











TRUST PERFORMANCE & QUALITY REPORT

January 2025



NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025 Q4	2024-2025	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	74.65%	77.37%	76.62%	78.86%	73.91%	74.03%	72.18%	77.51%	74.27%	75.59%	74.27%	74.27%	78.16%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	64.39%	64.25%	63.01%	64.54%	62.38%	61.87%	60.99%	62.02%	63.37%	63.03%	61.98%	61.98%	63.23%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	98.42%	99.08%	95.16%	96.95%	98.93%	99.10%	97.50%	98.46%	98.71%	99.09%	96.55%	n/a	97.83%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	92.31%	100%	100%	98.84%	92.31%	100%	100%	n/a	98.84%	
	31 day combined position (Target: >=96%)	98.82%	100%	95.45%	98.47%	98.13%	99.00%	93.33%	98.37%	98.44%	99.41%	94.15%	n/a	98.41%	
	62 day combined position (Target: >=85%)	87.33%	88.19%	74.62%	83.32%	89.47%	86.01%	78.82%	85.83%	88.58%	86.88%	77.30%	n/a	84.79%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	86.45%	84.11%	79.21%	82.93%	83.66%	83.28%	75.19%	79.73%	84.67%	83.60%	76.78%	76.78%	80.95%	
Patient Safety	Clostridium difficile infections (Year End Target: 33)	0	1	3	28	2	1	1	26	2	2	4	4	54	

A&E 4-hr Waiting Times

The Trust performance was 74.2%, a slight reduction from December's performance and still below the national target. The flow remains challenged throughout the organisation with a sustained increase in long-stay MH patients and DTA's remaining in ED.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance declined in January 2025 and reported at 61.98%. Elective admitted and outpatient activity levels are above operational plans. For January 2025, the total RTT Patient Treatment List (PTL) increased to 64,441 (+1,746), 52ww increased to 669 (+5), 65ww increased at 21(+7) and there is one patient waiting above 78ww for the first time in months. For the 65ww position of the 21 breaches, 1 is complex and 20 are due to capacity. The focus is backlog eradication for the 65ww, continually addressing chronological booking for the 52ww backlog cohort and long-waiting pathways as enhanced oversight and targeted interventions continue for at-risk specialities. These include Urology, ENT, Paeds ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

Cancer (Final Previous Month, Unvalidated Current month)

31-Day: The 31-Day combined target maintained performance for the month of December 2024 with an uploaded position of 99.4% with the current unvalidated position for January 2025 at 94.15% against the target of 96%.

62-Day: The 62-Day combined target of 85% standard was met in December 2024 with another strong performance of 86.88% however January continues to be validated currently standing at a more challenged position of 77.3 %. The backlog remains to be reported within a trajectory of 100, a strong position despite challenges in month.

28-Day FDS: The Trust continues to maintain a strong compliance against the 75% target (rising to 77% in April) achieving 83.6% in December 2024. The current unvalidated position for January 2025 is 76.8%, still achieving the national target however breaching our internal expectation of 80%

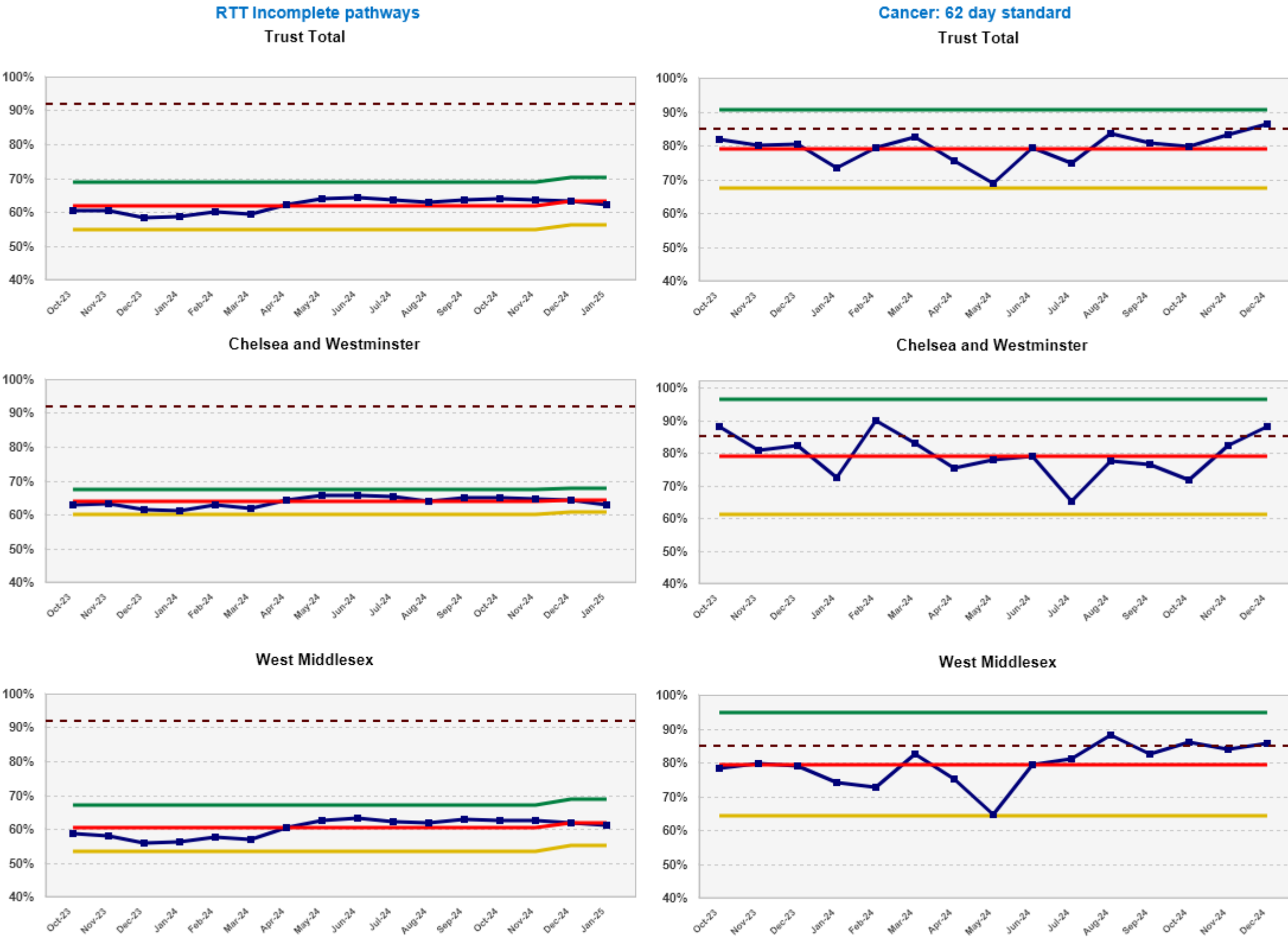
Clostridium Difficile

There were 4 Healthcare associated CDI cases in January 2025, 1 case occurred at WMH and 3 at CWH. To date this financial year there have been a total of 54 cases against a 2024/25 target of 33. This increase is reflected both locally and nationally, ribotyping results received do not indicate local transmission. Incident Review meetings have been scheduled, and the IPCT continues to review all cases with the aim of identifying actionable insights to improve patient care and learning is shared with wards, teams and divisions.











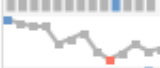





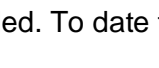

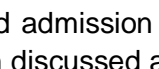
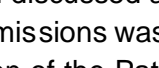
SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 16 months Oct 2023 to Jan 2025





Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025 Q4	2024-2025	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	1	0	0	2	0	0	1	3	1	0	1	1	5	
	Hand hygiene compliance (Target: >90%)	97.0%	97.3%	98.3%	96.4%	94.9%	98.2%	97.1%	98.4%	96.1%	97.7%	97.7%	97.7%	97.3%	
Incidents	Number of serious incidents	0	3	5	22	0	2	2	18	0	5	7	7	40	
	Incident reporting rate per 100 admissions (Target: >8.5)	12.3	12.5	11.6	10.8	10.0	10.9	9.2	9.7	11.1	11.7	10.4	10.4	10.2	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.06	0.02	0.03	0.02	0.03	0.00	0.00	0.01	0.04	0.01	0.01	0.01	0.02	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.45	6.79	5.44	5.58	4.17	3.40	3.20	4.01	4.82	4.93	4.27	4.27	4.77	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	2.4%	0.0%	1.1%	0.7%	0.0%	0.0%	0.0%	0.5%	1.4%	0.0%	0.7%	0.7%	0.6%	
	Never Events (Target: 0)	0	0	1	2	1	1	0	2	1	1	1	1	4	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	1	1	1	3	10	1	1	3	3	11	
Harm	Safeguarding adults - number of referrals	45	38	52	405	38	49	47	416	83	87	99	99	821	
	Safeguarding children - number of referrals	110	102	95	1037	135	105	127	1298	245	207	222	222	2335	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	66	72	69	69	74	67	71	71	70	70	70	70	70	
Mortality	Number of hospital deaths - Adult	40	41	49	369	70	47	80	602	110	88	129	129	971	
	Number of hospital deaths - Paediatric	0	0	3	6	0	0	0	0	0	0	3	3	6	
	Number of hospital deaths - Neonatal	2	1	2	15	1	0	0	3	3	1	2	2	18	
	Number of deaths in A&E - Adult	4	2	2	20	3	5	3	26	7	7	5	5	46	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1	
	Number of deaths in A&E - Neonatal	0	0	1	1	0	0	0	1	0	0	1	1	2	

MRSA

There was 1 healthcare associated MRSA bacteraemia in January 2025 which occurred in the Planned Care division at WMH on ICU, the Incident Review meeting has been scheduled. To date this financial year there have been 5 Healthcare associated MRSA bacteraemias against a target of 0.

Incidents

There were seven PSI Investigations declared in January 2025: Two incidents of suboptimal care for deteriorating patients, a delayed diagnosis of cancer, a maternal unplanned admission to ITU, an unexpected admission to NCU and a failure to escalate. The seventh incident was declared a surgical Never Event: Wrong Site Procedure (Eye injection). All of the cases have been discussed at the Initial Incident group and immediate safety actions and areas for improvement have been taken. During the target month (January 2025) the target rate of patient safety incidents per 100 admissions was exceeded by both sites. Positive reporting is encouraged to highlight improvements, safe practices, and near-miss events that could have been harmful but were avoided. The implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) further supports staff in improving patient safety practices and learning from incidents.

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

Trust target was met. There has been a reduction in the reporting rate at WM site which will be monitored by the Medication Safety Group accordingly.

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














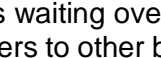
Trust target met was met for this indicator

Safeguarding

Activity remains consistent across both adult and children safeguarding. cases continue to be complex with a high proportion also including mental health services and the themes remain consistent.



Patient Experience

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025 Q4	2024-2025	Trend charts
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	94.26%	93.64%	93.16%	94.28%	97.95%	97.78%	96.60%	97.61%	96.28%	96.32%	95.03%	95.0%	96.17%	 -
	FFT: Inpatient not satisfaction % (Target: <10%)	3.28%	4.09%	3.04%	3.04%	0.23%	0.25%	1.28%	0.84%	1.61%	1.60%	2.08%	2.1%	1.79%	 -
	FFT: Inpatient response rate (Target: >15%)	21.81%	13.72%	24.09%	23.45%	31.84%	29.26%	37.78%	36.03%	26.34%	20.92%	29.99%	30.0%	29.26%	 !
	FFT: A&E satisfaction % (Target: >90%)	81.05%	83.90%	85.56%	84.79%	76.60%	70.17%	76.75%	77.91%	79.00%	77.19%	81.66%	81.7%	81.69%	 !
	FFT: A&E not satisfaction % (Target: <10%)	12.60%	11.19%	9.08%	10.13%	17.26%	21.60%	16.14%	15.59%	14.74%	16.28%	12.21%	12.2%	12.59%	 !
	FFT: A&E response rate (Target: >15%)	9.64%	8.87%	10.37%	12.95%	8.21%	7.86%	7.82%	10.85%	8.92%	8.34%	9.06%	9.1%	11.91%	 !
	FFT: Maternity satisfaction % (Target: >90%)	89.77%	85.71%	89.72%	90.18%	93.44%	93.22%	93.75%	88.90%	91.28%	89.81%	91.44%	91.4%	89.66%	 !
	FFT: Maternity not satisfaction % (Target: <10%)	7.95%	12.24%	5.61%	6.83%	3.28%	5.08%	3.75%	7.12%	6.04%	8.33%	4.81%	4.8%	6.95%	 -
	FFT: Maternity response rate (Target: >15%)	15.66%	9.55%	18.97%	19.03%	14.45%	12.37%	18.82%	15.86%	15.14%	10.91%	18.91%	18.9%	17.58%	 !
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	27	35	31	232	27	35	31	31	232	 !
Complaints	Complaints (informal) through PALS	39	18	39	373	44	24	29	338	83	42	68	68	711	 -
	Complaints formal: No of complaints due for response	24	23	30	270	11	9	10	106	35	32	40	40	376	 -
	Complaints formal: Number responded to < 25 days	23	20	21	219	6	7	9	85	29	27	30	30	304	 -
	Complaints sent through to the Ombudsman	0	0	0	0	1	0	0	2	1	0	0	0	2	 -

MSA (Mixed Sex Accommodation)

Guidelines for the Provision of Intensive Care Services" dictate that patients should be transferred from critical care to a ward within four hours of the decision. In January, West Middlesex experienced 31 instances of patients being cared for in mixed-sex accommodation, a failure to meet required standards. Prolonged waits for ward beds also occurred, with 22 patients waiting over 10 hours and 9 of those waiting over 30 hours, primarily due to high activity outside of critical care. The intensive care unit operated at full capacity throughout January, limiting patient transfers to other beds within the unit. Despite these unavoidable breaches, we remain committed to respecting patient dignity and cultural beliefs.

Complaints

75% of complaints were responded to within the 25 day KPI (target 95%) during January 2025. This has been due to not receiving information/responses within the timeframe for response, increased activity in PALS and Complaints and vacancies/unplanned leave within the team. We are expecting to recover this position during February. 10 complaints were not responded to within the timeframe; 6 for Specialist Care, 2 for EIC and 1 each for Planned Care and Enterprise divisions. Compliance with responding to informal concerns within 5 working days during January was 87% (KPI 90%).

Friends and Family Test

All Inpatient areas continue to meet the Trusts satisfaction and response rate targets. Feedback suggests that patients are happy with their overall care and felt they were treated with respect and dignity. There has been a dip in CW response rate but improvements have been made. A&E and Maternity satisfaction rate continues to fluctuate. From reviewing A&E feedback, themes relate to waiting times, the lack of communication and information provided. CW Maternity areas have declined in Q4, themes are linked to lack of communication/information, alongside patients feeling unheard.



Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025 Q4	2024-2025	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.08	2.74	2.88	2.94	2.38	2.55	2.38	2.50	2.87	2.67	2.71	2.71	2.80	
	Average length of stay - non-elective (Target: <3.95)	5.03	5.07	5.41	4.63	4.02	4.97	5.08	3.98	4.46	5.02	5.22	5.22	4.26	
	Emergency care pathway - average LoS (Target: <4.5)	6.56	6.63	7.12	5.52	4.71	6.30	6.27	4.60	5.39	6.42	6.60	6.60	4.95	
	Emergency care pathway - discharges	191	191	212	2267	323	311	335	3641	515	502	548	548	5908	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.91%	6.41%	5.99%	5.09%	6.91%	6.95%	7.21%	6.86%	5.91%	6.69%	6.59%	6.59%	5.97%	
	Non-elective long-stayers	487	494	293	4562	473	472	302	4619	960	966	595	595	9181	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	89.9%	82.6%	85.6%	87.2%	89.6%	87.3%	86.5%	87.6%	89.8%	84.5%	85.9%	85.9%	87.3%	
	Operations cancelled on the day for non-clinical reasons: actuals	22	22	30	175	19	15	15	156	41	37	45	45	331	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.58%	0.69%	0.81%	0.46%	0.64%	0.55%	0.50%	0.53%	0.61%	0.63%	0.67%	0.67%	0.49%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	8	4	28	0	0	1	12	1	8	5	5	40	
	Theatre Utilisation Model Hospital (Target > 85%)	79.7%	81.2%	79.2%	78.9%	94.6%	92.9%	91.2%	91.7%	85.0%	85.3%	83.1%	83.1%	83.3%	
Outpatients	First to follow-up ratio (Target: <1.5)	2.45	2.45	2.43	2.38	1.77	1.83	1.84	1.78	2.13	2.15	2.15	2.15	2.10	
	Average wait to first outpatient attendance (Target: <6 wks)	9.2	8.7	9.7	9.8	10.6	9.9	10.1	10.9	9.9	9.2	9.9	9.9	10.3	
	DNA rate: first appointment	10.1%	11.0%	9.7%	10.4%	10.9%	10.5%	9.6%	9.8%	10.5%	10.8%	9.7%	9.7%	10.2%	
	DNA rate: follow-up appointment	7.7%	8.1%	7.2%	8.1%	7.0%	7.2%	7.3%	7.2%	7.5%	7.7%	7.2%	7.2%	7.8%	
	PIFU - % of Total Outpatient attendances	11.6%	11.6%	12.1%	11.4%	2.2%	2.3%	2.8%	2.1%	7.7%	7.7%	8.2%	8.2%	7.6%	

Day-Case Rate

The day-case rate increased slightly in January 2025 going down from 84.4% to 85.9%, with both sites remaining above the target of 85%.

Cancelled Operations

The number of cancelled operations on the day (for non-clinical reasons) increase in January, with 45 patients in total. This increase was due to winter site pressures, with an increase of cancellations due to surgeon availability, availability of beds, and complications creating list over-runs. The work stream on preoperative optimisation should support with improving this.

Theatre Utilisation

Trust-Wide utilisation decreased slightly in January 2025, down to 83%. Theatre utilisation remains significantly above the 85% target at 91.2% on the West Middlesex site. The Chelsea site remains below the 85% target, this has been driven by a drop in utilisation in both Main Theatres and Treatment Centre

Outpatients

January saw a significant improvement in the Trust's DNA rate with both new and follow ups improving on both sites. This continues our positive trend over recent months and our follow up DNA rate is at an all-time low. Percentage of patients discharged to PIFU has also improved. As usual the bulk of our PIFU sits within HIV, however there is positive movement in other areas too. Our average wait to first appointment was longer again in January, which was not unexpected as we see less routine activity in December than in January. The first-to-follow-up ratio dipped in January – the OP Board is now considering mandating template changes in areas with the highest levels of unbooked new patients.



Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
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Best Practice	Dementia screening case finding (Target: >90%)	96.0%	96.1%	95.5%	94.7%	92.7%	91.2%	94.2%	93.5%	94.3%	93.5%	94.8%	94.8%	94.0%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	66.7%	70.0%	80.0%	68.0%	88.9%	93.8%	92.6%	93.5%	81.5%	80.6%	89.2%	89.2%	81.1%	!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	82.4%	75.0%	88.9%	81.4%	77.8%	88.9%	93.8%	90.6%	80.0%	81.6%	90.7%	90.7%	86.2%	-
VTE	VTE: Hospital acquired	1	0	0	5	10	1	0	47	11	1	0	0	52	-
	VTE risk assessment (Target: >95%)	94.6%	94.9%	95.2%	94.9%	96.9%	95.8%	95.8%	96.1%	95.8%	95.4%	95.5%	95.5%	95.5%	-
TB Care	TB: Number of active cases identified and notified	3	1	3	24	15	5	12	82	18	6	15	15	106	-
Sepsis	ED % Periods Screened (Target >90%)	91.4%	93.2%	92.2%	91.3%	83.6%	84.2%	86.2%	84.9%	88.2%	89.1%	89.5%	89.5%	88.4%	-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	71.7%	73.8%	79.5%	74.6%	89.0%	90.1%	88.5%	89.7%	77.5%	79.1%	83.1%	83.1%	80.3%	-
	Ward % Periods Screened (Target >90%)	85.0%	84.1%	85.1%	86.0%	93.2%	92.6%	93.8%	93.4%	89.2%	88.2%	89.4%	89.4%	89.5%	-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	95.4%	96.7%	93.3%	95.7%	96.6%	97.8%	97.0%	96.5%	96.0%	97.3%	95.2%	95.2%	96.1%	-
Discharge	Date of Discharge is same as Discharge Ready Date	90.1%	89.2%	86.1%	88.5%	86.0%	85.4%	84.5%	85.8%	88.0%	87.2%	85.2%	85.2%	87.1%	-
	Date of Discharge is 1+ days after Discharge Ready Date	9.9%	10.8%	13.9%	11.5%	14.0%	14.6%	15.5%	14.2%	12.0%	12.8%	14.8%	14.8%	12.9%	-

Dementia Screening

The Trust maintains compliance for dementia screening at Trust level with both sites achieving the target of 90%.

#NoF (Time to Theatre - Neck of Femur)

Performance has improved in January 2025 and is at 89.2%. Performance for the Chelsea site improved as 8 of 10 patients had surgery within 36 hours. All breaches were due to theatre capacity. In the West Middlesex site 22 of 24 patients were medically fit for surgery had surgery within 36 hours. The two breaches were due to theatre overrunning.

VTE Risk

Chelsea site was compliant in-month across all divisions. Excellent work in Planned Care to improve performance but still further work in progress to imbed and improve.

Discharge Ready

There has been an increase in patients discharged a day after their discharge ready date. The command centre now meets throughout the day bringing the discharge, site and nursing teams together to focus on reducing internal delays and the daily meetings continue to take place between discharge teams and local system colleagues to facilitate these discharges in a timely way.

Sepsis

Improvement in performance noted in all areas. Focus of work in Chelsea ED has resulted in a 6% improvement in performance. Continued focus to be maintained.



Access

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
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RTT waits	RTT Incompletes 52 week Patients at month end	374	340	368	368	300	324	301	301	674	664	669	669	669	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	94.84%	89.27%	91.85%	85.66%	93.53%	91.91%	88.50%	82.46%	94.19%	90.58%	90.14%	90.14%	84.02%	
	Diagnostic waiting times >6 weeks: breach actuals	307	592	453	8542	382	442	663	10946	689	1034	1116	1116	19488	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.3%	7.4%	5.9%	7.0%	7.7%	7.6%	6.4%	7.5%	7.5%	7.5%	6.2%	6.2%	7.3%	
	A&E time to treatment - Median (Target: <60')	00:28	00:28	00:23	00:25	00:36	00:35	00:34	00:34	00:32	00:32	00:30	00:30	00:31	
	London Ambulance Service - patient handover 30' breaches	70	43	52	404	230	201	291	1866	300	244	343	343	2270	
	London Ambulance Service - patient handover 60' breaches	2	0	0	5	11	4	18	78	13	4	18	18	83	

Diagnostic 6-Week Waits

In January 2025, following a challenged December, there was a marginal reduction in performance to 90.14% from 90.58%, despite having the highest activity for DM01 reportable modalities in the last 3 months. The Trust is forecasting an improvement for the remaining months of the financial year.

Ambulance Handover

The Trust's performance for ambulance handovers remains strong however there have been increased challenges to maintain performance due to challenges with flow out of the department.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Nov-24	Dec-24	Jan-25	Nov-24	Dec-24	Jan-25	Nov-24	Dec-24	Jan-25
RTT waiting list positions	Total RTT waiting list	30670	30648	31643	31604	32047	32798	62274	62695	64441
	Total Non-Admitted waiting list	27626	27217	27395	29751	30007	29951	57377	57224	57346
	Non-Admitted with a date	8491	11924	14472	7277	9483	11735	15768	21407	26207
	Non-Admitted without a date	19135	15293	12923	22474	20524	18216	41609	35817	31139
	Total Admitted waiting list	3044	3431	4248	1853	2040	2847	4897	5471	7095
	Admitted with a date	464	711	924	393	555	858	857	1266	1782
	Admitted without a date	2580	2720	3324	1460	1485	1989	4040	4205	5313
	Patients waiting >65 weeks	8	5	9	6	9	12	14	14	21
	Patients waiting >78 weeks	0	0	1	0	0	0	0	0	1
	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-24	Dec-24	Jan-25	Nov-24	Dec-24	Jan-25	Nov-24	Dec-24	Jan-25
Total	374	340	368	300	324	301	674	664	669
Audiology					2			2	
Breast Surgery						1			1
Clinical Haematology	2	4	1				2	4	1
Colorectal Surgery	9	10	18	9	10	11	18	20	29
Dermatology	10	13	9	13	9	4	23	22	13
Endocrinology	2	1	1	1			3	1	1
ENT			1	79	108	101	79	108	102
Gastroenterology	5	1					5	1	
General Surgery	55	44	51	7	5	13	62	49	64
Gynaecology	10	13	8	1	3	1	11	16	9
Hepatology	1	3	4	5	2		6	5	4
Maxillo-Facial Surgery	2	2					2	2	
Neurology				1			1		
Ophthalmology	13	16	30				13	16	30
Oral Surgery				2	1	3	2	1	3
Orthodontics	4	7	10				4	7	10
Paediatric Burns Care		1	1					1	1
Paediatric Cardiology				1			1		
Paediatric Clinical Immunology	1			3			4		
Paediatric Dentistry		2	2					2	2
Paediatric Dermatology	1	1		1			2	1	
Paediatric Ear Nose and Throat	4	2	1	41	33	39	45	35	40
Paediatric Gastroenterology	2	2	1				2	2	1
Paediatric Maxillo-Facial Surg	4		1				4		1
Paediatric Neurology	1	1	2				1	1	2
Paediatric Plastic Surgery	6	6	3				6	6	3
Paediatric Respiratory Medicin	1						1		
Paediatric Surgery				1			1		
Paediatric Trauma and Orthopae			1						1
Paediatric Urology	1				2	1	1	2	1
Paediatrics			1						1
Pain Management	6	10	22				6	10	22
Plastic Surgery	109	89	72	16	22	19	125	111	91
Podiatric Surgery				3	2	2	3	2	2
Podiatry				1	1	1	1	1	1
Rheumatology			1						1
Trauma & Orthopaedics	61	57	57	59	59	39	120	116	96
Urology	24	21	33		1	2	24	22	35
Vascular Surgery	40	34	37	56	64	64	96	98	101



Maternity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025 Q4	2024-2025	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:22	1:24	1:23	1:23	1:24	1:24	1:27	1:27	1:23	1:24	1:25	1:25	1:25	-
	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	1:98	-
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	463	388	457	4391	367	385	374	3877	830	773	831	831	8268	-
	Total number of bookings (Target:> CW 580 WM 478)	560	532	630	5730	515	401	515	4727	1075	933	1145	1145	10457	-
	Maternity 1:1 care in established labour (Target: >95%)	98.0%	97.0%	37.0%	91.0%	98.0%	99.0%	98.0%	97.8%	98.0%	98.0%	67.5%	67.5%	94.4%	-
Safety	Admissions >37/40 to NICU/SCBU	22	33	27	223	9	23	0	337	31	56	27	27	223	-
	Number of reported Serious Incidents	2	1	2	24	1	0	2	16	3	1	4	4	40	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	1	7	0	0	0	3	0	0	1	1	10	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	7.3%	6.4%	5.5%	6.7%	4.4%	6.4%	6.9%	6.1%	5.9%	6.4%	6.2%	6.2%	6.4%	-
	Number of stillbirths	0	1	2	13	1	1	1	12	1	2	3	3	25	-
	Number of Infant deaths	2	2	1	13	1	1	0	9	3	3	1	1	22	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	n/a	n/a	n/a	2.8%				5.3%	n/a	n/a	n/a	n/a	4.1%	-
	Spontaneous unassisted vaginal births	25.0%	21.0%	21.0%	24.1%	28.0%	26.0%	27.0%	28.7%	26.5%	23.5%	24.0%	24.0%	26.4%	-
	Vaginal Births - spontaneous & induced	39.0%	34.0%	33.0%	37.2%	40.0%	39.0%	41.0%	42.0%	39.5%	36.5%	37.0%	37.0%	39.6%	-
	Instrumental deliveries	76	46	75	578	63	56	49	514	139	102	124	124	1092	-
	Pre-labour elective caesarean sections	79	86	86	891	52	64	56	567	131	150	142	142	1458	-
	Emergency caesarean sections in labour	123	121	139	1228	104	111	111	1152	227	232	250	250	2380	-



Please note that some of the metrics require full validation and will be updated in the following months report.

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 1:27 at Chelsea and 1:23 at West Middlesex. The service has now received the report from Birthrate plus which has been included as an overview in Q3's (2025) staffing paper. A fuller review of the recommendations will be presented to EMB. The latest recommendations suggest that the midwife to woman ratio on the CW site should be reduced to 1:23 (previously 1:26) and 1:21 (previously 1:22) on the WM site. This is based on the current acuity and activity within both sites. Whilst the birth rate has declined nationally the acuity particularly for women in categories, 4 and 5 (high risk) continue to rise and category 1 (low risk) decrease accordingly.

Red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input. The compliance rate for the month of January on the CW site has remained static at 71.51%. The service will continue to focus on meeting the 85% compliance target. West Mid reported compliance of 88.17% for January. There was 1 red flag reported on the CW site and 2 on the WM site. The 1 red flag on the CW site were delayed or cancelled time-critical activity (n=1). The 2 red flags at WM were due to the coordinator unable to maintain supernumerary status – and providing 1:1 care in labour (n=1). On review the acuity was -3.05, and the SMOC had been escalated to and attended on site. Appropriate escalation had been followed and ongoing compliance with MIS safety action 5 continues. The second flag was a delay between admission for induction and beginning of process. The Birthrate plus app now reviews the loss of supernumerary status as either providing 1:1 care in labour or not. This is an important improvement but all red flags are currently reviewed to ensure appropriate escalation was followed, and all red-flags are presented at the monthly cross-site MQAS meeting.

The neonatal nursing action plan continues to progress with positive international and local recruitment. The leadership team continue to enhance the local QIS programme to optimise skill mix. Currently the QIS is at 57.48% at CW and 67.36% at WM. There are a number of nurses on a QIS course which is due for completion in spring next year. The Nursing Business case was presented to Trust Board for approval and the service are currently working up the actions from this.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice daily ward rounds. The MIS year 6, 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'. In addition (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 data regarding compliance. A detailed summary was included in the Q2 Maternity and Neonatal Staffing Report. The paediatric workforce at WM are utilising additional locums to provide cover for the service to meet BAPM standards for a level 2 unit. The BAPM compliance for January stands at 64 % for tier 1 and 93 % for tier 2. Unfortunately, sickness has affected the team's ability to support the Tier 1 rota, as these shifts are predominantly supported by our own team working as locums. There were no datix associated with an ability of the neonatal team to support with activity. The Trust are still awaiting confirmation from the ICB as to when the LNU level 2 re-designation will be financed to enable the green light in moving this forward.

Safety:

WM site:

There were 2 patient safety incidents.

1. White British – deprivation score 6. 41/40 attended triage-reporting contractions. Raised BP antenatally with no treatment required. IUD confirmed. MNSI accepted.
2. White European – deprivation score 8. 40+3/40 spontaneous labour. Failed AVB (with forceps) to cat 1 CS. Baby admitted to SCU with suspected seizures. MRI probable stroke. Rejected by MNSI as does not meet criteria.

Datix reporting system: There were 87 reported incidents in January (84 reported in December)

Main themes arising

- MOH >1500mls (13)
- Category 1 CS (7)
- Term avoidable admission to SCBU (7)

CWH site: There were 2 patient safety incident:

1. Mixed Asian and white – 38/40 spontaneous labour, AVB with kiwi cup (3 tractions), apgars 9/10 10/10. Postnatal collapse at 34 hours of life – transferred to NICU – active cooling/HIE; baby diagnosed with metabolic disorder. MNSI have accepted
2. White other – 38/40 booked for CB as breech presentation. Category 2 CB as contracting; baby born with Apgar score 7/10/10; baby brought to ED at 3 days old; full resuscitation; NND. Awaiting decision from MNSI

Datix reporting system: In January 135 an increase from December (110)

Main themes arising:

- Delay/failure in access to hospital/care (16)
- MOH (9)
- Medication errors (8)



157 Datix closed in January, 102 closed in December, (46 incidents overdue awaiting closure).

1. **PMRT (Cross site):** CW site reported 5 cases. NND x2 (24+1/40 and 37/40), Stillbirth x 3 (27/40, 38/40 and 38+6/40). WMUH reported 2 cases: Stillbirth 21 (40+2 and 41/40).
2. **ATAIN (Cross site):** On the CW site there were 27 term admissions in January, currently being reviewed. Of these 20 were unexpected. One admission was felt to be potentially avoidable. Two further are under MQAS review. On the WM site there were 14 term admissions in January, they are yet to be reviewed to ascertain how many were avoidable, however, this gives a term admission rate of 4.15% a slight increase from 4.08% in December. Both sites are under the national target of <6% for all term admissions.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. A review of obstetric metrics has been undertaken and full dilatation CS will now be reviewed monthly given the increased associated risk to preterm birth in subsequent pregnancies.
4. **SBLCBv3** (launched in May 2023) update. Agreement of local trajectory with the LMNS and quarterly reviews to confirm progress is now required. A peer review was undertaken in January where compliance was agreed to be at 86% of all interventions. This has dropped since December and an action plan is in place to achieve full compliance by March 2025.
 - **Element 1: Reducing smoking: The service are currently compliant with 6/10 interventions.**
 - **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 considered to be at risk of IUGR. The demand and capacity assessment of USS cross site has been completed and the service expect to be complaint with all interventions by early 2025. **Compliant with 16/20 interventions.**
 - **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. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites. **Compliant with 2/2 interventions.**
 - **Element 4:** Effective fetal monitoring during labour: 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. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites. **Compliant with 5/5 interventions.**
 - **Element 5:** Reducing Pre-term Birth: Screening for asymptomatic bacteriuria has been re-established on the CW site and compliance with this is improving. Compliance on the WM remains as this was always supported by local guidelines. All elements of perinatal optimisation are currently being met. **Compliant with 26/27 interventions.**
 - **Element 6:** Management of Pre-existing Diabetes in pregnancy: **Compliant with 6/6 interventions.**



Perinatal Quality Surveillance Model Board Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025	Nov-24	Dec-24	Jan-25	2024-2025 Q4	2024-2025
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	97.0%	94.0%	91.0%	93.0%	93.0%	93.0%	86.0%	92.8%	95.0%	93.5%	88.5%	88.5%	92.9%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	97.0%	94.0%	94.0%	93.6%	96.0%	87.0%	89.0%	89.9%	96.5%	90.5%	91.5%	91.5%	91.8%
	Service User Feedback FFT	89.8%	85.7%	89.7%	90.2%	93.4%	93.2%	93.8%	88.9%	91.3%	89.8%	91.4%	91.4%	89.7%
	Staff Feedback from board safety champion	Yes	Yes	Yes	Yes	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	0	0	0
	Coroner Reg 28 made directly to Trust	0	0	1	1	0	0	0	0	0	0	0.5	0.5	1
	Progress in achievements of NHSR MIS (10 safety actions) Green									10	4	10	10	59
	Progress in achievements of NHSR MIS (10 safety actions) Amber									0	6	0	0	26
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

CQC Metric Ratings - May 2023	Site	Overall	Safe	Effective	Caring	Well-led	Responsive
	West Middlesex	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
	Chelsea and Westminster	Good	Requires Improvement	Good	Good	Outstanding	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 71.3%) Midwives WMUH 80.85%, CW 79.29%. B) (Trust average 72%) Midwives 83% WMUH 80.85%, CW 84.17%.
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 71.3%) Obstetricians WMUH 71.43%, CW 66.67%. B) (Trust average 77.6%) Obstetricians WMUH 85.71%. CW 81.48%.
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)	2023 Cross-site 93.55% (WMUH 93.01%, CW 94.20%) of trainees reported excellent or good (increased from 90.54% in 2022)



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 was 88.5% and fetal monitoring is at 91.5% across both sites. The preceptee midwives and new trainees on the West Mid site have not yet had the opportunity to complete the fetal monitoring training, which has impacted upon the training compliance. All new staff have been booked onto mandatory training in the next 3 months. Whilst 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 into MIS year 7 2025. The training needs analysis reflects the recommendations from the core competency framework and as such new training year has commenced with revised teaching content. This now includes 'Trauma-informed care.' Last year's curriculum included cultural safety training, which continues in this years teaching programme, to support the departments commitment to valuing diversity and inclusion amongst its workforce and service users.

Service user feedback: The service receives monthly friends and family test feedback, there was a notably increase in service user response rates reported this January to 22%, where December's response rate had dropped to 13%. This is also an upward trajectory with positive feedback, which has increased to 89.08%, from Decembers 83.08%. On the CW site, negative feedback continues to be raised about staff attitude, communication and delays in care. Conversely the position at WM remains stable with 94.79% of feedback being positive. The response rate has increased and is now at 23%, an increase of 7% from January. The negative scores on the WM site are impacted by staff communication, attitude and behaviour. The CQC national maternity survey published its results last month and whilst the Trust continues to hold its position in London for patient experience, there are some areas of focus that need addressing specifically in relation to labour and birth, where despite there being improvement to 31% of the scores, 56% have declined. The Patient Action Plan is being tracked by the service leadership on collaboration with the MNVP. A call to action has been commenced to raise awareness for all women birthing in February to increase our compliance and support an improved response rate from las year's 32% CQC patient survey. All women and birthing people that birth in February, will be invited to participate in the annual patient CQC survey. The survey will incorporate feedback from all elements of maternity care; from the point of booking through to discharge and evaluating our infant feeding support.

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. The maternity and neonatal team welcomes their new Non-executive Director Pat Gallan to the team. Pat has undertaken a walk-about and has been introduced to both maternity and neonatal sites. Site safety visits enable opportunity for the safety champions to meet the wider team and talk to our women and birthing people as they use our maternity and neonatal services. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. All maternity updates and reports are shared specifically reviewing quality, outcomes and patient experience. On-going scrutiny continues in relation to addressing health inequalities that we know are specific to patient demographic and those living in the lowest indices of deprivation.

Maternity incentive Scheme year 6: MIS year 6 was published on 2nd April 2024 and the reporting period for submission ended on the 30th November. The Trust has reported full compliance with 10 out of 10 safety actions and has submitted action plans in relation to safety action 3 (transitional care on the WMUH site) and safety action 4 (neonatal nursing on the CW site). The evidence is in the process of being reviewed by the LMNS, in readiness before the submission deadline of the 3rd March 2025.











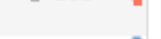

Interim Ockenden report (7 IEAs): The interim Ockenden was published in December 2020 and the service has been working to achieve full compliance with the report. The service is fully compliant and will continue the audits to ensure the IEAs are embedded.

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 progress on the 14 should do's continue and are being tracked via a cross-site assurance group. (7 for WM and 7 for CW). 4 of the should do actions are on track and 10 have been completed, 1 should do action awaits the outcome of the WM consultant consultation. The CQC have recently published 16 maternity recommendations, of which 7 are specifically relevant to all NHS maternity Trusts. A bench marking piece has been undertaken to review our compliance and to demonstrate we are able to meet these standards, and as such we do not have any concerns in our ability to do so.



Cancer Update

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

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site	Nov-24	Dec-24	Jan-25	2024-2025	YTD breaches	Nov-24	Dec-24	Jan-25	2024-2025	YTD breaches	Nov-24	Dec-24	Jan-25	2024- 2025 Q4	2024-2025	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumou	Breast	n/a	n/a	n/a	n/a		93.5%	100%	87.5%	96.2%	7	93.5%	100%	87.5%	n/a	96.2%	7		-
	Colorectal / Lower GI	100%	72.7%	94.7%	88.7%	9.5	93.1%	80.0%	80.8%	77.0%	27	96.1%	76.9%	86.7%	n/a	82.1%	36.5		-
	Gynaecological	100%	57.1%	9.1%	67.9%	18.5	62.5%	92.9%	100%	85.2%	6	66.7%	81.0%	37.5%	n/a	78.4%	24.5		!
	Haematological	66.7%	100%	86.7%	92.9%	5	100%	100%	83.3%	93.0%	9	94.6%	100%	85.2%	n/a	93.0%	14		-
	Head and neck	100%	n/a	100%	94.7%	1	n/a	66.7%	100%	57.1%	4.5	100%	66.7%	100%	n/a	81.4%	5.5		-
	Lung	52.9%	78.9%	100%	68.4%	18.5	80.0%	100%	94.1%	85.1%	10	63.0%	88.9%	95.8%	n/a	76.9%	28.5		-
	Sarcoma	n/a	100%	50.0%	71.4%	3	81.8%	n/a	n/a	60.6%	6.5	81.8%	28.6%	50.0%	n/a	63.8%	9.5		!
	Skin	98.5%	97.9%	87.0%	95.5%	11.5	96.7%	100%	78.6%	95.7%	13	97.9%	98.2%	81.5%	n/a	95.5%	24.5		-
	Upper gastrointestinal	92.9%	100%	100%	98.3%	1.5	100%	80.0%	100%	60.6%	18.5	95.0%	86.4%	100%	n/a	85.4%	20		-
	Urological	66.7%	66.7%	52.9%	61.5%	57	80.9%	82.4%	64.0%	81.4%	75	76.9%	79.8%	60.6%	n/a	75.5%	132		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0		-
	Site not stated	n/a	n/a	100%	n/a	0	66.7%	100%	n/a	92.3%	1	66.7%	100%	100%	n/a	92.3%	1		-

Trust Commentary

The 62-Day combined target of 85% standard was met in December 2024 with another strong performance of 86.88% however January continues to be validated currently standing at a more challenged position of 77.3 %. The backlog remains to be reported within a trajectory of 100, a strong position despite challenges in month.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast				11
Gynaecology	1.5	3.5	0.5	7
Haematology		7.5		8.5
Head and Neck			0.5	1.5
Colorectal	1.5	5.5	1.5	7.5
Lung	2	9.5		8.5
Other				2
Sarcoma		3.5	2.5	
Skin	0.5	24		4.5
Upper GI		3.5	1.5	7.5
Urology	2.5	7.5	6.5	37
Brain				0.5
Total:	8	64.5	13	95.5



Safer Staffing & Patient Quality Indicator Report

January 2025

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:

Kew ward experienced increased HCA fill rates at night due to an increased number of confused patients and those at high risk of harm. Marble Hill 1 reported increased RN fill rates for 1:1 observation of a patient. They had increased HCA fill rate at night due to bay tagging for several patients at risk of harm. On Marble Hill 2 the increased RN fill rate during day and night reflects the need for staffing additional escalation beds. The increased fill rate in HCAs at night is due to increased patients requiring 1:1 care due to confusion and high risk of falls. Reduced HCA fill rates on DRU, reflect adjustments to patient needs and acuity levels, CHPPD was not compromised. Lampton FU had additional RN fill rates due to opened escalation beds. Syon 1 had an increased HCA fill rate at night due to escalation beds being open.

Osterley 1, Osterley 2 and Richmond increased HCA fill rates at night due to sickness cover and patients at high risk of falls and those requiring 1:1 care. Richmond had increased fill of RN during day due to nonclinical staff cover.

Chelsea and Westminster site:

Ron Johnson ward required high HCA fill rates both day and night to support several patients needing 1:1 care. Chelsea Wing had high RN fill rates during the day due to additional theatres lists.

Annie Zunz had a high HCA fill rate due to increased medical outliers needing extra supervision day and night. AAU required additional HCA cover at night for patients with confusion and a high fall risk. Edgar Horne had increased RN fill rate both day and night due to RMN cover for a patient for the month of January.

Nell Gwynne, David Erskine had low HCA fill rates during the day due to sickness and not being filled by bank. Staff were moved to other areas to support staffing but CHPPD was not compromised. Nell Gwynne ward increased RN fill rates at night to care for patients with tracheostomies. Nightingale ward had low HCA fill rates during the day due additional escalation shifts not being filled by bank. Staff were moved to ensure CHPPD was not compromised. Rainsford Mowlem had increased RN fill rate at night due to additional escalation beds. Burns ward required additional RN fill rates at night to support a patient requiring 1:1 care.

Incidents:

In January, four incidents resulting in harm from pressure ulcer damage were reported.

The patient on Lampton Frailty Unit had pressure damage identified due to inconsistencies in documentation. The Tissue Viability team was involved, and a pressure-relieving mattress was in place at the time of assessment. The incident remains under IIR investigation. On Syon 1, a patient with a pre-existing history of vascular disease was found to be non-compliant with recommended pressure-relieving turns, which contributed to the development of pressure damage.

On Kew Unit, an incident remains under ongoing IIR. The patient had been found 48 hours post-fall at home and was admitted with existing pressure damage, which subsequently deteriorated and required restaging during their stay on the unit.

In response to the increase in pressure damage, targeted learning initiatives are being implemented across the EIC. Additional training planned to reinforce staff accountability, with a focus on daily ulcer audits in affected areas. Key learnings are also being shared during safety huddles to strengthen best practices and improve patient outcomes.

The pressure damage on Ron Johnson ward was attributed to an end-of-life patient, who had capacity, but declined an air mattress or any pressure-relieving interventions. The family was present and aware of the pressure damage. All care was documented accordingly.

Friends and Family test showed that six wards at WM and seven in CW scored 100%. Rainsford Mowlem reported a 58% satisfaction rate, with noise at night identified as the main cause of dissatisfaction. The matron and ward manager are addressing these concerns during morning huddles, ward meetings, and Feedback Fridays.

SCBU had a 66% FFT satisfaction rate. However, some manual responses were not submitted, making the response rate inaccurate. The matron investigated but found no recurring themes. Please note all incident figures are correct at time of extraction from DATIX. There were fourteen red flags raised in January, three at WMUH and eleven at CW. They are all related to staffing shortfalls. The vacancy rate and turnover are from December 2024.



Safer Staffing

Chelsea and Westminster January 2025

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	98%	83%	100%	89%	5.7	2	7.7	12.48		-76.20%	7.90%	11.54%		2				10	78	88.6%	
Annie Zunz	91%	127%	100%	140%	5.4	2.7	8.1	8.99		-4.98%	39.28%	0.00%	5	12				1	11	100.0%	
Apollo	105%	-	103%	-	20.5	0	20.5	N/A		-1.77%	8.46%	39.47%		1				2	17		
Mercury	103%	-	102%	-	7.6	0	7.6	10.65		4.24%	10.61%	26.59%		1				9	55	100.0%	
Neptune	113%	-	115%	-	10	0	10	11.95		3.10%	20.42%	0.00%						1	29	95.4%	
NICU	101%	-	98%	-	12.6	0	12.6	26.81		2.29%	18.34%	0.00%						15		94.7%	
AAU	107%	89%	107%	133%	6.5	1.6	8.1	8.53		11.30%	12.15%	27.45%	8	95		3		7	68	87.5%	
Nell Gwynne	110%	68%	134%	95%	4.1	3.2	7.3	8.02		-0.86%	13.73%	11.10%	6	44				3	16	100.0%	
David Erskine	101%	65%	80%	102%	3.2	2.3	5.5	6.88		-1.78%	8.97%	22.46%								83.3%	
Edgar Horne	143%	83%	133%	118%	4.3	3	7.3	6.7		4.88%	5.13%	18.18%	3	54		1		2	28	80.0%	
Lord Wigram	85%	82%	102%	119%	4.1	2.8	6.9	7.89		8.12%	5.12%	19.84%	3	28		1			33	100.0%	
St Mary Abbots	93%	119%	102%	117%	3.9	3.1	7	7.84		14.04%	0.00%	24.79%	4	23		1		1	2	31	83.3%
David Evans	91%	85%	106%	108%	5	3	8	7.84		-3.45%	6.85%	4.88%	2	21				2	22	96.4%	
Chelsea Wing	149%	104%	102%	94%	8.4	4.2	12.6	7.84		16.61%	20.26%	12.68%	1	9				2	14		
Burns Unit	112%	97%	188%	116%	17.4	2.5	19.9	N/A		11.08%	11.32%	0.00%	3	8					10	100.0%	
Ron Johnson	111%	152%	112%	160%	5	3.8	8.8	7.74		11.77%	24.59%	13.33%	5	29		1	1	4	35	100.0%	
ICU	103%	-	102%	-	22.8	0	22.8	26.81		0.68%	5.00%	0.00%	1	7				6	42		
Rainsford Mowlem	104%	90%	123%	106%	3.3	2.7	6	7.87		-2.89%	11.50%	3.99%	3	58		2		5	56	58.8%	
Nightingale	80%	57%	102%	88%	3.7	2.8	6.5	7.09		18.39%	0.00%	20.69%	14	64				5	26	100.0%	

West Middlesex January 2025

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	Month	YTD	Month	YTD			
Lampton	115%	89%	134%	94%	3.4	2.7	6.1	0		38.58%	0.00%	20.80%	9	35			1	4		94%	
Richmond	127%	87%	106%	134%	3.6	2.1	5.7	7.84		11.25%	5.58%	0.00%	2	23		1				100%	
Syon 1 cardiology	100%	110%	100%	134%	3.9	2	5.9	8.83		-1.39%	0.00%	19.53%	4	29			1	1		98%	
Syon 2	105%	92%	98%	94%	3.6	3	6.6	6.88		2.68%	4.73%	5.15%	4	38		1		2	1	97%	
Starlight	111%	-	107%	-	9.5	0	9.5	11.95		20.12%	20.74%	76.92%		2					1	100%	
Kew	104%	99%	100%	174%	3.3	3.4	6.7	7.09		0.07%	14.47%	0.00%	3	37			1	1		93%	
Crane	100%	82%	100%	74%	3	3.1	6.1	7.09		-4.04%	5.10%	19.08%								100%	
Osterley 1	97%	84%	99%	129%	3.8	2.5	6.3	7.89		9.06%	16.92%	21.26%	4	51		1				94%	
Osterley 2	108%	83%	101%	123%	3.7	2.8	6.5	7.84		-3.98%	26.04%	5.11%	2	28		1				100%	
MAU	100%	88%	108%	98%	5.7	2.2	7.9	8.53		5.94%	3.14%	0.00%	10	71						96%	
Maternity	97%	84%	102%	100%	8.6	2.5	11.1	12.48		-5.77%	3.48%	12.41%								95%	
Special Care Baby Unit	90%	-	96%	-	8.2	0	8.2	11.95		19.08%	4.37%	0.00%								67%	
Marble Hill 1	149%	112%	130%	218%	4.1	3.1	7.2	6.7		-0.69%	8.95%	0.00%	3	68						100%	
Marble Hill 2	123%	114%	153%	140%	4.1	3.3	7.4	6.98		-6.94%	12.54%	11.55%	8	50			2			93%	
ICU	98%	-	99%	-	24.9	0	24.9	26.81		6.97%	11.14%	0.00%		1							
Redlees (Kew)	98%	98%	100%	104%	3.6	3.4	7	8.02		-7.95%	4.81%	4.95%	3	35		1				100%	



Safe Staffing Analysis | Registered Nurse and Care Staff January 2025

Safe Staffing Analysis – Registered Nurse and Care Staff January 2025

RN Fill Rates (ward areas) increased from 103.66% in December 2024 to 104.84% in January 2025. The RN vacancy rate (whole trust) in December 2024 was 2.90%

Care Staff Fill Rates (ward areas) increased from 97.71% in December 2024 to 98.16% in January 2025. There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in December 2024 was 9.18%

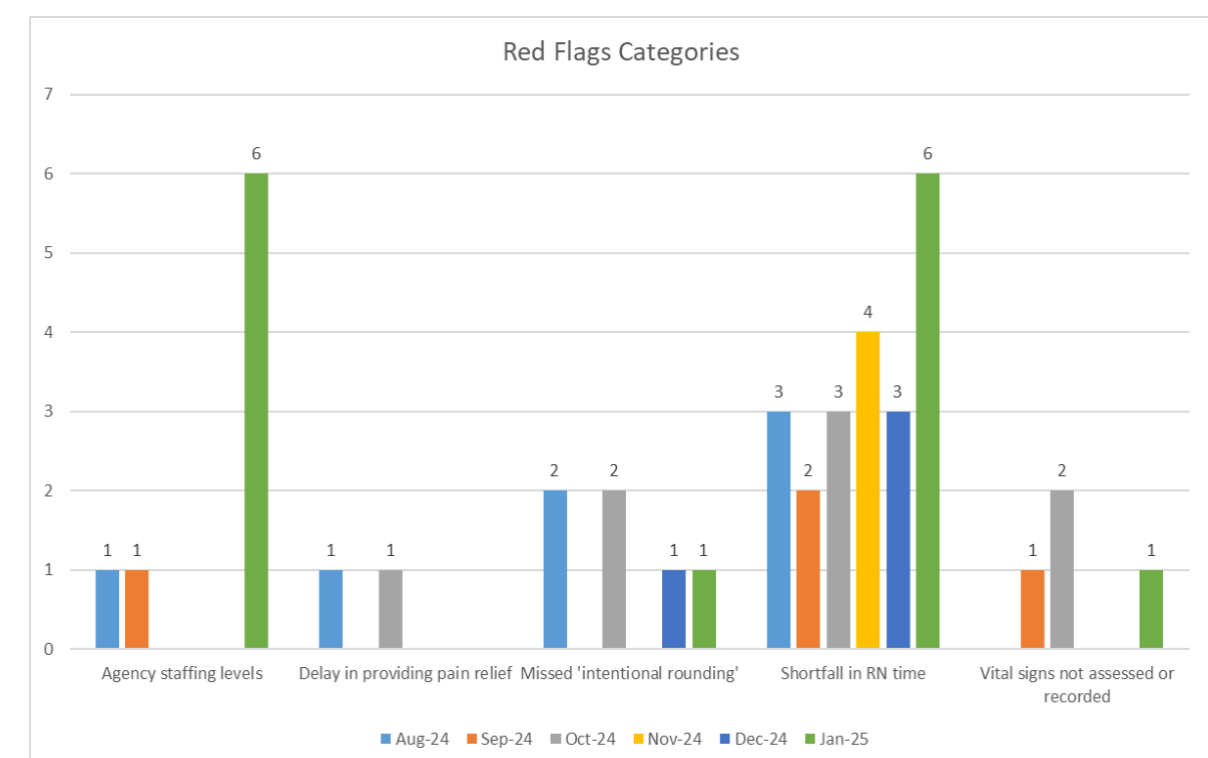
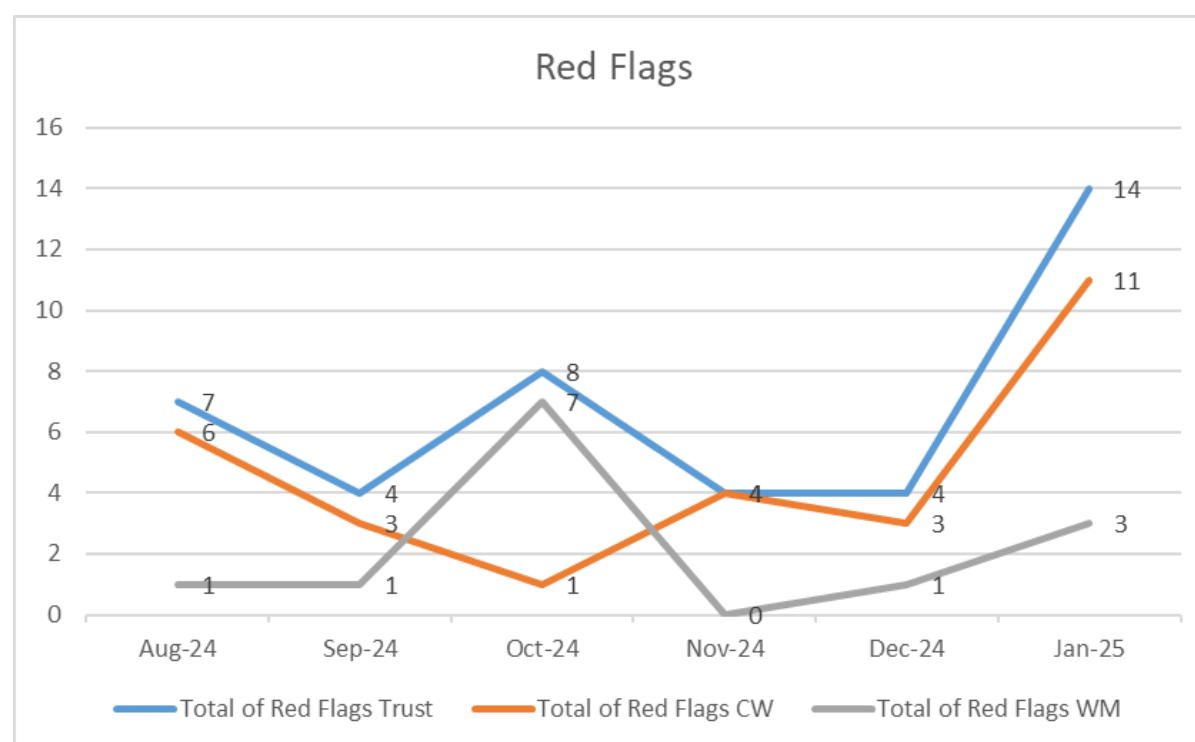
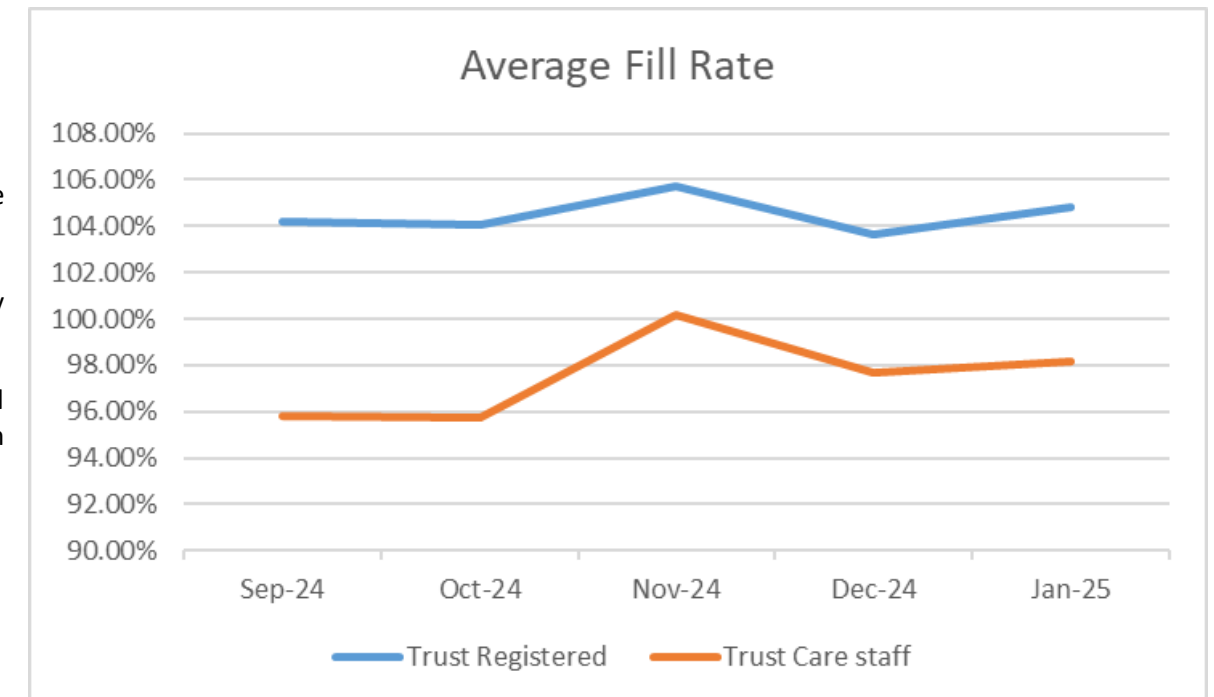
The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 100.68% in December 2024 to 101.50% in January 2025.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (September 2024) was 8.8. Trust workforce data confirms the CHPPD was 8.3 in January 2025, slightly down from 8.4 in December 2024

Safe Staffing Red Flags – 14 red flags from the 5 categories (tables below) were reported during January 2025 : where majority were in Shortfall in RN time.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – September 2024
Trust	8.8
Hillingdon Hospital	9.8
London NW	9.1
Imperial	10.7
National Median	8.6

Nursing, Midwifery and care staff average fill rate January 2025				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
104.84% ↑	98.16% ↑	5.9 ↓	2.3 ↓	8.3 ↓





Finance M10 2024/2025

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	809,275	839,955	30,680
Expenditure			
Pay	(464,103)	(482,011)	(17,907)
Non-Pay	(300,578)	(320,030)	(19,453)
EBITDA	44,594	37,914	(6,680)
EBITDA %	6%	4.51%	-1.0%
Depreciation	(28,111)	(28,391)	(281)
Non-Operational Exp-Inc	(10,266)	(14,540)	(4,274)
Surplus/Deficit	6,218	(5,017)	(11,235)
Control total Adj - Donated asset, Impairment & Other	(6,799)	3,523	10,322
PFI Model recalculation		834	834
Adjusted financial performance surplus/(deficit)	(581)	(660)	(79)

The adjusted financial position at month 10 is a £0.66m deficit which is £0.08m deficit against plan.

Expenditure

Pay: £17.91m adverse against plan. The YTD adverse variance at Month 10 includes spend to cover Industrial action, additional clinics, WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave.

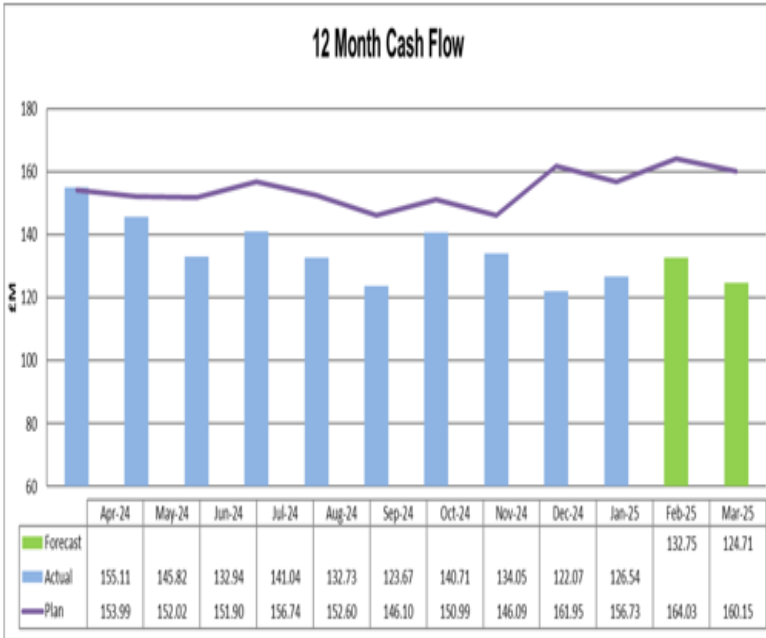
Non-Pay: There is a £19.45m adverse variance which includes adjustment to budget to match NHSi return in addition to inflationary pressure above funded levels and activity related spend.

Income

M10 Income has recovered after a poor M9 performance and is back to previous levels of performance. The main drivers are the variable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. The YTD position includes uplifts to planned income, such as Pay award, Sexual health tariff inflation and 2023/24 ERF final position benefit (proportional 10/12ths). Local authority income includes an accrual for the last two periods based on historic trend and adjusted for marginal rate penalties. Over and under performance income has been devolved to services.

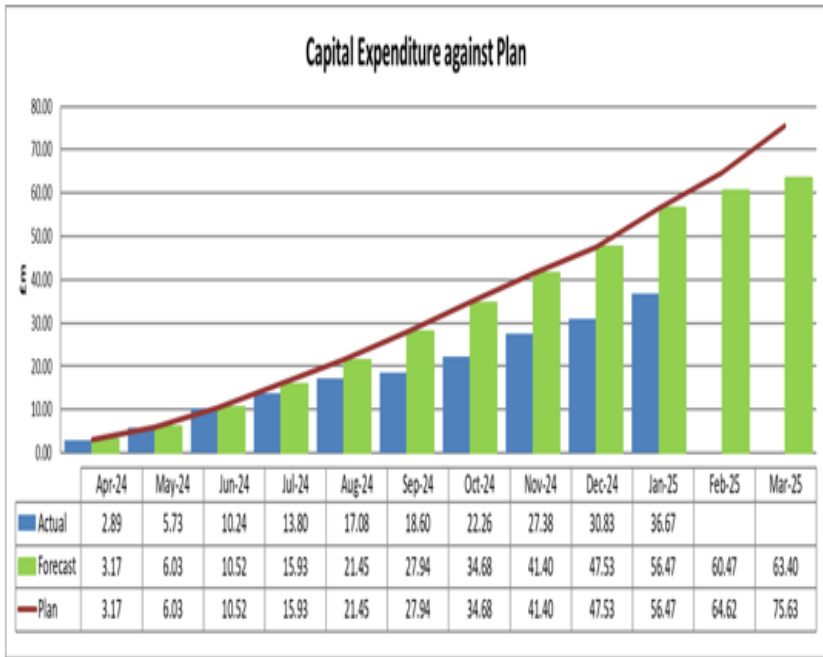


Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution- £18.45m (a notional figure). In October 24 AFC staff, consultants and SAS doctor received YTD pay awards resulting in the in month spike.



Comment

The Negative cash variance to plan in M10 of £30.2m is negative cash variance b/fwd from M9 of £39.88m, Higher receipts to plan of £12.12m (ICB & NHS England & FT's £1.99m Higher, Local Authority & AR £3.11m Higher, Other Income £0.03m Higher, PP Income -£0.03m Higher, Donations £0.03m Lower, PDC Drawdown £7.08m Higher, Interest Income £0.08m Lower) offset by Higher cash outflows to plan £2.44m (Higher Creditor payments & Higher Payroll)



Comment

The original capital programme for 2024/25 was £65.05m, which has been adjusted to £63.40m following the award of additional funding from the 23/24 UEC Winter Incentive, the inclusion of the additional IECPP project of £0.50m, new CW+ donations of £1.20m and grant funding for a microscope of £0.28m, with £8.38m and £0.85m being deferred to 2025/26 re the ADC and Treatment Centre projects respectively. The capital budget has been allocated to the various departments, with £16.01m for the ADC Project, £20.45m for the Treatment Centre, £5.04m for Medical Equipment, £5.75m for IT equipment, Estates schemes £16.10m, IFRS16 £0.06m.

The YTD P10 position is an under spend of £20.30m against the P10 YTD planned budget of £56.97m, actual spend £36.67m. The majority of this underspend relates to the Treatment Centre £7.70m and the ADC project £5.38m, where there is a large difference in the original phasing of capital spend and the latest building programme phased spend. It is currently expected that the revised forecast of £63.40m will be spent by 31st March 2025.