



Trust Performance and Quality Report

July 2025



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Executive Summary



Chelsea and Westminster Hospital
NHS Foundation Trust

Patient Safety and Experience

There three severe harm incident reported in month . This incident and harm level is being reviewed in line with PSIRF and internal governance systems.

The Trust is meeting the targets set for medication safety and management . There were 7 cases of C.Diff which have been reported in month, with a Trust total of 20 against a threshold of 33. There were 2 cases of MRSA Bacteramia, both Community Onset Hospital Acquired. All cases are being reviewed and monitored through Infection Control committee.

Friends and Family response rates and recommendation rates remain above target for inpatient areas and 96.7% patients report being treated with dignity and respect. ED experience score is below Trust target but is in line with the London position. Improvement work being discussed with the ED team, focussing on waiting times and communication. Children and Young People has been reported separately for the first time, with low response rates which are being reviewed with West London Children's Division.

VTE assessments are above target at both sites, however further analysis is required on the Hospital Acquired VTE cases between the sites. Three category three pressure ulcers occurred at Chelsea which are being reviewed and form part of the Trust improvement plan through the pressure ulcer group. There was a deterioration of medically optimised patients with a fractured NOF were taken to theatre within 36 hours at both sites with 84.2% at West Middlesex and 71.4% at Chelsea. The planned care division have an improvement plan in place which is monitored through executive management board.

Patient Access and Operating Plan

The Trust reported an achievement of 79.05% for A&E 4-hour performance, achieving the 78% standard. Also, the NHS England Cancer 28-Day Faster Diagnostics Standards and 31-Day standards were met, with the 62-Day reporting non-compliance for June 2025 (validated).

Operating plans for elective activity has been met year-to-date, with outpatient activity below plans. This has been broadly due to anticipated reduction in activity following the Elective Recovery Fund (ERF) cap with industrial action in July further impacting the positions.

Elective Referral to Treatment (RTT) 18-week wait performance achieved the planned trajectory in July 2025 at 59.05% but fell below the national target of 60%. The RTT PTL remained stable in size, however performance remained challenged by the overall activity reduction in 25/26. Backlogs for 52ww is at 1237 and 65ww at 13 (+2). There continues to be no patients waiting over 78ww in the Trust. Performance against the DMO1 diagnostic standard (which measures the percentage of patients waiting <6 weeks) whilst improved in month remains challenged by the activity reduction at 84.1%.

Workforce

The Trust's Month 4 performance reflects ongoing financial and operational pressures, primarily driven by industrial action, which led to increased bank staffing and a 1.64% over-establishment, though vacancy and turnover rates remain stable. Financially, the Trust faces a £1.4M in-month overspend and £5.4M YTD shortfall after accounting for unidentified CIPs, with industrial action cover costs estimated at £1.1M. PDR rates are broadly on track to meet the 90% September target. Sickness rates rose to 3.85%, with CSD and SCD exceeding thresholds, while GRIP and control indicators remain strong and weekly Cabinet monitoring continues.

Vacancy and turnover rates at Trust level are below thresholds, at 4.19% vacancy and 8.84% turnover

Finance

The adjusted financial position at month 4 is a £4.04m deficit which is £3.04m against plan.

Performance Summary

Trust level



Chelsea and Westminster Hospital
NHS Foundation Trust

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Safety and Experience			
Incidents per 1000 FCE bed days	TBC	56.49	
Patient safety incident investigations	n/a	4	
Never Events	0	0	
Dementia screening %	90%	92.07%	
ED sepsis screening %	90%	88.15%	!
Inpatient sepsis screening %	90%	85.48%	!
C. Difficile cases	n/a	7	
E. coli cases	n/a	10	
Formal complaints received	n/a	51	
Inpatient FFT % good experience	90%	94.97%	
A&E FFT % good experience	90%	79.76%	!
Outpatient FFT % good experience	90%	91.50%	
Maternity FFT % good experience	90%	87.77%	!
Mortality			
Summary Hospital-level Mortality Index	<100	72.92	
Hospital Standardised Mortality Ratio	<100	80.47	

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	78%	79.05%	
LAS handovers 30 mins	n/a	180	
18 week RTT incompletes	60%	59.05%	!
Diagnostic waiting times < 6 weeks	95%	84.11%	!
28 day Faster Diagnosis Standard	77%	80.98%	
31 day diagnosis to first or subsequent treatment	96%	98.41%	
62 day GP referral to first treatment combined	85%	72.68%	!
Operating Plan and Capacity			
Theatre utilisation (uncapped)	85%	85.42%	
PIFU rate	5%	8.73%	
Workforce			
Medical PDR compliance	90%	84.9%	
Non-medical PDR compliance	45%	67.0%	
Core skills compliance	90%	92.8%	



Either site or Trust overall performance red in each of the past three months

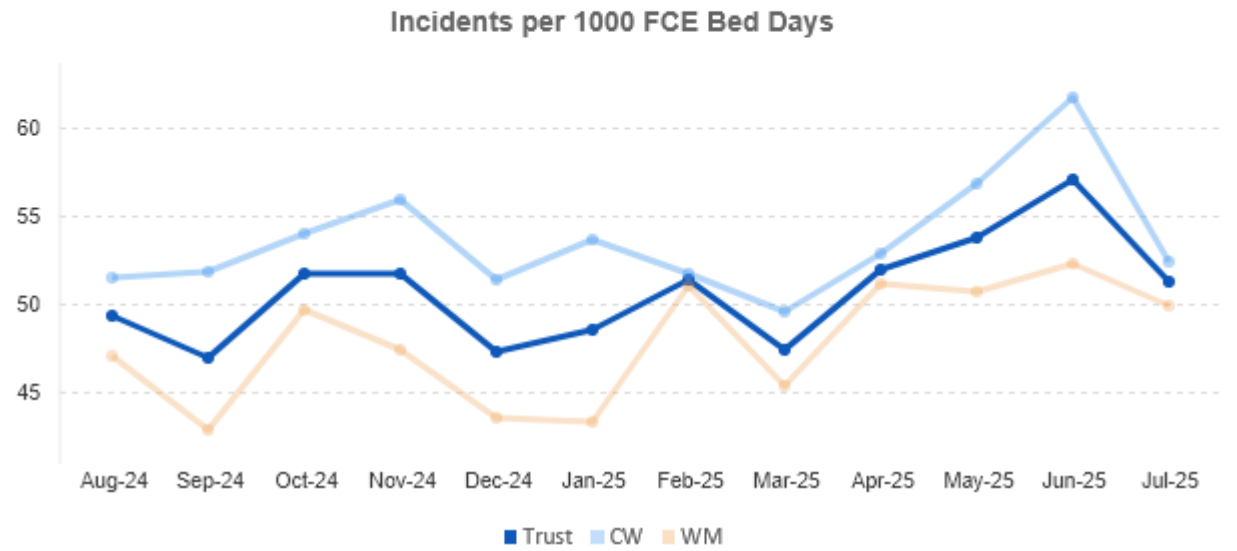


Patient Safety and Experience

Patient Safety Incidents

Safe

Trend



Narrative

Performance: Incident reporting is a recognised indicator of an organisation’s safety culture. Higher reporting rates typically reflect a positive culture where staff feel empowered to speak up. While reporting rates have shown variability, there is a clear upward trend. However, we remain slightly below the national benchmark—both for the current month and on a 12-month rolling basis—where the national average is >54.9. In July, a total of 1,578 patient-related incidents were reported. The 12-month rolling total stands at 17,026. The trust continues to proactively identify areas for improvement in response to recurring themes and trends.

Recovery Plan: The Trust is committed to increasing incident reporting by fostering a culture of openness and psychological safety. Key initiatives include:

- Delivery of national and local training programmes aligned with PSIRF
- Enhanced identification and dissemination of learning from incidents
- Promotion of incident reporting through local team meetings, safety huddles, and Quality & Safety Committees

Improvements: The implementation of a new incident management system, expected in 2026, will support the standardisation of processes and improve usability. Staff have consistently reported that the current system presents barriers to reporting, and this upgrade aims to address those concerns.

In-Month Performance

	Incidents per 1000 FCE Bed Days	Incidents Resulting in Severe Harm or Death	Incidents Resulting in Death	Incidents Resulting in Death per 1000 FCE Bed Days
CW	52.34	2	0	0.00
WM	49.90	1	1	0.07
Trust	51.22	3	1	0.03

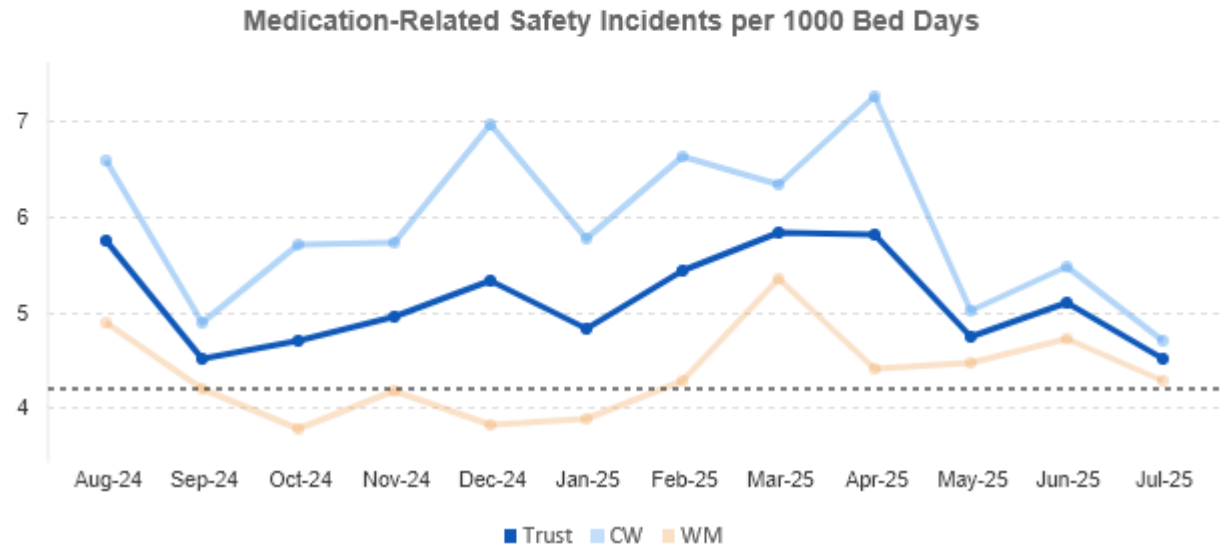
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Incidents per 1000 FCE Bed Days (Target:)	CW	49.5	52.8	56.7	61.7	52.3	55.7
	WM	45.4	51.1	50.7	52.3	49.9	51.0
	Trust	47.4	51.9	53.8	57.1	51.2	53.4
Incidents Resulting in Severe Harm or Death (Target:)	CW	1	3	0	1	2	6
	WM	1	0	0	2	1	3
	Trust	2	3	0	3	3	9
Incidents Resulting in Death (Target:)	CW	0	1	0	0	0	1
	WM	0	0	0	0	1	1
	Trust	0	1	0	0	1	2
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.00	0.07	0.00	0.00	0.00	0.02
	WM	0.00	0.00	0.00	0.00	0.07	0.02
	Trust	0.00	0.03	0.00	0.00	0.03	0.02

Medication Safety Incidents

Safe

Trend



Narrative

Trust targets achieved

There was one incident of moderate harm reported at the WM site in June relating to a drug-drug interaction between tacrolimus(immune suppressant) and Paxlovid (Covid treatment) prescribed in the A&E setting.

This has been reviewed by the clinical and Pharmacy team involved with shared learning of the incident and resources available to prevent recurrence.

This incident has also been shared at the last Medication Safety Group meeting for wider awareness and dissemination amongst teams.

In-Month Performance

	Medication Related Safety Incidents per 1000 Bed Days	Medication Related Safety Incidents With Moderate or Above Harm
CW	4.69	1.3%
WM	4.28	0.0%
Trust	4.50	0.7%

Year-to-Date Performance

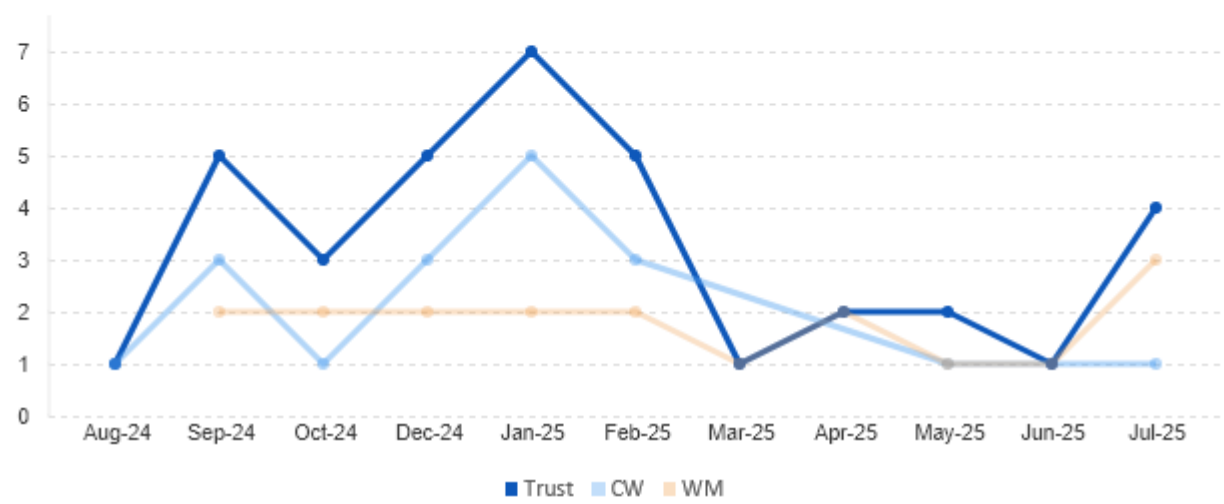
	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Medication Related Safety Incidents per 1000 Bed Days (Target: >=4.2)	CW	6.33	7.26	5.01	5.46	4.69	5.56
	WM	5.36	4.41	4.46	4.71	4.28	4.46
	Trust	5.83	5.82	4.74	5.09	4.50	5.03
Medication Related Safety Incidents % Moderate or Above Harm (Target: <1%)	CW	0.0%	0.0%	0.0%	0.0%	1.3%	0.3%
	WM	0.0%	0.0%	0.0%	1.6%	0.0%	0.4%
	Trust	0.0%	0.0%	0.0%	0.7%	0.7%	0.3%

Incidents Reported on STEIS (Sis/PSIIs)

Safe

Trend

Patient Safety Incident Investigations



Narrative

Performance: The trend shows a reduction in the number incidents reported externally on StEIS. This is expected with PSIRF encouraging proportionate responses focused on learning opportunities. Within the 12 month rolling period, the PSII indication was as follows: 58% (19) locally defined incidents requiring local PSII, 36% (12) Nationally defined priority – MNSI and 6% (2) Nationally defined incident – Never events.

In July, four PSIIs were reported. These include three MNSI cases related to a maternal death, an unexpected admission to NICU, and an intrapartum stillbirth. The local PSII relates to a telemetry issue.

Improvements: Themes are regularly reviewed and used to identify local quality and safety priorities and inform our Patient Safety Incident Response Plans (PSIRPs), which are currently being updated for 2025/26.

Work streams continue for priority areas including care of the deteriorating patient and implementation of the new national safety standards for invasive procedures (which supports never event improvement).

Forecast Risks: The trust is seeing delays in the completion of learning responses which is partly being caused by the learning curve and culture change that PSIRF requires. Local actions are underway with a focus on training and support for staff.

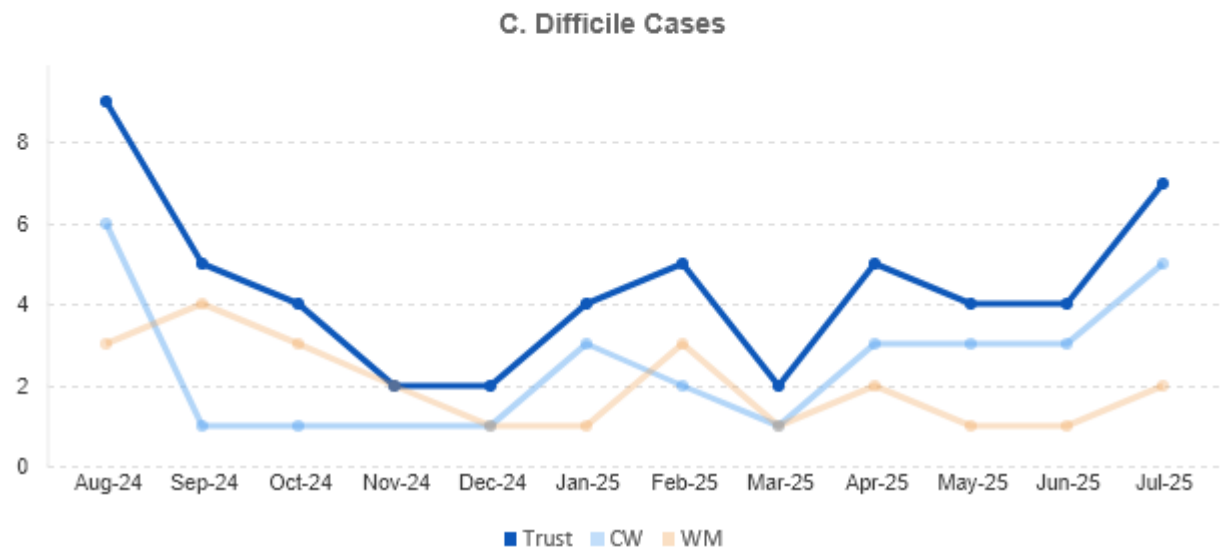
In-Month Performance

	Patient Safety Incident Investigations	Never Events	Learning Resp. Declared (AAR)	Learning Responses Declared (Thematic Review)	Learning Responses Declared (MDT)
CW	1	0	1	0	0
WM	3	0	2	1	0
Trust	4	0	3	1	0

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Patient Safety Incident Investigations	CW	0	0	1	0	1	2
	WM	1	2	1	1	3	7
	Trust	1	2	2	1	4	9
Never Events (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Learning Responses Declared (AAR)	CW	2	4	2	2	1	9
	WM	2	0	2	1	2	5
	Trust	4	4	4	3	3	14
Learning Responses Declared (Thematic Review)	CW	0	0	0	0	0	0
	WM	0	0	0	0	1	1
	Trust	0	0	0	0	1	1
Learning Responses Declared (MDT)	CW	0	0	1	1	0	2
	WM	0	0	0	0	0	0
	Trust	0	0	1	1	0	2

Trend



Narrative

Performance: There were 7 cases of CDI against an annual threshold of 33 and CWFT continues to review how to ensure that thresholds are not breached over the coming year, and 2 MRSA cases, both were Community Onset Hospital Acquired all of which have undergone a review

Recovery Plan: Every case is reviewed to determine if there have been any lapses in care or opportunities for improvement, this includes an MDT PSIRF review with the Infection Control team (IPC), AMS, Clinical, nursing and Infectious Diseases and Microbiology team. Improvement work is underway using learning from case reviews and each case generates an action plan for divisional oversight. An audit reviewing the appropriateness of sample collection against the digital C.diff checklist was conducted and the IPC team have planned teaching to improve understanding and clarity on the actions to take when a case is suspected or identified, including use of the checklist ahead of a re-audit. APC work is underway to improve and redesign documentation on Cerner.

Improvements: Trend analysis from all PSIRF meetings is completed in real time and presented at the Infection Control meeting with learning, including: stool samples collected not clinically indicated, stool charts poorly completed leading to delay in identifying patients and stools sent whilst on laxatives inappropriately. There is ongoing work focussing on timeliness and appropriateness of sampling, isolating patients and strengthening guidance and policies. In addition there is further work to be done around stool charts and early recognition of cases.

Forecast Risks: Given a very low threshold compared to peer organisations, CWFT may breach.

In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	5	1
WM	2	1
Trust	7	2

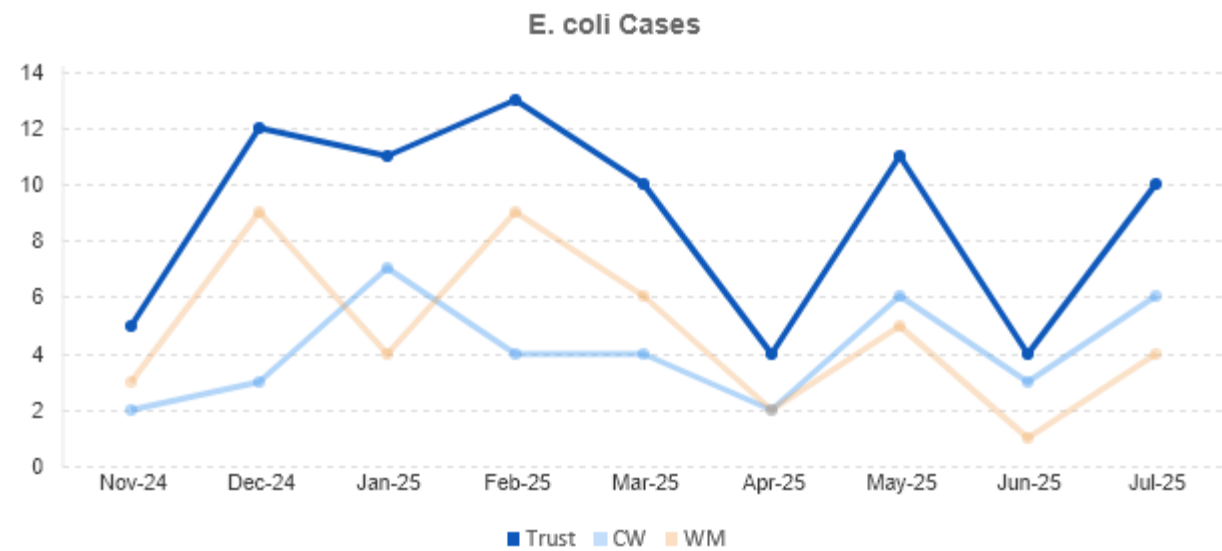
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
C. Difficile Cases (Target: <33)	CW	1	3	3	3	5	14
	WM	1	2	1	1	2	6
	Trust	2	5	4	4	7	20
MRSA Bacteraemia (Target: 0)	CW	0	0	0	0	1	1
	WM	0	0	0	0	1	1
	Trust	0	0	0	0	2	2

Healthcare Associated E.Coli Infections

Safe

Trend



Narrative

E.coli

Performance: There were 10 Trust apportioned *E.coli* cases for July 25. All cases are reviewed in a cross-site blood stream infection MDT with the IPC, Infectious Diseases and Microbiology team and infection pharmacists to understand the likely cause and inform further investigation and management. Cases are classified through a CWFT derived definition as 1. Non-modifiable. 2. Modifiable: non-preventable – link between healthcare interaction and bacteraemia but care was optimal. E.g. Catheter source but catheter care was optimised and documentation complete. 3. Modifiable: preventable – link between healthcare interaction and bacteraemia with sub-optimal care that likely contributed to the development of the bacteraemia.

There have been 29 cases to date against the set threshold of 99, published for 2025/26.

Recovery Plan: CWFT is focused on reduction of *E.coli* Blood stream infections (BSI). We review Gram negative infections, a regular ICS-led Gram-negative blood stream infection meeting is in place to drive improvement as a significant proportion are attributed to community acquisition. Reduction requires a whole health economy approach, analysing trends and local risk factors. Line and device care is being optimised through regular audit and education with oversight through the infection control committee.

Improvements: Impact of actions taken through the CWFT reduction plan are monitored monthly at the Gram negative infection meeting and IPCG and trends reviewed and shared on a quarterly basis at the IPCG

Forecast Risks: N/A

In-Month Performance

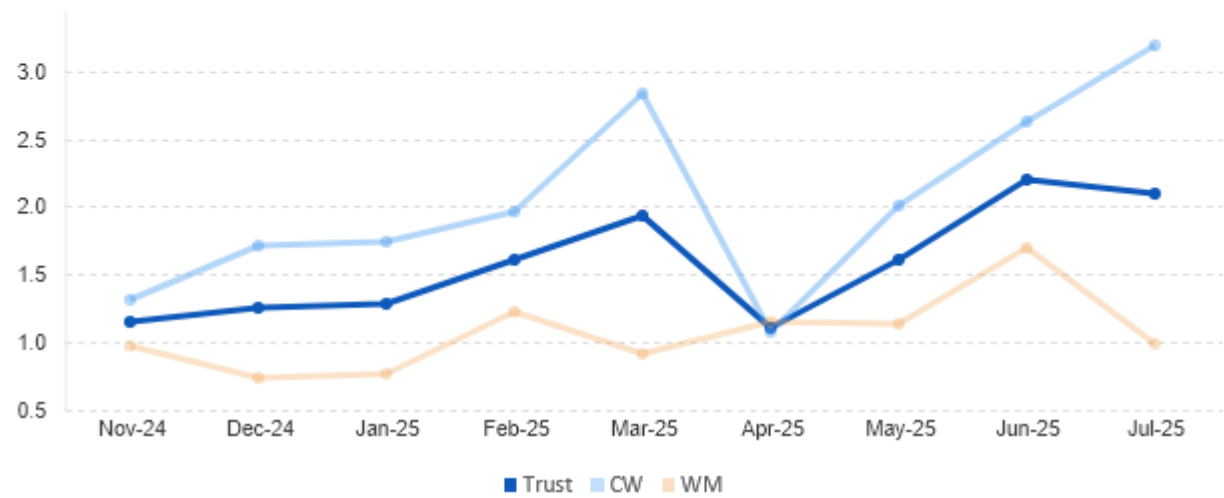
	E. Coli Cases	Hand Hygiene Compliance
CW	6	98.3%
WM	4	98.7%
Trust	10	98.5%

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
E. coli Cases	CW	4	2	6	3	6	17
	WM	6	2	5	1	4	12
	Trust	10	4	11	4	10	29
Hand Hygiene Compliance (Target: >95%)	CW	92.5%	96.1%	94.6%	95.8%	98.3%	96.2%
	WM	97.1%	95.8%	98.7%	97.5%	98.7%	97.7%
	Trust	94.6%	95.9%	96.6%	96.5%	98.5%	96.9%

Trend

Complaints Received per 1000 Bed Days



Narrative

The number of formal complaints received in July remained consistent with June (n=54). However, there was a notable 46% increase in informal complaints via PALS, rising from 186 in June to 272 in July. SCD division accounted for the highest proportion of complaints (n=21, 39%), with 43% of these relating specifically to maternity services. Acute and Emergency Medicine also experienced a slight rise in complaints, primarily concerning waiting times and treatment within the department. In July, a total of 309 complaints were closed — representing a 78% increase compared to June. Of these, 172 (56%) were responded to within expected timeframes. Specifically, of the 68 formal complaints closed in July, 48 (71%) met the expected response timeframe — a modest improvement from June, despite the significant rise in volume. Work continues with divisional teams to identify opportunities to streamline PALS resolutions, which remain a challenge in terms of timely response. Tracker meetings are being used to prioritise complaints approaching or breaching deadlines, with a focus on ensuring resolution despite increasing volumes. A review of the complaints policy is currently underway to support these efforts.

Learning from Complaints:

- A new wound management leaflet has been introduced for patients attending A&E.
- Staff have reflected on how to improve communication with patients whose surgeries have been delayed due to valid clinical reasons, recognising the need for additional reassurance in such cases.

In-Month Performance

	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	3.2	80.0%	0	0
WM	1.0	52.6%	0	1
Trust	2.1	71.2%	0	1

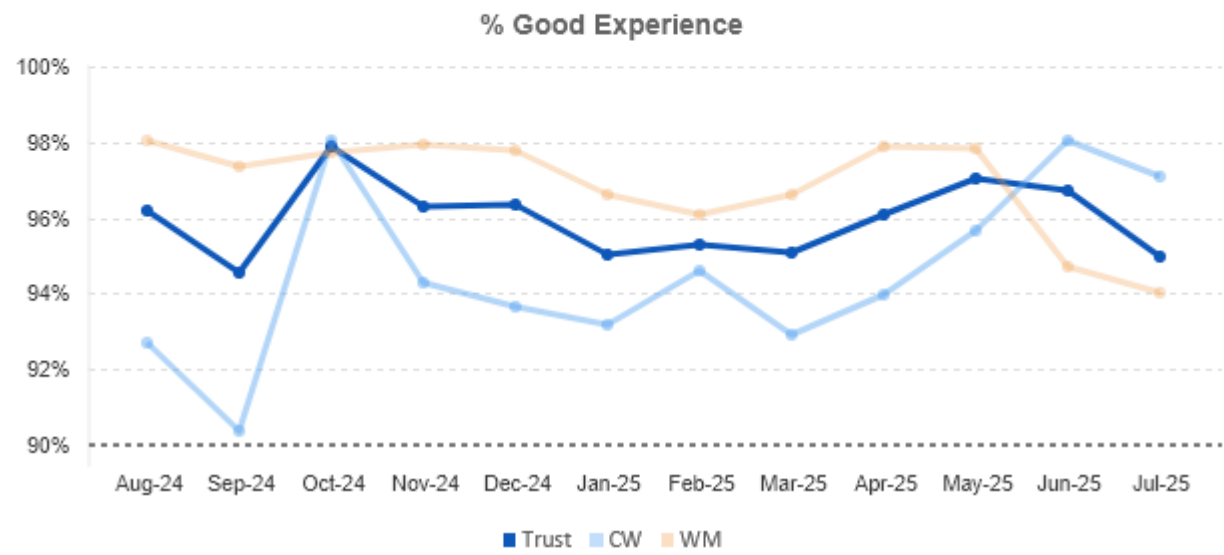
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Complaints Received per 1000 Bed Days	CW	2.8	1.1	2.0	2.6	3.2	2.2
	WM	0.9	1.2	1.1	1.7	1.0	1.2
	Trust	1.9	1.1	1.6	2.2	2.1	1.7
Complaints Responded to <25 Working Days (Target: >90%)	CW	77.8%	87.1%	77.8%	68.2%	80.0%	79.2%
	WM	76.9%	81.8%	60.0%	85.7%	52.6%	68.5%
	Trust	77.5%	85.7%	73.0%	75.0%	71.2%	75.9%
Complaints Responded to <45 Working Days (Target: >90%)	CW			85.2%	100.0%	Reports a month in arrears	88.2%
	WM			90.0%	100.0%		91.7%
	Trust			86.5%	100.0%		89.1%
Complaints Upheld by PHSO	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Complaints Open > 90 Days	CW	0	0	0	0	0	0
	WM	0	0	0	1	1	2
	Trust	0	0	0	1	1	2

Inpatient Friends & Family Test

Caring

Trend



Narrative

Overall Performance – July
There was a slight decline in reported patient satisfaction, although both hospital sites continued to perform above the 90% threshold target. Notably, the number of responses increased significantly in July (n=1,014), compared to June (n=335).

Positive Highlights:
•Patients consistently reported feeling cared for in a respectful, dignified, kind, and supportive manner. These themes remain strong across feedback, with some departments performing particularly well.

Areas for Improvement:
•A marked decline in satisfaction was observed across several domains within the EIC wards at CW, including nutrition and hydration support, involvement in care, and overall response rates. This has been escalated to the relevant teams. A similar downward trend was noted on Marble Hill 2 ward.
•Sleep continues to be a Trust-wide concern, with ongoing feedback highlighting it as an area requiring attention.

Next Steps:
The focus over the coming months will be to triangulate all sources of patient feedback to drive meaningful improvements and identify consistent trends across departments, rather than responding reactively each month. Additionally, the recently received results from the 2024 National Inpatient Survey are being incorporated into ongoing improvement programmes.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	311	42.7%	97.1%	98.0%
WM	703	49.4%	94.0%	96.0%
Trust	1,014	47.1%	95.0%	96.7%

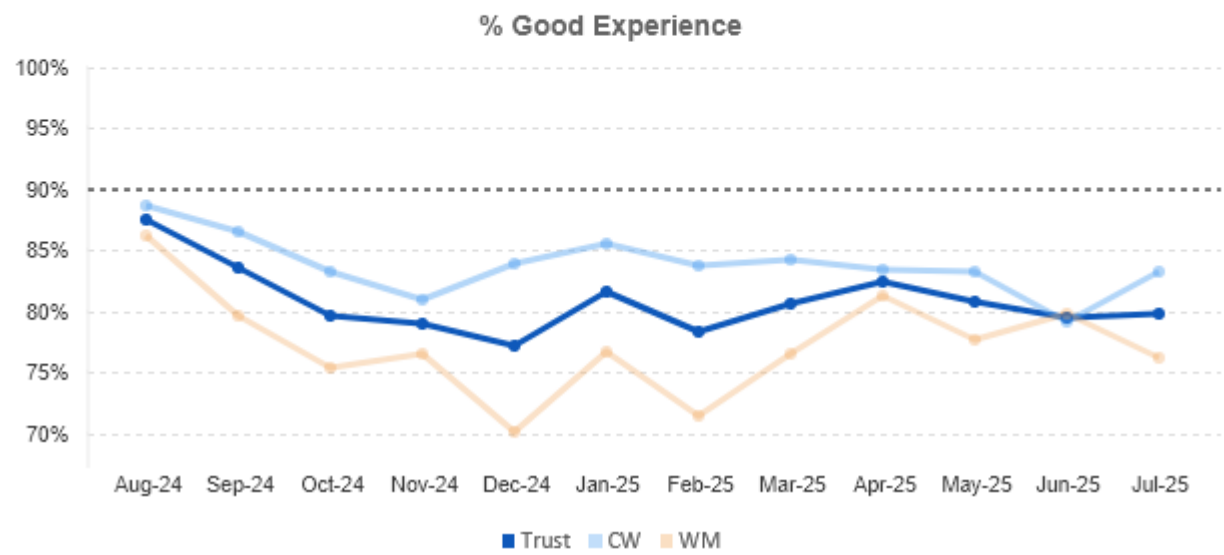
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Responses	CW	437	430	346	203	311	1,290
	WM	593	516	594	132	703	1,945
	Trust	1,030	946	940	335	1,014	3,235
Response Rate (Target: >10%)	CW	25.3%	26.5%	20.4%	24.4%	42.7%	26.5%
	WM	41.8%	37.1%	36.8%	75.0%	49.4%	42.2%
	Trust	32.8%	31.4%	28.4%	33.2%	47.1%	34.1%
% Good Experience (Target: >90%)	CW	92.9%	94.0%	95.7%	98.0%	97.1%	95.8%
	WM	96.6%	97.9%	97.8%	94.7%	94.0%	96.2%
	Trust	95.0%	96.1%	97.0%	96.7%	95.0%	96.1%
Treated With % Dignity and Respect (Target: >90%)	CW	91.4%	93.0%	95.8%	92.0%	98.0%	94.9%
	WM	94.8%	95.9%	95.2%	96.0%	96.0%	95.8%
	Trust	93.5%	94.7%	95.4%	94.6%	96.7%	95.5%

Emergency Department Friends & Family Test

Caring

Trend



Narrative

Response totals remain consistent with the previous month and are broadly in line with the annual average.

Overall satisfaction across the Trust has seen a slight improvement. However, differences in patient experience between the two sites persist. Patients at Chelsea continue to report more positive experiences than those at West Middlesex, particularly in areas such as:

- Waiting times
- Updates during waiting periods
- Information provision
- Involvement in care

This pattern is a recurring theme and reflects broader trends observed across many London A&E departments. Nonetheless, the Trust continues to perform relatively well in comparison.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	881	8.9%	83.2%	88.0%
WM	838	7.9%	76.1%	82.0%
Trust	1,719	8.4%	79.8%	85.1%

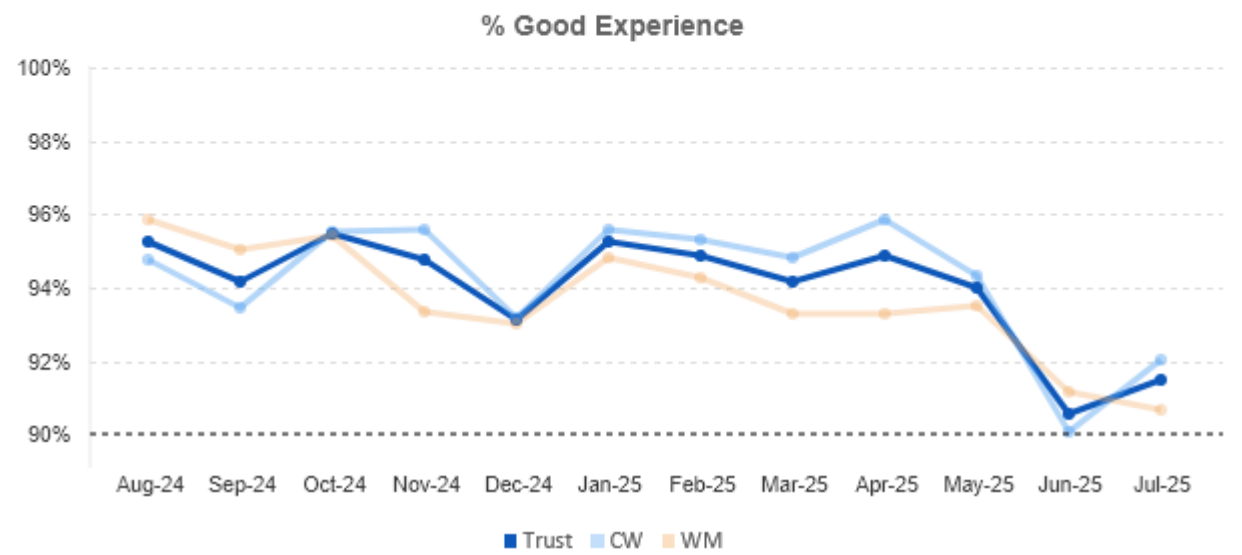
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Responses	CW	880	1,022	995	950	881	3,848
	WM	761	788	823	768	838	3,217
	Trust	1,641	1,810	1,818	1,718	1,719	7,065
Response Rate (Target: >10%)	CW	8.9%	10.2%	9.6%	15.8%	8.9%	10.6%
	WM	7.7%	8.0%	7.8%	13.2%	7.9%	8.7%
	Trust	8.3%	9.1%	8.7%	14.5%	8.4%	9.7%
% Good Experience (Target: >90%)	CW	84.2%	83.4%	83.3%	79.2%	83.2%	82.3%
	WM	76.5%	81.3%	77.8%	79.8%	76.1%	78.7%
	Trust	80.6%	82.5%	80.8%	79.5%	79.8%	80.7%
% Treated With Dignity and Respect (Target: >90%)	CW	82.3%	84.9%	82.9%	86.0%	88.0%	85.3%
	WM	74.0%	79.6%	76.7%	84.0%	82.0%	80.4%
	Trust	78.5%	82.5%	80.1%	85.1%	85.1%	83.1%

Outpatient Friends & Family Test

Caring

Trend



Narrative

Overall, patient experiences in the outpatient setting remain positive across both sites, though each location presents subtle differences in strengths and areas for improvement.

Cross-Site Strengths - Patients consistently report feeling treated with dignity and respect and receiving sufficient communication about their care and treatment during their appointments for the most part.

Site-Specific Feedback

- At **West Middlesex**, patients have expressed greater dissatisfaction with waiting times, the provision of information, and their level of involvement in care.
- At **Chelsea**, some outpatient areas have received feedback indicating a need for clearer guidance on what to do after leaving their appointment.

Ongoing Improvement Work - Efforts continue to triangulate data to drive meaningful improvements. This includes drawing on insights from Healthwatch, accreditation findings, and complaints. One emerging area under review is the potential role of volunteer support in reducing Did Not Attend (DNA) rates (similar to what has worked well in Ophthalmology) alongside the use of digital apps to enhance patient engagement. These initiatives are currently in early development.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,647	10.1%	92.0%	97.0%
WM	1,128	11.1%	90.7%	95.0%
Trust	2,775	10.5%	91.5%	96.2%

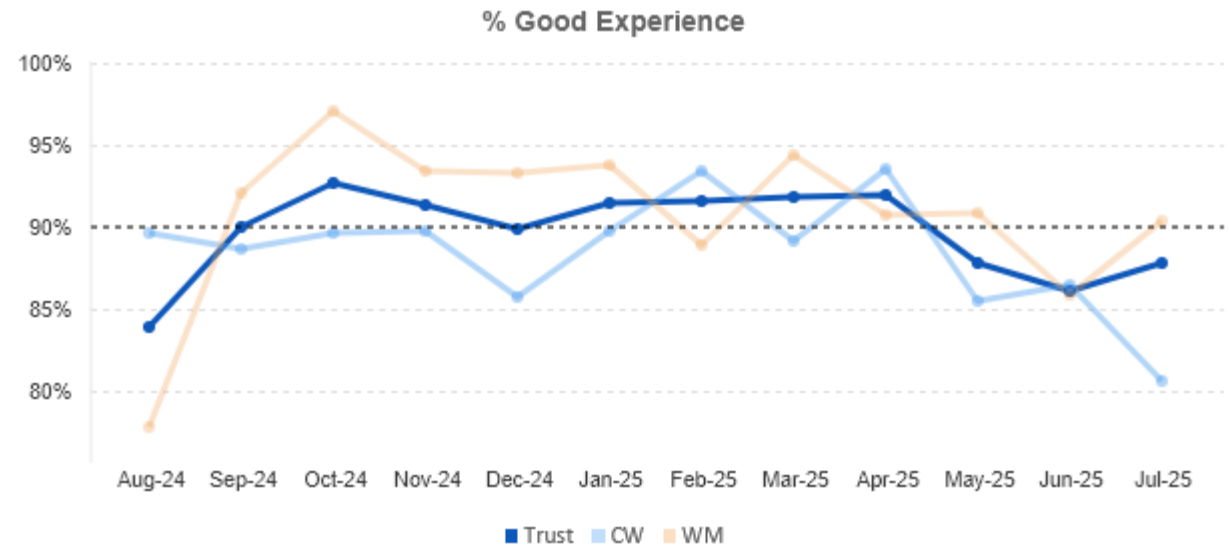
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Responses	CW	910	914	913	1,602	1,647	5,076
	WM	684	583	649	1,399	1,128	3,759
	Trust	1,594	1,497	1,562	3,001	2,775	8,835
Response Rate (Target: >10%)	CW	5.4%	6.1%	5.4%	19.8%	10.1%	9.0%
	WM	4.5%	5.0%	4.9%	25.8%	11.1%	9.3%
	Trust	5.0%	5.6%	5.2%	22.2%	10.5%	9.1%
% Good Experience (Target: >90%)	CW	94.8%	95.8%	94.3%	90.1%	92.0%	92.5%
	WM	93.3%	93.3%	93.5%	91.1%	90.7%	91.8%
	Trust	94.2%	94.9%	94.0%	90.6%	91.5%	92.2%
% Treated With Dignity and Respect (Target: >90%)	CW	94.6%	95.4%	94.4%	95.0%	97.0%	95.9%
	WM	93.8%	95.5%	97.1%	96.0%	95.0%	95.6%
	Trust	94.3%	95.4%	96.2%	95.5%	96.2%	95.8%

Maternity Friends & Family Test

Caring

Trend



Narrative

There was a slight drop in overall response totals for July. However, satisfaction rates increased at CW, while WM experienced a decline.

Women are reporting more positive experiences during pregnancy and are expressing a need for greater support in several areas, including:

- Clear and timely information provision
- Compassionate and empathetic care
- Staff responsiveness
- Involvement in care on postnatal wards

The Trust has recently received early results from the 2025 National Maternity Survey. These findings will be analysed to identify key themes, which will then be triangulated with data from the Friends and Family Test (FFT) and complaints. This approach ensures alignment with the wider patient experience improvement programme.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	36	7.5%	80.6%	86.0%
WM	103	4.7%	90.3%	94.0%
Trust	139	5.2%	87.8%	91.9%

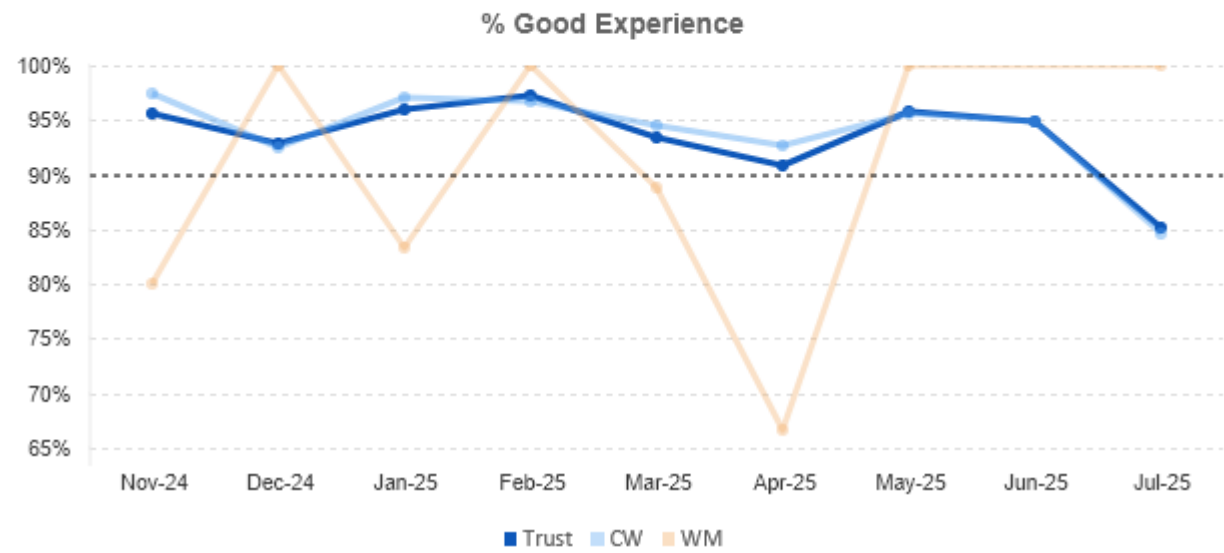
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Responses	CW	101	92	110	59	36	297
	WM	107	118	87	106	103	414
	Trust	208	210	197	165	139	711
Response Rate (Target: >10%)	CW	19.2%	16.8%	20.2%	18.2%	7.5%	15.7%
	WM	23.9%	28.2%	19.7%	10.0%	4.7%	10.1%
	Trust	21.4%	21.7%	20.0%	11.9%	5.2%	11.9%
% Good Experience (Target: >90%)	CW	89.1%	93.5%	85.5%	86.4%	80.6%	87.5%
	WM	94.4%	90.7%	90.8%	85.8%	90.3%	89.4%
	Trust	91.8%	91.9%	87.8%	86.1%	87.8%	88.6%
% Treated With Dignity and Respect (Target: >90%)	CW	89.4%	89.8%	99.0%	91.0%	86.0%	92.4%
	WM	90.0%	86.9%	84.2%	88.0%	94.0%	88.2%
	Trust	89.7%	88.4%	91.9%	89.1%	91.9%	90.0%

Children and Young People Friends & Family Test

Caring

Trend



Narrative

It remains difficult to draw any meaningful conclusions from the Friends and Family Test (FFT) across CYP services due to extremely low response rates. The reasons behind this low uptake are currently unclear and have been escalated to both inpatient and outpatient teams for further investigation.

Work is underway across WLCH to standardise survey questions across organisations and to develop targeted surveys tailored to specific age groups and parents. These are expected to launch by the end of September and are anticipated to improve engagement and response rates. However, at present, the sample size remains too small to generate reliable insights, which poses a risk and requires attention.

The Patient Experience Team is exploring options to increase the budget for CYP SMS surveys. However, this may result in reduced response totals in other key areas such as A&E, Maternity, and Outpatients.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	26	12.5%	84.6%	90.0%
WM	1	100.0%	100.0%	0.0%
Trust	27	12.9%	85.2%	81.7%

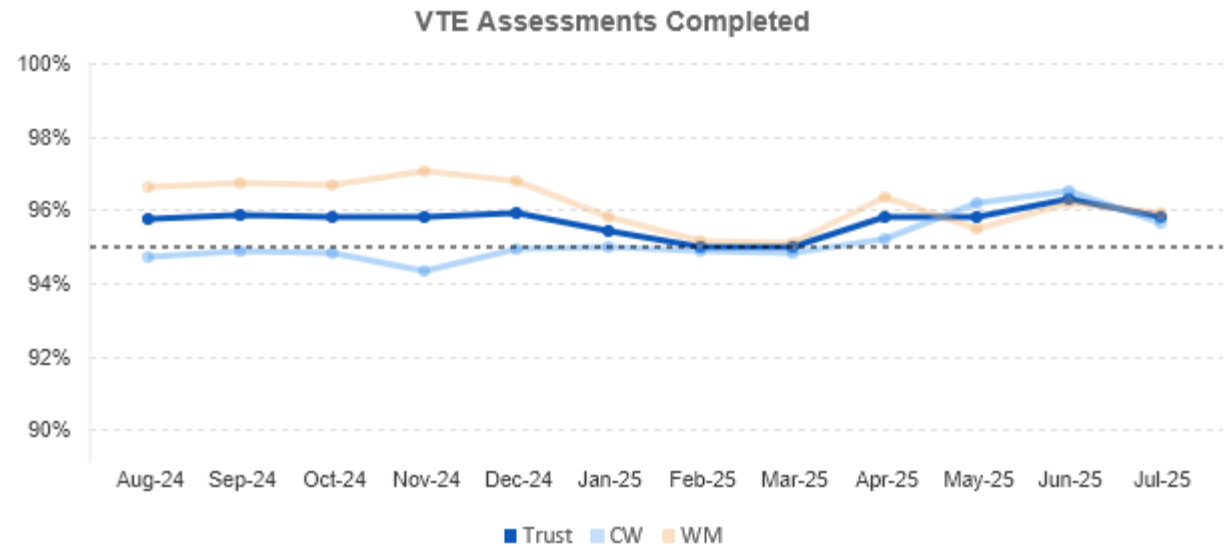
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Responses	CW	36	41	46	39	26	152
	WM	9	3	2	-	1	6
	Trust	45	44	48	39	27	158
Response Rate (Target: >10%)	CW	14.9%	16.6%	16.2%	30.5%	12.5%	17.5%
	WM	2.6%	1.3%	0.6%	-	100.0%	1.0%
	Trust	7.7%	9.1%	7.5%	24.5%	12.9%	10.6%
% Good Experience (Target: >90%)	CW	94.4%	92.7%	95.7%	94.9%	84.6%	92.8%
	WM	88.9%	66.7%	100.0%	-	100.0%	83.3%
	Trust	93.3%	90.9%	95.8%	94.9%	85.2%	92.4%
% Treated With Dignity and Respect (Target: >90%)	CW	87.1%	91.9%	87.5%	92.0%	90.0%	90.4%
	WM	87.9%	80.4%	85.9%	-	0.0%	59.0%
	Trust	87.4%	88.5%	87.0%	80.7%	81.7%	84.2%

VTE Risk Assessments Completed

Safe

Trend



Narrative

VTE Risk Assessment: Target achieved. Monthly VTE risk assessment performance by site, division, speciality and ward disseminated for leads to review and action as appropriate.

Hospital Associated VTE (HAT) Events: Awaiting Business Analyst team to develop and implement digital identification and reporting of HATs from Cerner patient admission records. All reported HATs on Datix undergo investigation with VTE lead clinical review, shared learning and actions to prevent recurrence. Quarterly review of HATs shared at Thrombosis and Thromboprophylaxis Group meeting, with appropriate action/wide dissemination.

In-Month Performance

	VTE Assessments Completed	Hospital Aquired VTE Cases	Hospital Aquired VTE per 1000 FCE Bed Days
CW	95.6%	1	0.1
WM	95.9%	5	0.4
Trust	95.8%	6	0.2

Year-to-Date Performance

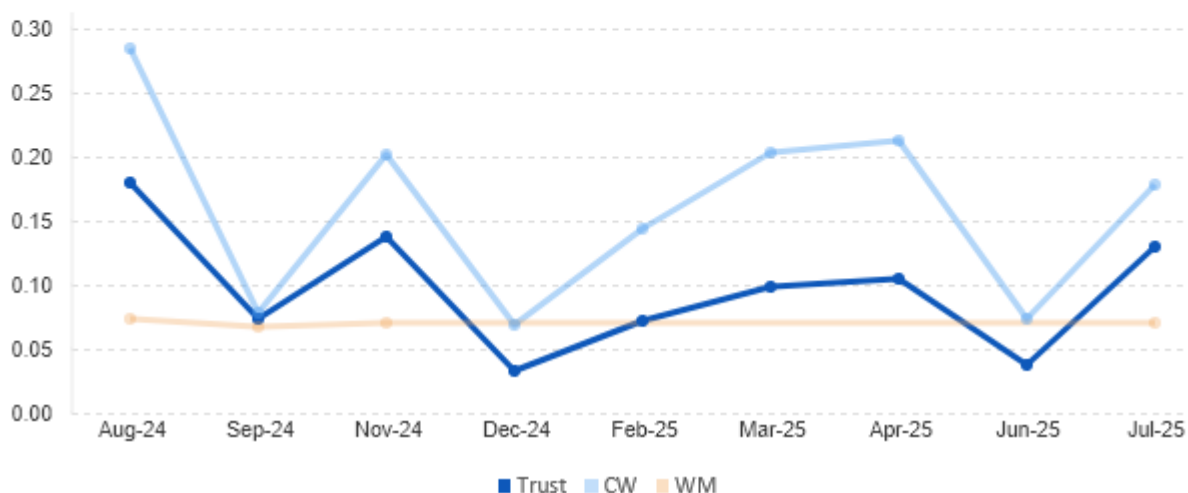
	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
VTE Assessments Completed (Target: >=95%)	CW	94.8%	95.2%	96.2%	96.5%	95.6%	95.9%
	WM	95.1%	96.3%	95.5%	96.2%	95.9%	96.0%
	Trust	95.0%	95.8%	95.8%	96.3%	95.8%	95.9%
Hospital Aquired VTE Cases	CW	0	0	1	0	1	2
	WM	9	6	6	5	5	22
	Trust	9	6	7	5	6	24
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.0	0.0	0.1	0.0	0.1	0.0
	WM	0.6	0.4	0.4	0.4	0.4	0.4
	Trust	0.3	0.2	0.2	0.2	0.2	0.2

Patient Falls

Safe/Effective

Trend

Falls with Moderate & Above Harm per 1000 FCE Bed Days



Narrative

We have seen an increase in falls per 1,000 bed days for July; we would like to see the decrease from May and June reflected more consistently. We have been contacting ward managers and matrons to remind them of the 30-minute weekly education session and ward areas will also be offered face to face sessions if required.

Our weekly sessions are now more focused on proactive falls prevention interventions practices, as incident reports were showing a more reactive response in terms of interventions put in place. Interventions that can be and should be used are clearly reflected in the updated falls policy and bedrails policy, which is due to be ratified at Patient Safety Group on 27th August.

Changes to our falls risk assessment and bed rails risk assessment have been agreed and signed off across the sector. The new bed rails assessment is live on Cerner and the new falls risk assessment will be reflected on Cerner after the freeze, the new assessments are more intuitive and have been developed to pull information that is already on the EPR, this is to reduce duplication and the time taken to complete.

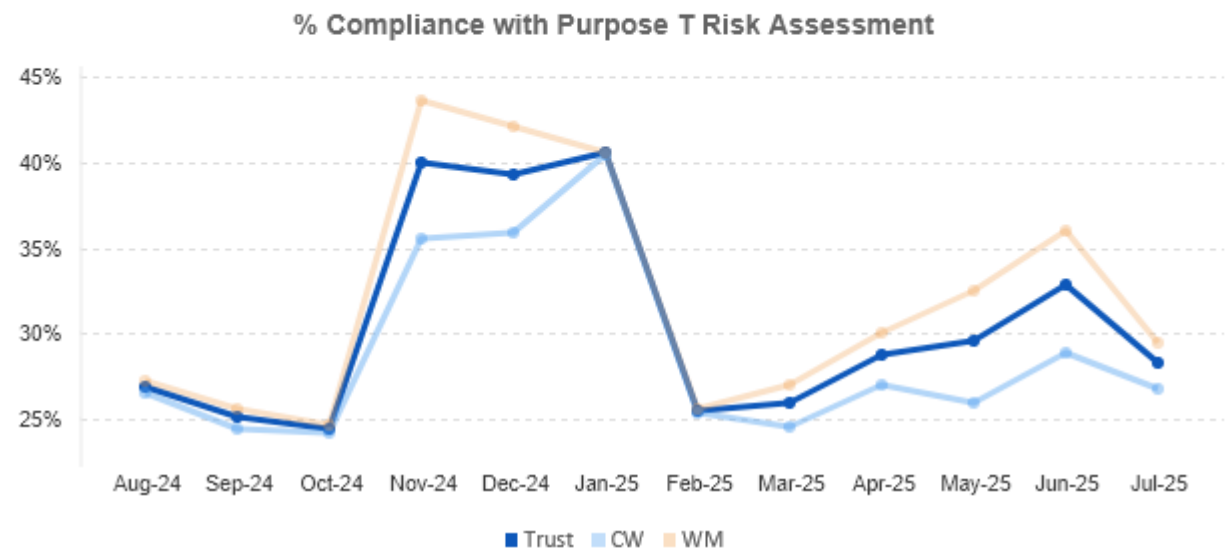
In-Month Performance

	Inpatient Falls with Moderate & Above Harm	Inpatient Falls Resulting in Severe Harm or Death	Falls with Moderate & Above Harm per 1000 FCE Bed Days	Falls per 1000 FCE Bed Days	Compliance with Falls Risk Assessment
CW	3	1	0.18	2.20	46.5%
WM	1	0	0.07	4.49	42.9%
Trust	4	1	0.13	3.25	44.6%

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Inpatient Falls with Moderate & Above Harm	CW	3	3	0	1	3	7
	WM	0	0	0	0	1	1
	Trust	3	3	0	1	4	8
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	1	1	0	0	1	2
	WM	0	0	0	0	0	0
	Trust	1	1	0	0	1	2
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.20	0.21	0.00	0.07	0.18	0.12
	WM	0.00	0.00	0.00	0.00	0.07	0.02
	Trust	0.10	0.10	0.00	0.04	0.13	0.07
Falls per 1000 FCE Bed Days	CW	3.10	4.65	3.76	4.30	2.20	3.65
	WM	3.97	4.68	4.25	3.14	4.49	4.16
	Trust	3.55	4.67	4.00	3.73	3.25	3.90
Compliance with Falls Risk Assessment (Target: >=90%)	CW	41.7%	44.3%	42.8%	45.1%	46.5%	44.7%
	WM	39.7%	41.5%	44.7%	47.4%	42.9%	44.1%
	Trust	40.6%	42.7%	43.9%	46.4%	44.6%	44.4%

Trend



Narrative

Category 3&4 pressure damage: There have been 3 cases of category 3 pressure damage reported in this month.

Category 2: There has been 1 category 2 reported in month which is a decrease from last month.

Themes

- Community acquired pressure damage being coded as hospital acquired due to poor admission documentation
- Incorrect grading meaning true validation of category is happening later than is ideal
- Risk assessments not taking place on admission or on ward transfer in a timely manner

Actions

There is a trust wide action plan in place with regards to reducing hospital acquired pressure damage in addition to local action plans for areas of high prevalence. Key actions to note

- Reduction in time to assessment
- Band 6 or above to review pressure damage to ensure grading correctness
- Added to big 4 as part of trust wide safety huddle

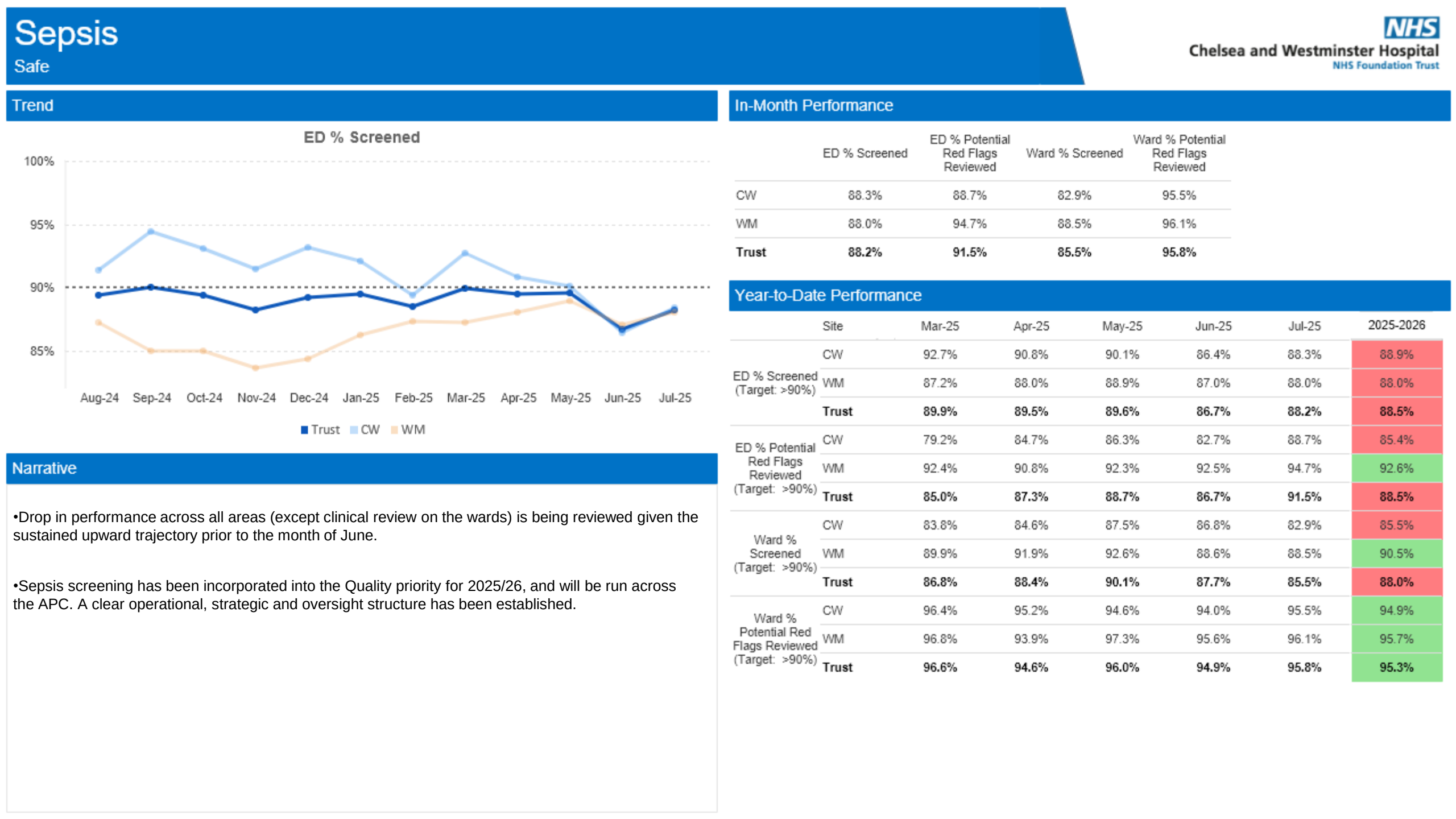
Risk assessment compliance: Remains an area of focus, a small increase was noted in June but this has decreased in July highlighting that further focus is required on this aspect of practice. Monthly compliance reports sent to all ward areas and matrons, live data shared and reviewed at monthly pressure ulcer steering group

In-Month Performance

	Compliance with Purpose T Risk Assessment	Category 2 Pressure Ulcers	Category 3 Pressure Ulcers	Category 4 Pressure Ulcers	Category 3/4 Pressure Ulcers per 1000 FCE Bed Days
CW	26.8%	1	3	0	-
WM	29.5%	0	0	0	-
Trust	28.2%	1	3	0	-

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Compliance with Purpose T Risk Assessment (Target: >=90%)	CW	24.6%	27.1%	25.9%	28.9%	26.8%	27.1%
	WM	27.0%	30.1%	32.6%	36.0%	29.5%	32.1%
	Trust	25.9%	28.8%	29.6%	32.8%	28.2%	29.9%
Category 2 Pressure Ulcers	CW	2	0	1	1	1	3
	WM	2	2	1	4	0	7
	Trust	4	2	2	5	1	10
Category 3 Pressure Ulcers (Target: 0)	CW	0	0	0	0	3	3
	WM	0	2	2	0	0	4
	Trust	0	2	2	0	3	7
Category 4 Pressure Ulcers (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Medical Device Related Pressure Ulcers	CW	0	0	0	1	0	1
	WM	0	0	1	2	1	4
	Trust	0	0	1	3	1	5

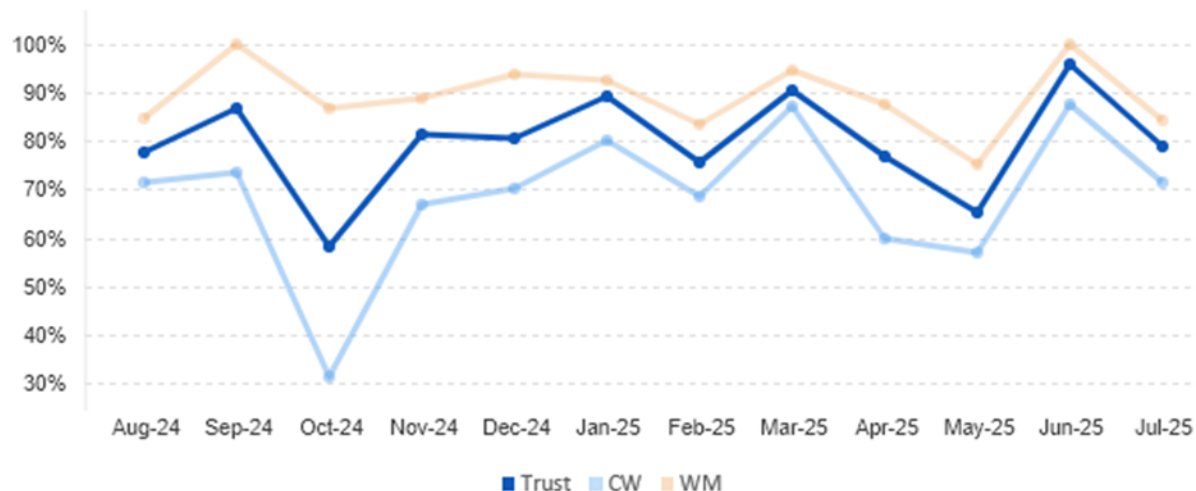


Best Practice

Safe

Trend

NoF Time to Theatre <36hrs for Medically Fit Patients



In-Month Performance

	NoF Time to Theatre <36hrs for Medically Fit Patients	Breach of Same Sex Accommodation	Time Spent on Dedicated Stroke Unit	Dementia Screening Case Finding
CW	71.4%	0	61.5%	93.6%
WM	84.2%	31	88.9%	90.8%
Trust	78.8%	31	77.4%	92.1%

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
NoF Time to Theatre <36hrs for Medically Fit Patients (Target: 100%)	CW	87.0%	60.0%	57.1%	87.5%	71.4%	67.4%
	WM	94.4%	87.5%	75.0%	100.0%	84.2%	87.1%
	Trust	90.2%	76.9%	65.4%	95.7%	78.8%	78.7%
Breach of Same Sex Accommodation	CW	0	0	0	0	0	0
	WM	29	23	31	47	31	132
	Trust	29	23	31	47	31	132
Time Spent on Dedicated Stroke Unit (Target: >80%)	CW	81.3%	75.0%	100.0%	95.2%	61.5%	84.2%
	WM	77.3%	94.7%	90.0%	94.7%	88.9%	91.9%
	Trust	78.9%	87.1%	92.7%	95.0%	77.4%	88.8%
Dementia Screening Case Finding (Target: >90%)	CW	92.1%	93.9%	96.6%	93.6%	93.6%	94.5%
	WM	91.4%	97.8%	94.5%	90.8%	90.8%	93.6%
	Trust	91.7%	96.3%	95.5%	92.1%	92.1%	94.0%

Narrative

Dementia screening : The Trust continues to achieve our target of screening 90% and above of patients aged 75 and over admitted for 72 hours across the Trust. This does however have some challenges owing to a small team consisting of 1 lead nurse and 2 OT's completing on average 60% and over of all screening. Assistance from the MDT would allow more time to spent on the management of patients experiencing complex symptoms related to their dementia.

NOF Time to Theatre: WM compliance for July has shown positive results, with 19 patients medically cleared for theatre on admission and 16 of them operated on within 36 hours. However, CW experienced a slight dip in compliance compared to the previous month, with only 10 out of 14 medically fit patients operated on within 36 hours. An action plan is in place to support improvement on the CW site.



Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-25	Jun-25	Jul-25	2025-2026	May-25	Jun-25	Jul-25	2025-2026	May-25	Jun-25	Jul-25	2025-2026 Q2	2025-2026	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:23	1:23	1:23	1:23	1:25	1:25	1:26	1:26	1:24	1:24	1:25	1:24.5	1:24.5	-
	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)	412	427	451	1724	367	366	370	1466	779	793	821	821	3190	-
	Total number of bookings (Target:> CW 580 WM 478)	598	574	586	2336	465	462	441	1807	1063	1036	1027	1027	4143	-
	Maternity 1:1 care in established labour (Target: >95%)	99.0%	99.0%	98.0%	98.8%	98.0%	97.0%	97.0%	97.3%	98.5%	98.0%	97.5%	97.5%	98.0%	-
Safety	Admissions >37/40 to NICU/SCBU	0	6	36	71	12	5	0	106	12	11	36	36	71	-
	Number of reported Serious Incidents	3	3	4	17	0	2	3	11	3	5	7	7	28	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	0	0	0	1	0	0	0	0	1	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	3.4%	8.0%	8.0%	6.4%	5.5%	5.5%	5.0%	5.5%	4.5%	6.8%	6.5%	6.5%	5.9%	-
	Number of stillbirths	0	2	0	4	1	2	1	5	1	4	1	1	9	-
	Number of Infant deaths	1	0	1	3	1	2	1	9	2	2	2	2	12	-
	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	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-
	Spontaneous unassisted vaginal births	28.0%	24.0%	21.0%	24.5%	27.0%	29.0%	26.0%	27.8%	27.5%	26.5%	23.5%	23.5%	26.1%	-
	Vaginal Births - spontaneous & induced	41.0%	38.0%	36.0%	38.0%	41.0%	43.0%	39.0%	41.5%	41.0%	40.5%	37.5%	37.5%	39.8%	-
	Instrumental deliveries	76	53	59	239	39	35	60	181	115	88	119	119	420	-
	Pre-labour elective caesarean sections	61	96	99	347	63	59	51	223	124	155	150	150	570	-
	Emergency caesarean sections in labour	104	112	121	465	114	113	114	447	218	225	235	235	912	-



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: In July, the midwifery staffing ratios were reported as 1:25 at the Chelsea site and 1:23 at West Middlesex. The latest *Birthrate Plus* (2024) recommendations advise revised staffing ratios of 1:23 at Chelsea (previously 1:26) and 1:21 at West Middlesex (previously 1:22), reflecting current levels of acuity and activity. While the national birth rate continues to decline, local data indicates an increase in acuity particularly among women categorised as levels 4 and 5 (high risk) with a corresponding reduction in low-risk (category 1) cases. This evolving case mix has important implications for workforce planning and the delivery of safe maternity care. Despite significant investment a staffing shortfall of 32.77 WTE remains. In response, the Executive Management Board has approved demand management measures to maintain safety across both sites. These include reducing births at the Chelsea site by 509 (from 700 annual bookings) and at the West Middlesex site by 336 (from 400 annual bookings), enabling alignment with the revised staffing ratios.

The maternity team is currently reviewing all incoming and outgoing referrals within Northwest London and will implement a tiered triage process to ensure equitable access. Collaborative planning has begun with neighbouring hospitals expected to see increased activity due to these changes. Importantly, women with high-risk pregnancies or those who book later in pregnancy will not be disadvantaged by the demand management strategy.

Red flags and Birthrate Plus Compliance: All 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.

WMUH Site: Labour ward reported stable compliance for July at 87%, with 7 red flags reported: delay or cancelled time critical activity (n=3), delay in providing pain relief (n=1), delay between admission for induction and beginning of process (n=1), any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour (n=1) and coordinator unable to maintain supernumerary status- NOT providing 1:1 care (n=1). Birth Centre saw compliance in July of 68% with 2 red flags reported delayed or cancelled time critical activity (n=1) and no Additional support MW available (No second MW for birth) (n=1).

Following the rollout of the BR+ Acuity App on the AN and PN wards WMUH reported a continued increase in compliance to 77% in July from 76% in June for antenatal ward alongside a continued increase in red flags reported in July (n=16) up from 13 in June. Delayed or cancelled time critical activity (n=6), delay between admission for induction and beginning of process (n=8) and any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour (n=2). Postnatal ward compliance remained stable at 85% in July with a reduction in red flags reported (n=7) delayed or cancelled time critical activity (n=3), missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication) (n=1) and delay in providing pain relief (n=3). Overall there was a continued increase in red flag reported in July, the senior leadership are reviewing the incidents to establish the causation.

Chelsea Site: Labour ward compliance declined to 72% for July from June (76%), with 4 red flags reported, coordinator not able to maintain supernumerary/supervisory status (n=1), delay between admission for induction and beginning of process (n=2) and delay in providing pain relief (n=1). Birth centre reported 41% compliance for completion in July with 7 red flags reported missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=2), delay in providing pain relief (n=3) and delay between presentation and triage (n=2). On the Simpson Unit (Recovery & HDU) compliance increased to 62% in July from 51% in June with 7 red flags reported delayed or cancelled time critical activity (n=3), any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour (where the nursing ratio does not meet the acuity of the women) (n=3) and missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1).

CW site went live and launched the acuity app on the inpatient wards in March, AN ward compliance remained stable at 43% for July with 1 red flag reported, delay between admission for induction and beginning of process. The postnatal ward compliance increased decreased to 64% in July from 76% in June, with 3 red flags reported, delayed or cancelled time critical activity (n=3). Compliance continues to be monitored on the safety production boards to track compliance on a weekly basis

Neonatal Staffing: The neonatal leadership team continue to enhance the local QIS programme to optimise skill mix, as there has been a slight decline this month (now at 40%) on the CW site of the number of nurses who have QIS. At WM a decline from 89% to 70%. There are a number of nurses on a QIS course which is due for completion in spring next year. It is predicted that WM will be over 70% for QIS by November and CW by February 2026. Phase 1 and 2 of the recruitment business case have been successfully recruited into. This will increase the current staffing establishment to 23WTE above current budgeted establishment and demonstrates the Trust's commitment to meeting BAPM compliance.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice daily ward rounds. The MIS year 7, 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 Q4 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 Trust have now received confirmation from the ICB that we can progress with redesignating the SCBU to a level 2 LNU. Various task and finish groups will be implemented to ensure all aspects are appropriately project managed, and support and guidance sought from another hospital who has recently redesignated their SCBU to an LNU.



Safety WM site: There were 3 patient safety incidents 2 awaiting IIR process to confirm

1. Maternal death-MNSI investigation
2. Pending decision-?cardiac arrest in theatre following reaction to Terbutaline
3. Pending decision-NND (referred to MNSI)

Datix reporting system: There were 141 reported incidents in July (122 reported in June)

- 36 maternal, fetal, neonatal (6 maternal transfer from ANW >5 cm dilated, 6 term admissions to SCU, 4 losses < 24/40)
- 24 delay/failure in access to hospital/care
- 15 transfusion policy errors
- 116 Datix closed in July

Safety CWH site: There were 4 patient safety incidents (x1 confirmed AAR; and x3 to be presented to Executive Team at IIRG meeting - pending decision re investigation approach).

1. AAR confirmed - assisted vaginal birth, third degree tear and swab counting policy not followed
2. Pending decision - Birth trauma to baby following birth
3. Pending decision - unexpected term admission to NICU
4. Pending decision - Medication error)

Datix reporting system: In July 161 Datix incidents reported - compared to June (175).

- Main themes arising:
- Transfusion policy – x28 Blood transfusion department was not informed when the MOH/PPH event was stood down; x10 Traceability (38 in total)
- MOH (19)
- Communication/handover within team (9)
- Delay/failure in access to hospital/care (9)
- Due to notable rise in reporting Datix incidents, the team work together efficiently and achieved a shared goal – in July team reviewed and closed 256 incidents – currently CW site have the oldest incident from 16/05/25 and only 66 incidents overdue (as per date 05/08/25) Teamwork and dedication led to this success.

1. *PMRT (Cross site):* CW site reported 1 case a NND. WMUH reported 2 cases: x1 Stillbirth 40+2 and 1 NND at 40+5 weeks gestation.
2. *ATAIN (Cross site):* Awaiting ratification of data on both sites for June.
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. There has been a slight decline in compliance with Saving Babies' Lives Care Bundle version 3 (SBLCBv3), falling from 86% in Q4 to 83% in Q1 (pending LMNS validation). This reduction is due to lower performance in Element 1, linked to staffing gaps within the Tobacco Dependency Services which has now been recruited to. SBLCBv3, launched in May 2023, requires agreement of a local trajectory with the LMNS and quarterly reviews to monitor and assure progress.

Element 1: Reducing smoking: Compliance with several SBLCBv3 Element 1 interventions has been affected by data gaps, staff turnover in the tobacco dependency team, and recent recruitment, leading to shortfalls in CO testing documentation, smoking status recording at 36 weeks, and staff training completion. Actions underway include reinforcing documentation requirements, making key fields mandatory in K2, scheduling training for all new staff, and reviewing the need for certain audits, with improvements expected by the end of Q2. **Compliant with 4/10 interventions**

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction: Element 2 compliance has been affected by a slight drop in vitamin D supplementation provision and limited availability of serial scans beyond 36 weeks due to ultrasound capacity, with staffing increases expected by September to enable full compliance by Q3. **Compliant with 17/20 interventions.**

Element 3: Raising awareness of reduced fetal movements: Element 3 compliance is at 100%, but inaccurate recording of induction of labour indications is affecting audit accessibility and data accuracy, prompting staff reminders to improve documentation. **Compliant with 2/2 interventions.**

Element 4: Effective fetal monitoring during labour: A forthcoming K2 update will move the hourly risk assessment prior to the CTG review this adjustment is intended to enhance compliance with guidance. The fetal monitoring team is maintaining visibility through handovers, ward reminders, newsletters, and recognition initiatives, with training and on-site support planned ahead of the 29 July 2025 implementation of physiological changes. **Compliant with 5/5 interventions.**

Element 5: Reducing Pre-term Birth: Element 5 compliance is being strengthened through updates to the preterm birth risk assessment, integration into the K2 system, and actions in response to declines in Actim Partus testing, neonatal counselling documentation, and delayed cord clamping and temperature monitoring. These measures, supported by updated guidance, parent information resources, and staff communications, are expected to achieve full compliance across interventions by the end of Q2 2025. **Compliant with 26/27 interventions.**

Element 6: Management of Pre-existing Diabetes in pregnancy: Q1 saw a slight drop in third-trimester HbA1c measurement compliance, prompting staff reminders to prioritise this assessment, especially for enhanced monitoring of results over 48mmols. **Compliant with 6/6 interventions.**

Perinatal Quality Surveillance Model



Chelsea and Westminster Hospital
NHS Foundation Trust

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		May-25	Jun-25	Jul-25	2025-2026	May-25	Jun-25	Jul-25	2025-2026	May-25	Jun-25	Jul-25	2025-2026 Q2	2025-2026
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	87.0%	89.0%	90.0%	88.3%	91.3%	92.0%	91.0%	89.5%	89.1%	90.5%	90.5%	90.5%	88.9%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	92.0%	95.0%	95.0%	93.5%	88.0%	94.0%	95.0%	92.3%	90.0%	94.5%	95.0%	95.0%	92.9%
	Service User Feedback FFT	85.5%	86.4%	80.6%	87.5%	90.8%	85.8%	90.3%	89.4%	87.8%	86.1%	87.8%	87.8%	88.6%
	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	0	0	0	0	0	9	0	0	0	0	9
	Progress in achievements of NHSR MIS (10 safety actions) Green									9	0	7	7	21
	Progress in achievements of NHSR MIS (10 safety actions) Amber									1	0	3	3	4.5
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	10
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

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)

Perinatal Quality Surveillance Model



NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

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 July, overall multi-disciplinary training compliance increased to 91%, up from 90% in June. Fetal monitoring training continues to exceed the 90% compliance target, at 95% across both sites. All newly appointed staff have been scheduled to attend mandatory training within the next three months. While training compliance naturally varies depending on individual staff training cycles, the Practice Development and Fetal Monitoring teams have a clear, structured plan to ensure all staff complete both training components within a rolling 12-month period. The training needs analysis is aligned with the Core Competency Framework, and the new training year has commenced with revised content. This includes the introduction of 'Trauma-Informed Care' as a key component. Cultural safety training, which formed part of last year's curriculum, remains embedded within the current programme, reflecting the department's ongoing commitment to fostering diversity, inclusion, and culturally responsive care for both staff and service users.

Service user feedback: The maternity service receives monthly feedback via the Friends and Family Test (FFT). At the Chelsea site, positive feedback decreased from 86.89% in June to 80.56% in July. Among respondents, 55.56% identified as White British, 25% as White-Other, and half were aged 25-34 years. The lowest-scoring question continued to be, "If you raised a concern during your care, did you feel it was taken seriously?" with only 61.11% responding positively. This issue is a recurring theme in both formal and informal complaints. In contrast, 97.22% of women reported being given the opportunity to ask questions when they did not understand something.

At the West Middlesex site, positive feedback rose from 80.85% in June to 90.74% in July. Respondents included 39.62% identifying as Asian or Asian British-Indian, 13.21% as Asian or Asian British-Pakistani, and 11.32% as White-Other, with the majority (64.15%) aged 25-34 years. As at Chelsea, the lowest-scoring question related to whether concerns raised were taken seriously (73.58%), while 90.57% felt they were given the opportunity to ask questions.

Across both sites, recurring themes in negative feedback focus on staff attitude, communication, and delays in care, indicating clear priorities for service improvement.

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. 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 (Perinatal) incentive Scheme year 7: MIS Year 7, Version 1.0, published on 2 April 2025, marks the start of a new reporting period with revisions to parts of the technical guidance. The service is currently reporting compliance with 7 of the 10 Safety Actions and partial compliance with 3, compared with full compliance in Year 6. Action plans remain in progress for Safety Action 3 (Transitional Care at WMUH) and Safety Action 4 (Neonatal Nursing at CW), and the service is on track to achieve full compliance within the reporting period.

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.

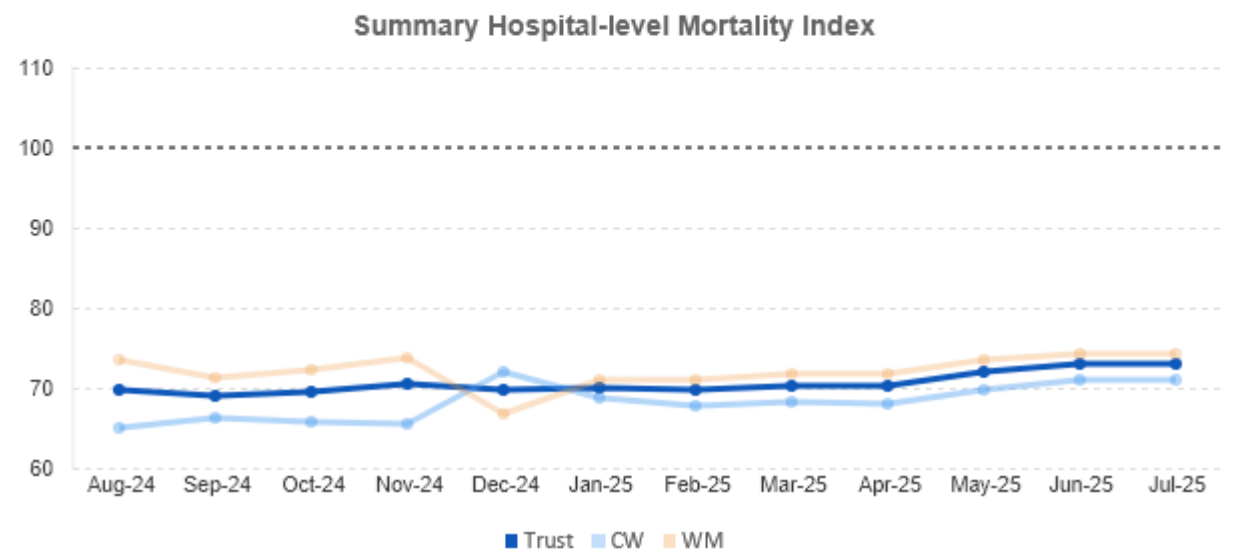


Mortality

Summary Hospital-level Mortality Index

Effective

Trend



Narrative

Hospital mortality across both SHMI (72.9) and HSMR (80.5) remain significantly lower than predicted. Performance is favourable compared to expected mortality (standardised to 100) and across the APC and nationally.

There is no statistical significance in mortality trends by weekends compared to weekdays.

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	71.0	78.3
WM	74.3	84.2
Trust	72.9	80.5

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
SHMI (Target: <100)	CW	68.2	68.0	69.7	71.0	71.0	69.9
	WM	71.8	71.7	73.5	74.3	74.3	73.4
	Trust	70.4	70.2	71.9	72.9	72.9	72.0
HSMR (Target: <100)	CW	69.7	67.8	70.1	69.7	78.3	73.3
	WM	85.8	87.3	87.4	82.0	84.2	85.2
	Trust	79.0	79.0	80.4	76.9	80.5	79.3



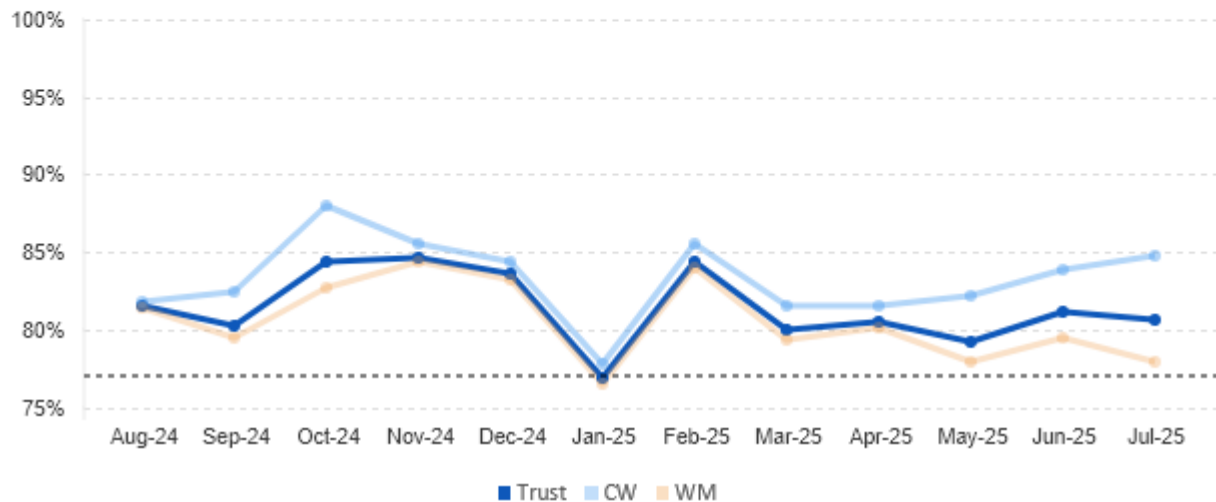
Patient Access

Access to Cancer Care (Diagnosis)

Responsive – Operating Plan

Trend

28 Day Faster Diagnosis Standard



Narrative

The Trust has continued to meet the national standards for the 28D FDS of 77% and our internal target being 80%, with a July un-validated position of 80.6%.

Focused work continues in a number of tumour sites to improve performance further.

In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	84.7%	88.0%
WM	77.9%	95.8%
Trust	80.6%	92.7%

Year-to-Date Performance

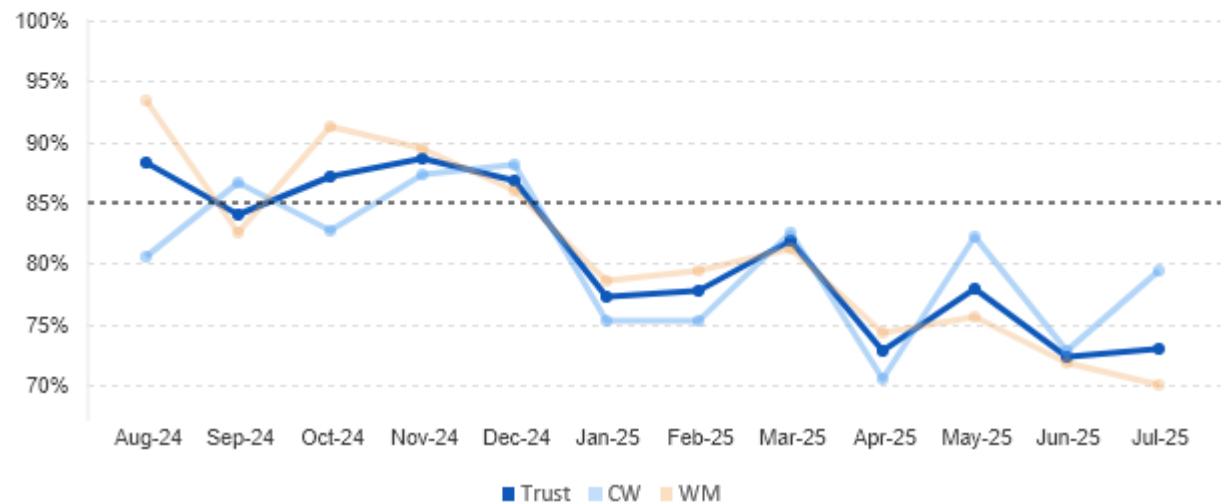
	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
28 Day Faster Diagnosis Standard (Target: >=77%)	CW	81.5%	81.5%	82.1%	83.8%	84.7%	83.3%
	WM	79.4%	80.1%	77.9%	79.5%	77.9%	78.9%
	Trust	80.0%	80.5%	79.2%	81.1%	80.6%	80.4%
2 Weeks from Referral to First Seen (All Urgent Referrals) (Target: >=96%)	CW	99.3%	93.9%	96.1%	95.9%	88.0%	93.9%
	WM	99.4%	97.6%	98.2%	93.6%	95.8%	95.7%
	Trust	99.4%	96.1%	97.3%	94.5%	92.7%	95.0%

Access to Cancer Care (Treatment)

Responsive – Operating Plan

Trend

62 Day GP Referral to First Treatment Combined



Narrative

The Trusts 31D position remains strong and above the national KPI of 96% with the un-validated July position currently standing at 99.5%. Improvements have been seen in the Skin cancer pathway supporting this.

The Trusts 62D has been challenged since January 2025, with several services in assurance meetings. The Trust had prior to January 2025 seen a strong and steady incremental increase in performance. The current un-validated July position is 73.0%, which falls below the internal 85% metric. Several tumour sites are in assurance meetings with the cancer performance team and recovery plans are being worked through with support from Royal Marsden Partners.

The Trust is continuing to see high levels of confirmed cancers, and some services have seen higher levels of referrals coming through (Breast pathway is one example). A delay in Histopathology turnaround times is an aspect that is impacting several tumour sites but primarily our Urology Pathway which further hinders the service in recovery.

In-Month Performance

	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	79.3%	98.4%	
WM	70.0%	100.0%	
Trust	73.0%	99.5%	94

Year-to-Date Performance

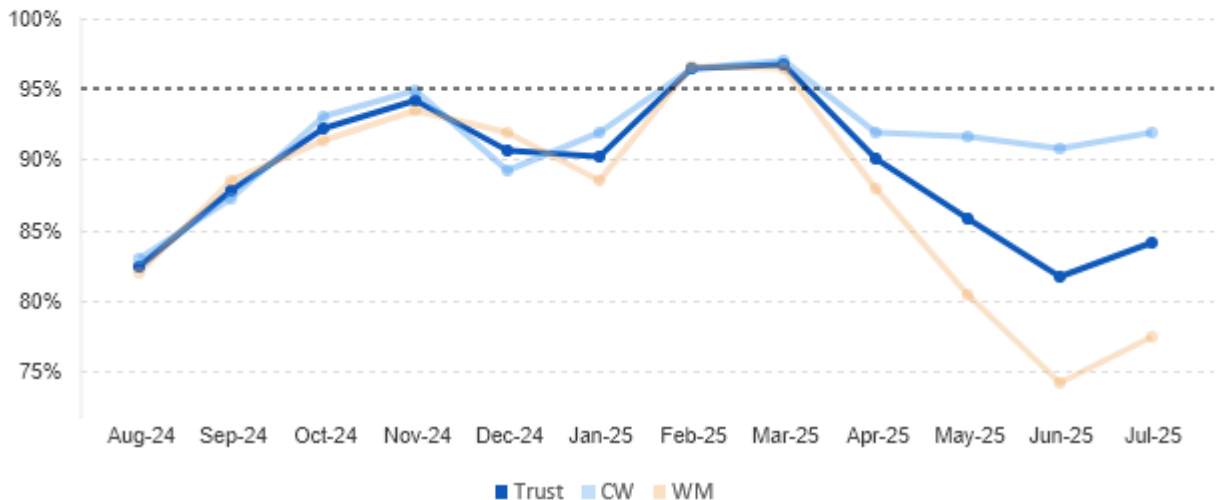
	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	82.5%	70.5%	82.3%	72.8%	79.3%	75.2%
	WM	81.3%	74.2%	75.5%	71.8%	70.0%	72.6%
	Trust	81.8%	72.8%	77.8%	72.3%	73.0%	73.6%
31 Day Diagnosis to First or Subsequent Treatment (Target: >=96%)	CW	94.0%	98.4%	95.6%	98.3%	98.4%	97.8%
	WM	98.8%	100.0%	97.6%	98.6%	100.0%	99.0%
	Trust	96.7%	99.4%	96.9%	98.5%	99.5%	98.5%
62+ Day Backlog (Target: WM 100)	CW						
	Trust	85	108	99	95	94	94

Access to Diagnostics

Responsive – Operating Plan

Trend

Diagnostic Waiting Times < 6 Weeks



Narrative

DM01 performance for July 2025 shows an improvement of 2.5%, reporting 84.1% compared to June 25 with a reported 81.56%. Improvement was mainly driven by endoscopy with an increased performance in all its modalities across both sites. Diagnostic imaging has seen an improvement in performance with NOUS at WMUH site giving signs of an upwards trend as expected post recruitment.

Diagnostic physiology remains the most challenged modality with echocardiography and cystoscopy being the lowest performing diagnostic tests on both sites. Echocardiography is recruiting to fill the current 3 vacant posts and cystoscopy is managing urologists' activity with priority being given to cancer and urgent pathways.

Noticeably, WMUH remains the most challenged site performing at 77.3% against CW site performing at 91.85%. This is driven by the high volume of cancer pathways at West Middlesex site.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	91.8%	459	0
WM	77.4%	1,471	0
Trust	84.1%	1,930	0

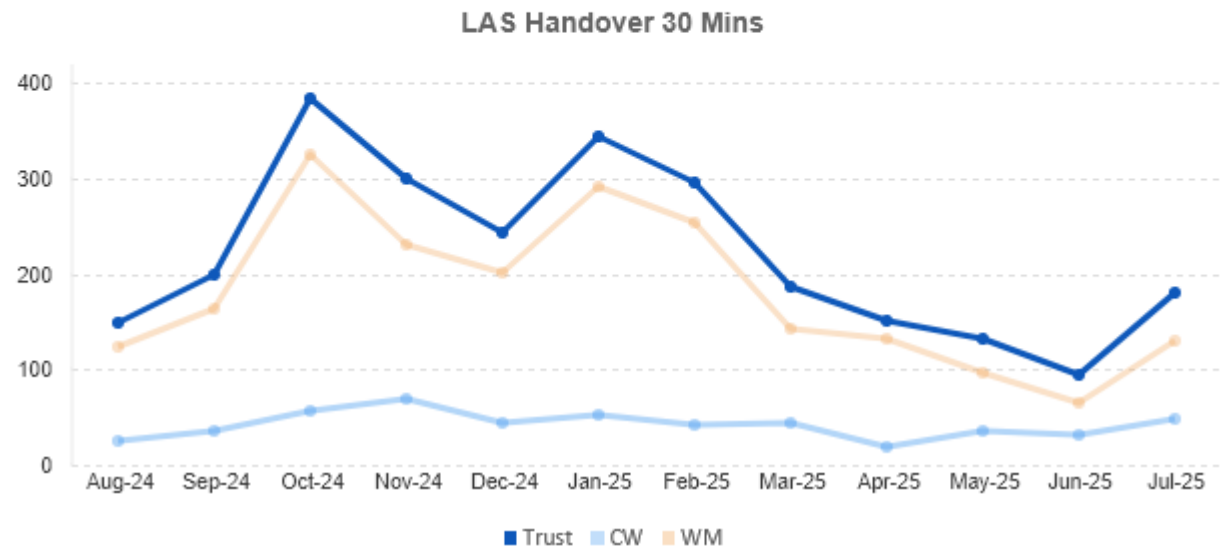
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	97.0%	91.9%	91.6%	90.8%	91.8%	91.5%
	WM	96.4%	87.9%	80.4%	74.2%	77.4%	79.6%
	Trust	96.7%	90.0%	85.8%	81.6%	84.1%	85.3%
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	173	473	473	489	459	459
	WM	183	629	1,193	1,680	1,471	1,471
	Trust	356	1,102	1,666	2,169	1,930	1,930
Diagnostic Waiters 13+ Weeks	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0

Ambulance Handover Waits

Safe

Trend



Narrative

Performance

The Trust’s overall performance for ambulance handovers remains strong. The 15-minute handover was non-compliant across both sites, reporting times slightly above 16 minutes. The Trust is working towards reducing the number of breaches against this target.

Improvement

The focus is on reducing the length of stay through the departments for all patients on arrival. There are a number of schemes being managed through the ED Improvement program.

Risk

Cubicle capacity in the department.

In-Month Performance

	LAS 15 Min Breach Performance	LAS Time Lost (Hours)	LAS Handovers 30 Mins	LAS Handovers 60 Mins
CW	805	81.7	49	0
WM	924	128.4	131	2
Trust	1,729	210.1	180	2

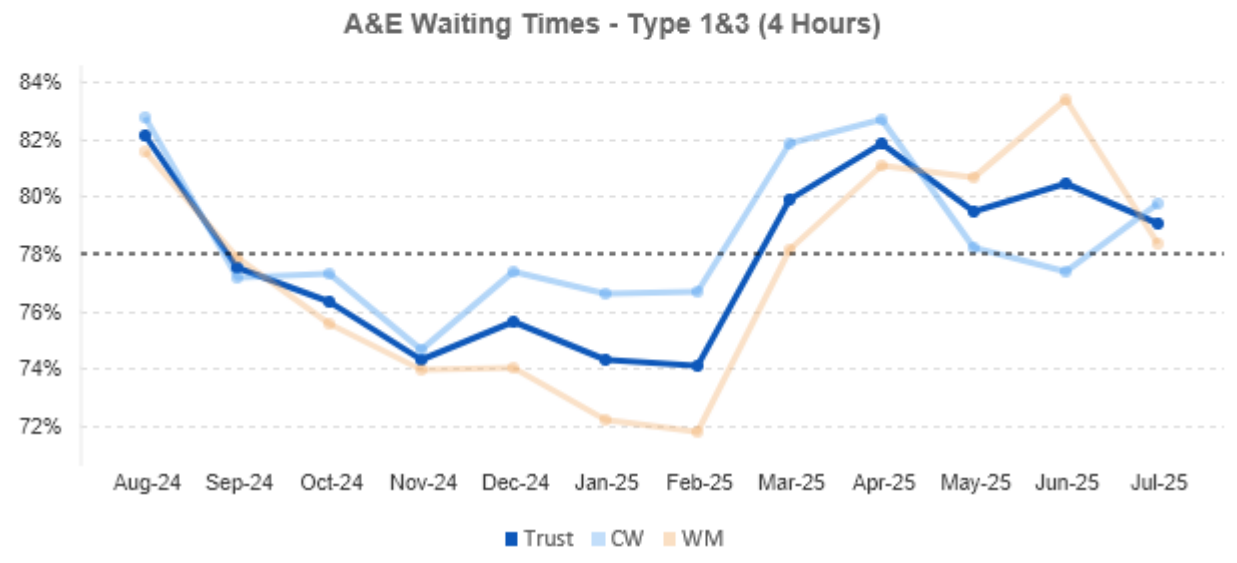
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
LAS 15 Min Breach Performance	CW	913	656	799	707	805	2,967
	WM	968	970	844	772	924	3,510
	Trust	1,881	1,626	1,643	1,479	1,729	6,477
LAS Time Lost (Hrs)	CW	106.9	61.6	75.9	73.1	81.7	292.3
	WM	137.1	134.5	103.4	89.8	128.4	456.1
	Trust	244.0	196.1	179.3	162.9	210.1	748.4
LAS Handovers 30 Mins	CW	45	19	36	31	49	135
	WM	142	133	97	64	131	425
	Trust	187	152	133	95	180	560
LAS Handovers 60 Mins	CW	0	0	1	0	0	1
	WM	0	3	1	0	2	6
	Trust	0	3	2	0	2	7

Urgent & Emergency Department Waits

Safe/Responsive – Operating Plan

Trend



Narrative

Performance
Performance against the 4-hour standard in July 2025 was 79%. West Middlesex achieved 78.4% with 13,901 attendances, and the Chelsea site 79.8% with 12,693 attendances.

The 12-hour performance remains strong at 2.1% against our operating plan trajectory target of 2.8% with both sites meeting the target.

Improvement
In Month 4, West Middlesex ED Time to Initial Assessment (TTIA) has exceeded the 15-minute national target by further reducing TTIA to 10 minutes. On the Chelsea site, the Trust will be implementing a similar model of TTIA as WM, which will decrease the TTIA, which in M4 was 20 minutes. We will review the impact after two weeks of implementation.

Risk
Increased mental health presentation (MH) and long length of stay patients who have a decision to admit (DTA).

In-Month Performance

	A&E Waiting Times Type 1&3 (4 Hrs)	A&E Waiting Times Type 1&3 (12 Hrs)	A&E Time to Triage	Total Attendances Type 1&3	Referrals to SDEC	12hr Trolley Waits
CW	79.8%	1.8%	00:15	12,694	757	31
WM	78.4%	2.3%	00:07	13,902	959	34
Trust	79.0%	2.1%	00:10	26,596	1,716	65

Year-to-Date Performance

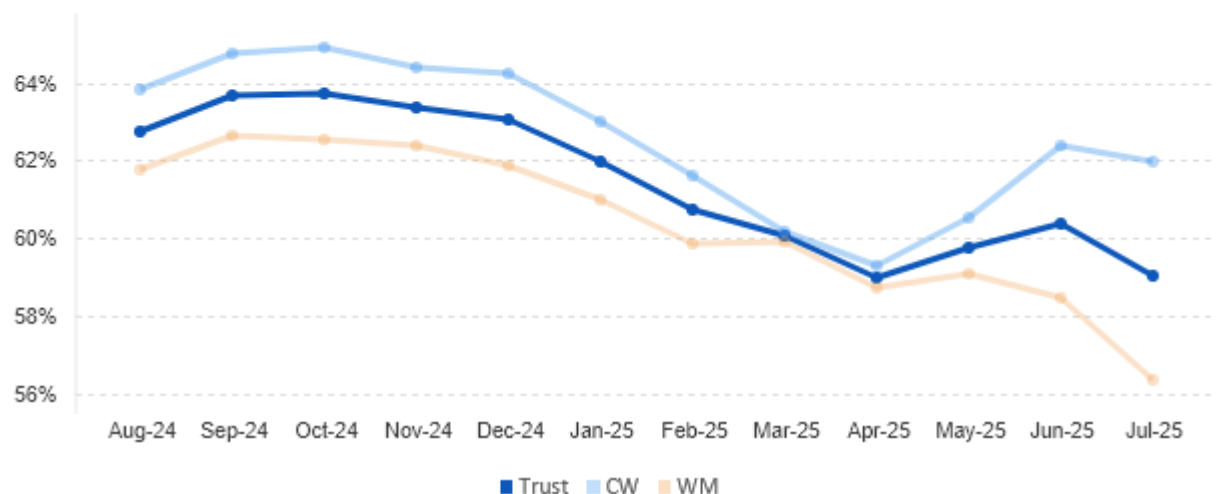
	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
A&E Waiting Times Type 1&3 (4 Hrs) Target: 78%	CW	81.8%	82.7%	78.2%	77.3%	79.8%	79.4%
	WM	78.1%	81.0%	80.7%	83.4%	78.4%	80.9%
	Trust	79.9%	81.8%	79.5%	80.4%	79.0%	80.2%
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	1.7%	1.0%	2.0%	1.7%	1.8%	1.6%
	WM	2.6%	1.9%	1.9%	1.1%	2.3%	1.8%
	Trust	2.1%	1.5%	1.9%	1.4%	2.1%	1.7%
A&E Time to Triage (Target: 15mins)	CW	00:16	00:14	00:16	00:16	00:15	00:15
	WM	00:13	00:11	00:11	00:06	00:07	00:09
	Trust	00:15	00:13	00:14	00:11	00:10	00:12
Total Attendances Type 1&3	CW	13,118	12,253	13,353	13,151	12,694	51,451
	WM	14,037	13,336	13,960	13,537	13,902	54,735
	Trust	27,155	25,589	27,313	26,688	26,596	106,186
Referrals to SDEC (Target as Per Op Plan)	CW	718	683	687	702	757	2,829
	WM	993	922	988	922	959	3,791
	Trust	1,711	1,605	1,675	1,624	1,716	6,620

Referral to Treatment Waits

Responsive – Operating Plan

Trend

18 Week RTT Incompletes



Narrative

Performance: Elective Referral to Treatment (RTT) 18-Week Wait performance was reported at 59.04%, below the national 60% target but ahead of our external planning target for Month 4.

The 52ww performance remains challenged and enhanced assurance is in place for at-risk areas. 65ww increased slightly to 13 (+2) and there are no patients waiting above 78ww. The main driver impacting the position is the ERF cap in current year operating plans, translating to activity reductions and subsequent reduced clock-stops.

Improvement : Each specialty has tailored recovery trajectories with non-compliant specialties in weekly additional assurance oversight. Clinic templates are being reviewed and altered across the Trust and waiting list reviews are commencing to ensure prioritisation of patients.

Risk : Potential further Industrial action

In-Month Performance

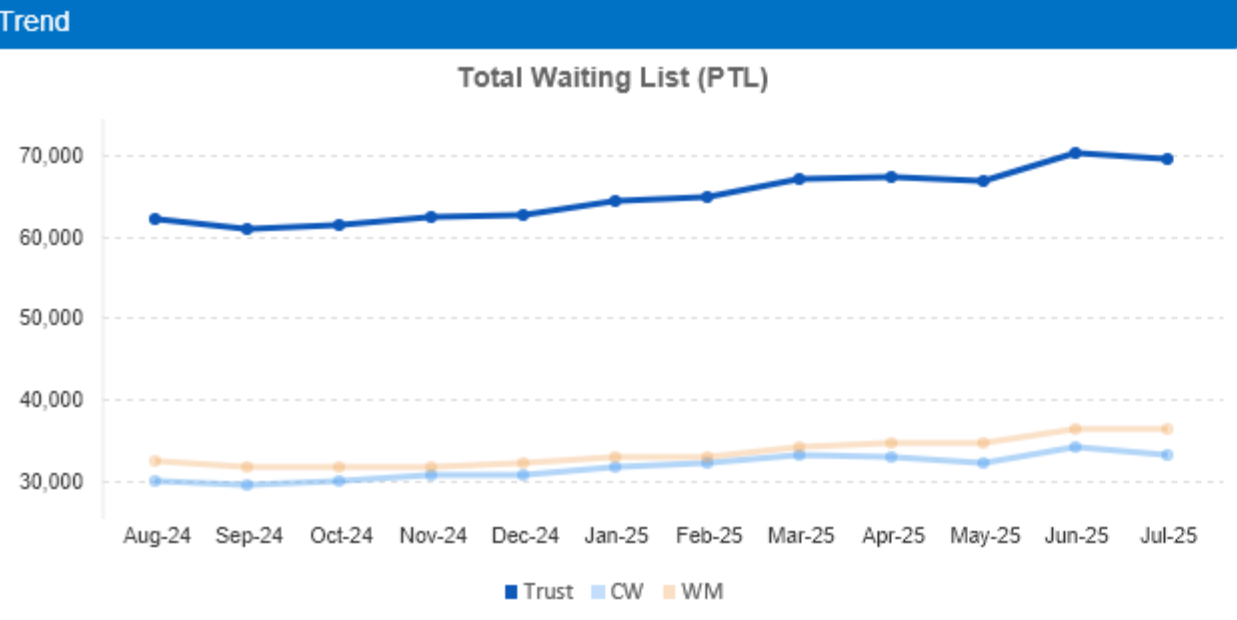
	18 Week RTT Incompletes	18 Week RTT Incompletes Paeds	52 Week RTT Incompletes	52 Week Waiters	65 Week Waiters
CW	62.0%	70.0%	1.4%	466	6
WM	56.4%	48.6%	2.1%	771	7
Trust	59.0%	57.9%	1.8%	1,237	13

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
18 Week RTT Incompletes (Target: >60%)	CW	60.2%	59.3%	60.5%	62.4%	62.0%	62.0%
	WM	59.9%	58.7%	59.1%	58.5%	56.4%	56.4%
	Trust	60.1%	59.0%	59.8%	60.4%	59.0%	59.0%
18 Week RTT Incompletes Paeds	CW	72.8%	70.4%	69.9%	72.0%	70.0%	70.0%
	WM	58.4%	56.2%	54.6%	52.7%	48.6%	48.6%
	Trust	64.9%	62.4%	61.2%	61.3%	57.9%	57.9%
52 Week RTT Incompletes (Target: <1%)	CW	0.4%	0.8%	1.1%	1.3%	1.4%	1.4%
	WM	0.5%	0.7%	1.1%	1.7%	2.1%	2.1%
	Trust	0.5%	0.7%	1.1%	1.5%	1.8%	1.8%
52 Week Waiters	CW	142	249	353	432	466	466
	WM	161	225	385	606	771	771
	Trust	303	474	738	1,038	1,237	1,237
65 Week Waiters	CW	2	5	4	8	6	6
	WM	1	4	2	3	7	7
	Trust	3	9	6	11	13	13

Referral to Treatment Waits

Responsive – Operating Plan



Narrative

Performance: The total RTT Patient Treatment List (PTL) has decreased to 69,487. The focus remains on ensuring less patients are awaiting first appointments and continually addressing chronological booking for the 52ww backlog cohort as enhanced oversight and targeted interventions continue for at-risk specialities.

Improvement : Trajectories are in place at specialty level to address recovery with weekly meetings focusing on at-risk specialities. These include Vascular Surgery, Urology, ENT, Paediatrics ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery. The Trust has stood up administrative validation, using digital technologies, to support identifying the right short of patients requiring treatment.

Risk : Potential further Industrial action

In-Month Performance

	Total Waiting List (PTL)	Total Waiting List (PTL) Paeds	Patients Waiting < 18 Weeks for First Appointment	RTT Clearance Time: Size of Waiting List
CW	33,115	4,472	66.3%	5.3
WM	36,372	5,832	58.6%	6.3
Trust	69,487	10,304	62.1%	5.8

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Total Waiting List (PTL)	CW	33,050	32,776	32,147	33,960	33,115	33,115
	WM	34,067	34,523	34,653	36,363	36,372	36,372
	Trust	67,117	67,299	66,800	70,323	69,487	69,487
Total Waiting List (PTL) Paeds	CW	4,174	4,066	4,129	4,611	4,472	4,472
	WM	5,087	5,209	5,412	5,727	5,832	5,832
	Trust	9,261	9,275	9,541	10,338	10,304	10,304
Patients Waiting < 18 Weeks for First Appointment	CW	66.6%	67.4%	67.5%	67.6%	66.3%	66.3%
	WM	64.7%	64.7%	63.8%	61.9%	58.6%	58.6%
	Trust	65.6%	65.9%	65.5%	64.5%	62.1%	62.1%
RTT Clearance Time: Size of Waiting List	CW	6.0	6.6	6.1	6.4	5.3	5.3
	WM	6.1	7.3	6.9	7.3	6.3	6.3
	Trust	6.1	7.0	6.4	6.8	5.8	5.8

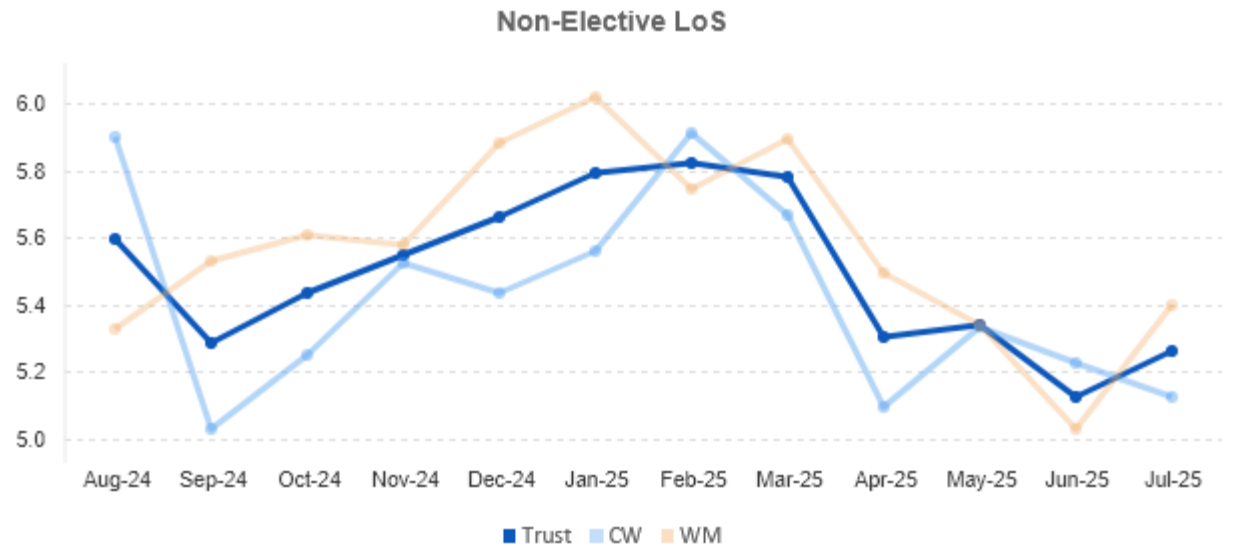


Operating Plan and Capacity

Flow & Discharge – Admitted Care

Responsive/Effective

Trend



Narrative

Non-Elective LOS
Elective LoS is compliant with the target at WM and Non-Elective LOS is non-compliant, with a small improvement seen at the CW site. Overall Non-Elective long stayers for >7 have seen an increase in July and >21 days have decreased. Continued focus through long length of stay and performance meetings.

Critical Care Occupancy
Critical Care Occupancy moving into Q2 has shown increasing activity and reflects a similar position to other trusts in NWL, CRITCON 0 consistently reported . Nursing staffing continues to be flexed to reflect capacity demands.

In-Month Performance

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy
CW	7.7	5.1	433	102	90.0%
WM	3.0	5.4	507	131	91.8%
Trust	6.2	5.3	940	233	90.8%

Year-to-Date Performance

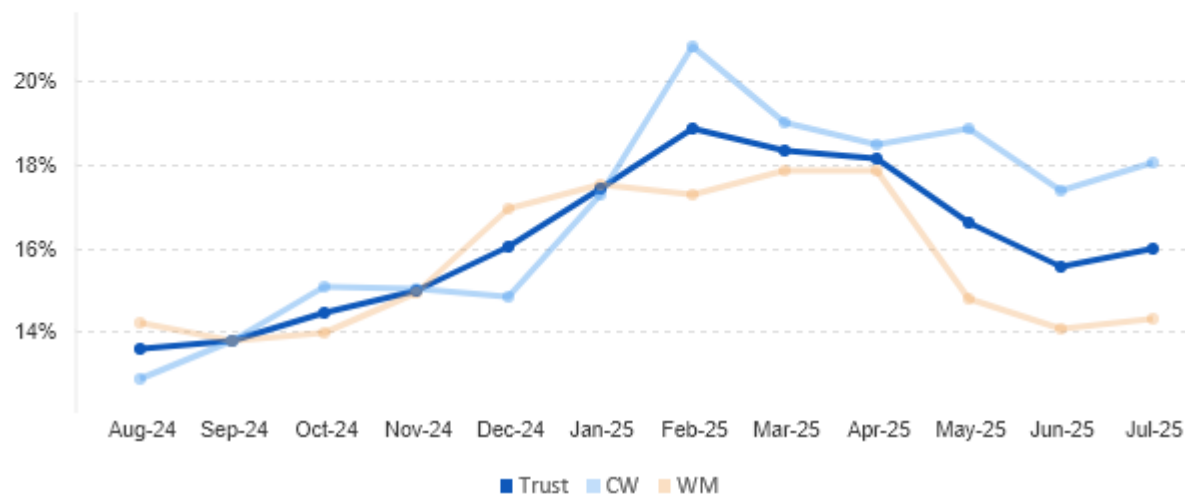
	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Elective LoS (Target: <2.9)	CW	2.7	4.2	2.6	2.7	7.7	4.3
	WM	2.1	2.1	2.8	2.9	3.0	2.7
	Trust	2.5	3.6	2.7	2.7	6.2	3.8
Non-Elective LoS (Target: <3.95)	CW	5.7	5.1	5.3	5.2	5.1	5.2
	WM	5.9	5.5	5.3	5.0	5.4	5.3
	Trust	5.8	5.3	5.3	5.1	5.3	5.3
Non-Elective Long Stays (>=7 days)	CW	503	408	464	417	433	1,722
	WM	555	548	523	483	507	2,061
	Trust	1,058	956	987	900	940	3,783
Non-Elective Long Stays (>=21 Days)	CW	136	101	125	121	102	449
	WM	162	135	143	110	131	519
	Trust	298	236	268	231	233	968
Critical Care Occupancy (Target: <85%)	CW	85.2%	71.7%	71.0%	67.7%	90.0%	75.2%
	WM	92.3%	99.0%	89.2%	98.9%	91.8%	94.8%
	Trust	88.7%	85.3%	79.6%	82.5%	90.8%	84.6%

Flow & Discharge – Discharges

Responsive

Trend

Patient Not Meeting CTR by Trust of Pathway



Narrative

Percentage of discharges on discharge ready date remains stable. The percentage of patients with nCTR is above the trust target of 14%. Readmission rates remain below the Trust target.

Work with boroughs with underway to reduce both percentage of nCTR and timescales for pathway discharges to align with the NWL target for 25/26. Work internally to improve and sustain timescales of EDN / ADD completion. Focus to continue on patients with nCTR and LOS. Monitoring to continue via the weekly discharge improvement meetings.

Identified risk and challenges include equipment provision via NRS and planned industrial action.

In-Month Performance

	Patients Not Meeting CTR Daily Average	Discharges Before 12	Discharge Date Same as Discharge Ready Date	Discharge Date After Discharge Ready Date	Emergency Re-admissions < 30 Days of Discharge
CW	18.0%	13.0%	89.9%	10.1%	5.1%
WM	14.3%	14.0%	87.3%	12.7%	4.8%
Trust	16.0%	13.5%	88.6%	11.4%	5.0%

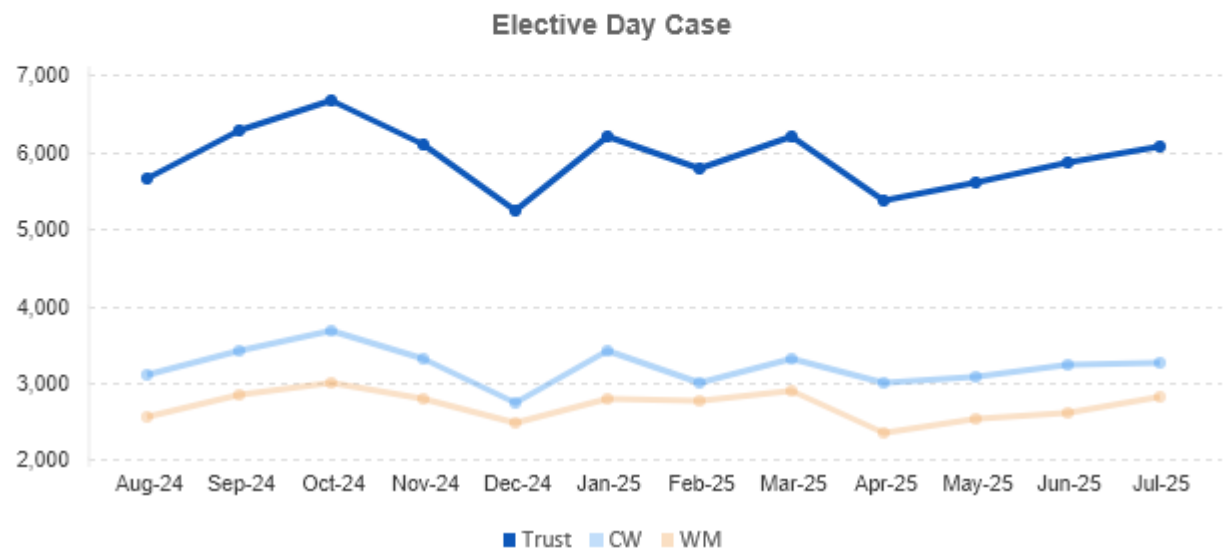
Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Patient Not Meeting CTR Daily Average	CW	19.0%	18.5%	18.9%	17.4%	18.0%	18.2%
	WM	17.8%	17.8%	14.8%	14.1%	14.3%	15.3%
	Trust	18.3%	18.1%	16.6%	15.5%	16.0%	16.6%
Discharges Before 12	CW	13%	13%	15%	13%	13%	14%
	WM	14%	12%	16%	13%	14%	14%
	Trust	13%	12%	16%	13%	13%	14%
Discharge Date Same as Discharge Ready Date	CW	89.4%	88.9%	88.6%	89.9%	89.9%	89.3%
	WM	85.6%	85.3%	85.3%	87.5%	87.3%	86.3%
	Trust	87.3%	86.9%	86.9%	88.7%	88.6%	87.8%
Discharge Date After Discharge Ready Date	CW	10.6%	11.1%	11.4%	10.1%	10.1%	n/a
	WM	14.4%	14.7%	14.7%	12.5%	12.7%	n/a
	Trust	12.7%	13.1%	13.1%	11.3%	11.4%	n/a
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	4.3%	4.8%	4.8%	4.9%	5.1%	4.9%
	WM	6.2%	6.4%	6.3%	6.4%	4.8%	5.9%
	Trust	5.2%	5.6%	5.5%	5.6%	5.0%	5.4%

Operating Plan Performance

Responsive – Operating Plan

Trend



Narrative

The Trust continues to meet its Operating plans for elective activity despite the planned reduction in activity in 2025/26 due to the ERF cap. Outpatient activity how ever remains challenged, further impacted by industrial action in July 2025. Plans continue to review clinic templates to address the balance across first and follow-up ratios with capacity reviews in place across all divisions.

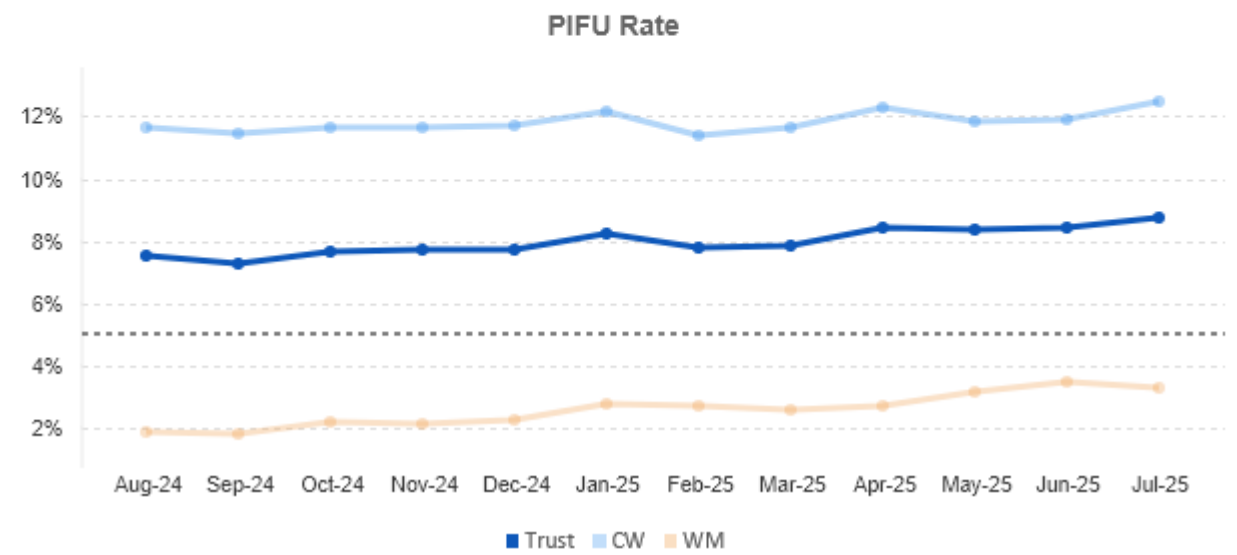
In-Month Performance

	Elective Day Cases	Elective Ordinary Admissions	OP Procedures	OP First Attendance Without Procedure	OP FUp Attendance Without Procedure
CW	3,251	416	5,525	10,564	19,368
WM	2,819	197	3,306	9,070	11,012
Trust	6,070	613	8,831	19,634	30,380

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Plan YTD	2025-2026
Elective Day Cases	CW	3,013	3,082	3,233	3,251	11,612	12,579
	WM	2,342	2,527	2,613	2,819	10,518	10,301
	Trust	5,355	5,609	5,846	6,070	22,130	22,880
Elective Ordinary Admissions	CW	388	400	392	416	1,477	1,596
	WM	168	177	176	197	581	718
	Trust	556	577	568	613	2,058	2,314
OP Procedures	CW	4,871	5,389	5,509	5,525	17,977	21,294
	WM	3,135	3,156	3,196	3,306	11,571	12,793
	Trust	8,006	8,545	8,705	8,831	29,548	34,087
OP First Attendance Without Procedure	CW	9,576	9,793	9,561	10,564	42,581	39,494
	WM	7,589	7,749	8,566	9,070	33,261	32,974
	Trust	17,165	17,542	18,127	19,634	75,842	72,468
OP FUp Attendance Without Procedure	CW	18,127	18,267	17,272	19,368	67,425	73,034
	WM	10,590	10,537	10,632	11,012	47,482	42,771
	Trust	28,717	28,804	27,904	30,380	114,908	115,805

Trend



Narrative

PIFU rates continue to inch upwards, with 3 of our 5 clinical Divisions hitting the national 5 % target for the first time. PIFU continues to be a key indicator for the Trust to enable a shift in our new-to-follow up ratio, as we continue to undertake work above income tolerances

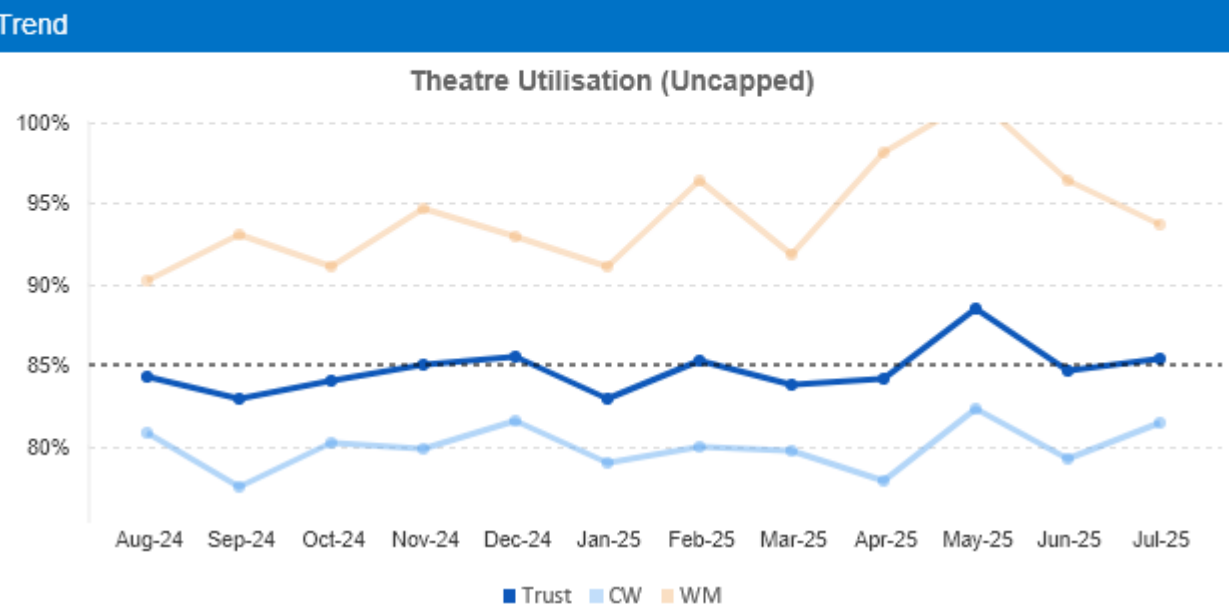
DNA rates have decreased overall, though they remain slightly above spring levels. The Trust is conducting a comprehensive review of our digital communications to assess any contributing factors. At present, the trend appears to reflect a seasonal summer increase.

In-Month Performance

	PIFU Rate	DNA Rates - First Appointment	DNA Rates - Follow Up Appointment	Virtual Contacts
CW	12.5%	10.8%	8.6%	4,456
WM	3.3%	9.8%	7.4%	4,148
Trust	8.7%	10.3%	8.2%	8,604

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
PIFU Rate (Target: 5%)	CW	11.7%	12.3%	11.9%	11.9%	12.5%	12.1%
	WM	2.6%	2.7%	3.2%	3.5%	3.3%	3.2%
	Trust	7.9%	8.4%	8.4%	8.4%	8.7%	8.5%
DNA Rates - First Appointment	CW	9.8%	10.1%	10.6%	11.3%	10.8%	10.7%
	WM	9.4%	9.7%	10.3%	9.8%	9.8%	9.9%
	Trust	9.6%	9.9%	10.4%	10.6%	10.3%	10.3%
DNA Rates - Follow Up Appointment	CW	7.8%	8.0%	8.3%	8.9%	8.6%	8.5%
	WM	7.0%	7.0%	7.1%	7.0%	7.4%	7.1%
	Trust	7.5%	7.6%	7.9%	8.2%	8.2%	8.0%
Virtual Contacts	CW	3,997	4,216	4,161	4,154	4,456	16,987
	WM	4,140	3,444	3,653	3,852	4,148	15,097
	Trust	8,137	7,660	7,814	8,006	8,604	32,084



Narrative

Trust-Wide utilisation increase to return to a compliant position in July 2025, at 85.4%. This was from an increase at the CW site, driven in part by the opening of the new Day Surgery Unit, which saw a 5% increase in utilisation in its opening month. Theatre utilisation remains significantly above the 85% target at 93.7% on the West Middlesex site. While improving, there is still room for improvement, particularly in the utilisation in the Paediatric and DSU theatres- this work is being driven through the Theatres Improvement Programme.

Day case rates improved further in July, up to 91.4%. Both sites remain about the 85% target, at >90%.

OTD cancellations not re-booked had 3 breaches in July, giving a total of 13 in 25/26. The on the day cancellation rate remains a focus on improvement work streams, and working closely with operational teams to identify capacity to rebook (particularly in T&O)

In-Month Performance

	Basket Procedures Carried Out as Daycases	OTD Non-Clinical Cancellations as % Elective Admissions	OTD Cancellations Not Re-booked < 28 Days	Theatre Utilisation (Uncapped)
CW	90.6%	0.9%	2	81.4%
WM	93.6%	0.5%	1	93.7%
Trust	91.4%	0.7%	3	85.4%

Year-to-Date Performance

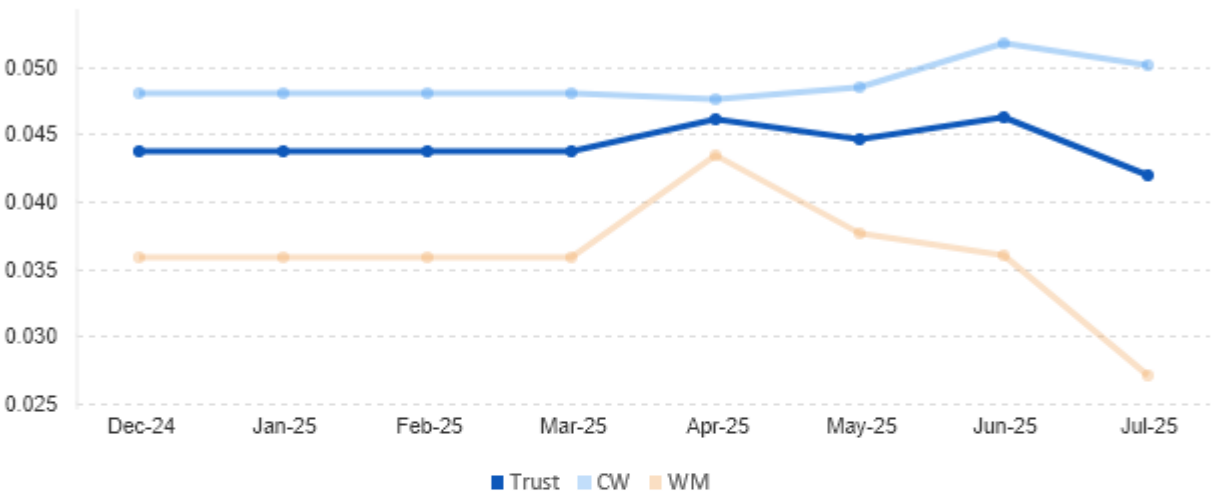
	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	85.8%	87.2%	82.8%	85.6%	90.6%	86.6%
	WM	86.7%	86.7%	90.8%	83.1%	93.6%	88.5%
	Trust	86.1%	87.1%	85.4%	84.8%	91.4%	87.2%
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	0.3%	0.7%	0.5%	0.6%	0.9%	0.7%
	WM	0.7%	0.7%	0.4%	0.5%	0.5%	0.5%
	Trust	0.5%	0.7%	0.5%	0.5%	0.7%	0.6%
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	1	3	0	3	2	8
	WM	1	4	0	0	1	5
	Trust	2	7	0	3	3	13
Theatre Utilisation (Uncapped) (Target: >85%)	CW	79.7%	77.8%	82.4%	79.2%	81.4%	80.2%
	WM	91.8%	98.1%	101.4%	96.5%	93.7%	97.3%
	Trust	83.8%	84.2%	88.6%	84.7%	85.4%	85.7%



Workforce

Trend

Vacancy Rate



Narrative

In Month 4 the Trust missed the operating plan target level of staffing driven by the material increase in bank usage (caused by industrial action).Excluding the impact of IA (53.66 FTE) the Trust would have remained within the operating plan staffing. In terms of the financial position, before the application of unidentified CIPs we are overspent in month by £596K and the year-to-date position is underspent circa £336K. Factoring in the unidentified CIPs position moves to an in month overspend of £1.4 Million and YTD of £5.4 Million which means a continued significant challenge to the Trust. This position includes £1.1 Million estimated spend on Industrial Action cover (£1.3 million offset by £245K junior medic deductions).Notwithstanding the IA cover, the spend variation is closing in on breakeven and close monitoring of the M5 position will be required to understand the overall recovery position.

Agency Spend remains nominal and within the targeted reductions for 2025/26. For bank spend however, the Trust has breached the trajectory both for in month spend. Although the primary cause for the surge is Industrial Action the rates were on a upward trajectory before Month 4. It is notable that Trust YTD including COR, PCD and SCD remain within target levels. At an overrun of £827K in month being impacted by the estimate £1.13 million spend on Industrial Action Cover this has eaten into the spend buffer against the YTD position built up in months 1-3 (moving from a M3 YTD positive variance of £1.2 million to M4 YTD positive variance of £385K).

Staffing vs Establishment (excluding maternity and career breaks) was in excess of establishment by 123.74 FTE of 1.64%. This includes 53.66 FTE of Industrial action cover. Accounting for that cover, would have posted 70.08 FTE over (0.93%). This is a deterioration from the M3 position of over establishment of 47.08 FTE of 0.63%.

The pressure indicators associated with GRIP and control are currently performing well with vacancy rates at 4.19% and voluntary turnover rates at 8.84%. Both are well within stretch target levels and are both stable. The IA in Month 4 makes assessments of overall bank control difficult but weekly monitoring of bank and agency usage at Cabinet has continued. The key marker for concern regarding pressure remains the sickness levels which rose again in month by 0.20% to 3.85% with particular pressure in CSD at circa 5% in month. CSD and SCD both exceeding the 4% threshold for rolling sickness rates. The Divisions supported by Business Partners and the ER Team are proactively intervening and providing managers support but we need to continue to acknowledged that the team is stretched with current holds on A&C posts.

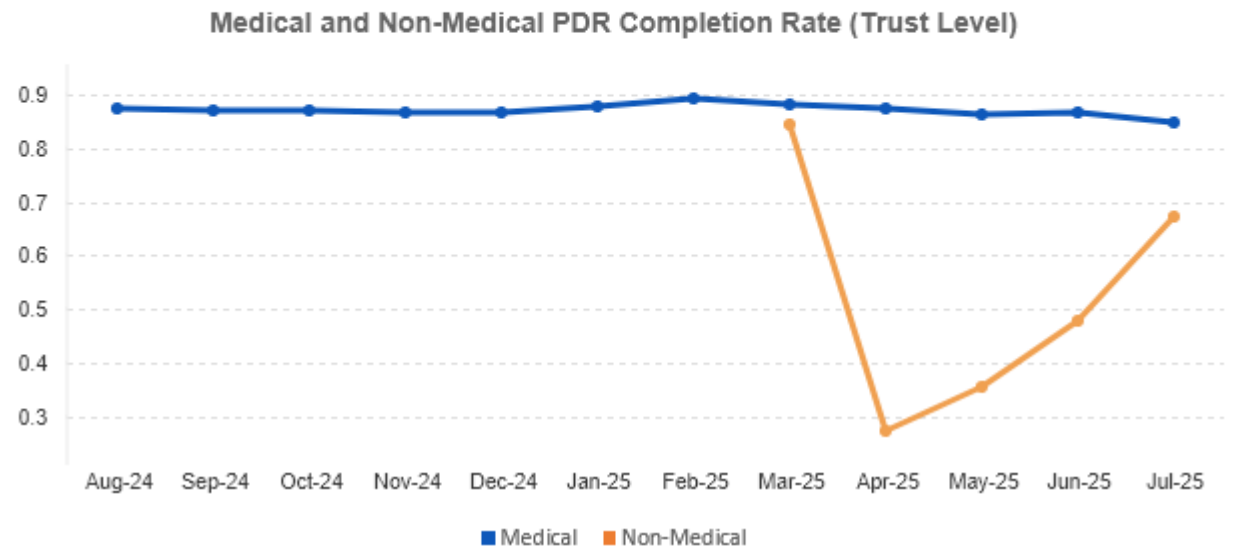
In-Month Performance

	Vacancy Rate	Voluntary Turnover	Sickness Absence	Agency Usage	Bank Usage
CW	5.01%	9.4%	3.6%	0.5%	7.5%
WM	2.70%	7.8%	4.4%	0.1%	9.5%
Trust	4.19%	8.8%	3.9%	0.3%	8.2%

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Vacancy Rate	CW	4.8%	4.8%	4.9%	5.2%	5.0%	5.0%
	WM	3.6%	4.3%	3.8%	3.6%	2.7%	2.7%
	Trust	4.4%	4.6%	4.5%	4.6%	4.2%	4.2%
Voluntary Turnover	CW	9.5%	9.2%	9.0%	9.5%	9.4%	9.4%
	WM	8.5%	7.9%	7.6%	7.9%	7.8%	7.8%
	Trust	9.2%	8.7%	8.5%	8.9%	8.8%	8.8%
Sickness Absence	CW	3.3%	3.3%	3.4%	3.5%	3.6%	3.6%
	WM	3.4%	3.2%	3.3%	3.9%	4.4%	4.4%
	Trust	3.3%	3.3%	3.3%	3.6%	3.9%	3.9%
% Agency Usage	CW	0.9%	0.4%	0.4%	0.4%	0.5%	0.5%
	WM	0.9%	0.3%	0.2%	0.1%	0.1%	0.1%
	Trust	0.9%	0.4%	0.3%	0.3%	0.3%	0.3%
% Bank Usage	CW	6.7%	6.5%	9.4%	8.6%	7.5%	7.5%
	WM	8.8%	8.9%	12.6%	11.9%	9.5%	9.5%
	Trust	7.4%	7.3%	10.6%	9.8%	8.2%	8.2%

Trend



Narrative

PDR rates remain healthy and within trajectory targets to meet 90% by the close of September with Corporate and CSD falling behind the target trajectories. This is being picked up in the Divisional P&Is and the weekly Cabinet reports for assurance on any remedial actions required to address the position.

Particular attention should be made to ensuring the rates for A&C staff are remedied with the growth target holds potentially adding additional pressure on that staff group above and beyond the current GRIP and Control pressures as well as corporate areas where vacancy holds are impacting operational and managerial capacity.

In-Month Performance

	Medical PDR Completion Rate (Trust Only)	Non-Medical PDR Completion Rate	Core Skills Completion Rate
CW	-	64.1%	92.1%
WM	-	72.4%	93.8%
Trust	84.9%	67.0%	92.8%

Year-to-Date Performance

	Site	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-2026
Medical PDR Completion Rate (Trust Only)	CW						
	WM						
	Trust	88.0%	87.3%	86.4%	86.5%	84.9%	84.9%
Non-Medical PDR Completion Rate	CW	83.5%	26.4%	34.8%	46.0%	64.1%	64.1%
	WM	86.4%	28.6%	37.3%	50.9%	72.4%	72.4%
	Trust	84.5%	27.2%	35.7%	47.7%	67.0%	67.0%
Core Skills Completion Rate	CW	91.1%	91.8%	91.9%	92.0%	92.1%	92.1%
	WM	92.2%	92.8%	93.0%	93.4%	93.8%	93.8%
	Trust	91.5%	92.2%	92.3%	92.5%	92.8%	92.8%

Safe Staffing & Patient Quality Indicators – Chelsea & Westminster Site



Chelsea and Westminster Hospital
NHS Foundation Trust

	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage		No Harm & Mild		Moderate & Severe							
	RN	HCA	RN	HCA										M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD		
Maternity	96%	86%	97%	93%	6.9	2.1	0.0	0.0	9.02	12.8	-9.46%	6.84%	9.33%	0	0	0	0	0	0	0	0	3	25	0	0	11	33	92.00%	
Annie Zunz	90%	100%	100%	100%	7.3	3.1	0.0	0.0	10.44	8.73	-5.56%	8.33%	0.00%	0	4	0	0	0	0	0	0	1	2	0	0	0	0	95.65%	
Apolb	102%	-	100%	-	22.1	0.0	0.0	0.0	22.09	N/A	4.53%	3.67%	0.00%	1	1	0	0	0	0	0	0	1	12	0	0	0	0		
Mercury	102%	-	100%	-	6.7	0.0	0.0	0.0	6.66	9.94	7.70%	16.27%	26.59%	0	2	0	0	0	0	0	0	6	27	0	0	0	1	80.00%	
Neptune	120%	-	121%	-	8.1	0.0	0.0	0.2	8.32	13.1	13.03%	15.41%	0.00%	0	1	0	0	0	0	0	0	3	16	0	0	0	1	81.82%	
NICU	111%	-	109%	-	16.4	0.0	0.0	0.3	16.70	26.9	-18.37%	8.35%	0.00%	0	0	0	0	0	0	0	0	5	25	0	0	0	2	100.00%	
AAU	106%	90%	101%	115%	6.8	1.7	0.0	0.1	8.62	8.4	5.13%	7.34%	28.27%	8	28	0	0	0	1	0	0	3	28	0	0	5	7	95.24%	
Nell Gwynne	96%	79%	125%	78%	4.2	3.3	0.0	0.1	7.63	7.82	-1.35%	0.00%	5.74%	1	18	1	2	0	0	0	0	0	4	0	0	1	3	100.00%	
David Erskine	99%	74%	75%	127%	3.5	2.8	0.0	0.2	6.60	7.14	0.63%	8.29%	5.46%	0	0	0	0	0	0	0	0	0	0	0	0	2	2	100.00%	
Edgar Horne	108%	109%	101%	137%	3.6	3.8	0.0	0.0	7.40	6.78	2.31%	4.88%	11.11%	4	17	0	1	0	0	0	0	2	6	0	0	2	5	95.45%	
Lord Wigram	78%	69%	98%	84%	4.2	2.2	0.3	0.2	6.84	7.81	13.30%	4.66%	28.79%	0	10	0	0	0	0	1	1	4	8	0	0	0	2	100.00%	
St Mary Abbots	99%	99%	99%	99%	4.0	2.7	0.1	0.0	6.83	7.55	10.60%	5.50%	20.53%	1	9	0	0	0	0	0	0	7	16	0	0	0	6	100.00%	
David Evans	81%	65%	92%	87%	5.9	3.1	0.0	0.2	9.14	7.55	-3.37%	0.00%	0.00%	0	4	0	0	0	0	0	0	4	5	0	0	0	6	100.00%	
Chelsea Wing	137%	103%	100%	84%	11.8	5.9	0.0	0.0	17.73	7.55	1.75%	12.41%	0.00%	0	1	0	0	0	0	0	0	7	15	0	0	0	0		
Burns Unit	96%	116%	145%	110%	26.0	5.0	0.0	0.0	30.97	N/A	5.53%	10.42%	0.00%	1	2	0	0	1	1	0	0	0	1	0	0	0	2		
Ron Johnson	98%	137%	100%	145%	4.5	3.4	0.0	0.0	7.92	5.51	14.80%	11.58%	25.00%	1	18	0	0	1	1	0	0	3	8	0	0	0	2		
ICU	99%	-	102%	-	26.9	0.0	0.0	0.0	26.93	26.9	1.70%	6.85%	20.00%	0	1	0	0	4	5	0	0	4	19	0	0	0	0		
Rainsford Mowlem	110%	94%	95%	111%	3.6	3.4	0.1	0.1	7.31	7.5	-3.33%	6.41%	8.04%	3	23	0	1	1	1	0	0	4	14	0	0	1	6	100.00%	
Nightingale	90%	74%	101%	105%	3.7	3.2	0.0	0.0	6.92	7.5	20.79%	0.00%	6.67%	6	22	1	1	1	1	0	0	2	8	0	0	0	1	86.36%	
Averages/Totals	101%	93%	103%	105%	9.3	2.4	0.0	0.1	11.79		3.18%	7.22%	10.29%	26	161	2	5	8	10	1	1	59	239	0	0	22	79	94.75%	0

Safe Staffing & Patient Quality Indicators – West Middlesex



	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe	Stage				No Harm & Mild		Moderate & Severe						
																	1 & 2		3, 4 & nonstage										
	RN	HCA	RN	HCA										M	YTD		M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M		
Lampton FU	97%	92%	105%	100%	3.5	3.4	0.0	0.0	6.96	7.5	8.30%	0.00%	6.78%	9	21	0	0	3	3	0	0	6	19	0	0	1	6	100.00%	
Richmond	114%	56%	100%	78%	4.3	2.4	0.3	0.0	7.00	7.55	9.71%	0.00%	9.16%	0	3	0	0	0	0	0	0	0	5	0	0	2	6	100.00%	1
Syon 1 cardiology	96%	90%	95%	113%	3.8	1.7	0.0	0.1	5.61	7.93	3.02%	0.00%	36.66%	4	16	0	0	0	0	0	0	0	5	0	0	3	7	96.83%	
Syon 2	105%	93%	100%	97%	3.7	3.1	0.2	0.0	7.09	7.14	3.38%	4.28%	0.00%	5	20	0	0	0	2	0	1	4	14	0	0	3	8	100.00%	
Starlight	114%	-	98%	-	9.6	0.0	0.0	0.0	9.60	13.1	27.92%	19.30%	200.00%	1	1	0	0	1	1	0	0	3	9	0	0	1	4		
Kew (Lampton)	43%	30%	59%	58%	4.1	2.9	0.0	0.2	7.18	7.5	3.69%	5.07%	0.00%	1	13	0	0	0	1	0	1	1	11	0	0	1	7	88.89%	
DRU (Crane)	96%	82%	99%	62%	3.2	3.2	0.0	0.0	6.43	7.5	0.44%	5.55%	11.78%	0	0	0	0	0	0	0	0	0	0	0	0	0	4	100.00%	
Osterley 1	100%	82%	98%	114%	4.1	2.4	0.1	0.1	6.61	7.81	4.39%	3.74%	14.49%	2	19	0	0	6	9	0	1	2	15	0	0	3	11	96.08%	
Osterley 2	105%	87%	101%	102%	4.1	2.9	0.1	0.0	7.14	7.55	3.06%	6.98%	0.00%	2	8	0	0	1	1	0	0	9	18	0	0	1	11	100.00%	
MAU	100%	88%	105%	109%	5.9	2.4	0.0	0.1	8.28	8.4	11.48%	1.56%	0.00%	9	33	0	0	2	4	0	0	13	32	0	0	2	15	89.36%	
Maternity	99%	94%	106%	95%	7.7	2.0	0.0	0.0	9.67	12.8	-5.40%	4.75%	11.54%	0	0	0	0	0	0	0	0	3	14	0	0	2	11	96.09%	
Special Care Baby Unit	100%	-	102%	-	11.1	0.0	0.0	0.0	11.14	13.1	10.26%	7.59%	9.24%	0	0	0	0	0	0	0	0	1	3	0	0	0	0		
Marble Hill 1	113%	119%	118%	156%	4.1	3.2	0.1	0.1	7.53	6.8	-2.95%	3.80%	5.60%	10	35	0	0	1	4	0	0	6	26	0	0	4	7	97.37%	1
Marble Hill 2	104%	116%	105%	131%	3.5	3.6	0.1	0.0	7.28	6.78	-1.74%	0.00%	10.73%	1	13	0	0	1	1	0	1	3	14	0	0	2	7	76.92%	
ITU	86%	-	89%	-	26.7	0.0	0.0	0.0	26.65	26.9	1.84%	12.12%	33.33%	0	0	0	0	2	3	0	0	6	19	0	0	1	1		
Redlees (Kew)	99%	87%	100%	75%	3.6	2.8	0.1	0.5	7.00	7.82	-2.75%	4.69%	0.00%	5	14	0	0	0	0	0	0	0	7	0	0	1	1	93.75%	
Averages /Totals	98%	86%	99%	99%	6.4	2.3	0.1	0.1	8.8		4.67%	4.97%	21.83%	49	196	0	0	17	29	0	4	57	211	0	0	27	106	95.02%	2



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 remained closed for the majority of July with staff redeployed to support other areas. Both Marble Hill 1 & 2 had increased night shift HCA fill rates to support the enhanced observation of confused patients at risk of falls. Redlees ward had low HCA fill rate due to staff sickness but staff were redeployed to support the area so CHPPD is not compromised. DRU Ward experienced lower HCA fill rates during both day and night shifts due to low patient acuity, as patients' conditions were medically stabilized. Richmond wards reported low HCA fill rates during the day and night due to staff sickness which was covered by bank staff, however due to low acuity, staff were redeployed to support other areas. CHPPD was not compromised.

Chelsea and Westminster site:

Ron Johnson Ward required increased HCA shifts day and night to provide 1:1 supervision for patients that required enhanced observations. Chelsea Wing saw increased RN fill rates on days due to new starters being supernumerary. Nell Gwynne experienced low HCA fill rates both day and night, due to staff sickness and an inability to secure bank cover. David Erskine HCA fill rate during the day was low due to long term sickness and most shifts were covered by bank, night RN fill rates were also low due to reduced patient acuity, with staffing level adjusted accordingly, CHPPD not compromised. Edgar Horne had increased HCA fill rates at night to provide enhanced observations for patients who were confused and at risk of falls. Beds were closed on Nightingale Ward, so staffing was reduced and staff were redeployed to support other clinical areas.

Lord Wigram experienced low HCA daytime fill rates due to staff sickness and inability to fill with bank cover however this was supported with supernumerary staff and CHPPD was not compromised. Staffing was reduced on David Evans Ward due to reduced elective activity, with staff redeployed to other planned care areas. The Burns Unit had increased RN fill rates due to the use of RMNs. Neptune had an increased RN fill rate in the night due to increased bed capacity.

In June there were 3 incidents with harm reported.

Nell Gwynne - Patient had a witnessed fall and sustained a right distal fracture and has been treated conservatively, An IIR is being completed.

Nightingale - Patient had a witnessed fall and sustained a left hip fracture which was treated with a left hip hemi arthroplasty. The team has investigated and completed a report to be shared with the staff. All falls prevention were in place.

Patient sustained a category stage 3 deep tissue injury on their left heel, which is currently being investigated

The Friends and Family Test showed five wards at WM and seven wards at CW scoring 100%. Marble Hill 2 scored 77%. The decrease in patient satisfaction revealed no clear trend. There are some reporting issues with FFT with no data available for some wards and other wards reporting inaccuracies. This is currently being investigated. Training on the new patient feedback system CIVICA is planned this month, and once in use, will provide more comprehensive information about patient experience.

Please note all incident figures are correct at time of extraction from DATIX. There were two red flags raised in July, both at the WM site. One was related to staffing shortfalls, the other due to vital signs not being assessed. The vacancy rate and turnover are from July 2025.



Nursing, Midwifery and care staff average fill rate July 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
100.15% ↓	93.22% ↓	6.2 ↓	2.4 ↔	8.7 ↓

RN Fill Rates (ward areas) decreased from 101.59% in June 2025 to 100.15% in July 2025. The RN vacancy rate (whole trust) in July 2025 was 2.27%, up from June 2025– 1.73%

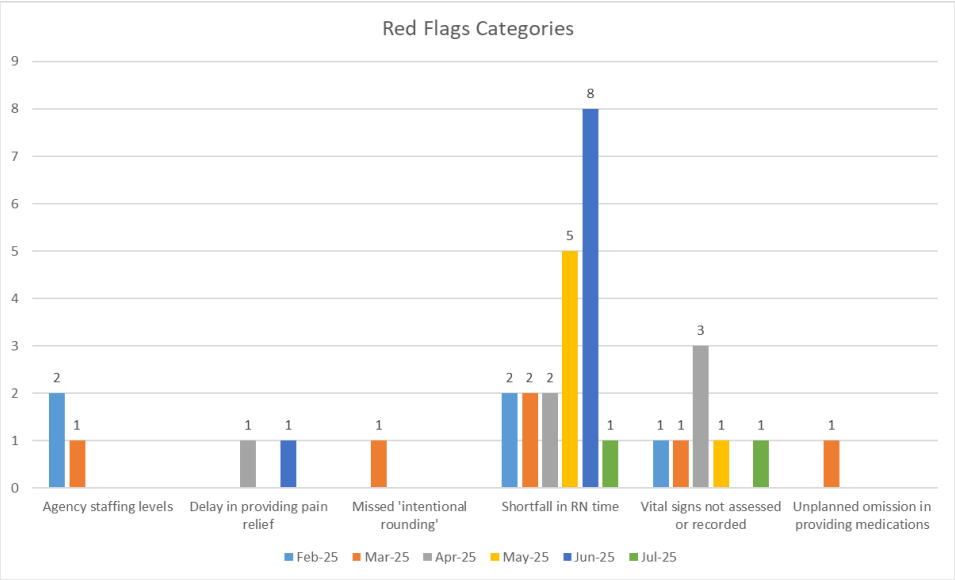
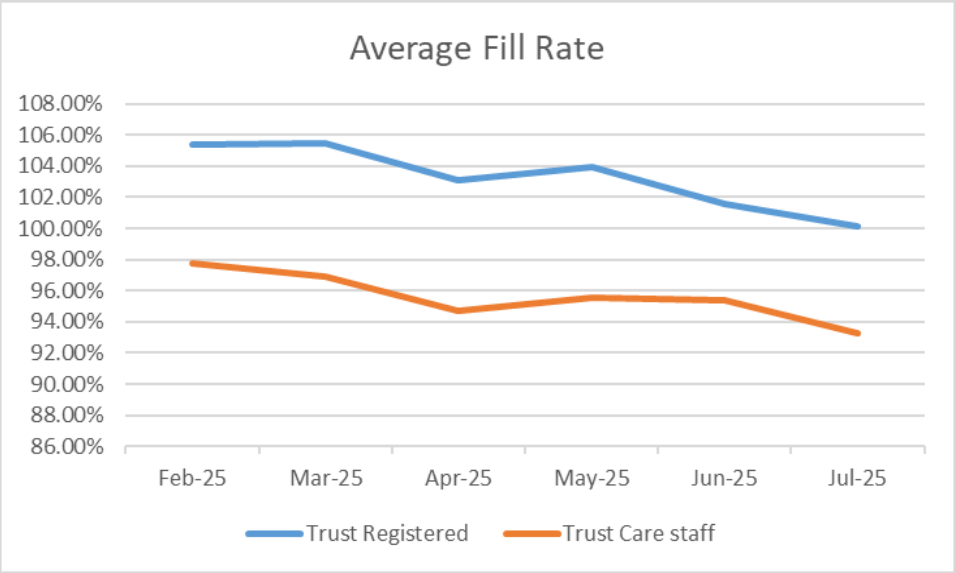
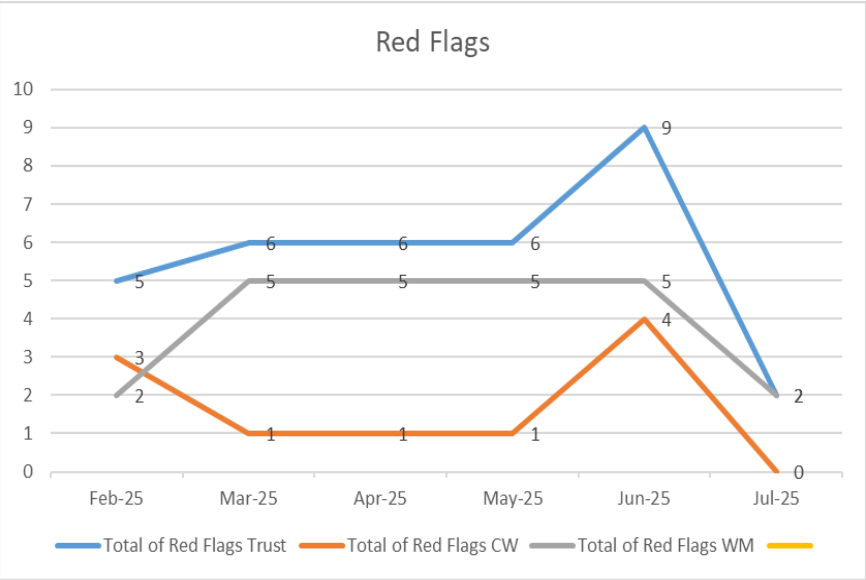
Care Staff Fill Rates (ward areas) decreased from 95.38% in June 2025 to 93.22% in July 2025 There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in July 2025 was 11.03%, same as 11.30% in June 2025.

The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 98.48% in June 2025 to 96.69% in July 2025.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (March 2025) was 8.5. Trust workforce data confirms the CHPPD was 8.7 in July 2025, slightly down in June 2025 – 8.8.

Safe Staffing Red Flags – 2 red flags from the 5 categories (tables below) were reported during July 2025: one in Shortfall in RN time and one in Vital signs not assessed or recorded.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – March 2025
Trust	8.5
Hillingdon Hospital	9.3
London NW	9.1
Imperial	10.4
National Median	8.5

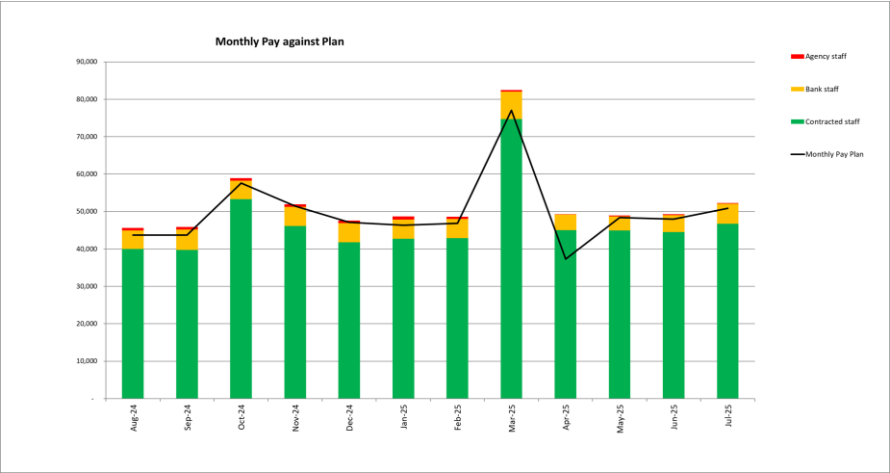




Finance



Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	336,385	336,862	477
Expenditure			
Pay	(194,068)	(199,760)	(5,691)
Non-Pay	(121,972)	(123,835)	(1,863)
EBITDA	20,345	13,267	(7,078)
EBITDA %	6%	3.94%	-2.1%
Depreciation	(11,544)	(11,700)	(156)
Non-Operational Exp-Inc	(5,035)	(4,619)	416
Surplus/Deficit	3,766	(3,052)	(6,818)
Control total Adj - Donated asset, Impairment & Other	(4,762)	(1,213)	3,549
PFI Model recalculation		230	230
Adjusted financial performance surplus/(deficit)	(996)	(4,035)	(3,039)



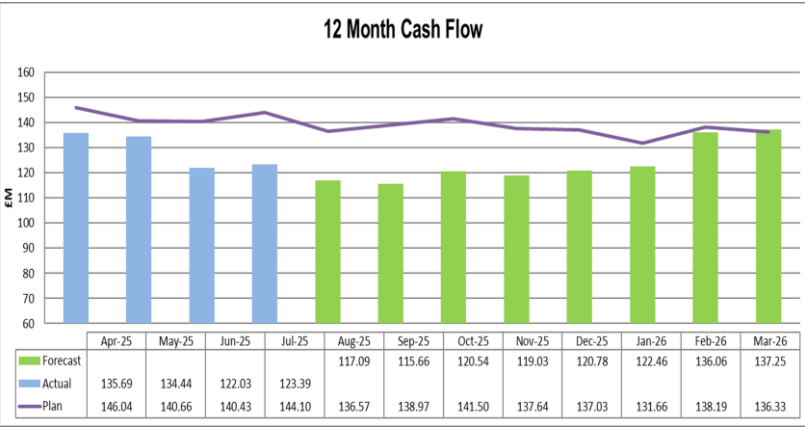
Comment: Mar 25 12 payroll figures include additional spend for 9.4% Pension contribution - £30.79 m a notional figure). In October 24 AFC staff, consultants and SAS doctor received YTD pay awards resulting in the in month spike. July 25 includes £1m spend on industrial action and a YTD increase in the pay award accrual to reflect the latest guidance.

The adjusted financial position at month 4 is a £4.04m deficit which is £3.04m against plan.

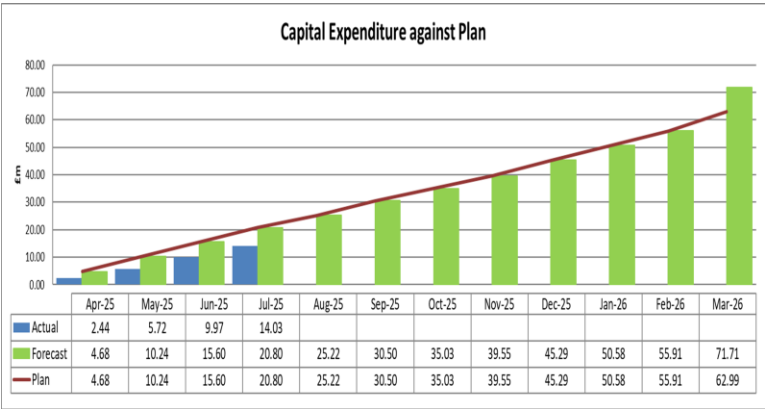
Pay: £5.29m adverse against plan. The adverse variance at Month 4 includes spend to cover Industrial action, additional clinics, WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave.

Non-Pay: There is a £1.86m adverse variance which includes adjustment to budget to match NHSi return.

Income: M04 Income is above plan in month and YTD, mainly driven by pay award and High Cost Drugs over performance, which is part of the variable elements of the contract. There is very little activity in the contract which is variable and not financially material. Sexual Health activity is behind planned levels, dueto demand management pressure from commissioners



Comment: The negative cash variance to plan in M4 of £20.71m is negative cash variance b/fwd from M3 of £18.40m, lower receipts to plan of £3.43m (ICB & NHS England & FT's £3.86m lower, Local Authority & AR £0.44m higher, Other Income £0.17 m higher, PP Income £0.18m lower) offset by lower cash outflows to plan £1.12m (Lower Creditor payments)



Comment: The original capital programme for 2025/26 was £62.99m, which has been adjusted to £71.71m following the carry forward of the additional grant for the IECCP project from 2024/25, the new grant donation of £400k for the CW Paeds ED waiting room project and the allocation of £6.19m from the ICS reserves/ contingency. The capital budget has been allocated to the various departments, with £32.57m for the ADC Project, £1.44m for the Treatment Centre, £1.77m for Medical Equipment, £2.0m for IT equipment, £3.38m for Estates schemes, £6.3m for the Human Challenge Fund, £1.88m for IFRS16, £3.50m for IECCP, £0.13m for WM site development, £6.23m contingency fund and £10m for PDC funded projects which will be allocated to support the ADC project.

Individual budgets have been allocated from the available capital budgets and business cases for these projects will be submitted to CPB for approval through the year. The P04 YTD underspend of £6.77m which mainly relates to timing differences and will be spent in the upcoming months.



AAR = After Action Review
CW = Chelsea and Westminster Hospital
CTR = Criteria to Reside
DNA = Did not Attend
CQC = Care Quality Commission
ED = Emergency Department
FFT = Friends and Family Test
FCE = Finished Consultant Episode
HSMR = Hospital Standardised Mortality Ratio
LOS = Length of Stay
KPI = Key Performance Indicator
MDT = Multiple Discipline Team
MRSA = Methicillin-Resistant Staphylococcus Aureus
OPFU = Outpatient Follow-up

OPFA = Outpatient First Attendance
OP = Outpatient
PHSO = Parliamentary and Health Service Ombudsman
PDR = Performance Development Review
PIFU = Patient Initiated Follow-up
PSII = Patient Safety Incident Investigations
PTL = Patient Tracking List
PU = Pressure Ulcer
RTT = Referral to Treatment Time
SDEC = Same Day Emergency Care
SHMI = Summary Hospital-level Mortality Index
STEIS = Strategic Executive Information System
VTE = Venous Thromboembolism
WM = West Middlesex Hospital