced a number of challenges that impacted our ability to achieve the national target. It was another extremely busy month with 10,826 patients receiving their diagnostic in under six weeks across the 15 key diagnostic area, however 1,469 did not meet the 6-week target. MRI, CT and US had a challenged December 2023 with unexpected equipment downtime which subsequently impacted the January position. A recovery plan is in place with key steps identified to increase capacity to improve the backlog position. Trajectories at modality level are currently being developed and will be presented for review, action and monitoring in the appropriate forums.

Ambulance Handover

The Trust continues a strong performance for ambulance handovers with minimal delays. We continue to work with LAS colleagues as part of the 45-minute handover initiative.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Nov-23	Dec-23	Jan-24	Nov-23	Dec-23	Jan-24	Nov-23	Dec-23	Jan-24
RTT waiting list positions	Total RTT waiting list	26828	27631	28025	32992	33975	33118	59820	61606	61143
	Total Non-Admitted waiting list	23505	24377	24621	30615	31637	30903	54120	56014	55524
	Non-Admitted with a date	6860	9037	11701	4416	6480	8697	11276	15517	20398
	Non-Admitted without a date	16645	15340	12920	26199	25157	22206	42844	40497	35126
	Total Admitted waiting list	3323	3254	3404	2377	2338	2215	5700	5592	5619
	Admitted with a date	657	761	1025	399	474	711	1056	1235	1736
	Admitted without a date	2666	2493	2379	1978	1864	1504	4644	4357	3883
	Patients waiting >65 weeks	268	316	283	287	293	232	555	609	515
	Patients waiting >78 weeks	64	85	77	59	84	72	123	169	149
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Nov-23	Dec-23	Jan-24	Nov-23	Dec-23	Jan-24	Nov-23	Dec-23	Jan-24
Total	858	853	822	871	860	774	1729	1713	1596
Breast Surgery						1			1
Colorectal Surgery	21	24	26	131	111	79	152	135	105
Dermatology	7	12	12	9	7	3	16	19	15
Endocrinology						1			1
ENT	10	9	8	35	54	74	45	63	82
General Surgery	170	187	210	146	138	112	316	325	322
Gynaecology	5	5	5				5	5	5
Hand Therapy			1						1
Hepatology					9	23		9	23
Maxillo-Facial Surgery	2			1			3		
Medical Endoscopy			1		1			1	1
Neurology					1			1	
Not Stated	1	1	1				1	1	1
Ophthalmology	20	19	13				20	19	13
Oral Surgery				29	28	6	29	28	6
Paediatric Allergy					1			1	
Paediatric Cardiology			2		10	28		10	30
Paediatric Clinical Haematology				2	3		2	3	
Paediatric Clinical Immunology	50	54	38	2	1		52	55	38
Paediatric Dentistry	6	6	10				6	6	10
Paediatric Dermatology	1	1	3	3	2	1	4	3	4
Paediatric Ear Nose and Throat	1	2	4	26	26	21	27	28	25
Paediatric Endocrinology				9	6	1	9	6	1
Paediatric Gastroenterology	2	1	1	2	8	2	4	9	3
Paediatric Maxillo-Facial Surg	1	4	7				1	4	7
Paediatric Neurology		1	2		3	1		4	3
Paediatric Plastic Surgery	23	22	28	2	3	3	25	25	31
Paediatric Respiratory Medicin				1	6	1	1	6	1
Paediatric Rheumatology						1			1
Paediatric Surgery	1	1	4	2	1		3	2	4
Paediatric Trauma and Orthopae		1		3	8	5	3	9	5
Paediatric Urology	1			2	5	2	3	5	2
Paediatrics	2	4	4	23	16	17	25	20	21
Pain Management	2	2	1				2	2	1
Plastic Surgery	149	137	117	57	54	75	206	191	192
Podiatric Surgery				4	5		4	5	
Podiatry					1			1	
Respiratory Medicine						2			2
Rheumatology						1			1
Trauma & Orthopaedics	269	255	253	313	303	275	582	558	528
Trauma and Orthopaedics	24	22	9	5		4	29	22	13
Urology	52	53	34	24	20	6	76	73	40
Vascular Surgery	38	30	28	40	29	29	78	59	57



Maternity

Maternity Dashboard - January 2024

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital				Combined Trust Performance			
		Nov-23	Dec-23	Jan-24	2023/24	Nov-23	Dec-23	Jan-24	2023/24	Nov-23	Dec-23	Jan-24	2023/24
Workforce	Midwife to birth ratio (Target: 1:26 CW and 1:22 WM)	1:28	1:22	1:23	1:27	1:24	1:23	1:24	1:27	1:26	1:23	1:23	1:28
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98
Birth Indicators	Total number of NHS births	436	346	390	1746	378	342	374	1477	814	688	764	3987
	Total number of bookings	568	479	566	2142	451	454	459	1805	1019	933	1025	4972
	Maternity 1:1 care in established labour (Target: >95%)	98.00%	98.00%			99.00%	98.00%						
Safety	Admissions >37/40 to NICU/SCBU	12	13	20	97	18	15	17	81	30	28	37	216
	Number of reported Serious Incidents	2	3	0	7	2	0	0	6	4	3	0	16
	Cases of hypoxic-ischemic encephalopathy (HIE)	1	2	0	6	1	0	0	2	2	2	0	8
	Pre-term (gestation <37 weeks) as % of mothers delivered	6.19%	12.30%	10.00%		6.28%	8.47%	7.75%					
	Number of stillbirths	2	0	0	6	3	2	4	6	3	2	4	18
	Number of Infant deaths	3	3	1	7	0	0	0	4	3	3	1	15
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0
Outcomes	% of women on a continuity of care pathway	4.80%	4.10%			6.08%	4.70%						
	% Spontaneous unassisted vaginal births	19%	24%	26%		26%	23%	25%					
	% Vaginal Births - spontaneous & induced	34.40%	43.60%	42.10%		41%	46%	42%					
	Instrumental deliveries	58	50	56	325	40	41	46	290				
	Pre-labour elective caesarean sections	71	57	69	460	47	37	42	283				
	Emergency caesarean sections in labour	81	97	81	672	110	115	119	608				



The above dashboard metrics covers: workforce, birth indicators, safety and clinical outcomes.

Workforce

The current midwifery ratios on each site for the month of January are 1:23 at Chelsea and 1:24 at West Middlesex, the significant change in ratio on the Chelsea site was linked to the decrease in birth rate in January and a deep dive into the attrition rate has been completed. Quarterly recruitment days are in place, international recruitment continues with successful recruitment of a further 27 internationally educated midwives (IEM's) who are expected to arrive between April and August 2024 and additional LMNS funding has been agreed to provide clinical and pastoral support to IEM's. The senior team continue to monitor red flag events on a daily basis, there were 4 red flag events recorded on the Chelsea site and 3 on the West Mid, these have been reviewed. Staffing is reviewed daily as a minimum and staff redeployed accordingly, substantive staffing gaps due to vacancy, sickness and maternity leave are backfilled with a combination of bank and agency staff. All temporary staff complete and orientation pack on arrival for their first shift.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice a daily ward rounds. The MIS year 5, safety action 4 indicates that the service must demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology'. The service is compliant and for the month of January, there were no cases in which a consultant was expected to attend and did not. The workforce review for the WMUH site is now in the consultation stage with HR partner's support. Effective February 2023, all short-term locums (less than 2 weeks) will need to be compliant with respect to the RCOG and GMC certificate of eligibility. For January there was no short-term locum shifts undertaken. Compensatory rest: there were no reported serious incidents or breaches with consultant compensatory rest.

Safety

1. SIs:

WMUH site: 0 confirmed serious incidents in Jan.

There were 105 reported incidents in Jan. Main themes arising:

- (i) Maternal, fetal and neonatal, n=78. Most reported incidents: post-partum haemorrhage >1500mls (n=10), 3rd/4th degree tear (n=11), , unexpected term admission to Neonatal Unit (n=12)
- (ii) Access to care/admissions, n=19. An increase in reported delays from Dec. these were largely due to delay in transfer to labour ward for ongoing IOL.
- (iii) Medication incidents: (n= 3) An decrease from Dec. a mixture of delayed or missed doses and incorrect patient prescription

CWH site: There are 0 reported serious incidents on the CW site in Jan.

There were 115 reported incidents in Jan. Main themes arising:

- (i) Maternal, fetal and neo-natal –42 most reported incident: post-partum haemorrhage >1500mls (n=9), unexpected term admission to Neonatal Unit (n=6)
- (ii) Delay in access to hospital care –n=18 (access to recovery beds, delays in IOL and delay in transfer to post-natal ward) and delays in performing Category 3 CS.
- (iii) Inadequate handover of care/communication/consent – n=10 (incomplete documentation/handover were the common themes)

2. PMRT (Cross site): There were a total of 9 deaths reported for the month of Jan. (1 neonatal death (25+4), 4 stillbirths, 1 miscarriage and 1 medical termination at 35+5 for fetal abnormalities) all cases are currently under review.

3. ATAIN (Cross site): WHUH site – There were 17 (15 adjusted) term admission rate of 4.61% with 2 admissions considered avoidable. CW there were 20 term babies admitted 5.2% admission rate, cases remain under review, both sites remain below the national average for term admissions to the neonatal unit.

4. Audit program: All national and local audits have been registered and a cycle of audit and leads have been identified. SBLCBv3 (launched in May 2023) update (for all elements an action plan is in place, and this is updated in the quarterly report, the service reported compliance with over 70% of all interventions and at least 50% of interventions for each element for MIS Year 5):

- 1. Element 1: Reducing smoking:** CO monitoring: compliance with booking CO monitoring across both sites, the service continues to support the data entry for 36 week CO monitoring and an improvement in documented compliance has been seen month on month the service is now fully compliant with CO monitoring at booking across both sites, there remains challenges with 36 week compliance due to the multiple documentations systems a manual audit of the handheld maternity record demonstrated compliance with monitoring at 36 weeks. Work continues to develop the smoking cessation pathway in view of the newly implemented Trust service.
- 2. Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction:** Current audits demonstrated compliance with risk assessments and the LMNS have approved the derogation from National Guidance regarding scanning episodes for women with suspected nor at risk of IUGR, the service is reviewing the additional USS capacity required to deliver the national recommendation and mitigation has been out in place in the interim. The service intend to move all midwifery AN appointments to 30mins by August 2024, to support the increased risk assessments and information sharing.
- 3. Element 3: Raising awareness of reduced fetal movements:** On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements.
- 4. Element 4: Effective fetal monitoring during labour:** Training for FM and has met the minimum MIS standard of over 80% for Obstetric Trainees on both sites and over 90% for midwives and Obstetric consultants all non-complaint staff have been booked on a study day prior to the end of Feb. 2024. The service have drafted an early labour risk assessment which has been approved.
- 5. Element 5: Reducing Pre-term Birth:** At CW100% of women meeting the criteria for MgSo4 received a dose prior to birth.
- 6. New Element 6: Management of Pre-existing Diabetes in pregnancy:** Fully compliant on both sites.



Perinatal Quality Surveillance Model Board Reporting

Metric	Target	Chelsea & Westminster Site			West Middlesex University Stie			Combined Trust Performance		
		Nov-23	Dec-23	Jan-24	Nov-23	Dec-23	Jan-24	Nov-23	Dec-23	Jan-24
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) MoMs course	90% + requirement	96%	96%	92%	96%	96%	96%	96%	96%	94%
Training compliance for all staff groups in maternity related to fetal monitoring	90% + requirement	91%	91%	88%	91%	91%	88%	91%	91%	88%
Service User Feedback FFT	feedback Received- yes/no (add narrative each month)	yes	yes	yes	yes	yes	yes	Yes	Yes	Yes
Staff Feedback from board safety champion	feedback received- yes/no (add narrative each month)	yes	yes	yes	yes	yes	yes	Yes	Yes	Yes
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0
Progress in achievements of NHSR MIS year 4 (10 safety actions), MIS Year 5 10 safety actions (compliance from July 2023)	No of actions green	8	9	10	8	9	10	8	9	10
	No of actions amber	2	1	0	2	1	0	2	1	0
	No of actions red	0	0	0	0	0	0	0	0	0
Ockenden compliance against 7 IEA's (49 compliance questions)	Total of 49 being 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

	Site	Overall	Well-led	Responsive	Caring	Safe	Effective
CQC Metric Ratings- Feb. 2023	WM	Outstanding	Outstanding	Outstanding	Good	Good	Outstanding
	CW	Good	Outstanding	Good	Good	Requires Improvement	Good

Annual Reports	
Staff survey: Proportion of midwives responding with 'Agree or Strongly Agree' on the following: A) would recommend their trust as a place to work B) Receive treatment from the Trust (Reported Annually)	A) (Trust average 65%) Midwives 74% cross-site B) (Trust average 72%) Midwives 83% cross-site April 2022
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported Annually)	A) (Trust average 65%) Obstetricians 71% cross-site B) (Trust average 72%) Obstetricians 81% cross-site April 2022
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (Reported Annually)	2021 Cross-site 89.3% of trainees reported excellent or good



Perinatal Quality Surveillance Model

Chelsea and West Middlesex are not on the national maternity safety support programme as there are no concerns regarding the quality and safety of the maternity service.

Multi-professional mandatory training and fetal monitoring training: In January overall multi-disciplinary training compliance is at 94% and 88% for fetal monitoring training compliance this is decrease from last month and compliance with MIS Year 5 was demonstrated within the training compliance timeframe, an action plan was submitted to ensure over 90% compliance within all staff groups by end of February 2024 (extended training compliance window). Continued industrial action has impacted trainee and consultant training compliance alongside turnover within the fetal wellbeing team. Updated guidance was issued in October 2023 from NHSR in response to the challenges of maintaining training compliance due to ongoing IA. 80% training compliance will be accepted with an associated action plan to meet 90% compliance within a 12 week timeframe. All staff who have not had training in the last 12 months have a date booked by mid-February within the 12 week timeframe. All training compliance is closely monitored by the senior leadership team and all staff have a training dates booked. Training compliance fluctuates depending on where staff are in their training cycle. The practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12 month period.

Service user feedback: The service receives monthly friends and family test feedback and for Dec. WM saw a sustained positive response rate to 92.65% and an increase to 92.74% CW. The response rate has seen a sustained increase across both sites to 47% on the CW site and 32% on the WM site. The negative scores on the CW site remain impacted by feedback related to, staff communication, attitude and behaviour. The Service have implemented a Postnatal Care Group in collaboration with the MNVP which aims to implement changes to improve patient experience. In January 2024 an intrapartum care group will be launched on the West Middlesex site and become cross-site in February to review data and implement changes to improve patient experience in the intrapartum pathway.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. The Chief Nurse undertook a walkabout of the maternity theatres and labour ward on the Chelsea site to understand the current challenges with increased activity in theatre and discuss the proposed solutions with staff and the Director of Midwifery.

Maternity incentive Scheme year 5: The service submitted compliance with all 10 safety actions for MIS year 5. Two action plans were submitted for Safety Action 4 regarding Neonatal Nurse Staffing at the Chelsea Site and Neonatal Medical; Staffing at WM a further action plan was submitted with Safety Action 8 regarding Fetal Monitoring and Maternity Training due to the impact of ongoing IA, all staff have been booked on a training date within the extended compliance window.

Interim Ockenden report (7 IEAs): The interim Ockenden was published in December 2020 and the service has been working to achieve full compliance with the report. The service is fully compliant and will continue the audits to ensure the IEAs are embedded.

CQC Inspection (February 2023): The Care Quality Commission inspection in of the Maternity Service took place in February 2023 on both sites and received the final report in May. Both sites have maintained their overall ratings of 'Outstanding' at WM and 'Good' at CW and the service is very proud of the continued quality and safety work that has taken place since the inspection 4 years earlier that has enabled maintaining these results with 6 areas of outstanding practice identified across the sites. The service is now compliant with the 3 must do actions and their continued progress on the 6 'should do's' for the CW site and the 7 'should do's' for the WM site. 3 of the 7 actions for the WM site have been completed and 2 of the 6 on the Chelsea site. . This action plan is being tracked monthly.



Cancer Update

62 day Cancer referrals by tumour site Dashboard Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months Trend charts	
		Nov-23	Dec-23	Jan-24	2023-2024	YTD breaches	Nov-23	Dec-23	Jan-24	2023-2024	YTD breaches	Nov-23	Dec-23	Jan-24	2023-2024	YTD breaches		
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		80.0%	81.5%	84.0%	84.0%	23.5	80.0%	81.5%	84.0%	n/a	84.0%	23.5	
	Colorectal / Lower GI	70.6%	96.0%	85.2%	79.1%	17.5	54.5%	50.0%	66.7%	55.5%	43.5	61.5%	76.7%	77.1%	n/a	65.9%	61	
	Gynaecological	73.3%	33.3%	100%	78.2%	6	n/a	75.0%	88.9%	79.2%	6.5	73.3%	68.4%	92.3%	n/a	78.7%	12.5	
	Haematological	100%	100%	60.0%	97.5%	2.5	77.8%	100%	100%	95.7%	1.5	88.2%	100%	92.0%	n/a	96.3%	4	
	Head and neck	100%	100%	50.0%	78.3%	4.5	75.0%	0.0%	40.0%	42.1%	11.5	87.5%	72.7%	42.9%	n/a	61.9%	16	
	Lung	90.0%	83.3%	50.0%	73.1%	13	100%	64.3%	89.5%	83.0%	6.5	93.5%	73.1%	77.8%	n/a	77.5%	19.5	
	Sarcoma	n/a	n/a	n/a	100%	0	66.7%	100%	n/a	85.7%	1	66.7%	100%	n/a	n/a	87.5%	1	
	Skin	96.0%	95.2%	96.4%	94.0%	8.5	90.0%	94.1%	68.8%	89.0%	13	94.3%	94.9%	86.4%	n/a	92.2%	21.5	
	Upper gastrointestinal	100%	n/a	100%	100%	0	75.0%	78.6%	90.5%	77.6%	8.5	88.2%	78.6%	93.5%	n/a	84.7%	8.5	
	Urological	76.9%	67.9%	58.1%	57.1%	56.5	94.9%	86.5%	72.6%	81.4%	64	90.5%	80.0%	68.3%	n/a	74.1%	120.5	
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	n/a	100%	0	
	Site not stated	n/a	n/a	100%	80.0%	0.5	100%	100%	n/a	100%	0	100%	100%	100%	n/a	91.7%	0.5	

December 2023

Trust Commentary

The 62-day combined target was not compliant in December 2023 with a performance of 82.90%. For January the unvalidated position is currently 78.19%, impacted by a high volume of breaches in Urology

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			2.5	13.5
Gynaecology	1	1.5	2	8
Haematology		3		8.5
Head and Neck		4	1.5	1.5
Colorectal	0.5	12.5	4.5	9
Lung	1	6	2.5	7
Other				1
Sarcoma				2
Skin	1	21	0.5	8.5
Testicular				1
Upper GI			1.5	7
Urology	4.5	14	3.5	26
Total:	8	62	18.5	93



Safer Staffing

Chelsea and Westminster January 2024

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	No harm and mild		Moderate and severe						
												Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Maternity	107%	86%	98%	97%	8	2.9	10.9	0	1.91%	12.43%	6.60%							5	58	90.8%
Annie Zunz	138%	114%	100%	111%	6	2.6	8.6	0	16.05%	40.16%	13.55%	2	8						7	96.5%
Apollo	98%	-	101%	-	15.2	0	15.2	0	12.71%	10.39%	98.36%		1						24	100.0%
Mercury	98%	-	98%	-	6.8	0	6.8	0	6.61%	13.53%	0.00%		2					2	35	100.0%
Neptune	106%	-	112%	-	8.9	0	8.9	0	13.30%	25.96%	0.00%		2					3	32	94.1%
NICU	95%	-	96%	-	15.1	0	15.1	0	7.14%	9.46%	14.64%									100.0%
AAU	102%	87%	100%	104%	6.2	1.6	7.8	0	8.43%	19.35%	16.89%	9	79			1	1	8	64	90.5%
Nell Gwynne	91%	63%	100%	72%	3.6	2.9	6.5	0	4.85%	5.04%	31.39%	9	55				2	1	4	100.0%
David Erskine	98%	78%	79%	119%	3.3	2.9	6.2	0	2.10%	22.22%	20.88%									100.0%
Edgar Horne	96%	62%	106%	104%	3.6	2.7	6.3	0	3.48%	0.00%	20.88%	8	50		2			1	14	100.0%
Lord Wigram	78%	82%	98%	89%	4.2	2.4	6.6	0	7.10%	4.94%	14.67%	6	26					1	21	93.8%
St Mary Abbots	105%	92%	113%	92%	4	2.4	6.4	0	16.88%	35.48%	27.52%	4	31				2	4	45	94.3%
David Evans	78%	81%	103%	156%	5.3	3.2	8.5	0	22.67%	19.38%	10.67%		14					3	25	97.7%
Chelsea Wing	114%	108%	100%	87%	6.9	4.1	11	0	14.44%	13.79%	13.54%		5					1	10	
Burns Unit	121%	105%	170%	107%	19.1	2.3	21.4	0	10.73%	3.92%	0.00%		8					1	9	
Ron Johnson	96%	151%	103%	159%	4.6	3.8	8.4	0	22.01%	0.00%	12.50%	4	22					1	31	100.0%
ICU	101%	-	101%	-	26.7	0	26.7	0	-4.23%	14.00%	7.88%		4					4	34	
Rainsford Mowlam	90%	86%	93%	115%	3	3	6	0	4.13%	7.99%	7.80%	3	41			1		4	21	84.6%
Nightingale	100%	90%	112%	108%	3.2	2.8	6	0	17.21%	0.00%	8.70%	7	60			1		4	25	88.9%

West Middlesex January 2024

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA				Qualified	Un-qualified	No Harm & Mild		Moderate & Severe						
												Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Lampton	122%	130%	130%	226%	3.4	3.9	7.3	0	-16.44%	9.67%	16.39%									100%
Richmond	104%	146%	95%	153%	3.7	3.1	6.8	0	12.43%	0.00%	16.88%	1	18			2				100%
Syon 1 cardiology	102%	120%	105%	151%	4.4	2.6	7	0	0.22%	7.91%	5.15%	4	46			2				98%
Syon 2	112%	86%	110%	116%	4	3.4	7.4	0	2.20%	4.95%	0.00%	3	34					1	1	97%
Starlight	131%	-	130%	-	11.2	0	11.2	0	-0.28%	5.26%	55.56%									100%
Kew	101%	119%	101%	140%	3.2	3.8	7	0	-13.15%	9.30%	5.71%	8	47							100%
Crane	107%	82%	99%	73%	3.4	3.4	6.8	0	-5.58%	9.85%	17.73%		33			1				97%
Osterley 1	94%	58%	84%	138%	3.8	2.9	6.7	0	5.71%	16.27%	17.38%	5	39			1		1		100%
Osterley 2	96%	95%	99%	125%	3.9	3.4	7.3	0	1.69%	24.74%	11.07%	4	27							100%
MAU	92%	97%	107%	109%	5.6	2.4	8	0	2.44%	12.16%	15.62%	13	79			1		1		99%
Maternity	94%	80%	97%	81%	8.2	2.1	10.3	0	9.79%	10.72%	16.79%		2							91%
Special Care Baby Unit	88%	-	87%	-	9.5	0	9.5	0	3.45%	4.33%	0.00%									100%
Marble Hill 1	164%	151%	124%	277%	4.3	4.5	8.8	0	0.48%	9.35%	11.68%	15	96							94%
Marble Hill 2	124%	112%	142%	191%	4.2	3.6	7.8	0	100.00%	0.00%	11.09%	8	39							100%
ICU	101%	-	105%	-	24.2	0	24.2	0	4.58%	7.91%	0.00%		2							



Staffing & Patient Quality Indicator Report

January 2024

The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours per Patient Day (CHPPD) and NICE red flag categories with a review of trends in the previous six months. This is then benchmarked against the national benchmarks and triangulated with associated quality indicators and patient experience for the same month. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on patient outcomes and experience. Twice daily nurse staffing meetings continue to deploy staff as required in order to maintain patient safety.

West Middlesex site:

Marble Hill 1 had increased RN fill rate due to a patient requiring RMN support for 3 weeks, bay nursing of confused patients and 1:1 care. Lampton, Syon 1 & Marble Hill 2 had a high staffing fill rate due to the annexes being open and needing additional HCAs to observe confused patients at risk of falls. Kew ward has a high fill rate for HCAs due to bay nursing and 1 to 1 care for confused patient who are at risk of falls. DRU unit has low fill rate for HCA during the night due to reduction in HCA required as the patients are medically optimised.

Richmond required additional HCAs day and night due high acuity of patients and 1:1 observation of confused patients at risk of falling and absconding. On Osterley 1 the HCA low fill rate on days was due to staff sickness but CHPPD was not compromised due to new starters and ward managers supporting. Osterley 1 & 2 had a high fill rate of HCA in the night due to increased number of confused medical patients at risk of falls. The low HCA fill rate in Maternity during the day was due to vacancy and being unable to cover HCA shift with bank or agency. Maternity has recently held a successful recruitment event to fill their vacancies so this should improve. Starlight ward had high RN fill rate for both days and nights due to increase bed capacity from 20 to 24 during winter period. In addition, Starlight had a patient who needed RMN support 24 hours a day.

Chelsea and Westminster site:

The low RN fill rate on days in Lord Wigram was due to their staff being moved to support other areas, back filled by the ward manager & OSCE nurses awaiting their NMC registration. David Evans had a low fill rate for RN during the day due to additional beds being opened and the trauma bay filled and OSCE nurses awaiting NMC registration. These staff supported in the Surgical Admission lounge. The recruitment team is supporting with the filling of the vacant posts. Critical care activity was high on Burns demonstrated by the high staffing fill levels on the unit.

The high fill rate on Annie Zunz was due to increased planned admissions with patients admitted via the Surgical Admissions Lounge. There was high fill rate on Ron Johnson HCA days and nights was due to confused patients at high risk of falls.

The Nell Gwynne low HCA fill rate was due to sickness and being unable to cover HCA shifts with bank. On Edgar Horne, the HCA low fill rate during the day due to sickness and the ward had some closed beds following a norovirus outbreak. David Erskine has low HCA fill rate due to sickness and being unable to cover shift with bank. In all the above areas staff were moved between wards and staff on management days assisted so that care was not compromised. There was a low RN fill rate at night on David Erskine due to change in patient's acuity with RNs being moved to support other areas.

Incidents:

In terms of incidents with harm, there was three incidents reported this month. One related to discharge medication and a second related to too much paracetamol being given. Action plans in place for both.

There was one incident involving pressure damage identified this month on CW AAU in the Chelsea site. This was due to pressure damage on the nose because of continuous Non-invasive ventilation usage. Actions have been implemented to provide regular breaks for patient if safe to do so and to apply dressings to avoid skin breakdown.

Friends and Family test showed that seven wards at CW and eight at WM scored 100%.

Please note all incident figures are correct at time of extraction from DATIX. There were 13 red flags raised in December an increase of four since December. Eight were for CW & five for West Mid, mainly related to staffing shortfalls and agency staffing levels and missed intentional rounding. The vacancy rate and turnover are from January.



Safe Staffing Analysis | Registered Nurse and Care Staff January 2024

RN Fill Rates (ward areas) increased from 100.41% in December 2023 to 102.20% in January 2024. The RN vacancy rate (whole trust) in January 2024 was 4.30%, slightly down from 4.96% in December 2023.

Care Staff Fill Rates (ward areas) increased from 103.13% in December 2023 to 103.53% in January 2024. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in January 2024 was 10.31% same as in December 2023 - 10.13%

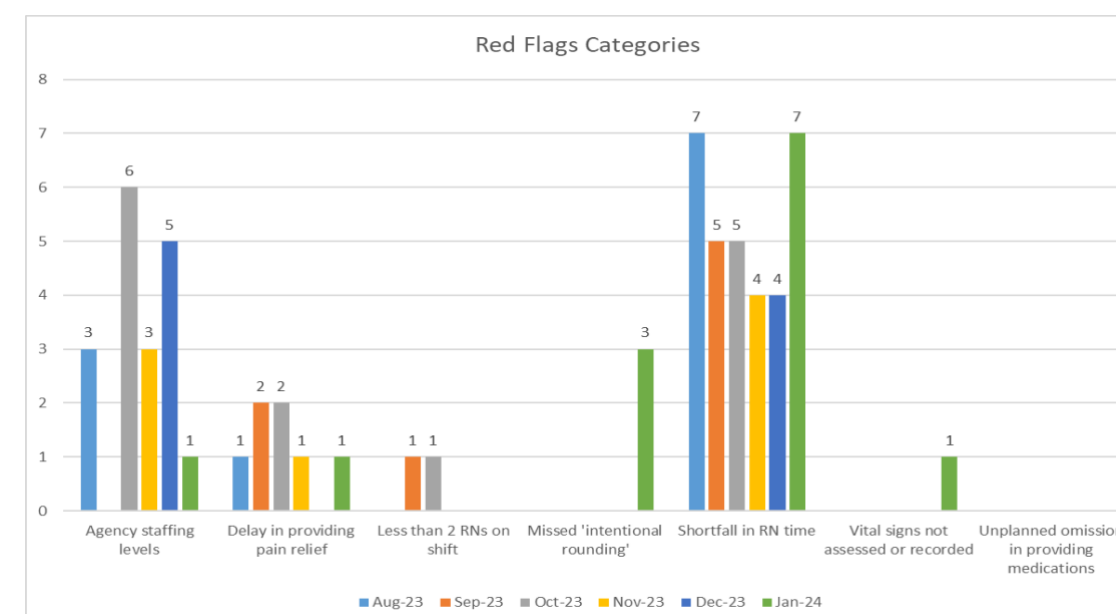
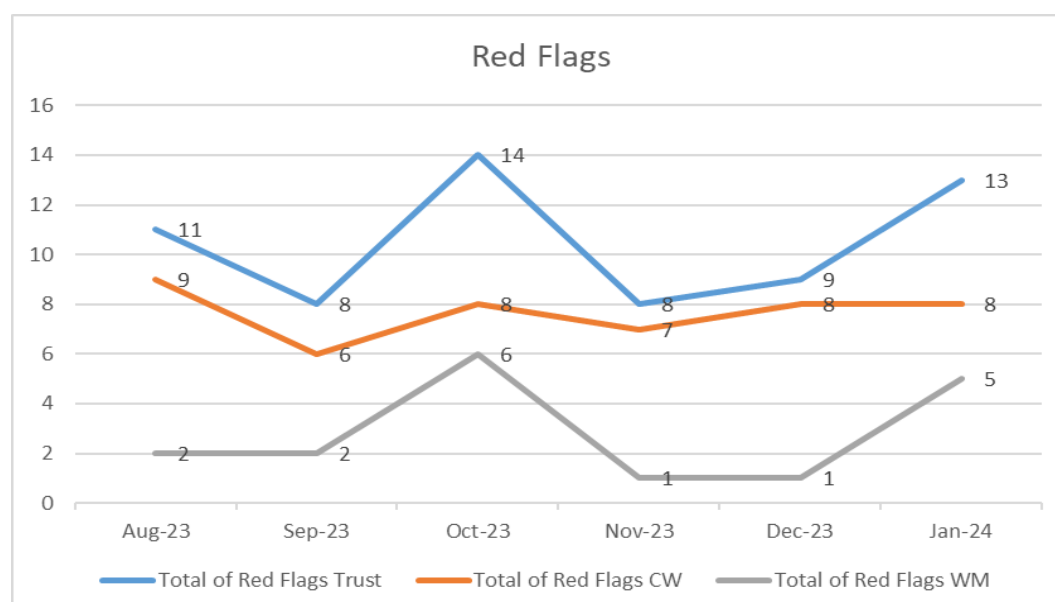
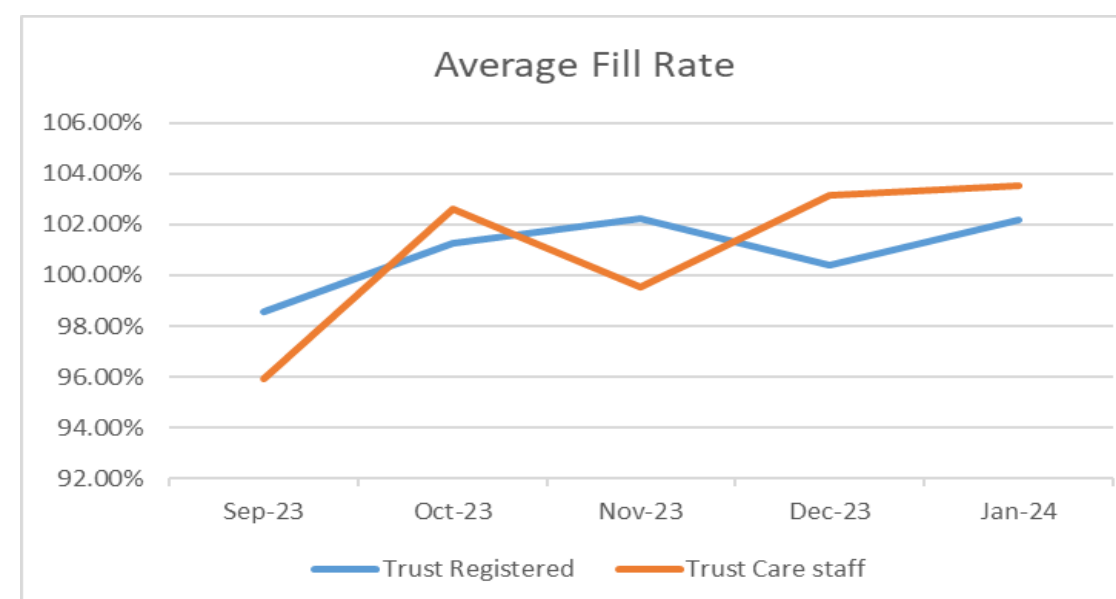
The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 101.77% in December 2023 to 102.87% in January 2024.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (Aug 2023) was 8.9. Trust workforce data confirms the CHPPD was 8.8 in January 2024, slightly up from December 2023 – 8.7

Safe Staffing Red Flags – 13 red flags from the 5 categories (tables below) were reported during January 2024 where majority of them were 'Shortfall in RN time' followed by 'Missed 'intentional rounding'

Nursing, Midwifery and care staff average fill rate January 2024				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
102.20% ↑	103.53% ↑	6.2 ↑	2.6 ↑	8.8 ↑

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Aug 2023
Trust	8.9
Hillingdon Hospital	8.7
London NW	8.9
Imperial	10.9
Peer Median	8.9





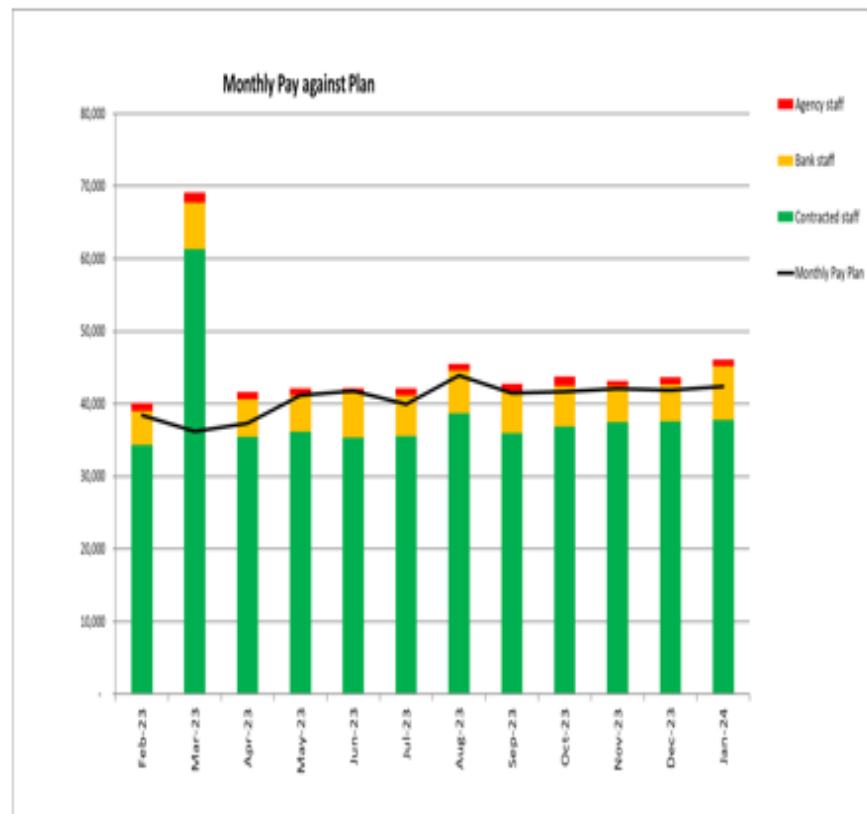
Finance M10 (January 2024) 2023/2024

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	732,672	760,462	27,790
Expenditure			
Pay	(412,476)	(433,149)	(20,673)
Non-Pay	(285,929)	(297,930)	(12,000)
EBITDA	34,267	29,383	(4,883)
EBITDA %	4.68%	3.86%	-0.8%
Depreciation	(25,978)	(25,588)	390
Non-Operational Exp-Inc	(9,089)	(2,789)	6,300
Surplus/Deficit	(800)	1,006	1,806
Control total Adj - Donated asset, Impairment & Other	808	(6,434)	(7,242)
PFI Re-calculation	0	2,401	2,401
Adjusted financial performance surplus/(deficit)	8	(3,027)	(3,035)

The adjusted financial position at month 10 is a £3.03 m deficit which is £3.04 m adverse against plan.
Pay: £20.67m adverse against plan. At month 10 the position includes £5.51 m unidentified, red or amber CIPs
 The adverse variance includes spend to cover Industrial action, escalation beds, additional clinics, WLI as well as cover vacancies, sickness, gaps in rota and other forms of leave.

Non-Pay: There is a £12 m adverse variance which includes adjustment to budget to match NHSi return

Income: M10 Income position improved significantly compared to M09. The performance was driven by the variable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. Elective activity performance recovered to its previous high levels despite the industrial action in month. There has been consistent progress around data capture, recording and coding of outpatient activity and improving the depth of coding for inpatient spells. The position also reflects known risks around performance on the unbundled element of NWL contract. Local Authority income has been accrued based on average activity levels and the element of pay award for this service was covered by NHS England (paid via NWL ICB). Over and under performance income net of industrial action has been devolved to services.

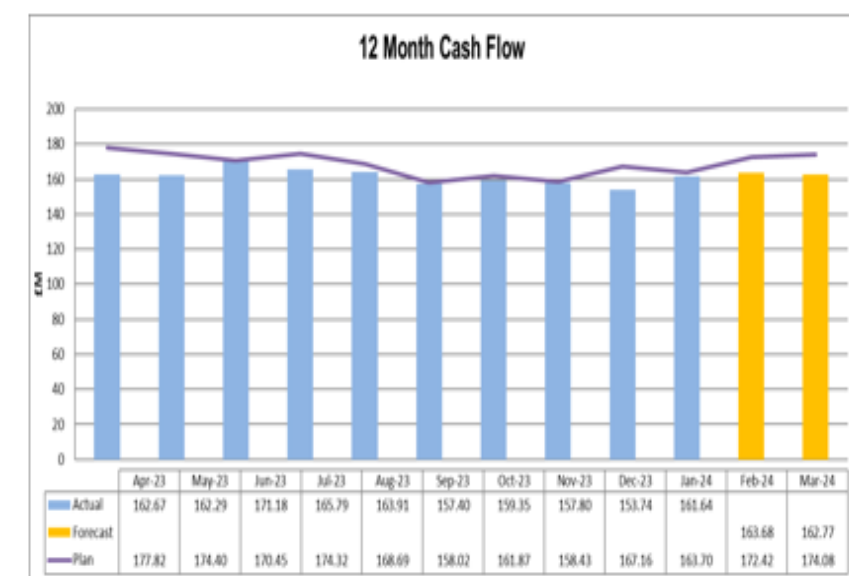


Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution - £16.05m (a notional figure). In August 23 YTD increase for Medical pay awards (from 2.1% to 6) was accrued.



Comment

The original capital programme for 2023/24 was £53.85m, which has been adjusted to £48.83m following the inclusion of the IECPP capital project of £3.31m, new PDC awards of £3.17m, PDC funding for the Treatment Centre of £7.71m being deferred to later years, IFRS16 adjustments and the transfer of £5m CRL funding to LNWH. Following the review of the capital programme, it has been agreed to transfer funding of £5m to LNWH, which will be transferred back to the Trust in 2024/25, which will help with next year's anticipated financial pressures in the capital programme. The revised capital budget for 2023/24 for period 10 is £5.55m and the spend incurred is £3.82m resulting in an under spend of £1.73m against forecast. The YTD revised budget is £35.78m and the YTD capital spend is £26.40m, resulting in an under spend of £9.38m. Regular meetings are being held with all budget holders to ensure that the remaining £22.43m will be spent before 31.3.2024.



Comment

The Negative cash variance to plan in M10 of -£2.06M is negative cash variance b/fwd from M9 of -£13.42M, Higher receipts to plan of £18.33M (ICB £12.08M Higher, Local Authority £703K Higher, Donations £137k Higher, NHS England -£818K Lower, AR £703K Higher, PP Income £115K Higher, FT's -£1.23M Lower, Interest Income £281k Higher, Other Income £37K Higher, PDC Drawdown 6.1M Higher) offset by Higher cash outflows to plan £6.97m (Higher Creditor payments & Higher Payroll)