



Trust Performance and Quality Report

July 2026



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Executive Summary



NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Patient Safety and Experience

There were 8 cases of C.Difficile reported in-month, 5 occurring at WM and 3 at CW, bringing the YTD total cases to 18, this is a 10% reduction on the April-July 2025 period. Whilst no threshold has been set currently for 2026/27 the Trust previous years threshold of 33 remains. The Trust's Quality Priority for Infection Prevention and Control, which is mirrored across the APG, has commenced. There has been 1 MRSA bacteremia which was community onset, healthcare associated. This brings the Trust position to 3 YTD.

The complaint response time within 25 working days improved in month to 87.1% just short of the 90% target. Compliance with 45 working days performance is reported a month in arrears and remains in a compliant position. Inpatient FFT remains in a strong position exceeding response rates and experience of care.

VTE assessment rates remain above target YTD, but a slight dip in performance at CW in month 94.5%. There has been 1 moderate and above fall in month which is undergoing a learning response. Falls risk assessment rates are compliant across both sites, and a falls improvement plan being agreed alongside the ETOC policy, which will be implemented with education teams.

There was 0 category 3 or 4 hospital acquired pressure ulcer in month during July which shows sustained improvement. Ongoing improvement work as part of the Trust Quality priority is ongoing.

Sepsis improvement work has continued within the ED, with notable improvements seen at the West Middlesex site in month. The ongoing improvement plan continues to be monitored through Divisional Meetings and the Clinical Effectiveness Group.

The time to theatre for fractured NOF patients was improved at the Chelsea site for July with 22 of 23 patients meeting the timeframe with compliance of 95.7%. Performance slipped at WM in month with 2 patients experiencing delays secondary to their clinical condition.

Patient Access and Operating Plan

The Trust continues to see year-on-year increase in attendances to the Emergency Departments and Urgent Treatment Centres which was 6.9% higher in July 26 compared to same period last year. Despite this demand pressures there was a month-on-month improvement in Trust performance at 78.8% for A&E 4-hours, just under the 26/27 improvement trajectory. Time to initial assessment continues to improve with the Emergency care plan progressing across both sites.

In June 2026 (validated), performance against Cancer standards reported the achievement of all standards, 31Day (100%) and 28-Day Faster Diagnostics (81.9%) and the 62-day standard at 85.27%.

Elective Referral to Treatment (RTT) 18-week wait performance increased to 68.15% for July 2026, meeting the Operating Plan trajectory and a continued improvement in performance. Overall PTL size remains stable. The number of long waiting patients continues to be above trajectory and an area of focus for improvement with additional capacity being put in place to support this. There were 913 patients waiting over 52 weeks (-4) There were no patients waiting over 65weeks or 78weeks.

Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 81.38% against the 95% standard, below the Operating Plan trajectory. Recovery plans and trajectories are in place to improve this position over the coming months.

Workforce

The Trust's Month 4 position shows the vacancy (6.9%), voluntary turnover rates (7.3%) and % Agency Usage (0.3%) are well within the target level. The Trust has achieved its PDR target at the close of the window with 96.3% of PDRs completed.

Finance

The adjusted YTD financial position at month 4 is a £0.93m deficit which is £0.03m over 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	49.62	
Patient safety incident investigations	n/a	0	
Never Events	0	0	
Dementia screening %	90%	95.08%	
ED sepsis screening %	90%	90.89%	-
Inpatient sepsis screening %	90%	86.05%	!
C. Difficile cases	n/a	8	
E. coli cases	n/a	7	
Formal complaints received	n/a	102	
Inpatient FFT % good experience	90%	95.91%	
A&E FFT % good experience	90%	78.20%	!
Outpatient FFT % good experience	90%	92.66%	
Maternity FFT % good experience	90%	85.28%	!
Mortality			
Summary Hospital-level Mortality Index	<100	77.47	
Hospital Standardised Mortality Ratio	<100	76.14	

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	80%	78.82%	!
LAS handovers 30 mins	n/a	130	
18 week RTT incompletes	67%	68.15%	
Diagnostic waiting times < 6 weeks	95%	81.38%	!
28 day Faster Diagnosis Standard	80%	81.94%	
31 day diagnosis to first or subsequent treatment	96%	100.00%	
62 day GP referral to first treatment combined	85%	85.27%	
Operating Plan and Capacity			
Theatre utilisation (uncapped)	85%	88.49%	
PIFU rate	5%	9.37%	
Workforce			
Medical PDR compliance	90%	85.3%	
Non-medical PDR compliance	45%	96.3%	
Core skills compliance	90%	91.9%	

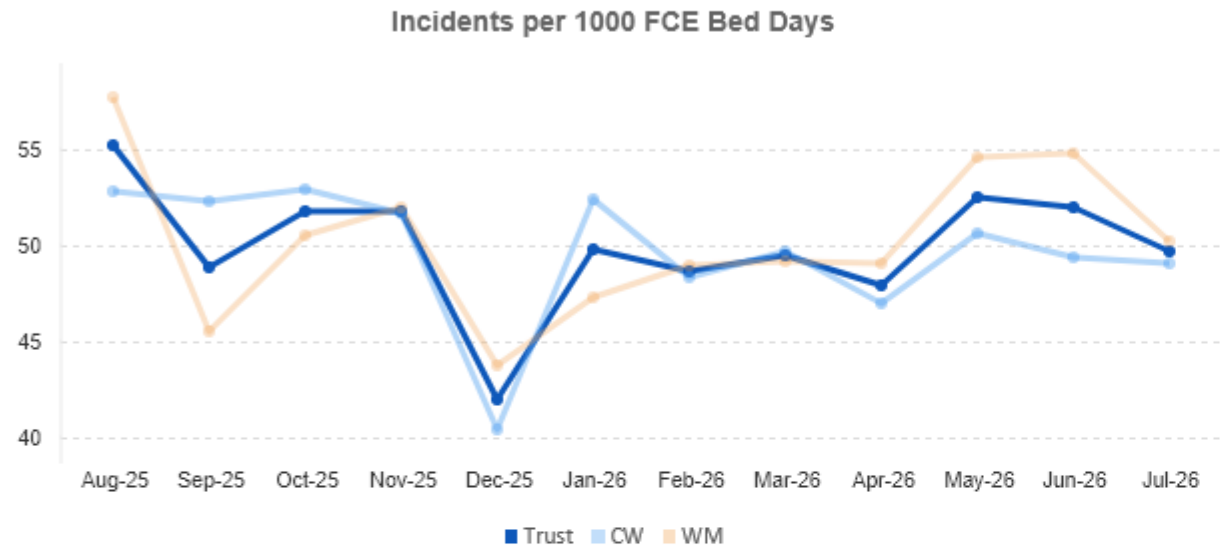


Either site or Trust overall performance red in each of the past three months



Patient Safety and Experience

Trend



Narrative

Performance: Incident reporting is a recognised indicator of an organisation’s safety culture, with higher reporting rates typically reflecting a positive environment in which staff feel empowered to speak up. Reporting rates have shown some variability over the rolling 12-month period. The Trust continues to proactively identify and address areas for improvement, informed by recurring themes and trends across patient safety events that impact patients both directly and indirectly, in line with the national Learning from Patient Safety Events (LFPSE) framework.

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 divisional Quality & Safety Boards

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

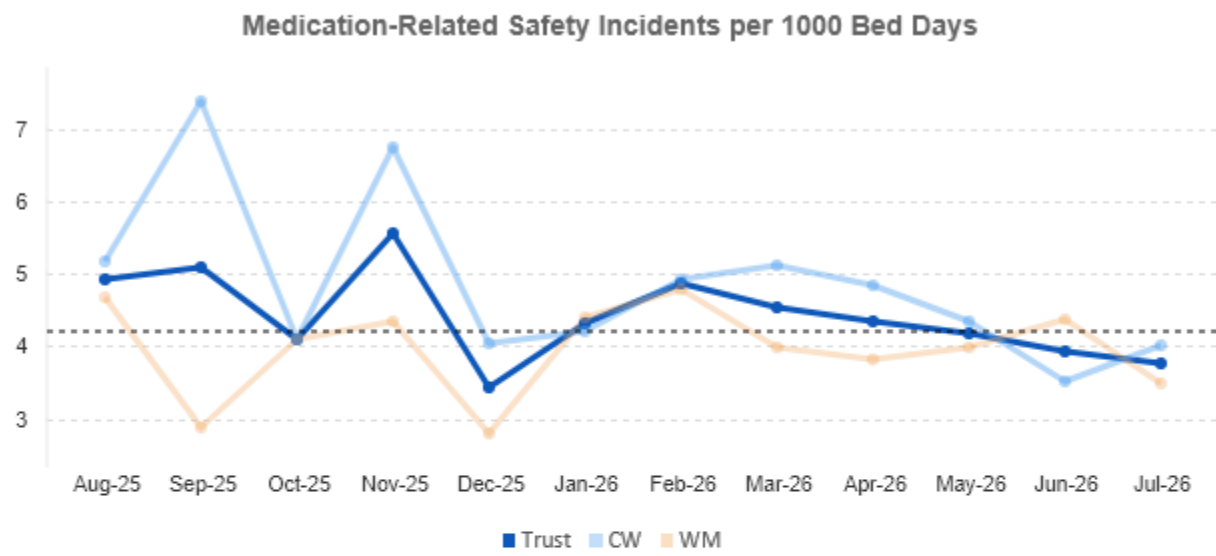
In-Month Performance

	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	49.04	1	1	0.07
WM	50.19	3	0	0.00
Trust	49.61	4	1	0.03

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Incidents per 1000 FCE Bed Days (Target:)	CW	49.7	46.9	50.6	49.3	49.0	49.0
	WM	49.2	49.0	54.5	54.7	50.2	52.1
	Trust	49.4	47.9	52.4	51.9	49.6	50.5
Incidents Resulting in Severe Harm or Death (Target:)	CW	1	3	0	2	1	6
	WM	0	3	0	3	3	9
	Trust	1	6	0	5	4	15
Incidents Resulting in Death (Target:)	CW	0	0	0	0	1	1
	WM	0	1	0	0	0	1
	Trust	0	1	0	0	1	2
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.00	0.00	0.00	0.00	0.07	0.02
	WM	0.00	0.07	0.00	0.00	0.00	0.02
	Trust	0.00	0.03	0.00	0.00	0.03	0.02

Trend



Narrative

The Trust target to reduce medication incidents with moderate harm or above (target < 1%) was achieved in July 2026. 1 moderate harm medication incident reported in July 2026 at CW site. Patient discharged following admission for hyponatraemia, with plan to discontinue desmopressin and repeat sodium levels in the community. Patient re-admitted with confusion and low sodium level (108 mmol/L). Desmopressin continued post-discharge, and sodium monitoring in community did not take place.

The Trust did not meet the medication incident reporting target in July 2026. Medication incident reporting improved at Chelsea site compared to previous month, and WMUH site reporting declined compared to previous month. Medication incident reporting discussed at WMUH senior nursing meeting on 24/07/26 highlighting clinical areas and specialities with good reporting and other areas requiring improvement, incident themes and shared learning from incidents.

Medication Safety Group has requested divisions for an improvement plan to encourage and promote staff with medication incident reporting, with regular discussion and feedback at meetings. Within paediatrics, medication incident reporting is embedded in inductions, study days, safety huddles, medication rounds, newsletters, and other educational opportunities. Incident reporting is tabled at Safety Huddle which is then cascaded to all departments to support improving incident reporting rates. The medication section on the new incident reporting form for Ideagen has been optimised with NWL APG/MSO APG, with information fields streamlined to support staff reporting. To promote medication incident reporting as part of Ideagen system implementation.

In-Month Performance

	Medication Related Safety Incidents per 1000 Bed Days	Medication Related Safety Incidents With Moderate or Above Harm
CW	4.01	1.6%
WM	3.48	0.0%
Trust	3.75	0.9%

Year-to-Date Performance

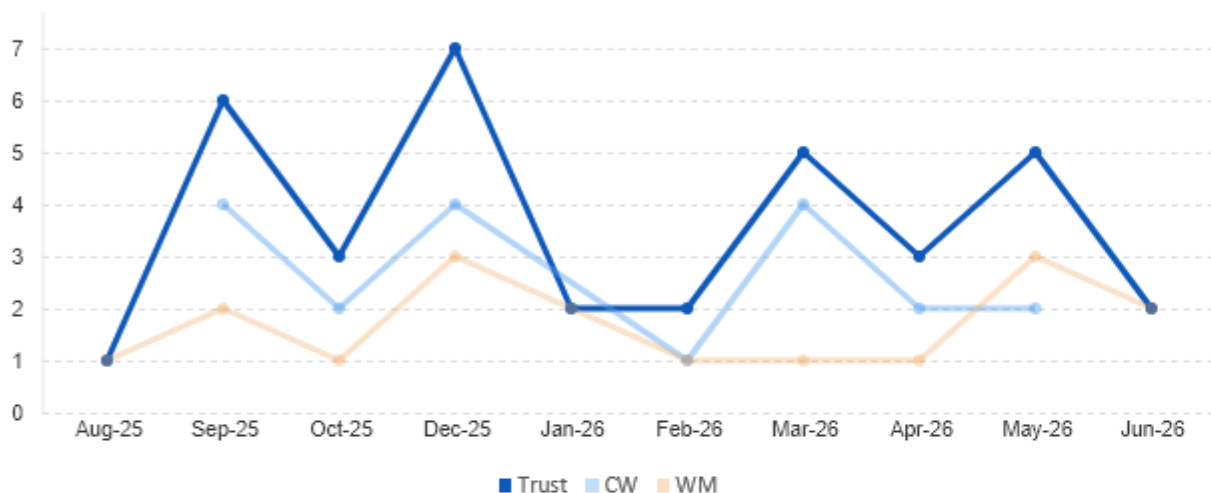
	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Medication Related Safety Incidents per 1000 Bed Days (Target: >=4.2)	CW	5.11	4.83	4.34	3.52	4.01	4.16
	WM	3.97	3.81	3.98	4.38	3.48	3.92
	Trust	4.54	4.33	4.17	3.94	3.75	4.04
Medication Related Safety Incidents % Moderate or Above Harm (Target: <1%)	CW	0.0%	0.0%	0.0%	0.0%	1.6%	0.4%
	WM	0.0%	0.0%	1.8%	1.5%	0.0%	0.9%
	Trust	0.0%	0.0%	0.8%	0.8%	0.9%	0.6%

Incidents Reported on STEIS (Sis/PSIIs)

Safe

Trend

Patient Safety Incident Investigations



Narrative

Over the rolling 12-month period, PSII indications comprised 67% (25) locally defined incidents requiring local PSII, 30% (11) nationally defined priority incidents subject to MNSI and 3% (1) nationally defined priority (Never Event). 2 PSIIs were declared in July, comprising an unexpected death (paeds) and an intrapartum stillbirth (MNSI).

Improvements: Themes are regularly reviewed and used to identify local quality and safety priorities and inform our Patient Safety Incident Response Plan (PSIRP). Safety Improvement Groups are aligned with PSIRF themes, supporting interventions in areas like falls, VTE, surgical safety, infection control, and medication harm. Thematic reviews have also provided insights into recurring issues.

Forecast Risks: The Trust has seen a reduction in the number of cases exceeding their completion deadlines; however, some incidents continue to experience delays in completing learning responses beyond the timeframes set out in the PSIRF Policy. Delays in incident review risk slowing the identification and implementation of learning and corrective actions, which may impact the Trust's ability to improve patient safety in a timely manner.

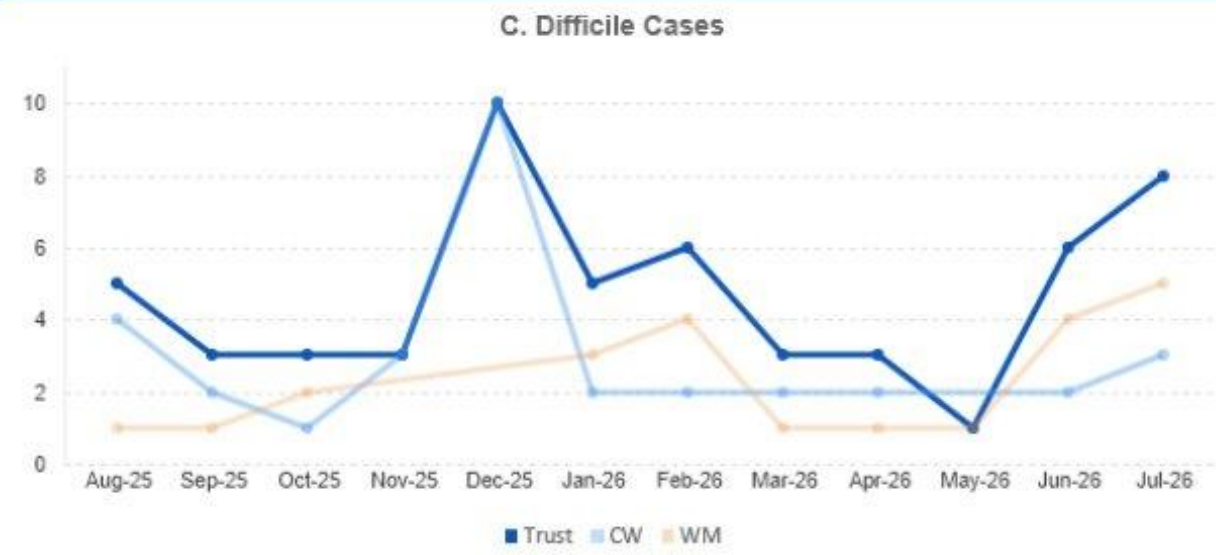
In-Month Performance

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

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Patient Safety Incident Investigations	CW	4	2	2	0	0	4
	WM	1	1	3	2	0	6
	Trust	5	3	5	2	0	10
Never Events (Target: 0)	CW	0	0	1	0	0	1
	WM	0	0	0	0	0	0
	Trust	0	0	1	0	0	1
Learning Responses Declared (AAR)	CW	1	2	1	1	1	5
	WM	0	4	1	1	1	7
	Trust	1	6	2	2	2	12
Learning Responses Declared (Thematic Review)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Learning Responses Declared (MDT)	CW	3	1	0	3	0	4
	WM	1	0	1	1	1	3
	Trust	4	1	1	4	1	7

Trend



Narrative

MRSA

There was 1 healthcare associated MRSA bacteraemia in July 2026. The patient was known to have a community associated MRSA bacteraemia in June 2026 however refused treatment and self- discharged from CWFT care. Due to the UK HSA algorithm criteria, when readmitted and retested more than 14 days from the originally reported sample, the episode was counted as a new healthcare associated case.

CDI

There were 8 healthcare associated CDI cases in July 2026, 3 cases occurred at CWH across EIC, SC and PC divisions. There were 5 cases at WMH, all occurring in the EIC division with no evidence of cross transmission. PSIRF meetings continue to be held for all case and learning/ themes shared with divisional and sector colleagues. To date this financial year there have been a total of 18 healthcare associated cases, a reduction of 10% on the previous April - July 2025 period.

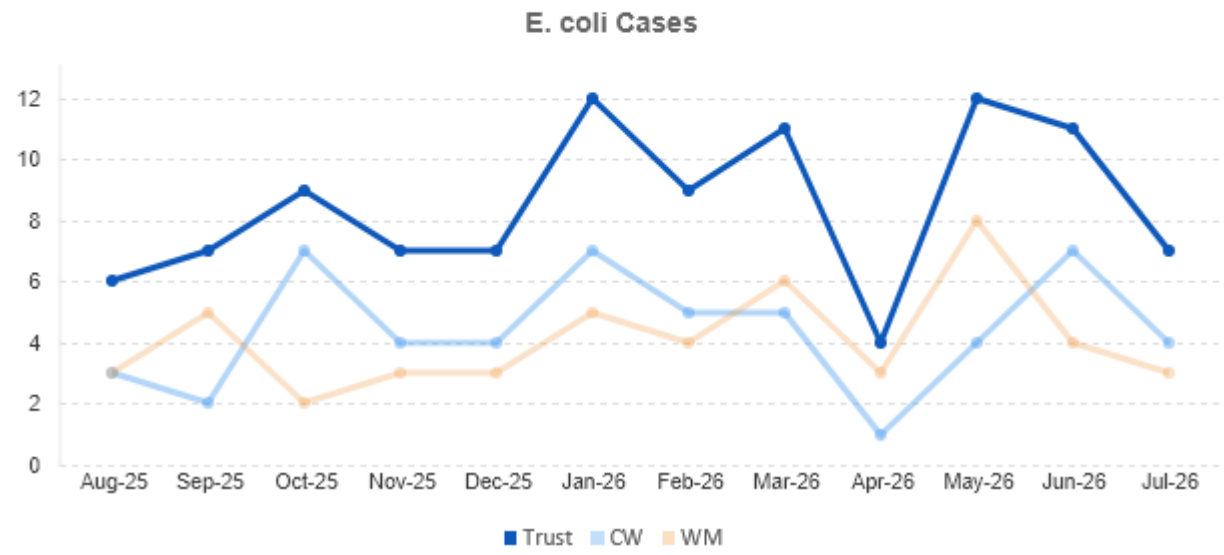
In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	3	1
WM	5	0
Trust	8	1

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
C. Difficile Cases (Target: <33)	CW	2	2	-	2	3	7
	WM	1	1	1	4	5	11
	Trust	3	3	1	6	8	18
MRSA Bacteraemia (Target: 0)	CW	0	0	-	1	1	2
	WM	1	0	1	0	0	1
	Trust	1	0	1	1	1	3

Trend



Narrative

E.coli
There were 7 healthcare associated *E.coli* bacteraemia cases in July 2026, 4 occurred at CWH and 3 at WMH across all divisions bar Clinical Support. All cases were reviewed and classified as Non-preventable, as devices, treatment and documentation was all appropriate and optimised. To date this financial year there has been an increase of 17% in healthcare associated *E.coli* bacteraemias in comparison with the April - July 2025 period, workstreams to reduce healthcare associated bacteraemias are currently under development in conjunction with senior executives and the QI team.

In-Month Performance

	E. Coli Cases	Hand Hygiene Compliance
CW	4	94.2%
WM	3	97.2%
Trust	7	95.6%

Year-to-Date Performance

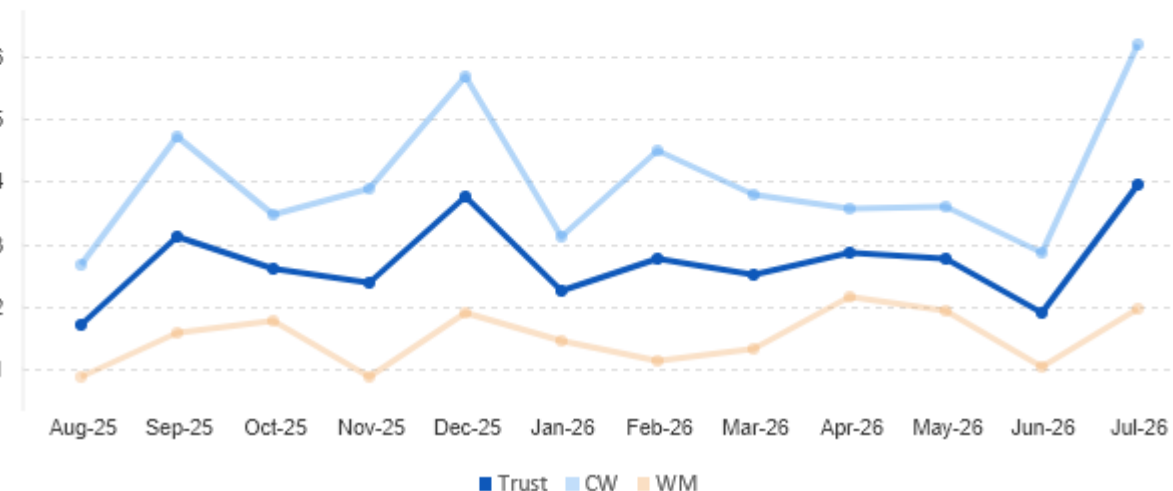
	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
E. coli Cases	CW	5	1	4	7	4	16
	WM	6	3	8	4	3	18
	Trust	11	4	12	11	7	34
Hand Hygiene Compliance (Target: >95%)	CW	97.3%	96.1%	96.1%	95.9%	94.2%	95.5%
	WM	94.3%	94.2%	86.9%	97.3%	97.2%	94.0%
	Trust	95.9%	95.2%	92.0%	96.5%	95.6%	94.8%

Formal Complaints

Responsive

Trend

Complaints Received per 1000 Bed Days



Narrative

- Formal complaint response compliance improved in July compared with June across both sites. The majority of overdue responses were within EIC and the Patient Experience team continues to work closely with divisions to provide support with complaint resolution, response drafting and improving responsiveness. Formal complaints received increased sharply from 50 in June to 84 in July.
- During July, there was sustained demand within the PALS service with 332 concerns opened. 346 concerns were resolved and closed during July, compared with a typical monthly range of 250-300. At the end of the July, there were 154 open PALS cases, of which 125 were overdue (compared with 86 in June). This sustained increase contributed to pressures on divisional capacity and response times for both responding to PALS and complaints.
- Of the 58 formal complaints closed during July, 3 were fully upheld and 34 were partially upheld.
- 99 compliments were logged during July, the majority were for the specialist care division.

In-Month Performance

	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	6.2	87.0%	0	0
WM	2.0	87.5%	0	3
Trust	4.0	87.1%	0	3

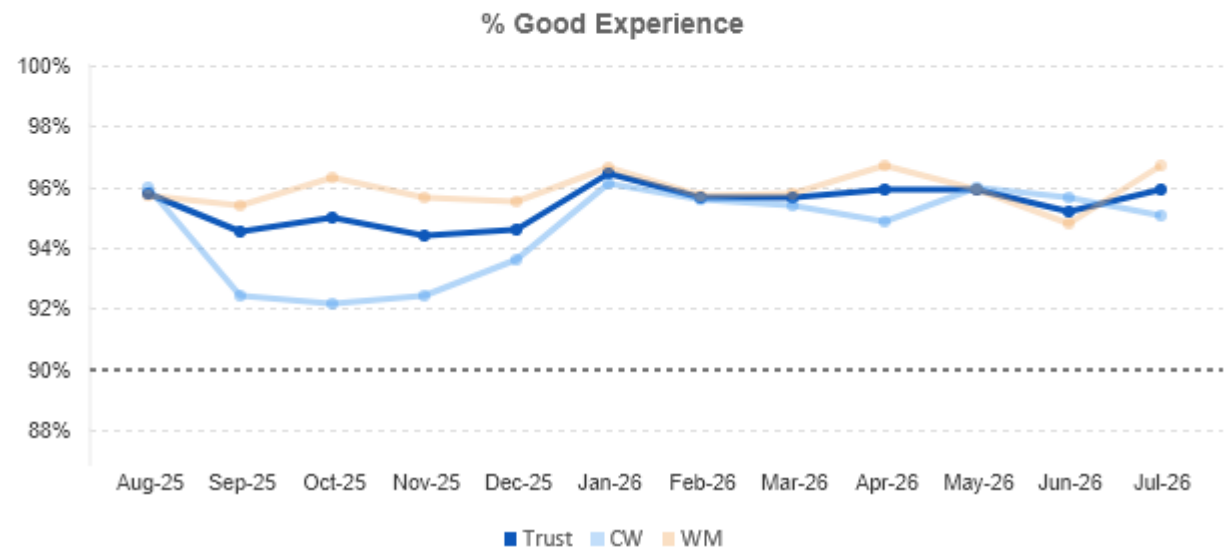
Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Complaints Received per 1000 Bed Days	CW	3.8	3.6	3.6	2.9	6.2	4.0
	WM	1.3	2.2	1.9	1.0	2.0	1.8
	Trust	2.5	2.9	2.8	1.9	4.0	2.9
Complaints Responded to <25 Working Days (Target: >90%)	CW	96.8%	91.1%	87.5%	76.6%	87.0%	85.5%
	WM	87.5%	95.5%	94.7%	70.6%	87.5%	84.6%
	Trust	94.9%	92.5%	89.6%	74.1%	87.1%	85.2%
Complaints Responded to <45 Working Days (Target: >90%)	CW	100.0%	100.0%	100.0%	100.0%	Reports a month in arrears	100.0%
	WM	100.0%	100.0%	100.0%	91.2%		96.0%
	Trust	100.0%	100.0%	100.0%	96.3%		98.6%
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	4	3	2	2	0	7
	WM	1	2	0	0	3	5
	Trust	5	5	2	2	3	12

Inpatient Friends & Family Test

Caring

Trend



Narrative

Positive results were seen across all wards surveyed during July, despite the low response rate in some areas and several wards on both sites received 100% positive feedback. Patient feedback remains largely positive regarding the care received. Consistent themes highlight good communication, quality care, kind, supportive and professional staff.

Complaint learning across inpatient services has highlighted themes based on rest and sleep at night, personal care, refresher training on confidentiality and improving documentation around wound care and skin damage.

In-Month Performance

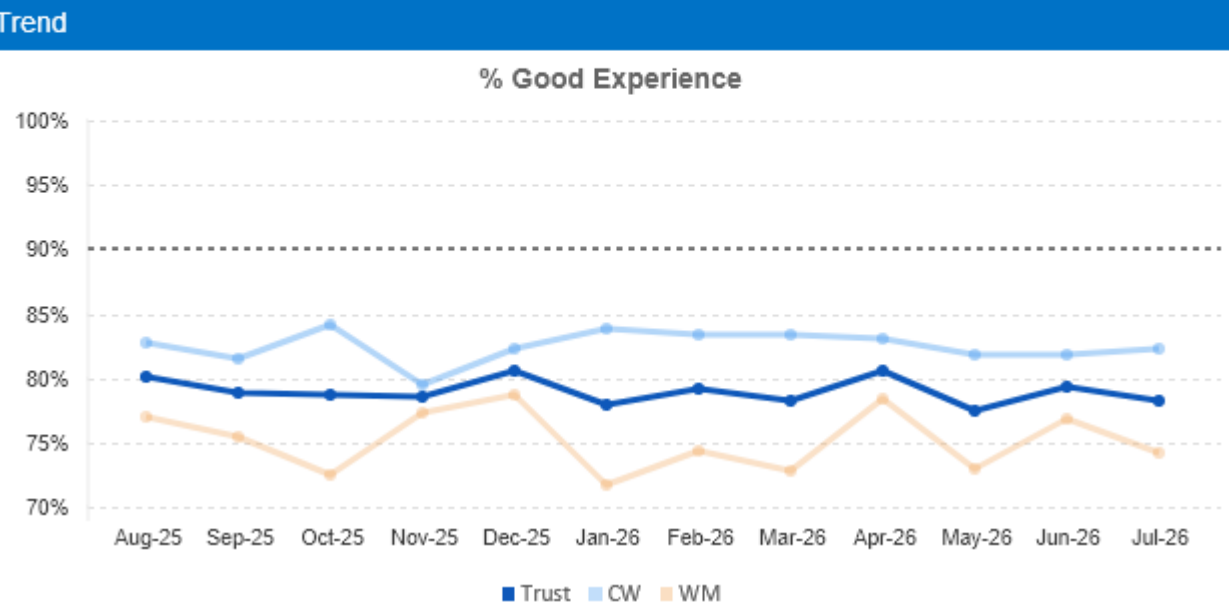
	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	945	75.7%	95.0%	96.0%
WM	1,085	73.9%	96.7%	97.0%
Trust	2,030	74.7%	95.9%	96.5%

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Responses	CW	736	641	700	822	945	3,108
	WM	1,023	908	1,016	1,009	1,085	4,018
	Trust	1,759	1,549	1,716	1,831	2,030	7,126
Response Rate (Target: >10%)	CW	61.1%	64.1%	68.7%	76.6%	75.7%	71.6%
	WM	41.4%	66.0%	51.1%	69.2%	73.9%	63.8%
	Trust	47.8%	65.2%	57.0%	72.3%	74.7%	67.0%
% Good Experience (Target: >90%)	CW	95.4%	94.9%	96.0%	95.6%	95.0%	95.4%
	WM	95.8%	96.7%	95.9%	94.8%	96.7%	96.0%
	Trust	95.6%	95.9%	95.9%	95.2%	95.9%	95.7%
Treated With % Dignity and Respect (Target: >90%)	CW	96.0%	98.0%	98.0%	97.0%	96.0%	97.1%
	WM	98.0%	98.0%	97.0%	97.0%	97.0%	97.2%
	Trust	97.1%	98.0%	97.4%	97.0%	96.5%	97.2%

Emergency Department Friends & Family Test

Caring



Narrative

FFT themes remain consistent with previous months. Survey feedback continues to show a more positive experience at Chelsea and Westminster compared with West Middlesex. Long waiting times and communication about next steps after treatment were themes highlighted by the commentary submitted.

Complaint learning from Emergency Department services raise patient experience themes including communication with patients and relatives, clarity of care plans and follow-up arrangements, delayed updates, maintaining dignity and confidentiality, and coordination between teams involved in a patient's care.

In-Month Performance

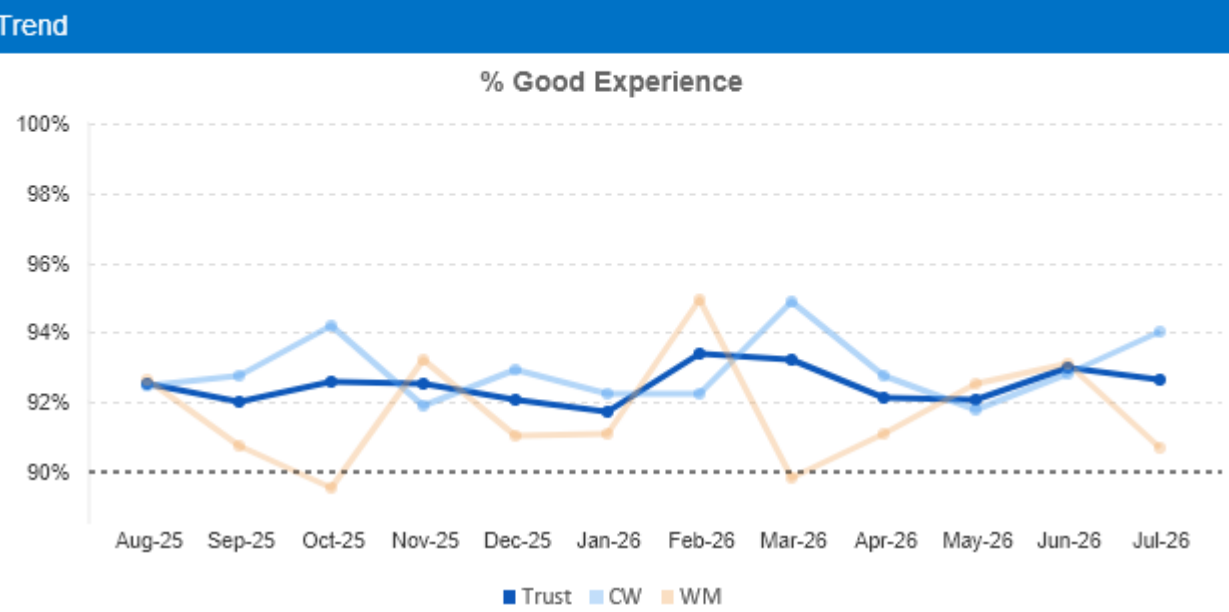
	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	807	7.3%	82.3%	86.0%
WM	812	6.8%	74.1%	80.0%
Trust	1,619	7.0%	78.2%	83.0%

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Responses	CW	932	865	959	897	807	3,528
	WM	859	915	953	926	812	3,606
	Trust	1,791	1,780	1,912	1,823	1,619	7,134
Response Rate (Target: >10%)	CW	8.7%	9.1%	8.8%	8.3%	7.3%	8.3%
	WM	7.2%	8.4%	7.9%	7.6%	6.8%	7.7%
	Trust	7.9%	8.7%	8.3%	7.9%	7.0%	8.0%
% Good Experience (Target: >90%)	CW	83.4%	83.0%	81.8%	81.8%	82.3%	82.2%
	WM	72.8%	78.4%	73.0%	76.9%	74.1%	75.6%
	Trust	78.3%	80.6%	77.4%	79.3%	78.2%	78.9%
% Treated With Dignity and Respect (Target: >90%)	CW	89.0%	87.0%	86.0%	86.0%	86.0%	86.2%
	WM	80.0%	83.0%	80.0%	82.0%	80.0%	81.3%
	Trust	84.7%	85.0%	83.0%	84.0%	83.0%	83.7%

Outpatient Friends & Family Test

Caring



Narrative

Outpatient survey feedback continues to be positive on both sites, with Chelsea and Westminster scoring slightly higher at West Middlesex again during July. Response numbers vary across specialties, with AEC, Eye Clinic, Gynaecology and Trauma & Orthopaedics generating the most feedback, while EPU, Burns, Hand Management/Therapy and Phlebotomy received relatively few responses.

The main themes from both survey feedback and complaints relate to waiting times and appointment changes. Patients highlighted difficulties with clinic navigation and wayfinding, understanding next steps, knowing who to contact and managing their care at home.

In-Month Performance

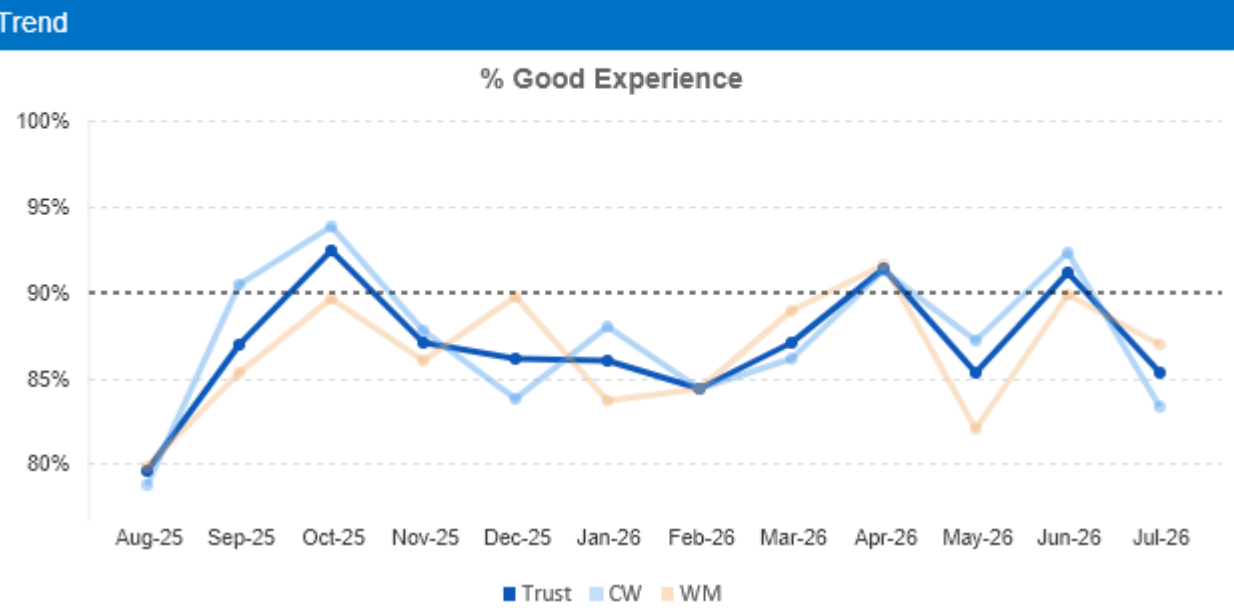
	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,237	5.0%	94.0%	97.0%
WM	861	6.7%	90.7%	96.0%
Trust	2,098	5.6%	92.7%	96.6%

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Responses	CW	1,627	1,132	1,215	1,215	1,237	4,799
	WM	786	720	761	1,106	861	3,448
	Trust	2,413	1,852	1,976	2,321	2,098	8,247
Response Rate (Target: >10%)	CW	6.8%	8.5%	7.8%	9.4%	5.0%	7.2%
	WM	4.0%	4.1%	3.5%	10.3%	6.7%	5.4%
	Trust	5.5%	6.0%	5.3%	9.8%	5.6%	6.3%
% Good Experience (Target: >90%)	CW	94.9%	92.8%	91.8%	92.8%	94.0%	92.9%
	WM	89.8%	91.1%	92.5%	93.1%	90.7%	92.0%
	Trust	93.2%	92.1%	92.1%	93.0%	92.7%	92.5%
% Treated With Dignity and Respect (Target: >90%)	CW	98.0%	96.0%	97.0%	97.0%	97.0%	96.8%
	WM	94.0%	96.0%	96.0%	96.0%	96.0%	96.0%
	Trust	96.7%	96.0%	96.6%	96.5%	96.6%	96.4%

Maternity Friends & Family Test

Caring



Narrative

FFT response rates remain low across maternity inpatient areas when compared with the volume of women cared for. Ann Stewart generated the highest number of responses during the month (56), the majority of these were positive. All other maternity areas received fewer than 30 responses.

The themes reported remain consistent with previous months. Women were generally positive about the care they received, particularly the kindness and support from staff. Areas for improvement focused on information provision and ensuring concerns are listened to and acted upon.

Themes of complaints received during July included clinical treatment (in particular administration of medication) during and after labour and poor communication.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	90	20.2%	83.3%	92.0%
WM	107	26.4%	86.9%	92.0%
Trust	197	23.1%	85.3%	92.0%

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Responses	CW	122	114	133	129	90	466
	WM	63	83	78	109	107	377
	Trust	185	197	211	238	197	843
Response Rate (Target: >10%)	CW	22.9%	23.4%	23.8%	28.1%	20.2%	23.9%
	WM	15.3%	21.4%	18.4%	26.8%	26.4%	23.2%
	Trust	19.6%	22.5%	21.5%	27.5%	23.1%	23.6%
% Good Experience (Target: >90%)	CW	86.1%	91.2%	87.2%	92.2%	83.3%	88.8%
	WM	88.9%	91.6%	82.1%	89.9%	86.9%	87.8%
	Trust	87.0%	91.4%	85.3%	91.2%	85.3%	88.4%
% Treated With Dignity and Respect (Target: >90%)	CW	91.0%	93.0%	92.0%	97.0%	92.0%	93.6%
	WM	97.0%	95.0%	88.0%	89.0%	92.0%	90.9%
	Trust	92.9%	93.8%	90.6%	93.5%	92.0%	92.5%

Children and Young People Friends & Family Test

Caring

NHS

Chelsea and Westminster Hospital

NHS Foundation Trust

Trend

% Good Experience

Month	Trust	CW	WM
Aug-25	100%	100%	100%
Sep-25	100%	100%	90%
Oct-25	100%	100%	100%
Nov-25	100%	100%	100%
Dec-25	100%	100%	90%
Jan-26	100%	100%	90%
Feb-26	100%	100%	100%
Mar-26	100%	100%	100%
Apr-26	100%	100%	100%
May-26	100%	100%	100%
Jun-26	100%	100%	100%
Jul-26	100%	100%	100%

Narrative

Following the introduction of the new Children and Young People FFT survey across inpatient and outpatient services, the initial results are available and both sites have reported 100% positive feedback, despite low response numbers. Positive feedback themes include kindness and compassion of staff both on the wards and in the outpatient departments.

Complaint themes during the month included problems with ward-based, post-operative care, delays with follow up treatment after an inpatient stay and delays in clinical treatment.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	40	6.9%	95.0%	62.0%
WM	33	10.3%	93.9%	33.0%
Trust	73	8.1%	94.5%	55.2%

Year-to-Date Performance

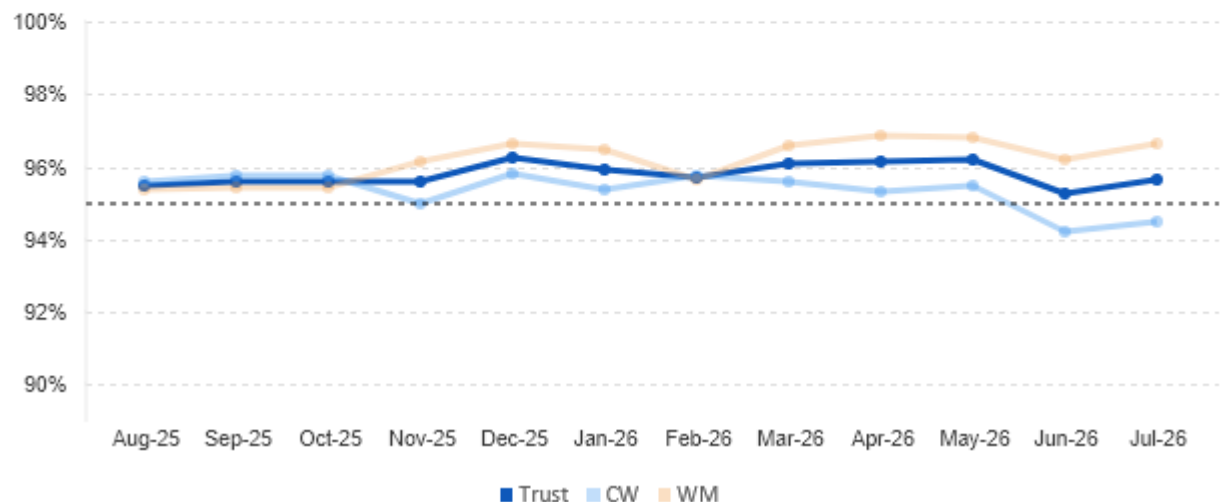
	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Responses	CW	35	48	57	52	40	197
	WM	49	93	53	46	33	225
	Trust	84	141	110	98	73	422
Response Rate (Target: >10%)	CW	5.5%	8.5%	8.7%	8.7%	6.9%	8.2%
	WM	14.9%	30.5%	14.4%	14.1%	10.3%	17.1%
	Trust	8.7%	16.2%	10.8%	10.6%	8.1%	11.4%
% Good Experience (Target: >90%)	CW	94.3%	100.0%	94.7%	92.3%	95.0%	95.4%
	WM	98.0%	95.7%	96.2%	91.3%	93.9%	94.7%
	Trust	96.4%	97.2%	95.5%	91.8%	94.5%	95.0%
% Treated With Dignity and Respect (Target: >90%)	CW	97.0%	100.0%	99.0%	99.0%	62.0%	89.9%
	WM	100.0%	95.0%	98.0%	100.0%	33.0%	87.7%
	Trust	97.8%	97.9%	98.7%	99.4%	55.2%	89.2%

VTE Risk Assessments Completed

Safe

Trend

VTE Assessments Completed



In-Month Performance

	VTE Assessments Completed	Hospital Aquired VTE Cases	Hospital Aquired VTE per 1000 FCE Bed Days
CW	94.5%	0	0.0
WM	96.6%	4	0.3
Trust	95.6%	4	0.1

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
VTE Assessments Completed (Target: >=95%)	CW	95.6%	95.3%	95.5%	94.2%	94.5%	94.9%
	WM	96.6%	96.8%	96.8%	96.2%	96.6%	96.6%
	Trust	96.1%	96.1%	96.2%	95.3%	95.6%	95.8%
Hospital Aquired VTE Cases	CW	0	0	1	1	0	2
	WM	3	5	6	4	4	19
	Trust	3	5	7	5	4	21
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.0	0.0	0.1	0.1	0.0	0.0
	WM	0.2	0.3	0.4	0.3	0.3	0.3
	Trust	0.1	0.2	0.2	0.2	0.1	0.2

Narrative

VTE Risk Assessment: Trust target achieved (WMUH [96.62%] met target and CW [94.50%] did not meet target). Monthly VTE risk assessment performance by site, division, speciality and ward disseminated for leads to review and action as appropriate.

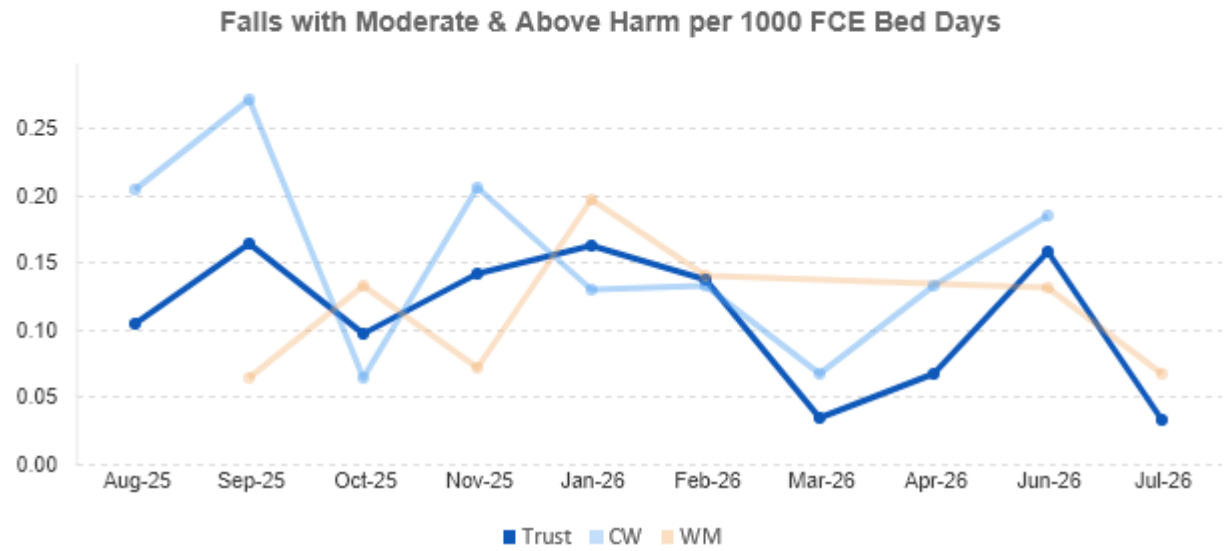
Divisions requiring improvement: Planned Care (92%) and West London Children's Hospital (86%). DMDs to address under-performance with speciality clinical leads.

Specialities requiring improvement: Vascular surgery [15%], anaesthetics [79%], pain management [89%], plastic surgery [91%], trauma & orthopaedics [93%], ophthalmology [94%], urology [94%], elderly medicine [88%], and rheumatology [93%].

Hospital Associated VTE (HAT) Events:

- *Cross-Site:* 'VTE alert' included in positive VTE imaging reports for identification of VTE diagnosis.
- *Cross-Site:* All reported HATs on Datix undergo investigation with VTE lead clinical review, shared learning and any actions to prevent recurrence.
- Quarterly review of HATs shared at Thrombosis and Thromboprophylaxis Group meeting, with appropriate action/wider dissemination and shared learning.
- New CW thrombosis pathway under review, with aim to standardise with WMUH site and APG.

Trend



Narrative

Falls with harm has decreased significantly in July 2026.

Following the Falls Strategy being launched at the Falls steering group in July, the focus for all clinical teams are on actions arising from the thematic review undertaken in April. In turn this will be shared at the patient safety group meeting for assurance. A new program of education will be developed to support the strategy, along with a review of the current online falls module. Compliance with falls risk assessments is high and sustained (>90% for over six months) across adult inpatient areas. Bed rails compliance continues to sit between 85% and 90%.

Key risks remain around post-fall processes, including care plan completion, SBAR documentation, overnight medical response, and inconsistent bay tagging. These issues will be addressed in the strategy. The ETOC policy is now live on the Intranet. An education program will be reviewed considering the ETOC policy, falls strategy and digital monitoring of care plans to provide a combined education program rather than individual sessions.

The Trust continues to align our local policies with national guidance and National audits (NAIF), providing assurance that governance and improvement arrangements are in place.

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	0	0	0.00	3.62	90.1%
WM	1	1	0.07	4.02	94.4%
Trust	1	1	0.03	3.82	92.4%

Year-to-Date Performance

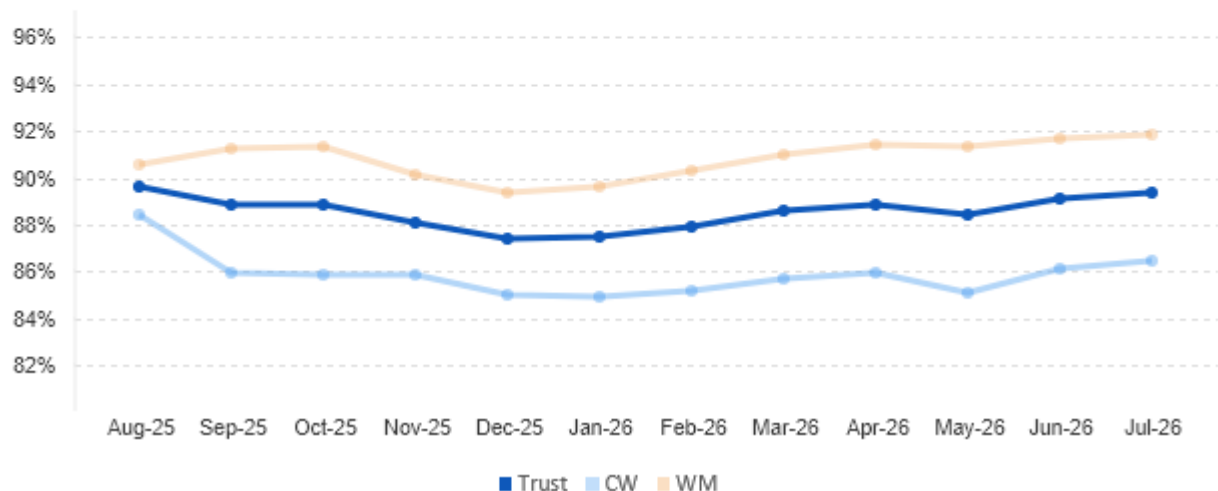
	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Inpatient Falls with Moderate & Above Harm	CW	1	2	0	3	0	5
	WM	0	0	0	2	1	3
	Trust	1	2	0	5	1	8
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	1	2	0	2	0	4
	WM	0	0	0	1	1	2
	Trust	1	2	0	3	1	6
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.07	0.13	0.00	0.19	0.00	0.08
	WM	0.00	0.00	0.00	0.13	0.07	0.05
	Trust	0.03	0.07	0.00	0.16	0.03	0.07
Falls per 1000 FCE Bed Days	CW	4.64	3.31	4.79	3.95	3.62	3.92
	WM	3.77	4.30	3.62	4.45	4.02	4.10
	Trust	4.20	3.79	4.24	4.19	3.82	4.01
Compliance with Falls Risk Assessment (Target: >=90%)	CW	90.9%	90.6%	90.4%	90.3%	90.1%	90.3%
	WM	94.0%	94.3%	93.7%	94.0%	94.4%	94.1%
	Trust	92.6%	92.6%	92.1%	92.3%	92.4%	92.4%

Pressure Ulcers

Safe/Effective

Trend

% Compliance with Purpose T Risk Assessment



Narrative

Trust compliance with the Purpose T Pressure Ulcer Risk Assessment was 89.4% in July 2026, showing a small improvement from 89.1% in June 2026, although remaining below the Trust target of $\geq 90\%$. Performance at West Middlesex (91.8%) continues to exceed the target, while Chelsea and Westminster (86.5%) remains below target and is the main contributor to the Trust-wide position.

During July 2026, there were 14 Category 2 pressure ulcers reported across the Trust, comprising 6 at Chelsea and Westminster and 8 at West Middlesex. No Category 3 or Category 4 pressure ulcers were reported during the month, and the rate of Category 3/4 pressure ulcers per 1,000 FCE bed days remains 0.0.

Year-to-date performance shows 21 Category 2 pressure ulcers, 8 Category 3 pressure ulcers, and 0 Category 4 pressure ulcers across the Trust. Medical device-related pressure ulcers account for 8 cases year-to-date, with 4 reported in July.

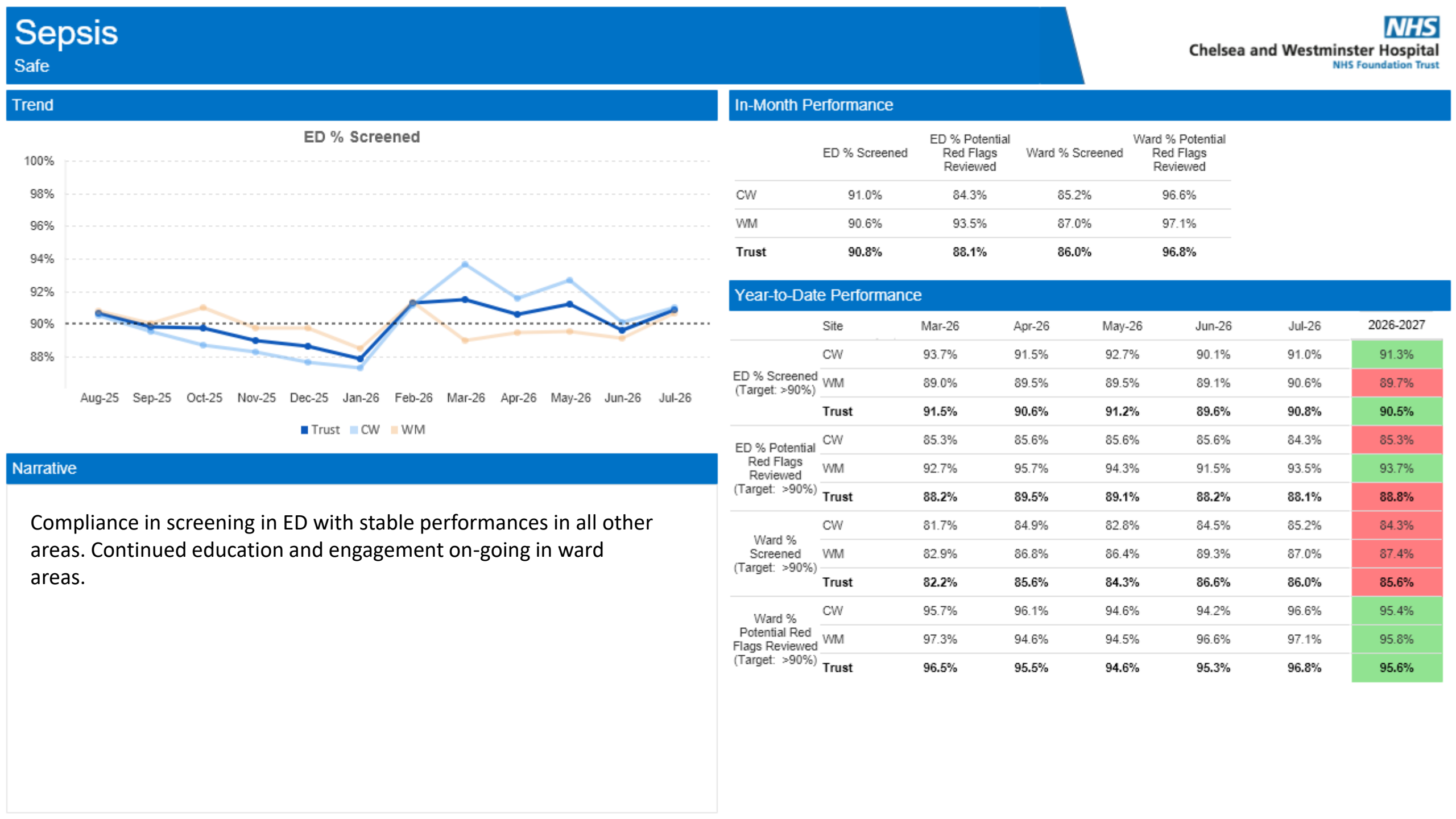
Focus remains on improving compliance with Purpose T risk assessments across the organisation, through continued staff education, monitoring, and assurance processes. Ongoing review of pressure ulcer incidents, including device-related cases, is being undertaken to identify themes, share learning, and support further reduction in avoidable harm.

In-Month Performance

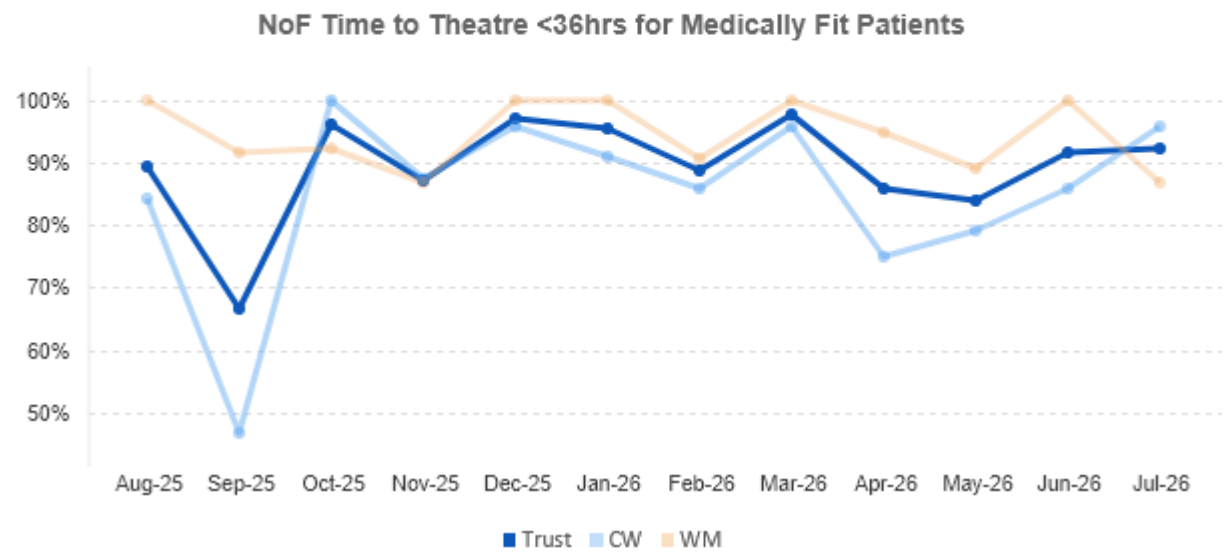
	Compliance with Purpose T Risk Assessment	Category 2 Pressure Ulcers	Category 3 Pressure Ulcers	Category 4 Pressure Ulcers	Category 3/4 Pressure Ulcers per 1000 FCE Bed Days
CW	86.4%	6	0	0	0.0
WM	91.8%	8	0	0	0.0
Trust	89.4%	14	0	0	0.0

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Compliance with Purpose T Risk Assessment (Target: $\geq 90\%$)	CW	85.7%	86.0%	85.1%	86.1%	86.4%	85.9%
	WM	91.0%	91.4%	91.3%	91.7%	91.8%	91.6%
	Trust	88.6%	88.8%	88.4%	89.1%	89.4%	88.9%
Category 2 Pressure Ulcers	CW	1	1	2	0	6	9
	WM	0	1	1	2	8	12
	Trust	1	2	3	2	14	21
Category 3 Pressure Ulcers (Target: 0)	CW	0	1	3	0	0	4
	WM	0	2	1	1	0	4
	Trust	0	3	4	1	0	8
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	1	1	2	0	3	6
	WM	0	0	1	0	1	2
	Trust	1	1	3	0	4	8



Trend



Narrative

Chelsea & Westminster Hospital Performance against the NOFF time-to-theatre standard remained strong in July 2026, with 96% compliance achieved (22 of 23 medically fit patients). One patient experienced a delay to surgery due to theatre capacity pressures. This case has been reviewed, and opportunities to minimise the risk of future capacity-related delays have been identified.

West Middlesex Hospital West Middlesex achieved 87% compliance (13 of 15 medically fit patients) against the NOF time-to-theatre target in July 2026. Two patients experienced delays beyond the standard despite being medically fit for surgery. One delay was attributable to a patient-centred decision regarding surgical management following external advice, while the second related to complex multidisciplinary clinical decision-making in the context of significant co-morbid injuries. Following appropriate review and monitoring, surgery proceeded safely in both cases.

In-Month Performance

	NoF Time to Theatre <36hrs for Medically Fit Patients	Breach of Same Sex Accomodation	Time Spent on Dedicated Stroke Unit	Dementia Screening Case Finding
CW	95.7%	0	77.8%	92.7%
WM	86.7%	47	83.3%	96.8%
Trust	92.1%	47	81.0%	95.1%

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
NoF Time to Theatre <36hrs for Medically Fit Patients (Target: 100%)	CW	95.7%	75.0%	78.9%	85.7%	95.7%	84.8%
	WM	100.0%	94.7%	88.9%	100.0%	86.7%	92.5%
	Trust	97.6%	85.7%	83.8%	91.7%	92.1%	88.4%
Breach of Same Sex Accomodation	CW	0	0	0	0	0	0
	WM	44	33	30	44	47	154
	Trust	44	33	30	44	47	154
Time Spent on Dedicated Stroke Unit (Target: >80%)	CW	94.1%	100.0%	69.2%	87.5%	77.8%	85.1%
	WM	100.0%	86.7%	85.7%	88.5%	83.3%	86.0%
	Trust	96.6%	94.3%	79.4%	88.1%	81.0%	85.6%
Dementia Screening Case Finding (Target: >90%)	CW	86.3%	92.8%	90.9%	94.8%	92.7%	92.7%
	WM	96.0%	97.2%	91.1%	97.2%	96.8%	95.4%
	Trust	91.7%	95.3%	91.0%	96.2%	95.1%	94.3%

Dementia

In July 2026 we achieved 95% compliance at Chelsea 93% and 97% compliance at WM. MDT completion of the 4AT continues to improve on both sites, further engagement will cross-site the downstream wards and has will formed part of the work we are doing focused on deconditioning and the prompt identification and treatment of delirium. This will also be further reinforced as part of the cross-site delirium policy review currently underway and due to be reviewed at CEG in August.



Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-26	Jun-26	Jul-26	2026-2027	May-26	Jun-26	Jul-26	2026-2027	May-26	Jun-26	Jul-26	2026-2027 Q2	2026-2027	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:22	1:21	1:22	1:22	1:25	1:22	1:19	1:19	1:24	1:22	1:21	1:20.5	1:20.5	-
	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)	442	375	364	1578	363	331	342	1373	805	706	706	706	2951	-
	Total number of bookings (Target:> CW 580 WM 478)	536	534	522	2129	458	411	427	1703	994	945	949	949	3832	-
	Maternity 1:1 care in established labour (Target: >95%)	99.0%	98.0%	98.0%	98.3%	99.0%	98.0%	99.0%	98.8%	99.0%	98.0%	98.5%	98.5%	98.5%	-
Safety	Admissions >37/40 to NICU/SCBU	0	23	22	67	12	10	0	103	12	33	22	22	67	-
	Number of reported Serious Incidents	6	8	7	31	2	4	6	14	8	12	13	13	45	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	2	0	1	4	2	0	1	1	4	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	8.0%	5.0%	9.0%	7.5%	6.0%	6.0%	7.0%	6.3%	7.0%	5.5%	8.0%	8.0%	6.9%	-
	Number of stillbirths	0	1	1	2	2	0	2	4	2	1	3	3	6	-
	Number of Infant deaths	1	2	0	3	1	0	0	4	2	2	0	0	7	-
	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	4.0%	2.0%	3.0%	3.0%	8.0%	6.0%	13.0%	9.3%	6.0%	4.0%	8.0%	8.0%	6.1%	-
	Spontaneous unassisted vaginal births	24.0%	23.0%	20.0%	23.3%	26.0%	27.0%	22.0%	25.5%	25.0%	25.0%	21.0%	21.0%	24.4%	-
	Vaginal Births - spontaneous & induced	37.0%	36.0%	34.0%	36.5%	43.0%	41.0%	41.0%	41.8%	40.0%	38.5%	37.5%	37.5%	39.1%	!
	Instrumental deliveries	69	66	59	249	31	47	34	149	100	113	93	93	398	-
	Pre-labour elective caesarean sections	78	87	86	321	60	57	66	246	138	144	152	152	567	-
	Emergency caesarean sections in labour	127	83	93	418	113	98	103	406	240	181	196	196	824	-



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 1:19 at the Chelsea site and 1:21 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 33 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 service implemented the demand management initiative from 6th October 2025, with a reduction in AN activity starting from December 2025 and births from late Spring 2026. Bookings on both sites have seen a decrease as expected which will create capacity for upcoming work to bring all antenatal care back to maternity (as opposed to being shared with GP services).

The maternity team is currently reviewing all incoming and outgoing referrals within North West London and have implemented 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+ 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.

West Middlesex Site

- **Labour Ward:** Compliance increased to 85% from 84% in June, with 1 red flag reported (stable – 1 in June)
 - Delayed or cancelled time critical activity (n=1)
- **Birth Centre:** Compliance increased to 76% from 69% in June with 2 red flag reported (an increase – 1 in June)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)
 - No additional support MW available (No second MW for birth) (n=1)
- **Antenatal Ward:** Compliance increased to 91% from 89% in June with 69 red flags reported (an increase – 64 in June)
 - Delayed or cancelled time critical activity (n=14)
 - Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication) (n=3)
 - Delay in providing pain relief (n=11)
 - Delay between presentation and triage (n=6)
 - Full clinical examination not carried out when presenting in labour (n=7)
 - Delay between admission for induction and beginning of process (n=11)
 - Delayed recognition of and action on abnormal vital signs (n=8)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a women during established labour (n=9)
- **Postnatal Ward:** Compliance remained stable at 93% from 93% in June with 1 red flag reported (a decrease - 2 in June)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)

Chelsea and Westminster Site

- **Labour Ward:** Compliance increased to 81% from 68% in June, with 2 red flags reported (an increase – 0 in June)
 - Delay in providing pain relief (n=1)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a women during established labour (n=1)
- **Birth Centre:** Compliance increased to 82% from 75% in June with 6 red flags reported (an increase - 4 in June)
 - Delayed or cancelled time critical activity (n=1)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)
 - Delay in providing pain relief (n=2)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a women during established labour (n=1)
 - No additional support MW available (No second MW for birth) (n=1)
- **Simpson Unit (Recovery & HDU):** Compliance decreased to 73% from 78% in June, with 0 red flags reported (a decrease - 3 in June)
 - Delayed or cancelled time critical activity (n=2)
 - Delay between admission for induction and beginning of process (n=1)
- **Antenatal Ward:** Compliance decreased to 60% from 65% in June, with 2 red flags reported (a decrease - 10 in June)
 - Delayed or cancelled time critical activity (n=1)
 - Delay between admission for induction and beginning of process (n=1)
- **Postnatal Ward:** Compliance decreased to 81% from 87% in June, with 4 red flags reported (a decrease – 10 in June)
 - Delayed or cancelled time critical activity (n=2)
 - Delay in providing pain relief (n=2)

Summary: Compliance remained relatively stable in all clinical areas on the WMUH site, meeting the minimum targets to provide data confidence in all areas except the Birth Centre, which remains at just less than 80%. Red flag incidents varied across the clinical areas in July, with the highest numbers consistently being reported from the Antenatal Ward. Action has been taken by the area Matron to support staff in utilising the tool effectively to capture red flag events.

Compliance on the CW site remained relatively stable across the clinical areas, with a slight increase in overall compliance noted for the majority of clinical areas. Red flag incidents were noted to vary across all areas in July. Area leads continue to work with staff to ensure data completion, and a review/discussion of overall compliance is expected to take place at the next cross site Maternity Quality & Safety meeting.



Neonatal Staffing: The neonatal leadership team continue to strengthen the local QIS programme to optimise skill mix. At the Chelsea site, QIS compliance improved to 50% in July from 47% in June. Further improvements are expected in imminently, when 7 nurses complete their consolidation of practice in ITU. Recruitment under Phase 1 and 2 of the neonatal business case has been completed, increasing establishment by 16 WTE above budgeted levels, reinforcing the Trust's commitment to achieving BAPM compliance. WMUH rates remained stable at 68% in July from 68% in June, additionally a large cohort of staff have been sent on the QIS program in February 2026, which will boost QIS rate just in time for the expansion.

Both sites remain compliant with 98 hours of dedicated consultant labour ward presence and twice-daily ward rounds. As part of MIS Year 7, Safety Action 4, the service continues to demonstrate an effective clinical workforce in line with the RCOG 'Roles and Responsibilities of the Consultant' framework. Since February 2023, all short-term locums (<2 weeks) have been required to meet RCOG and GMC certification compliance, with details reported in the Quarterly Maternity and Neonatal Staffing Report.

At WMUH, additional paediatric locum cover is being utilised to maintain BAPM standards for a Level 2 unit. The Trust has now received ICB approval to progress with re-designating the SCBU to a Level 2 Local Neonatal Unit (LNU). Task-and-finish groups have been established to oversee project delivery, supported by guidance from a neighbouring Trust that has recently completed a successful SCBU-to-LNU transition. In October 2025, the BAPM guidance changed requiring more dedicated Tier 2 cover and Consultant cover than what is planned for in the Level 2 business case. We have a separate work stream to work towards the updated BAPM guidance.

Safety:

WM site: There were 6 patient safety incidents:

1. IIR – Neonatal collapse/readmission – PSII
2. IIR – Neonatal therapeutic cooling/HIE – MNSI investigation
3. IIR – SCBU admission – local learning
4. IIR – Complex safeguarding – under review
5. IIR – Placenta accreta / cross site transfer – local learning
6. IIR – Maternal ITU admission / Wound infection / Neonatal admission to SCBU – under review

Datix reporting system: There were 133 Datix incidents reported (stable– 133 in June)

- Access to care/admissions
- Communication
- MOH >1.5L

Incidents not yet closed over 3 months old: 55 (a decrease from June). An action plan to address is in place.

CWH site: There were 7 patient safety incidents:

1. IIR – Intrapartum IUD – MNSI investigation
2. IIR – ICU admission (PP) – under review
3. IIR – Cervical stitch – local learning
4. IIR – Neonatal subgaleal haematoma – under review
5. IIR – Birth on AN ward/verbal abuse – under review
6. IIR – Category 1 CB 27/40 – under review
7. IIR – Uterine rupture & bladder injury – under review

Datix reporting system: There were 129 Datix incidents reported (a decrease – 134 in June)

- Unexpected NICU admissions
- Medication error
- MOH >1.5L

Incidents not yet closed over 3 months old x16 a decrease from June.



Neonatal Service:

Number of Datix: 41 (25 CW + 16 WM) – a decrease from June.

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Perinatal Quality Surveillance Dashboard

- 1. PMRT (Cross site):** CW site reported 3 cases: 1 SB @39/40, 1 fetal loss at 22/40 and 1 MTOP at 24/40. WM site reported 4 cases: 2 SB @ 26/40 and 31/40, 1 fetal loss at 22/40 and 1 MTOP @20/40.
- 2. ATAIN (Cross site):** ATAIN data for WM was not available at the time of writing. CW reported 22 unexpected term admissions, equating to a term admission rate of 6.2%.
- 3. Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. An interactive audit database has been developed that provides all staff members with access to live audit data on all current programmes of work. Previous audit results/presentations will also be available in the archive.
- 4. Saving Babies Lives Care Bundle v.3.2:** At the close of Q1, 91% of interventions across all six elements of the care bundle have been implemented. This result followed repeat audit of all 69 reportable metrics. The non compliant metrics (n=6) are all within element 1 (smoking cessation). Challenges with external agency engagement, on-site tobacco dependency services and patient engagement with pathways has contributed to the drop in compliance. A working group to address these challenges will be established over the next month, with a full re-audit planned for Q2.

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-26	Jun-26	Jul-26	2026-2027	May-26	Jun-26	Jul-26	2026-2027	May-26	Jun-26	Jul-26	2026-2027 Q2	2026-2027
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	87.0%	n/a	96.0%	91.3%	94.0%		96.0%	93.3%	90.5%		96.0%	96.0%	92.3%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	89.0%	n/a	96.0%	91.7%	94.0%		92.0%	92.3%	91.5%		94.0%	94.0%	92.0%
	Service User Feedback FFT	87.2%	92.2%	83.3%	88.8%	82.1%	89.9%	86.9%	87.8%	85.3%	91.2%	85.3%	85.3%	88.4%
	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	0	0	0	0	0	0
	Progress in achievements of NHSR MIS (10 safety actions) Green									10	0	0	0	20
	Progress in achievements of NHSR MIS (10 safety actions) Amber									0	0	0	0	0
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%		100.0%	100.0%	100.0%

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

Perinatal Quality Surveillance Model

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

Multi-professional mandatory training and fetal monitoring training: In July, overall multi-disciplinary training compliance increased to 96% (WM) and 96% (CW). Fetal monitoring training compliance also increased to 96% (WM), and slightly decreased to 92% at CW. 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 collects monthly feedback via the Friends and Family Test (FFT). At the Chelsea site, positive feedback decreased from 92% in June to 83% in July. Respondents were predominantly White British (36%), White Other (36%) and Other (9%), with most aged 35-44 years (55%) and 82% English-speaking. The lowest-scoring area changed in July to whether patients were given all the information and explanations they needed, with 11% stating 'no'. In contrast 100% reported that they were spoken to in a way they could understand. Negative feedback themes included conditions on the postnatal ward (noise, space, cleanliness, staff attitude and response to concerns).

At the West Middlesex site, positive feedback increased from 80% in June to 89% in July. Respondents were predominantly Asian/Asian British (48%), White British (17%), and White Other (8%), with most aged 25-34 years (69%). Lowest scores remained consistently related to concerns being taken seriously, with 10% stating 'no'. In contrast 99% reported positively that they spoken to in a way they could understand. Negative feedback themes included poor/unkind communication, comfort/noise/cleanliness in wards and poor postnatal care and support.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. 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 8: MIS Year 8, published April 2026 has seen a restructure of the framework from 10 safety actions to six (A-F). The service has completed initial benchmarking and has a robust action plan in place for all areas of non/partial compliance. Some pathway of care changes are required under the new framework, and the teams within maternity and neonates have assurance on completion of these by the deadline of November 2026.

Interim Ockenden report (7 IEAs): The interim Ockenden was published in December 2020, and the service is fully compliant with all of the recommendations within the report.

Single Delivery Plan: The Single Delivery Plan (SDP) for maternity and neonates guides safer, more personalised, and equitable care. It aligns national priorities such as *Ockenden*, *Better Births*, and *Saving Babies' Lives* with local improvements in safety, digital innovation, workforce resilience, and health inequalities. The service has submitted its final position to the ICB and this has been verified and the project closed.

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 2023. 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 all must-do and should-do actions. 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. Work is underway across both units in anticipation of a repeat inspection imminently.



Mortality

Summary Hospital-level Mortality Index

Effective

Trend

Summary Hospital-level Mortality Index



Narrative

Continued positive performance in SHMI and HSMR with a reduction in both indices in July. Positive performance in regional and national comparators

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	76.1	70.2
WM	80.2	82.4
Trust	78.4	77.3

Year-to-Date Performance - Reporting Period Dec 24 to Nov 25

	Site	Feb-26	Mar-26	Apr-26	May-26	Jun-26	2026-2027
SHMI (Target: <100)	CW	72.4	72.5	74.0	75.0	76.1	75.0
	WM	78.3	77.4	80.2	79.4	80.2	79.9
	Trust	75.8	75.3	77.5	77.6	78.4	77.8
HSMR (Target: <100)	CW	66.9	66.9	67.8	69.3	70.2	69.1
	WM	83.2	80.5	82.7	83.3	82.4	82.8
	Trust	76.4	74.8	76.5	77.5	77.3	77.1



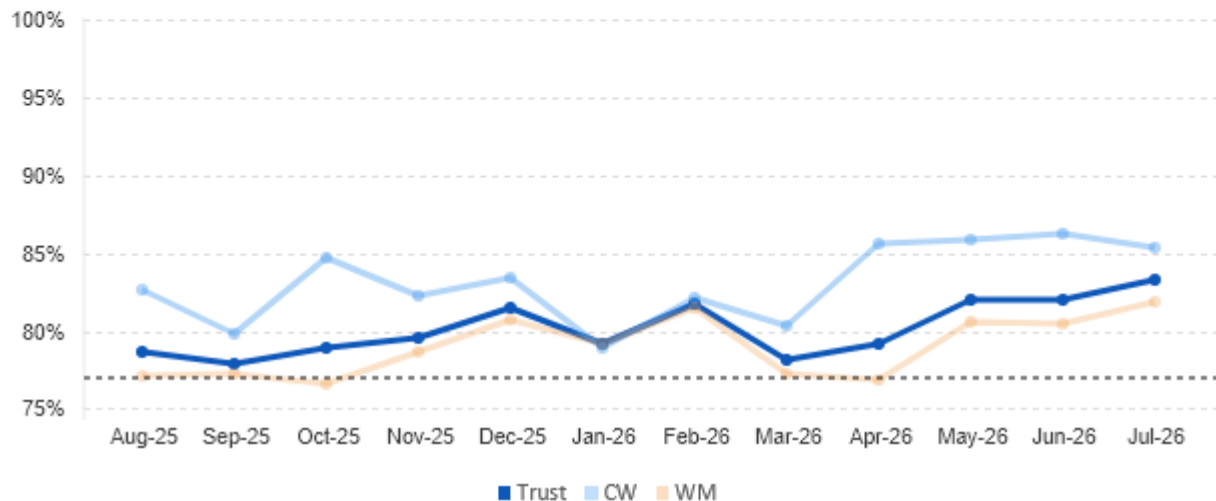
Patient Access

Access to Cancer Care (Diagnosis)

Responsive – Operating Plan

Trend

28 Day Faster Diagnosis Standard



Narrative

The Trust experienced a positive recovery in the 28D FDS performance with an uploaded performance in May of 81.9% and the current unvalidated performance for July is sitting at 83.2%, with both months above the national compliance metrics.

The 2ww pathways continue to perform above the national standard, with overall compliance for June being at 93.6% and currently the June performance is at 95.3%.

In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	85.4%	92.8%
WM	81.8%	97.0%
Trust	83.2%	95.3%

Year-to-Date Performance

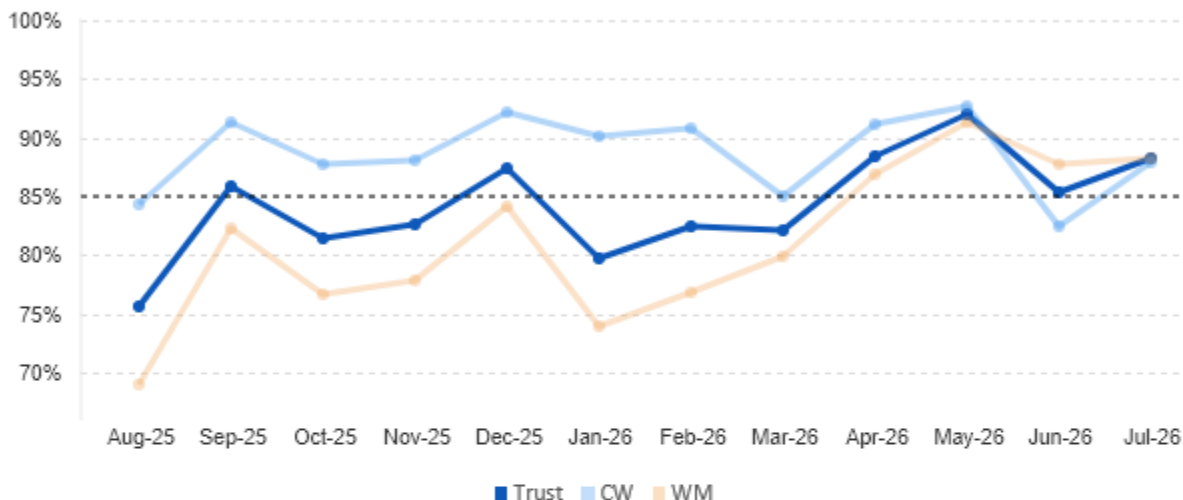
	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
28 Day Faster Diagnosis Standard (Target: >=80%)	CW	80.4%	85.6%	85.8%	86.2%	85.4%	85.7%
	WM	77.2%	76.8%	80.6%	80.4%	81.8%	79.9%
	Trust	78.1%	79.2%	82.0%	81.9%	83.2%	81.6%
2 Weeks from Referral to First Seen (All Urgent Referrals) (Target: >=96%)	CW	93.9%	90.9%	90.2%	90.6%	92.8%	91.2%
	WM	96.4%	95.5%	96.6%	95.9%	97.0%	96.3%
	Trust	95.3%	93.7%	94.1%	93.6%	95.3%	94.2%

Access to Cancer Care (Treatment)

Responsive – Operating Plan

Trend

62 Day GP Referral to First Treatment Combined



Narrative

The Trust has continued to deliver against the 62-day standard in June and July with a confirmed position of 85.4% and 88.9% respectively, continuing to place us in the upper quartile for performance nationally.

Focus remains on improving performance variation within specific tumour pathways, particularly Head & Neck, Urology and Skin, while sustaining the reduction in the cancer backlog presently at 96 patients across all pathway types and 67 for 62D standard pathways only, both within the Trust target.

The Trusts 31D position remains above the national KPI of 96%, with June and July 2026 performance of 100.0% and 97.4% respectively.

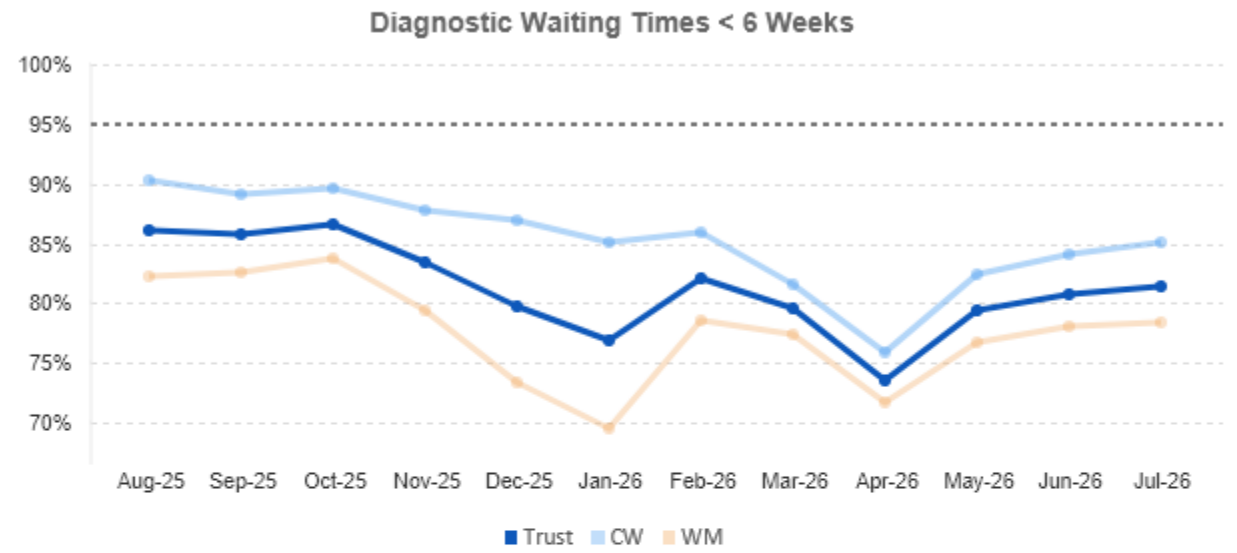
In-Month Performance

	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	87.9%	95.5%	
WM	88.3%	99.1%	
Trust	88.1%	97.4%	67

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	85.0%	91.1%	92.6%	82.5%	87.9%	87.9%
	WM	79.8%	86.8%	91.2%	87.7%	88.3%	88.2%
	Trust	82.2%	88.4%	91.9%	85.3%	88.1%	88.1%
31 Day Diagnosis to First or Subsequent Treatment (Target: >=96%)	CW	98.9%	97.4%	98.5%	100.0%	95.5%	97.8%
	WM	98.9%	100.0%	100.0%	100.0%	99.1%	99.8%
	Trust	98.9%	99.0%	99.3%	100.0%	97.4%	98.9%
62+ Day Backlog (Target: 100)	CW						
	Trust	75	90	68	60	67	67

Trend



Narrative

July represents a further improvement in the Trust’s DM01 performance, increasing to 81.38% from 80.71% in June, despite continued pressure across several high volume diagnostic pathways. The month end position reflects the ongoing benefit of targeted recovery actions, including insourcing, CDC utilisation and focused backlog management, which have supported improvements in a number of key modalities across both sites.

Chelsea and Westminster site performance improved to 85.16%, driven by strong performance across endoscopy, CT, echocardiography and DEXA, all of which achieved in excess of 95% compliance. However, performance continues to be constrained by non-obstetric ultrasound (77.36%), where 824 patients are waiting over six weeks, alongside continued pressures in MRI, neurophysiology and urodynamics. Despite these challenges, Chelsea and Westminster remains the stronger performing site and continues to provide the greatest contribution to Trust wide performance.

West Middlesex performance increased marginally (0.35%) to 78.34%, with improvements in MRI, gastroscopy, colonoscopy and echocardiography supporting overall gains. Nevertheless, significant challenges remain within CT (65.81%), sleep studies (12.75%), non-obstetric ultrasound (78.93%) and echocardiography (71.09%), which together account for a substantial proportion of the site's long waiters.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	85.2%	1,109	0
WM	78.3%	2,015	0
Trust	81.4%	3,124	0

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	81.6%	75.8%	82.4%	84.0%	85.2%	81.8%
	WM	77.3%	71.7%	76.8%	78.0%	78.3%	76.2%
	Trust	79.6%	73.6%	79.4%	80.7%	81.4%	78.7%
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	1,630	1,925	1,370	1,221	1,109	1,109
	WM	1,801	2,730	2,151	2,055	2,015	2,015
	Trust	3,431	4,655	3,521	3,276	3,124	3,124
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

In particular, CT and non-obstetric ultrasound continue to contribute over 1,300 and 4,000 patients respectively to the WM diagnostic PTL.

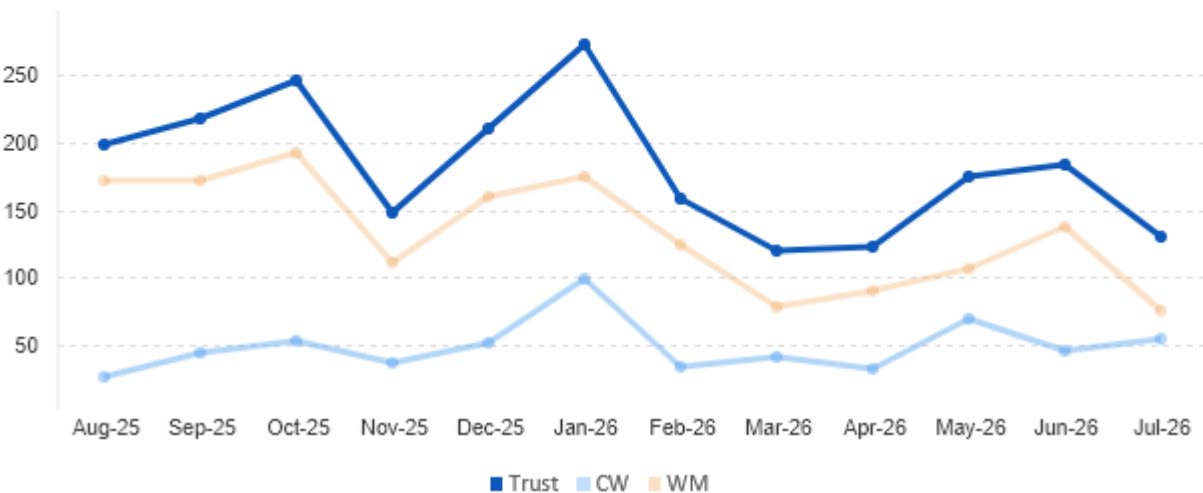
Importantly, the Trust diagnostic PTL reduced from 16,986 in June to 16,774 in July (-212 patients), while the number of patients waiting over six weeks reduced from 3,276 to 3,124 (-152 patients). This demonstrates that the improvement in DM01 performance has been accompanied by a reduction in backlog pressure, reflecting the positive impact of recovery initiatives across both sites. Continued improvement will remain dependent on sustained workforce stabilisation, delivery of planned capacity expansion and targeted recovery within CT, diagnostic physiology and ultrasound services.

Ambulance Handover Waits

Safe

Trend

LAS Handover 30 Mins



Narrative

Performance

The Trust's overall performance for ambulance handovers remains comparatively strong. In the month of July 2026, the Trust reported no 60-minute LAS handover delay. The 15-minute handover target remains a particular focus with both sites not compliant with the Chelsea site 16:15 minutes and the West Middlesex site 16:50 minutes.

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 Efficiency Plan.

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	770	79.6	54	0
WM	937	105.8	76	0
Trust	1,707	185.4	130	0

Year-to-Date Performance

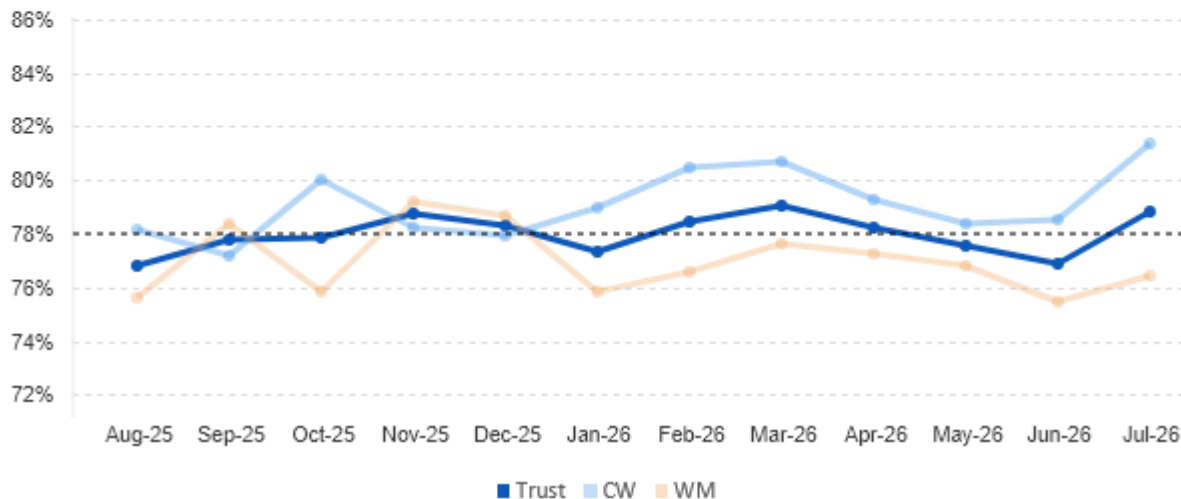
	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
LAS 15 Min Breach Performance	CW	835	764	897	789	770	3,220
	WM	975	953	1,036	1,087	937	4,013
	Trust	1,810	1,717	1,933	1,876	1,707	7,233
LAS Time Lost (Hrs)	CW	86.9	87.1	102.9	85.9	79.6	355.5
	WM	107.7	111.9	117.4	146.9	105.8	482.0
	Trust	194.6	199.0	220.3	232.8	185.4	837.5
LAS Handovers 30 Mins	CW	41	33	69	46	54	202
	WM	79	90	106	137	76	409
	Trust	120	123	175	183	130	611
LAS Handovers 60 Mins	CW	0	0	0	0	0	0
	WM	1	2	1	1	0	4
	Trust	1	2	1	1	0	4

Urgent & Emergency Department Waits

Safe/Responsive – Operating Plan

Trend

A&E Waiting Times - Type 1&3 (4 Hours)



Narrative

Performance

Attendances to the Emergency Departments and Urgent Treatment Centers were 6.9% higher in July 26 compared to same period last year. Performance against the 4-hour standard was 78.8%. West Middlesex achieved 76.4% (14,752 attendances) and Chelsea 81.4% (13,670 attendances).

The 12-hour performance is 1.9% against our operating plan trajectory target of 2.8%.

Improvement

There has been an ongoing focus on A&E time to triage in July, West Middlesex achieved an average time to triage of 6 minutes and at the Chelsea site 13 minutes.

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	81.4%	1.7%	00:13	13,670	810	39
WM	76.5%	2.1%	00:06	14,752	1,014	35
Trust	78.8%	1.9%	00:09	28,422	1,824	74

Year-to-Date Performance

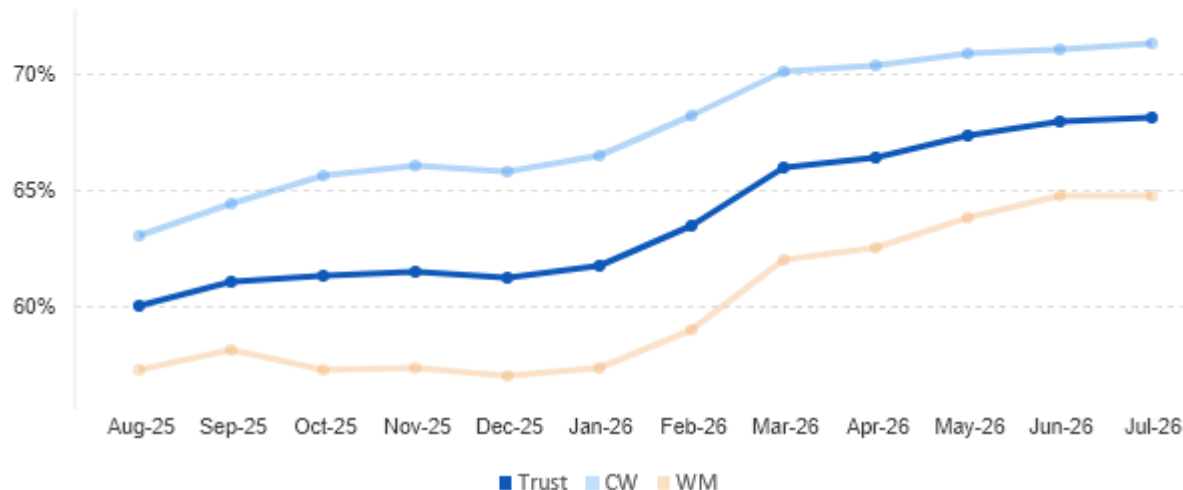
	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
A&E Waiting Times Type 1&3 (4 Hrs) Target: >80%	CW	80.7%	79.2%	78.4%	78.5%	81.4%	79.4%
	WM	77.6%	77.3%	76.8%	75.5%	76.5%	76.5%
	Trust	79.1%	78.2%	77.6%	76.9%	78.8%	77.9%
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	1.8%	2.2%	2.5%	2.2%	1.7%	2.1%
	WM	2.1%	2.2%	2.5%	3.4%	2.1%	2.5%
	Trust	1.9%	2.2%	2.5%	2.8%	1.9%	2.3%
A&E Time to Triage (Target: 15mins)	CW	00:15	00:15	00:15	00:14	00:13	00:14
	WM	00:07	00:07	00:07	00:07	00:06	00:07
	Trust	00:11	00:10	00:11	00:10	00:09	00:10
Total Attendances Type 1&3	CW	13,442	12,677	13,655	13,574	13,670	53,576
	WM	14,569	14,213	14,925	14,892	14,752	58,782
	Trust	28,011	26,890	28,580	28,466	28,422	112,358
Referrals to SDEC (Target as Per Op Plan)	CW	842	775	873	847	810	3,305
	WM	948	928	911	969	1,014	3,822
	Trust	1,790	1,703	1,784	1,816	1,824	7,127

Referral to Treatment Waits

Responsive – Operating Plan

Trend

18 Week RTT Incompletes



Narrative

Performance: Elective Referral to Treatment (RTT) 18-Week Wait position was reported at 68.1% which continues the trend of exceeding our trajectory. Currently, we sit 0.95% ahead of trajectory.

The month ended with 0 65-week breaches and 913 52-week breaches, our lowest position of 2026/27. The 52ww performance at 1.25%, remains behind our target of 1% of the PTL.

Improvement : Funding arrangements were approved across the Trust and recruitment plans are being progressed to increase capacity. In/outsourcing along with WLIs will continue throughout the recruitment periods to ensure performance is maintained.

Risk : Potential further Industrial action (consultant ballot) and reliance on in/outsourcing.

In-Month Performance

	18 Week RTT Incompletes	18 Week RTT Incompletes Paeds	52 Week RTT Incompletes	52 Week Waiters	65 Week Waiters
CW	71.3%	75.4%	1.0%	359	0
WM	64.8%	61.1%	1.5%	554	0
Trust	68.1%	69.1%	1.2%	913	0

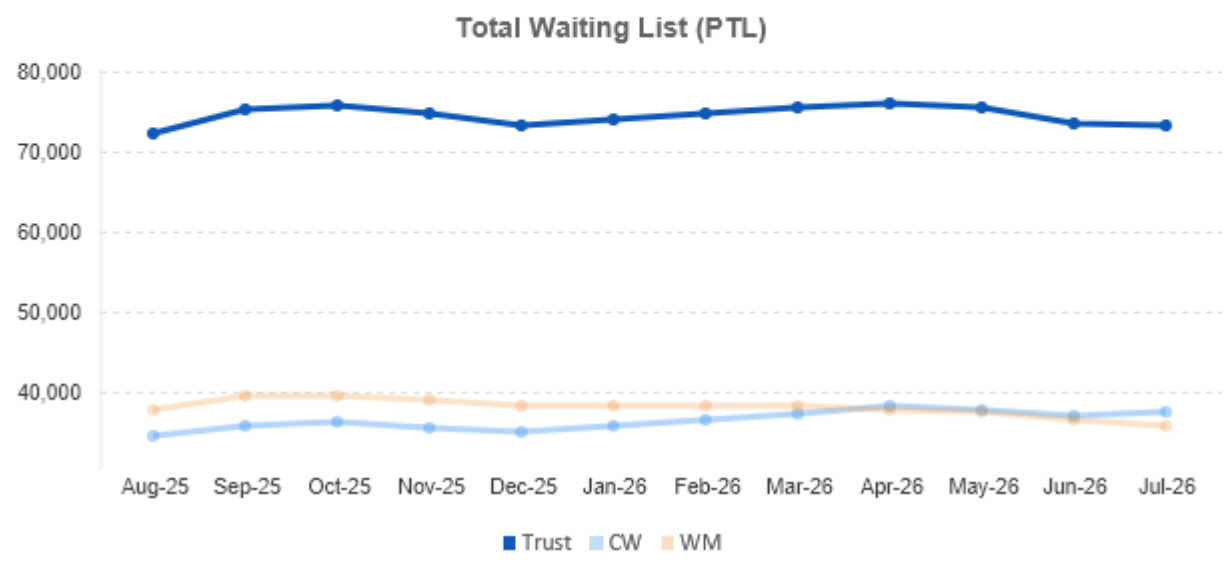
Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
18 Week RTT Incompletes (Target: >67.18 %)	CW	70.1%	70.4%	70.9%	71.1%	71.3%	71.3%
	WM	62.0%	62.5%	63.9%	64.8%	64.8%	64.8%
	Trust	66.0%	66.4%	67.4%	67.9%	68.1%	68.1%
18 Week RTT Incompletes Paeds	CW	76.0%	76.3%	75.6%	75.8%	75.4%	75.4%
	WM	56.1%	56.6%	61.2%	59.9%	61.1%	61.1%
	Trust	66.7%	67.4%	69.2%	68.8%	69.1%	69.1%
52 Week RTT Incompletes (Target: <1%)	CW	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
	WM	1.5%	1.5%	1.6%	1.5%	1.5%	1.5%
	Trust	1.3%	1.3%	1.3%	1.2%	1.2%	1.2%
52 Week Waiters	CW	383	370	387	359	359	359
	WM	575	585	615	558	554	554
	Trust	958	955	1,002	917	913	913
65 Week Waiters	CW	0	1	1	0	0	0
	WM	0	2	1	0	0	0
	Trust	0	3	2	0	0	0

Referral to Treatment Waits

Responsive – Operating Plan

Trend



Narrative

Performance: In July the Trust total RTT Patient Treatment List (PTL) was reported as 73,258 a decrease on the previous month The focus remains on ensuring fewer patients are awaiting first appointments and continually addressing chronological booking for the backlog cohorts as enhanced oversight and targeted interventions continue for at-risk specialities.

Improvement : The Trust continues to contact patients via routine administrative validation leveraging digital technologies to engage with patients and confirm the identification of those requiring treatment. Specialty level monitoring in place with set trajectories to address recovery. These are highlighted in weekly meetings focusing on at-risk specialities.

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	37,505	6,373	67.9%	6.0
WM	35,753	4,951	63.9%	4.8
Trust	73,258	11,324	65.8%	5.4

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Total Waiting List (PTL)	CW	37,259	38,270	37,905	37,043	37,505	37,505
	WM	38,386	37,906	37,628	36,572	35,753	35,753
	Trust	75,645	76,176	75,533	73,615	73,258	73,258
Total Waiting List (PTL) Paeds	CW	6,011	6,476	6,457	6,376	6,373	6,373
	WM	5,316	5,364	5,146	5,048	4,951	4,951
	Trust	11,327	11,840	11,603	11,424	11,324	11,324
Patients Waiting < 18 Weeks for First Appointment	CW	67.8%	68.0%	68.0%	67.2%	67.9%	67.9%
	WM	60.4%	61.5%	63.0%	63.1%	63.9%	63.9%
	Trust	63.8%	64.5%	65.3%	65.0%	65.8%	65.8%
RTT Clearance Time: Size of Waiting List	CW	6.3	7.0	6.9	6.1	6.0	6.0
	WM	5.9	6.3	6.2	5.2	4.8	4.8
	Trust	6.1	6.7	6.5	5.6	5.4	5.4



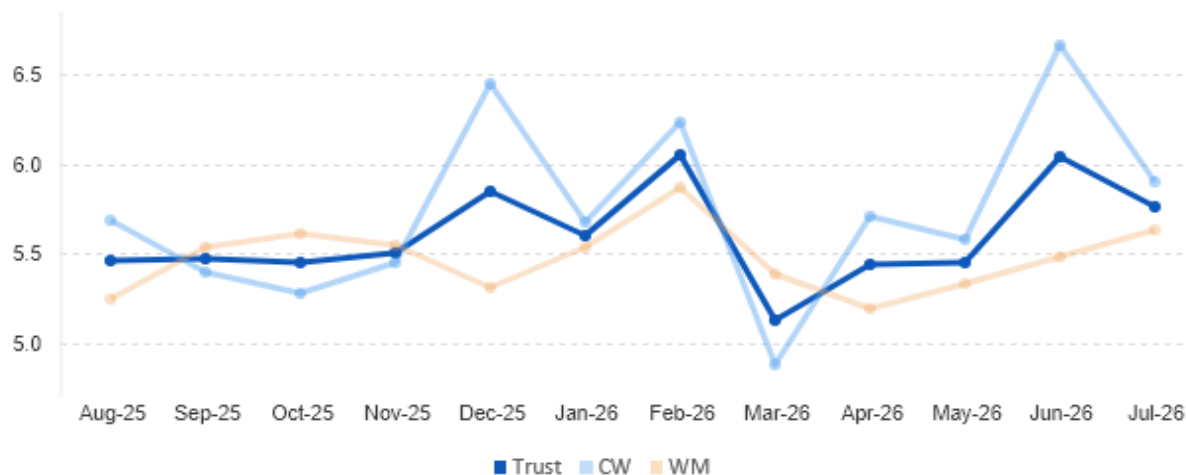
Operating Plan and Capacity

Flow & Discharge – Admitted Care

Responsive/Effective

Trend

Non-Elective LoS



Narrative

Elective LoS remains compliant with the Trust target YTD, with a Trust average of 2.6 days against the target of <2.9 days.

Non-elective LoS decreased in July at the CW site from 6.7 to 5.9 days with a minimal increase at WM from 5.5 to 5.6 days resulting in a Trust decrease from 6 to 5.7 days. This decrease is driven by a reduction on the CW site of patients with a non-elective LoS over 21 days from 158 to 137 patients in July. There are continue challenges with an increase in average days between DRD and DD. There is a weekly focus on long length of stay patients and patients with no criteria to reside. Escalation meetings with community partners continue, all with Trust flow board oversight.

In July 2026, Trust-wide critical care occupancy reduced to 90.2%, an improvement from the peak seen in the preceding months but remaining above the recommended 85% GPICS threshold. Occupancy improved at both sites, with Chelsea and Westminster at 87.1% and West Middlesex at 93.5%. Despite the improving trend, sustained capacity pressures continued to affect patient flow, contributing to delayed admissions and out-of-hours discharges. Actions remain focused on expediting step-down transfers, escalating discharges delayed beyond four hours and protecting capacity for emergency admissions.

In-Month Performance

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy	Average days between the DRD and DD
CW	2.6	5.9	507	137	87.1%	7.0
WM	2.2	5.6	586	146	93.2%	6.4
Trust	2.4	5.8	1,093	283	90.0%	6.6

Year-to-Date Performance

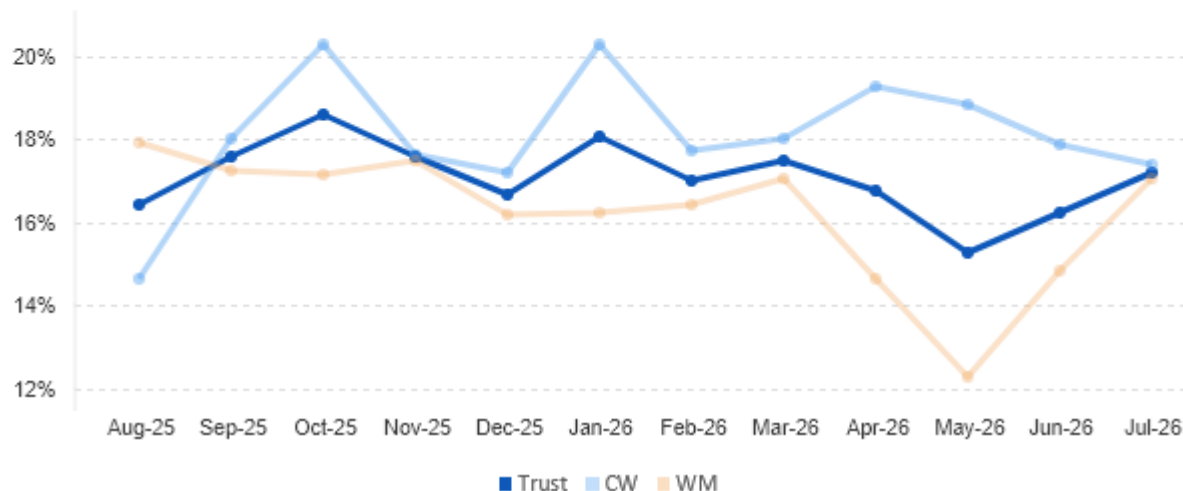
	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Elective LoS (Target: <2.9)	CW	2.9	2.5	3.2	2.6	2.6	2.7
	WM	2.2	2.7	2.3	2.2	2.2	2.3
	Trust	2.7	2.5	2.9	2.5	2.4	2.6
Non-Elective LoS (Target: <3.95)	CW	4.9	5.7	5.6	6.7	5.9	6.0
	WM	5.4	5.2	5.3	5.5	5.6	5.4
	Trust	5.1	5.4	5.5	6.0	5.8	5.7
Non-Elective Long Stays (>=7 days)	CW	468	484	503	477	507	1,971
	WM	555	519	543	582	586	2,230
	Trust	1,023	1,003	1,046	1,059	1,093	4,201
Non-Elective Long Stays (>=21 Days)	CW	114	127	121	158	137	543
	WM	141	135	125	141	146	547
	Trust	255	262	246	299	283	1,090
Critical Care Occupancy (Target: <85%)	CW	98.1%	93.7%	87.1%	92.3%	87.1%	90.0%
	WM	105.8%	86.7%	107.2%	123.0%	93.2%	102.0%
	Trust	101.9%	90.2%	96.6%	106.8%	90.0%	95.8%
Average days between the DRD and DD	CW	6.5	6.2	7.5	6.4	7.0	6.8
	WM	5.7	7.0	6.1	5.9	6.4	6.3
	Trust	6.0	6.6	6.8	6.2	6.6	6.5

Flow & Discharge – Discharges

Responsive

Trend

Patient Not Meeting CTR by Trust of Pathway



Narrative

The Trust continues to be an outlier in relation to the number of inpatients who do not meet the criteria to reside. This is largely attributable to patients requiring additional discharge support, including decluttering, deep cleaning of properties, housing arrangements, and the increased number of nursing home placements (P3 discharges). Performance against discharge ready dates and readmission rates remains stable. Progress continues to be closely monitored through the weekly discharge performance meetings.

Additional escalation meetings remain in place to support a reduction in the number of patients awaiting P1 discharges across RBKC, Westminster, and LBHF. Work with partners has also commenced to review the effectiveness of discharge pathways at Chelsea. These arrangements are complemented by escalation processes with other system partners and participation in the NWL weekly GOLD system call to facilitate timely discharge planning and resolution of barriers.

Risk: That the number of patients who do not meet the criteria to reside increases due to the increase in temperature.

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	17.4%	12.3%	89.3%	10.7%	4.3%
WM	17.0%	18.0%	86.4%	13.6%	5.2%
Trust	17.2%	15.1%	87.8%	12.2%	4.7%

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Patient Not Meeting CTR Daily Average	CW	18.0%	19.3%	18.8%	17.9%	17.4%	18.3%
	WM	17.1%	14.6%	12.3%	14.9%	17.0%	14.7%
	Trust	17.5%	16.8%	15.3%	16.2%	17.2%	16.4%
Discharges Before 12	CW	14%	15%	15%	16%	12%	15%
	WM	14%	15%	13%	13%	18%	15%
	Trust	14%	15%	14%	15%	15%	15%
Discharge Date Same as Discharge Ready Date	CW	89.8%	87.2%	88.1%	87.3%	89.3%	88.0%
	WM	85.7%	88.2%	88.8%	86.6%	86.4%	87.5%
	Trust	87.8%	87.8%	88.5%	86.9%	87.8%	87.7%
Discharge Date After Discharge Ready Date	CW	10.2%	12.8%	11.9%	12.7%	10.7%	n/a
	WM	14.3%	11.8%	11.2%	13.4%	13.6%	n/a
	Trust	12.2%	12.2%	11.5%	13.1%	12.2%	n/a
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	4.8%	4.7%	4.3%	4.6%	4.3%	4.5%
	WM	5.5%	6.4%	6.5%	5.2%	5.2%	5.8%
	Trust	5.1%	5.6%	5.4%	4.9%	4.7%	5.1%

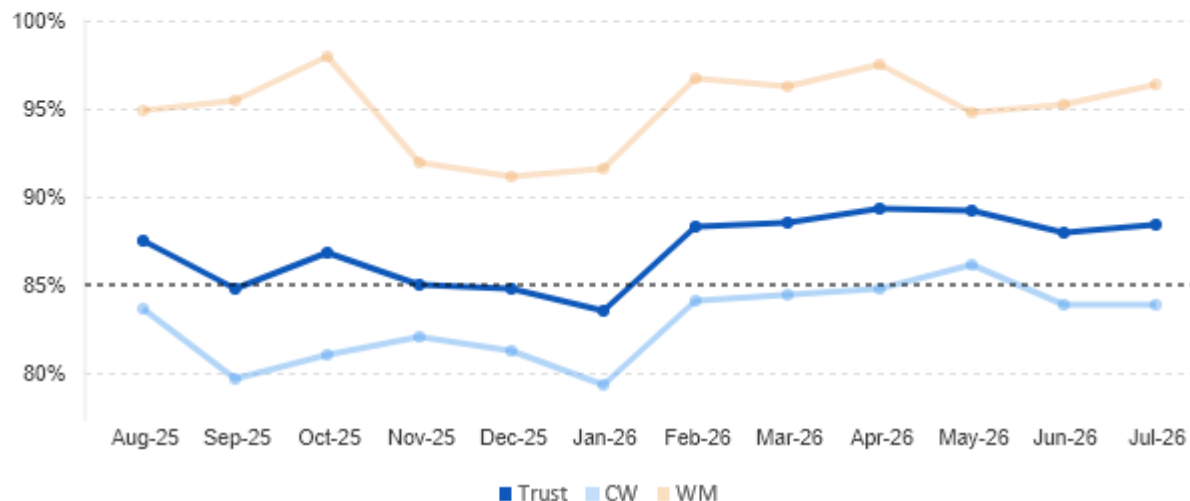
Outpatient Transformation							NHS Chelsea and Westminster Hospital NHS Foundation Trust	
Responsive								
Trend							In-Month Performance	
PIFU Rate ■ Trust ■ CW ■ WM								
							PIFU Rate	DNA Rates - First Appointment
								DNA Rates - Follow Up Appointment
								Virtual Contacts
CW							13.0%	10.8%
WM							4.2%	9.8%
Trust							9.4%	10.3%
								8.4%
								4,963
								4,858
								9,821
Year-to-Date Performance								
							Site	Mar-26
								Apr-26
								May-26
								Jun-26
								Jul-26
								2026-2027
PIFU Rate (Target: 5%)							CW	12.8%
							WM	4.2%
							Trust	9.2%
								8.8%
								9.3%
								9.4%
								9.4%
								9.4%
								9.4%
								9.4%
DNA Rates - First Appointment							CW	10.9%
							WM	10.0%
							Trust	10.5%
								11.5%
								9.7%
								10.6%
								10.6%
								9.9%
								10.2%
								10.3%
								10.3%
DNA Rates - Follow Up Appointment							CW	7.8%
							WM	7.2%
							Trust	7.6%
								8.2%
								7.3%
								7.9%
								8.0%
								8.0%
								8.0%
								8.0%
Virtual Contacts							CW	4,536
							WM	4,302
							Trust	8,838
								4,764
								4,138
								4,104
								4,542
								4,858
								17,642
								8,424
								9,471
								9,821
								36,618
Narrative								
‘Patients added to PIFU’ dropped slightly from June to July, albeit at 9.2% we continue to perform well against the 5% Trust target. Encouragingly the WMUH site’s PIFU rate, which we have focussed on at Elective Access having flagged in the last report as trending in the wrong direction, has now improved to the highest it has been.								
DNA rate in July was mixed. At the Chelsea site DNA worsened slightly for both new and follow up. But this was off-sett by WMUH’s performance improving for both metrics.								
At July’s OP Board we agreed a plan to repurpose resource from our new patients most likely to attend, towards our patients most likely to DNA, using our patient portal’s DNA predictor tool. We will monitor results closely through that forum.								

Theatre Utilisation

Responsive

Trend

Theatre Utilisation (Uncapped)



Narrative

Trust-Wide uncapped utilisation continued to be compliant with a performance of 88.5%. There was a decrease in utilisation at the CW site, driven by lower utilisation in Day Surgery Unit and Paediatric theatres. Cancellations on the day was the main driver for this and being focused on through improvement workstreams. Both Main Theatres maintained continued performance of >90% utilisation.

Day case rate was at 85.2% for July, which as a slight decline from last month. This was driven by a decline at WM, going from 90.3% down to 87.1%.

OTD cancellations were fairly static for July, decreasing slightly to 0.8% of total elective admissions. There were no patients breaching the 28-day rebook target. The on the day cancellation rate remains a focus on improvement work streams and working closely with operational teams to identify capacity to rebook. DSU remains the main area of improvement focus, with on-going work with the digital team to support workflows.

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	84.6%	0.9%	0	84.0%
WM	87.1%	0.8%	0	96.3%
Trust	85.2%	0.8%	0	88.5%

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	83.7%	80.6%	83.5%	83.0%	84.6%	82.9%
	WM	89.0%	91.3%	88.8%	90.3%	87.1%	89.6%
	Trust	85.6%	83.8%	85.2%	85.7%	85.2%	85.0%
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	0.8%	1.4%	1.1%	1.4%	0.9%	1.2%
	WM	0.3%	0.6%	0.6%	0.7%	0.8%	0.7%
	Trust	0.6%	1.1%	0.9%	1.1%	0.8%	1.0%
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	0	0	0	1	0	1
	WM	0	0	0	0	0	0
	Trust	0	0	0	1	0	1
Theatre Utilisation (Uncapped) (Target: >85%)	CW	84.5%	84.8%	86.1%	84.0%	84.0%	84.7%
	WM	96.3%	97.5%	94.8%	95.3%	96.3%	96.0%
	Trust	88.5%	89.3%	89.2%	88.0%	88.5%	88.7%

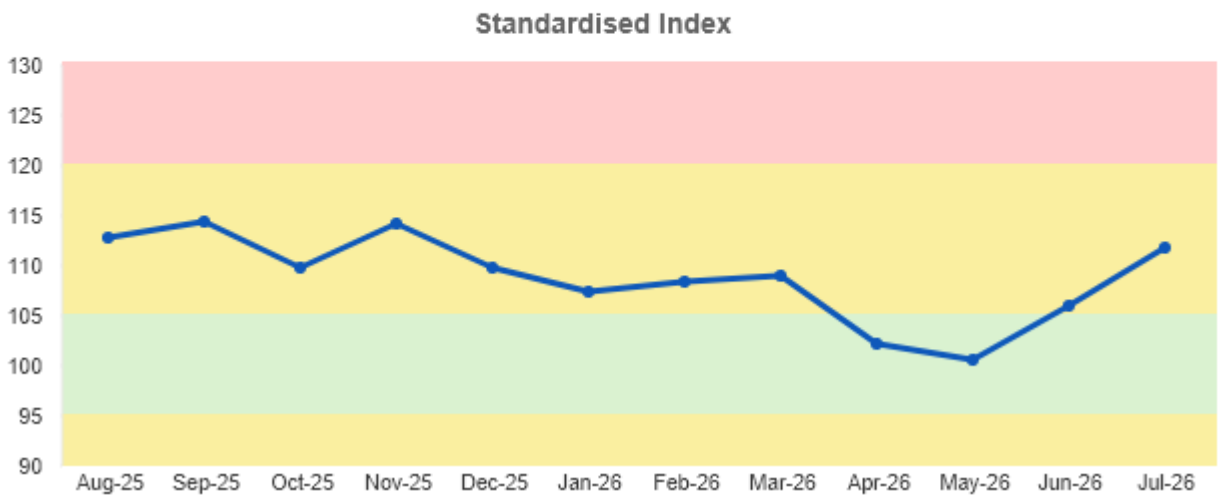


Equality, Diversity and Inclusion

Inequity-RTT Waiting Times

Equality, Diversity and Inclusion

Trend



Narrative

The number of patients waiting over 40 weeks for 1st OPA from IMDQ1 is at 6.5%, slightly above other quintiles. The total number of patients is our lowest since recording commenced however, we have seen PTL reduction so proportionally the number has remained the same.

For 2026/27, our elective care specialties have all completed a tailored trajectory to address inequity in their waiting list and improvement targets around 40 week waits amongst the IMDQ1 population forms pars of those trajectories. All Division aim to ensure all patients have a first OPA before 40 weeks regardless of the quintile they sit within.

Appropriate monitoring dashboards will be developed and the performance against trajectory of each specialty will be reviewed through Elective Access.

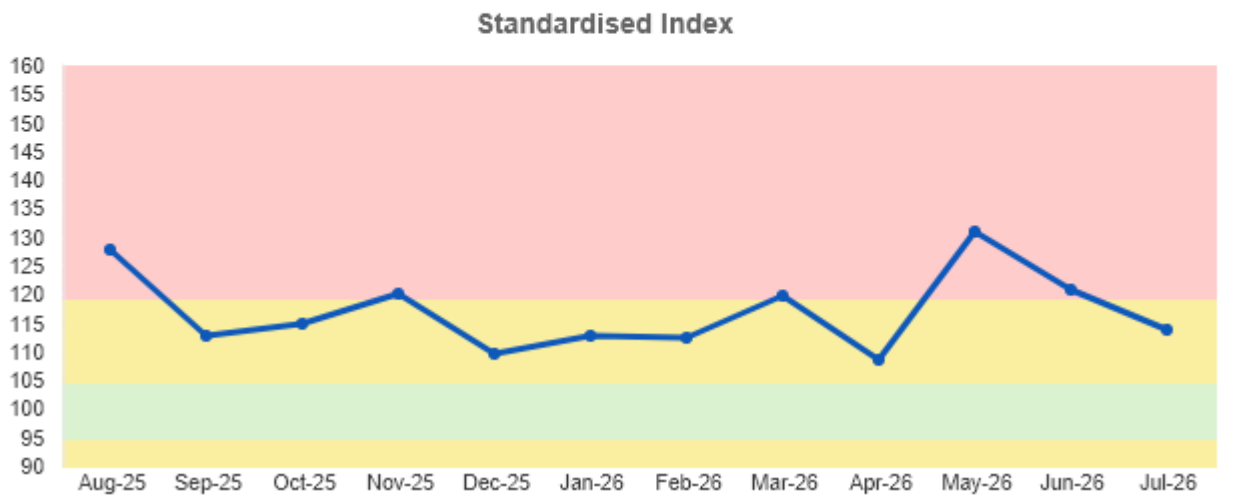
In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	112	6.5%	5.9%	544	3,728

Year-to-Date Performance

Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Standardised Index	109	102	101	106	112	105
Proportion IMDQ1	7.1%	6.7%	6.5%	6.4%	6.5%	6.6%
Proportion IMDQ2-5	6.5%	6.6%	6.5%	6.0%	5.9%	6.3%
IMDQ1 >40wk	592	576	553	530	544	2,203
IMDQ2 - 5 > 40wk	4,278	4,367	4,272	3,870	3,728	16,237

Trend



Narrative

The Trust continues with admin resource and volunteers to call patients in advance of their appointments in order to reduce DNA rate in IMDQ1. To date 6,790 patients called (out of 11,573) ,of these 46% confirmed attendance, 50% did not respond, 3% rebooked and 1% discharged.

A recent Audit was undertaken to call patients who have DNA'd after confirming their appointment over the phone. The result does not show a theme. Reasons for DNA have been – Pt unwell on the day, work related reasons, did not remember.

Challenges:

- Patients not answering phone calls or respond to voice mail.
- Limited volunteer resources – To date, 41% of the total patients have not been called prior to their appointments.

In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1	IMDQ2 - 5
Trust	114	11.3%	9.9%	399	2,758

Year-to-Date Performance

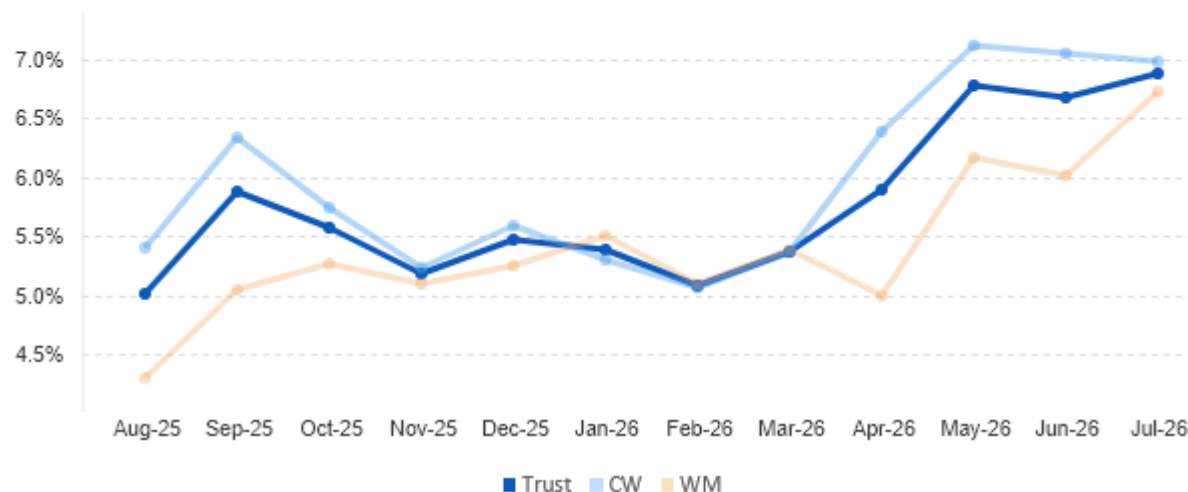
Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Standardised Index	120	109	131	121	114	118
Proportion IMDQ1	11.6%	10.8%	12.0%	11.7%	11.3%	11.4%
Proportion IMDQ2-5	9.7%	10.0%	9.1%	9.7%	9.9%	9.7%
IMDQ1	374	339	365	395	399	1,498
IMDQ2 - 5	2,509	2,458	2,168	2,553	2,758	9,937



Workforce

Trend

Vacancy Rate



Narrative

The Trust's Month 4 position shows the vacancy (6.9%), voluntary turnover rates (7.3%) and % Bank and Agency Usage are well within the target level.

The key marker for concern remains the sickness levels which increased marginally on last month with increases in PCD which is above 4% for in-month sickness. CSD, PCD and SCD are also exceeding the 4% threshold for rolling sickness rates. The Divisions supported by Business Partners and the ER Team are proactively intervening and providing manager with support to return the sickness percentage to below target.

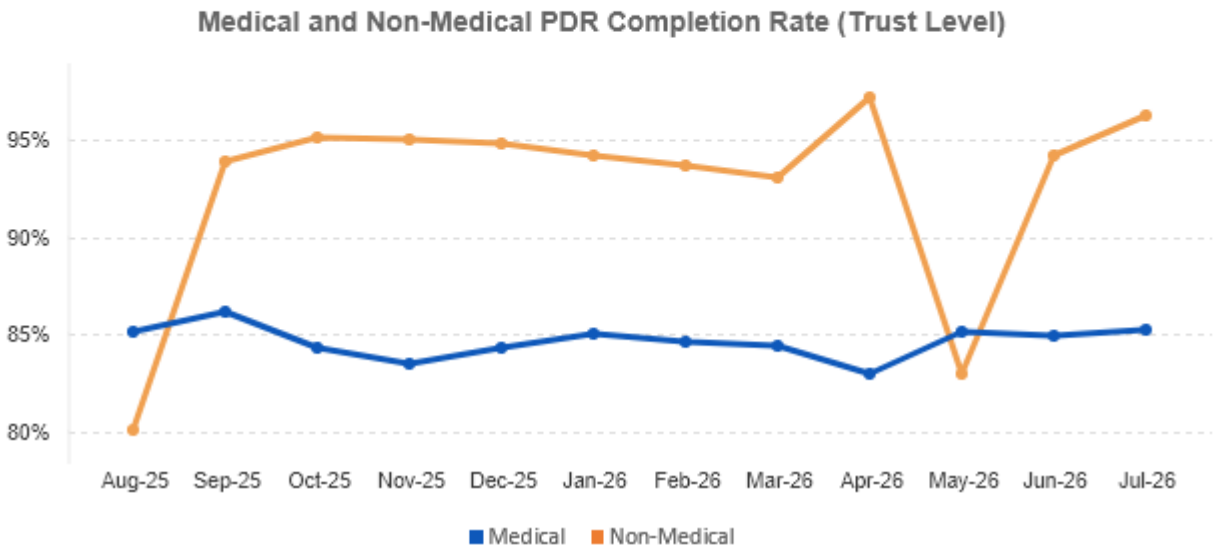
In-Month Performance

	Vacancy Rate	Voluntary Turnover	Sickness Absence	Agency Usage	Bank Usage
CW	6.98%	7.7%	4.4%	0.4%	8.3%
WM	6.72%	6.4%	5.0%	0.3%	10.2%
Trust	6.89%	7.3%	4.6%	0.3%	9.0%

Year-to-Date Performance

	Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Vacancy Rate	CW	5.4%	6.4%	7.1%	7.0%	7.0%	7.0%
	WM	5.4%	5.0%	6.2%	6.0%	6.7%	6.7%
	Trust	5.4%	5.9%	6.8%	6.7%	6.9%	6.9%
Voluntary Turnover	CW	8.5%	8.3%	8.2%	7.9%	7.7%	7.7%
	WM	6.7%	6.4%	6.5%	6.6%	6.4%	6.4%
	Trust	7.8%	7.7%	7.6%	7.4%	7.3%	7.3%
Sickness Absence	CW	4.1%	4.4%	4.1%	4.0%	4.4%	4.4%
	WM	4.6%	4.5%	4.3%	4.9%	5.0%	5.0%
	Trust	4.3%	4.4%	4.2%	4.3%	4.6%	4.6%
% Agency Usage	CW	0.4%	0.2%	0.2%	0.2%	0.4%	0.4%
	WM	0.5%	0.2%	0.3%	0.2%	0.3%	0.3%
	Trust	0.4%	0.2%	0.3%	0.2%	0.3%	0.3%
% Bank Usage	CW	9.2%	7.8%	8.1%	7.8%	8.3%	8.3%
	WM	11.1%	9.7%	9.9%	10.1%	10.2%	10.2%
	Trust	9.9%	8.5%	8.7%	8.7%	9.0%	9.0%

Trend



Narrative

The trust is recently completed the PDR window (1st April - 30th June).

The trust has achieved its PDR target and the PDR rate as at the end of July is 96.3% with five of the six divisions achieving the 95% target.

WLCH has the highest rate 99.6% with Corporate 97.9%; CSD 97.2%; EIC 96.9%; PCD 95.5% and SCD 94.0%.

CW site has a PDR rate of 96.3% and the WM site has a PDR rate of 96.2%.

Mandatory Learning (Core Skills); performance against this metric has remained the same as last month at 91.9% and remains above target.

Medical appraisal – the compliance rate at the end of July 2026 remains below target at 85.3%.

In-Month Performance

	Medical PDR Completion Rate (Trust Only)	Non-Medical PDR Completion Rate	Core Skills Completion Rate
CW	-	-	91.3%
WM	-	96.3%	92.8%
Trust	85.3%	96.3%	91.9%

Year-to-Date Performance

Site	Mar-26	Apr-26	May-26	Jun-26	Jul-26	2026-2027
Medical PDR Completion Rate (Trust Only)	CW					
	WM					
	Trust	84.4%	82.9%	85.1%	85.0%	85.3%
Non-Medical PDR Completion Rate	CW					
	WM					
	Trust	93.0%	97.2%	82.9%	94.2%	96.3%
Core Skills Completion Rate	CW					
	WM					
	Trust	91.3%	91.3%	91.3%	91.3%	91.3%
	WM					
	Trust	92.8%	92.8%	92.8%	92.8%	92.8%
Trust		91.9%	91.9%	91.9%	91.9%	91.9%

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 presure 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	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M
Maternity	90%	93%	95%	99%	7.6	2.6	0.0	0.0	10.15	12.79	-1.83%	6.64%	4.14%	1	5	0	0	0	0	0	0	8	64	0	0	6	75	62.96%	
Annie Zunz	90%	97%	100%	100%	6.1	2.4	0.0	0.0	8.44	8.73	5.86%	7.52%	0.00%	0	8	0	0	0	0	0	0	1	9	0	0	0	4	100.00%	
Apollo	111%	-	112%	-	25.3	0.0	0.0	0.0	25.32	N/A	-3.93%	5.62%	32.97%	0	1	0	0	0	1	0	1	4	25	0	0	0	0	100.00%	
Mercury	101%	-	108%	-	8.4	0.0	0.0	0.0	8.41	9.94	0.15%	3.18%	0.00%	0	1	0	0	0	0	0	0	2	69	0	0	3	6	100.00%	
Neptune	139%	-	148%	-	9.7	0.0	0.0	0.2	9.94	13.06	13.41%	5.76%	0.00%	1	3	0	0	0	0	0	0	2	42	0	0	0	3	100.00%	
NICU	107%	-	106%	-	15.1	0.0	0.2	0.0	15.34	26.91	3.42%	1.92%	0.00%	0	0	0	0	0	0	0	0	1	101	0	0	0	4	100.00%	
AAU	108%	87%	100%	139%	6.8	1.8	0.0	0.1	8.75	8.4	7.90%	4.17%	5.75%	16	139	0	4	2	7	0	1	6	90	0	0	2	20	97.35%	
Nell Gwynne	101%	80%	113%	111%	3.9	3.0	0.0	0.2	7.06	7.82	3.21%	4.80%	17.52%	3	47	0	3	0	0	0	0	0	13	0	0	0	2	97.22%	1
David Erskine	110%	106%	113%	125%	3.8	3.4	0.0	0.0	7.14	7.14	12.69%	4.52%	6.02%	5	71	0	0	1	0	0	0	3	34	0	0	1	7	94.20%	
Edgar Horne	110%	99%	116%	134%	3.6	3.5	0.4	0.0	7.55	6.78	3.31%	0.00%	0.00%	1	58	0	1	1	3	0	0	4	35	0	0	1	10	84.62%	
Lord Wigram	91%	93%	98%	100%	3.6	3.3	0.3	0.0	7.26	7.81	4.87%	2.79%	13.58%	2	31	0	1	1	5	0	1	1	27	0	0	0	3	95.38%	3
St Mary Abbots	87%	99%	90%	99%	3.6	3.7	0.0	0.0	7.27	7.55	8.89%	21.34%	25.47%	4	31	0	0	0	0	0	0	1	30	0	0	2	10	92.00%	
David Evans	93%	90%	90%	99%	4.8	3.4	0.0	0.0	8.29	7.55	2.02%	0.00%	5.30%	0	17	0	2	0	0	0	0	1	31	0	1	2	8	97.14%	
Chelsea Wing	141%	116%	102%	94%	12.7	6.9	0.0	0.0	19.60	7.55	14.60%	23.37%	17.06%	1	3	0	1	0	0	0	0	1	22	0	0	1	10		
Burns Unit	95%	100%	167%	97%	24.1	3.4	0.0	0.4	27.95	N/A	8.89%	7.70%	0.00%	0	16	0	0	0	0	0	0	1	8	0	0	0	2	100.00%	
Ron Johnson	99%	109%	100%	119%	4.6	2.8	0.0	0.0	7.43	5.51	4.33%	0.00%	0.00%	0	55	0	0	0	0	0	0	5	39	0	0	0	5	100.00%	
ICU	108%	-	108%	-	26.0	0.0	0.2	0.1	26.29	26.91	2.03%	8.40%	0.00%	1	10	0	0	1	2	0	1	2	38	0	0	1	2		
Rainsford Mowlem	109%	94%	95%	102%	3.1	3.1	0.2	0.0	6.43	7.5	4.82%	3.93%	4.22%	4	41	0	2	0	0	0	0	0	14	0	0	0	10	94.08%	
Nightingale	117%	112%	100%	152%	3.3	3.8	0.0	0.0	7.08	7.5	8.98%	0.00%	6.49%	7	86	0	1	1	2	0	0	4	42	0	0	0	4	95.96%	
Emergency Department	105%	91%	112%	105%	-	-	-	-	-	N/A	15.94%	7.27%	8.66%	2	50	0	2	0	0	0	0	7	106	0	0	12	105	82.15%	
DSU	86%	57%	90%	90%	-	-	-	-	-	N/A	11.42%	3.70%	9.33%	0	8	0	0	0	0	0	0	2	13	0	0	0	4	96.30%	
Theatres	95%	78%	102%	94%	-	-	-	-	-	N/A	-0.97%	2.94%	7.58%	0	0	0	0	0	0	0	0	1	9	0	0	2	7		
OPD	72%	85%	-	-	-	-	-	-	-	N/A	5.88%	9.17%	22.73%	0	4	0	1	0	0	0	0	0	10	0	0	12	107	92.01%	
Averages /Totals	103%	94%	108%	109%	9.3	2.5	0.1	0.1	11.9		5.91%	5.86%	8.12%	48	685	0	18	7	20	0	4	57	871	0	1	45	408	94.07%	4

Safe Staffing & Patient Quality Indicators – West Middlesex



Chelsea and Westminster Hospital
NHS Foundation Trust



	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure 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	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M			
Lampton FU	123%	94%	144%	103%	4.1	3.1	0.0	0.1	7.36	7.5	1.10%	0.00%	9.88%	3	57	0	0	2	10	0	0	0	56	0	0	0	2	97.67%	
Richmond	106%	98%	100%	98%	4.1	2.8	0.2	0.2	7.28	7.55	1.98%	0.00%	7.45%	0	22	0	0	1	1	0	0	1	9	0	0	1	4	100.00%	
Syon 1 cardiology	99%	98%	99%	108%	4.4	1.8	0.0	0.3	6.56	7.93	4.89%	5.95%	32.21%	6	42	0	2	1	1	0	0	1	16	0	0	1	1	96.97%	
Syon 2	103%	97%	100%	100%	3.5	2.9	0.2	0.2	6.72	7.14	5.65%	0.00%	0.00%	1	43	0	1	0	2	0	0	4	42	0	0	0	6	93.88%	
Starlight	120%	-	111%	-	8.6	0.0	0.0	0.0	8.60	13.06	16.25%	7.79%	0.00%	1	4	0	0	0	1	0	0	6	46	0	0	0	9	90.00%	
Kew	107%	118%	119%	124%	3.6	3.5	0.2	0.0	7.25	7.5	9.44%	5.42%	9.31%	4	43	0	2	0	1	0	1	1	23	0	0	0	2	85.71%	
DRU	99%	98%	99%	96%	3.1	3.0	0.1	0.1	6.23	7.5	3.11%	0.00%	13.86%	5	57	0	1	4	6	0	1	4	27	0	0	0	5	100.00%	
Osterley 1	97%	98%	99%	112%	3.9	2.9	0.2	0.2	7.27	7.81	14.78%	3.62%	10.34%	8	57	0	0	0	8	0	3	2	41	0	0	0	4	98.25%	
Osterley 2	99%	105%	98%	110%	3.7	3.6	0.1	0.1	7.51	7.55	2.42%	0.00%	4.86%	1	34	0	0	0	4	0	3	1	32	0	0	0	4	100.00%	2
MAU	102%	96%	108%	109%	6.5	2.7	0.0	0.1	9.22	8.4	11.29%	1.56%	0.00%	9	97	0	1	2	4	0	0	10	91	0	1	0	10	97.88%	
Maternity	97%	82%	106%	91%	7.9	2.1	0.0	0.0	10.00	12.79	-0.83%	3.32%	2.37%	0	1	0	0	0	0	0	0	2	48	0	0	0	10	86.26%	
Special Care Baby Unit	114%	-	114%	-	11.1	0.0	0.0	0.0	11.11	13.06	2.03%	5.74%	0.00%	0	0	0	0	0	0	0	0	2	20	0	0	0	1		
Marble Hill 1	122%	113%	130%	154%	4.4	3.2	0.0	0.1	7.62	6.8	0.69%	3.69%	11.28%	7	107	1	2	0	2	0	0	6	60	0	0	1	7	91.26%	1
Marble Hill 2	125%	107%	141%	120%	4.4	3.3	0.0	0.1	7.76	6.78	4.86%	15.03%	11.53%	6	68	0	2	1	1	0	0	3	77	0	0	1	8	100.00%	
ITU	86%	-	86%	-	26.1	0.0	0.0	0.0	26.09	26.91	5.12%	7.92%	0.00%	1	5	0	0	0	3	0	0	3	41	0	0	1	1		
Redlees	101%	96%	104%	111%	3.8	3.5	0.0	0.2	7.47	7.82	-3.75%	4.85%	0.00%	5	57	0	0	0	0	0	0	1	17	0	0	0	2	100.00%	
Emergency Department	105%	89%	108%	70%	-	-	-	-	-	N/A	9.74%	7.79%	0.00%	1	43	0	0	0	1	0	0	2	60	0	0	5	41	79.64%	
DSU	97%	125%	-	-	-	-	-	-	-	N/A	7.02%	0.00%	0.00%	0	4	0	0	0	0	0	0	0	2	0	0	0	3	92.05%	
Theatres	94%	72%	115%	100%	-	-	-	-	-	N/A	3.72%	0.00%	17.83%	0	2	0	0	0	0	0	0	0	7	0	0	1	7		
OPD	77%	84%	-	-	-	-	-	-	-	N/A	3.65%	4.57%	6.58%	0	2	0	0	0	0	0	0	0	10	0	1	4	48	88.02%	
Averages /Totals	104%	98%	110%	107%	6.4	2.4	0.1	0.1	9.0		5.16%	3.86%	6.88%	58	745	1	11	11	45	0	8	49	725	0	2	15	175	93.98%	3



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. Emergency Departments, Day Surgery Units, Theatres and Out-patient Departments have been added to the report this month in accordance with Developing Workforce Safeguards Guidance. In relation to CHPPD, information has been compared against the national benchmarks and data has been 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 nursing safety huddles continue to oversee the deployment of staff, as required, in order to maintain patient safety.

West Middlesex site:

Marble Hill 1, Kew, reported increased HCA fill rates in the night, to support enhanced observation for patients with mental health needs and those at risk of falls. Marble Hill 1, Marble Hill 2, Lampton Frailty Unit had increased RN fill rate day and night to staff escalation areas and to support enhanced observation for patients requiring mental health supervision.

ED reported low HCA fill rates during the night due to sickness and vacancies and limited specialist bank availability; however, patient care was maintained. DSU reported increased day HCA fill rate due to escalation and additional lists. Operating Theatres Department had a low fill rate of HCA during the day following recent establishment changes. Recruitment is progressing, with new starters currently undergoing pre-employment checks care was not compromised. Outpatient department RN fill rate was low due to staff sickness, but care was not compromised as staff were redeployed according to clinic activity.

Chelsea and Westminster site:

Neptune ward experienced high RN fill rate during (day and night) to meet the increased care demands with a patient presenting with high acuity mental health needs. Additional staffing resources were also required to mitigate workforce gaps resulting from staff sickness and to ensure safe staffing levels were maintained across the ward.

Chelsea Wing experienced increased RN fill rates during the day to meet additional clinic demand. A business case is currently being developed to reflect the increased acuity and staffing requirements.

Nightingale ward had increased HCA fill rates to support the opening of escalation beds. On AAU, Edgar Horne and David Erskine high fill rate for HCA during the night was reported to support enhanced observations for patients with mental health needs and those at risk of falls. Burns Unit reported increased RN fill rate during the night to meet the increased acuity and care needs of patients. OPD low fill rates for RN during the day were impacted by staff sickness and limited availability of bank staff. Matron and managers supported the service through cross-cover arrangements, ensuring patient safety was maintained at all times.

The DSU reported low daytime HCA fill rates due to vacancies, staff sickness and specialist bank cover. Patient care was maintained through management support. Operating Theatres reported a reduced HCA fill rate during daytime shifts due to staff sickness. However, the impact on service delivery and patient care was mitigated through the support of supernumerary staff, ensuring safe and effective care was maintained throughout. In Outpatient Department low RN fill rates were impacted by staff sickness and limited availability of bank staff. Matron and managers supported the service through cross-cover arrangements, ensuring patient safety was maintained at all times.

Incidents:

In July 1 patient harm incident were reported. In Marble Hill 1, a patient fall was witnessed by the multi-disciplinary team. An Incident Investigation Review (IIR) has been initiated and remains ongoing to establish any contributory factors and identify any learning opportunities to support future risk reduction.

The Friends and Family Test showed 100% scores in Seven wards at CW and Five wards in WM. At WM 1 area received FFT feedback scores below 80%. Feedback from WM Emergency Department related to waiting times. At CW Maternity in patient feedback was that actions will be implemented to improve patient feedback collection and experience by extending FFT distribution to antenatal patients, reinforcing staff awareness and monitoring response rate to assess impact and drive further improvement

Please note all incident figures are correct at time of extraction from DATIX. There were 7 red flags raised in July. Four at CW and Three in WM. Red flags are reviewed at the daily safety huddles where mitigations and actions are taken to maintain safe care. The vacancy rate and turnover are from June 2026.



Nursing, Midwifery and care staff average fill rate July 2026				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
104.37% ↔	103.27% ↔	6.3 ↑	2.6 ↔	8.9 ↑

RN Fill Rates (ward areas) stayed the same from 104.94% in June 2026 to 104.37% in July 2026. The RN vacancy rate (whole trust) in June 2026 was 4.65%.

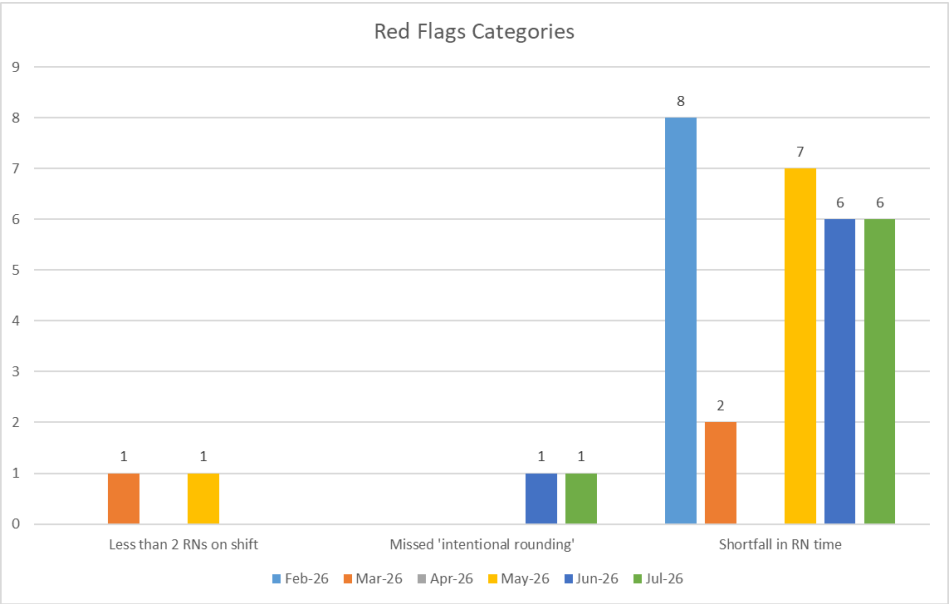
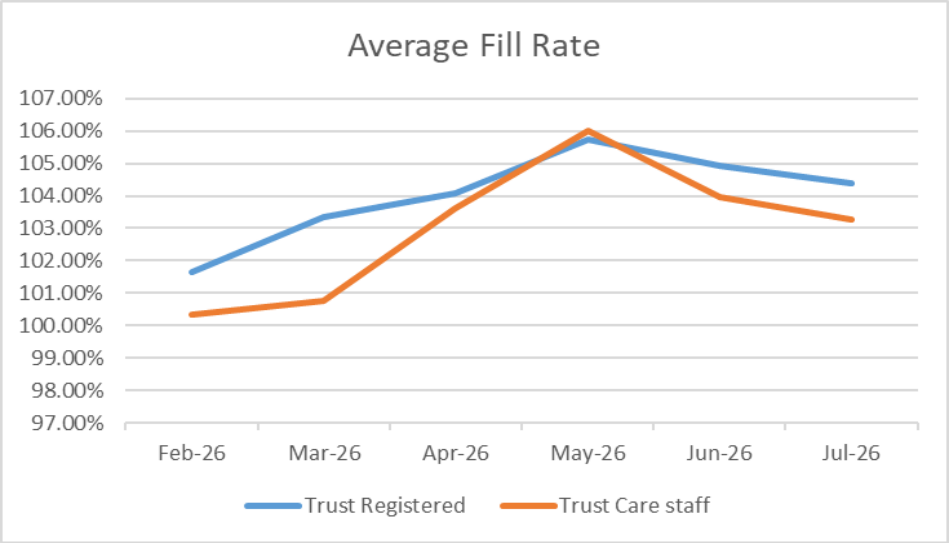
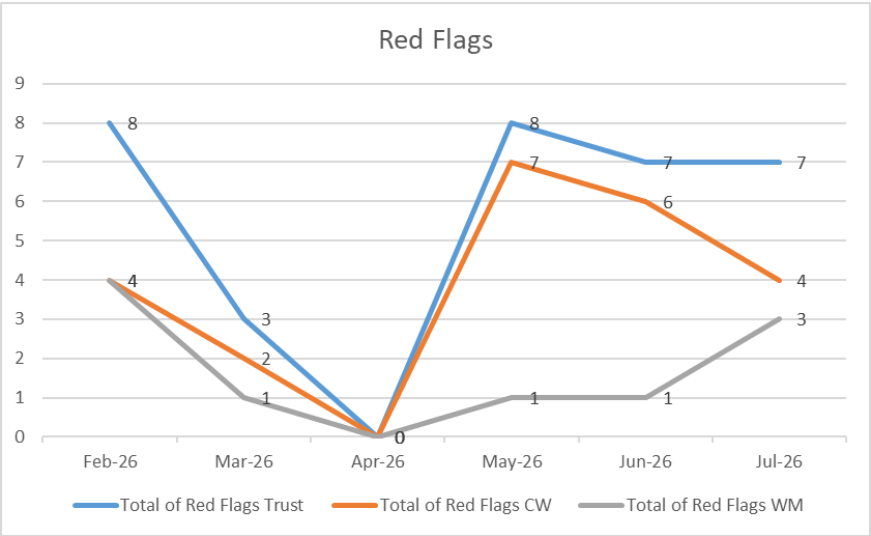
Care Staff Fill Rates (ward areas) stayed the same from 103.95% in June 2026 to 103.27% in July 2026. There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in June 2026 was 8.78%

The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 104.45% in June 2026 to 103.82% in July 2026.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (April 2026) was 8.9. Trust workforce data confirms the CHPPD was 8.9 in July 2026, slightly up from June 2026 – 8.8.

Safe Staffing Red Flags – 7 red flags from the 5 categories (tables below) were reported during June 2026 where majority were Shortfall in RN time.

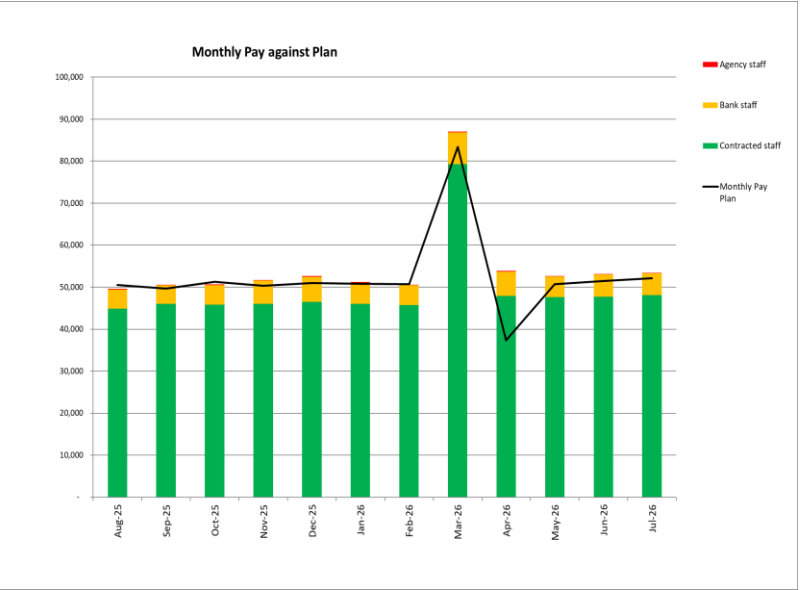
CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Apr 2026
Trust	8.9
Hillingdon Hospital	8.8
London NW	8.9
Imperial	10.4
National Median	8.9





Finance

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	358,508	362,057	3,549
Expenditure			
Pay	(204,976)	(212,986)	(8,011)
Non-Pay	(134,834)	(132,207)	2,627
EBITDA	18,700	16,865	(1,835)
EBITDA %	5%	4.66%	(0)
Depreciation	(12,035)	(11,242)	793
Non-Operational Exp-Inc	(4,879)	(4,429)	451
Surplus/Deficit	1,786	1,194	(591)
Control total Adj - Donated asset, Impairment & Other	(2,739)	(1,821)	918
PFI Model recalculation		(299)	(299)
Adjusted financial performance surplus/(deficit)	(953)	(926)	28



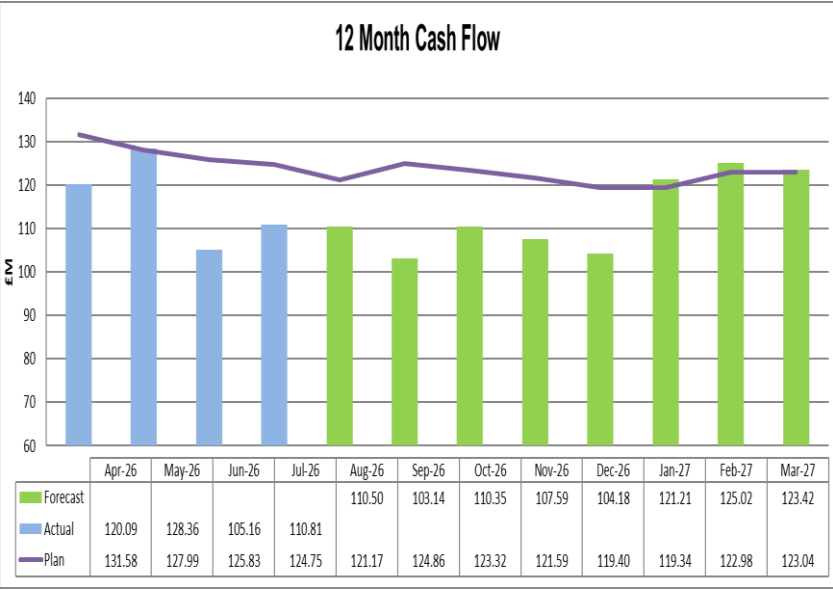
Comment: Mar 26 12 payroll figures include additional spend for 9.4% Pension contribution - £33.08 m a notional figure
April 26 includes spend on industrial action. July 26 includes an accrual for the revised medical pay awards matched by income

The adjusted YTD financial position at Month 4 is a £0.93m deficit which is £0.03m over plan.

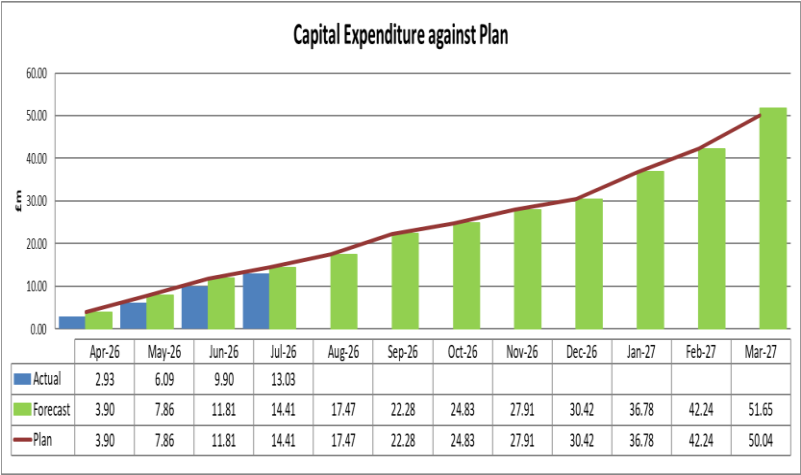
Pay: £8.01m adverse against plan. The adverse variance at Month 4 includes premium cover for Industrial Action in April, slippage against CIPs as well cover for WLI, vacancies, sickness, rota gaps, and other forms of leave

Non-Pay: There is a £2.63m favourable variance which includes adjustment to budget to match NHSE return.

Income: Income is now outperforming plan, largely due to a budget adjustment made to align with agreed contract values. The variable elements of the contract, including ERF, drugs, and unbundled imaging, are all performing above their contractual baselines. Urgent and Emergency Care (UEC) income, which forms part of the blended payment arrangement, is also ahead of plan. Day-case activity within EIC remains under investigation and is being corrected. Sexual Health activity was below plan in April and May, which has impacted the accruals for the subsequent two months.



Comment: The negative cash variance to plan in M4 of £13.94m is negative cash variance b/fwd from M3 of £20.67m, higher receipts to plan of £8.54m (ICB & NHS England & FT's £6.87m higher, Local Authority & AR £1.76m higher, Other Income £0.01m lower, PP Income £0.07m lower, Interest Income £0.02m lower) offset by higher cash outflows to plan £1.81m (higher creditor payments).



Comment: The original gross capital programme for 2026/27 was £50.05m, which has been adjusted to £51.65m at P04. The increase is due to additional donation funding being carried forward from 2025/26, £5.6m CW+ donations and £0.14m from Imperial for the DTEC ADC programme, £1.87m for the IECCP FDP Programme, £0.09m for the CIL funding for the WM Development plan less the £6.3m for the Human Challenge Fund Programme (grant funded) which has now been deferred to 2027/28. The budgets have been allocated to the various areas, with £24.61m for the DTEC build and equipment, £9.50m for general estate projects, £3.50m for IT projects, £2.70m for medical equipment purchases, £1.87m for the IECCP (FDP) programme, £1.98m for the PFI unitary charge, and £7.25m for PDC funded Imaging schemes. The planned YTD spend for P04 was £14.4m and the actual spend incurred is £13.0m, resulting in an under spend of £1.4m. This under spend will be incurred in later months.



National Oversight Framework

in Tier 1.

		Most recent published position										
Domain	Metric	Q4 Score	Q4 Results /Score	Reporting Period								
				Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	TREND
Access To Service	% of patients waiting up to 18 weeks for care	2.30	66.0%	61.2%	61.8%	63.5%	66.0%	66.4%	67.4%	68.0%	68.1%	
	% of cases waiting up to 18 weeks for care versus target	1.00	5.9%	1.9%	2.2%	3.8%	5.9%	1.4%	1.3%	1.2%	1.2%	
	% of patients waiting over 52 weeks for care	2.37	1.3%	1.8%	1.7%	1.6%	1.3%	1.3%	1.3%	1.3%	1.0%	
	% of diagnostic referrals waiting over 6 weeks			20.2%	23.2%	17.9%	20.4%	26.5%	20.6%	18.6%	19.3%	
	% of cases meeting the 28 day faster diagnosis standard	2.15	79.6%	81.4%	79.1%	81.7%	78.1%	79.2%	82.0%	81.9%	83.2%	
	% of cases treated within 62 days of referral	1.00	81.6%	87.4%	79.8%	83.0%	82.2%	89.0%	92.3%	85.3%	87.7%	
	% of patients admitted, discharged or transferred within 4 hours	1.00	78.3%	78.3%	77.3%	78.4%	79.1%	78.2%	77.6%	76.9%	78.8%	
	% of patients spending over 12 hours in department	1.37	2.9%	3.1%	4.7%	3.4%	2.5%	3.0%	3.7%	4.7%	2.8%	
Experience of Care	CQC inpatient survey satisfaction rate	2.00										
	NHS staff survey advocacy rate	1.00										
	Number of patients cared for in corridors							0	0	0	0	
	Average number of days from discharge ready date to actual discharge	2.49		0.9	0.9	1.0	0.8	0.8	0.8	0.9		
Effectiveness of Care	Summary Hospital Mortality Indicator	1.00		76.5	77.0	75.8	75.3	77.5	77.6	78.4	77.5	
	Emergency Re-Admissions < 30 Days of Discharge		5.0%					5.6%	5.4%	4.9%	4.7%	
	Rate of pregnant women with a delayed planned induction per 1,000 deliveries											
Patient Safety	NHS staff survey - raising concerns sub-score	1.41	6.7									
	12 month rolling count of MRSA bacteraemia cases	3.32	6	6	5	5	6	6	7	8	7	
	12 month rolling count of C. difficile cases as a proportion of Trust threshold	3.87	1.76	55	56	57	58	56	53	55	56	
	12 month rolling count of E. coli bacteraemia cases as a prop of Trust threshold	1.00	0.98	99	100	96	97	97	98	105	102	
	Rate of inpatient falls that cause harm											
	Breadth and depth of clinical audit outliers											
	% of patients acquiring a new Grade 3 or 4 pressure ulcer											
	%of safety incidents resulting in harm											
People and workforce	Sickness absence rate score	1.09	4.36%	4.6%	4.6%	4.4%	4.3%	4.4%	4.2%	4.3%	4.6%	
	Healthcare worker flu vaccination rate											
	NHS staff survey engagement theme score	1.34	7.1									
	NHS staff standards score											
	National education and training survey satisfaction rate		72.26%									
	Temporary staffing cost relative band	1.34										
Finance and Productivity	Planned surplus/deficit score	1	0.00%									
	Implied productivity level score	1.34	6.38%									
	Variance year-to-date to financial plan score	1	0.47									
	% of clinical trials set up within 90 days											
	Data Quality Maturity Index											
	Relative cost difference (National Cost Collection Index)											



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