











TRUST PERFORMANCE & QUALITY REPORT

March 2025

NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025 Q4	2024-2025	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	76.62%	76.67%	81.82%	78.95%	72.18%	71.75%	78.13%	77.12%	74.27%	74.11%	79.91%	76.20%	78.01%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	63.01%	61.59%	60.19%	63.89%	60.99%	59.87%	59.93%	61.65%	61.98%	60.72%	60.06%	60.91%	62.73%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	95.16%	98.75%	99.33%	96.96%	97.50%	99.72%	99.25%	98.48%	96.55%	99.31%	99.28%	97.92%	97.85%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	100%	97.96%	99.07%	100%	100%	97.96%	100%	99.07%	
	31 day combined position (Target: >=96%)	97.01%	100%	93.33%	98.47%	93.64%	96.55%	98.68%	97.76%	94.92%	98.01%	96.32%	96.34%	98.04%	
	62 day combined position (Target: >=85%)	75.17%	75.21%	79.75%	81.87%	78.50%	79.43%	79.08%	84.56%	77.16%	77.70%	79.33%	77.40%	83.45%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	79.37%	86.77%	82.06%	83.15%	75.40%	83.08%	78.60%	79.90%	76.92%	84.46%	79.94%	80.34%	81.13%	
Patient Safety	Clostridium difficile infections (Year End Target: 33)	3	2	1	31	1	3	1	30	4	5	2	11	61	

A&E 4-hr Waiting Times

Performance against the 4hr standard in March 2025 was compliant at 79.9%, West Middlesex achieved 78.1% with 14,100 attendances and the Chelsea site 81.8% with 13,261 attendances. There were 55 12-hour trolley waits declared in March mostly mental health patients awaiting beds. The Trust also achieved the full year 78% national target, the only Trust within the sector to achieve this with an overall ranking of 19th across England.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance decreased in March 2025, reported at 60.05%. Elective admitted and outpatient activity levels are above operational plans. For March 2025, the total RTT Patient Treatment List (PTL) increased to 67117 (+2173), 52ww reduced to 303 (-234), 65ww reduced to 3 (-16) and there are no patient waiting above 78ww. For the 65ww position, the 3 breaches were due to patient choice. Going into 2025/26, the focus will be the 18ww ask, ensuring less patients are awaiting first appointments and continually addressing chronological booking for the 52ww backlog cohort as enhanced oversight and targeted interventions continue for at-risk specialities. These include Vascular Surgery, Urology, ENT, Paeds ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

Cancer (Final Previous Month, Unvalidated Current month)

31-Day: The 31-Day combined metric was compliant for the month of February 2025, with a validated position of 98.1%, against the target of 96%. The Trust is continuing to see a strong performance of 31-day into March with an unvalidated position of 96.3% against the 96% target.

62-Day: The 62-Day combined target of 85% standard has remains challenged in February 2025, as the service anticipated, with the validated performance at 77.7%, largely in part due to the knock-on effect of Christmas, patient choice and impact of annual leave. We are seeing the performance starting to recover into March with an unvalidated performance at present of 79.33% against the target of 85%, with the expectation of this increasing slightly. The backlog does continue to remain to be reported within a trajectory of 100, which is a strong position despite the continued challenges in-month.

28-Day FDS: The Trust continues to maintain a strong compliance against the 75% national target (rising to 77% in April) achieving 84.46% in February 2025 but just missing the internal expectation of 85%. The current unvalidated position for March 2025 is 79.94% against the national target of 75%.

Clostridium Difficile

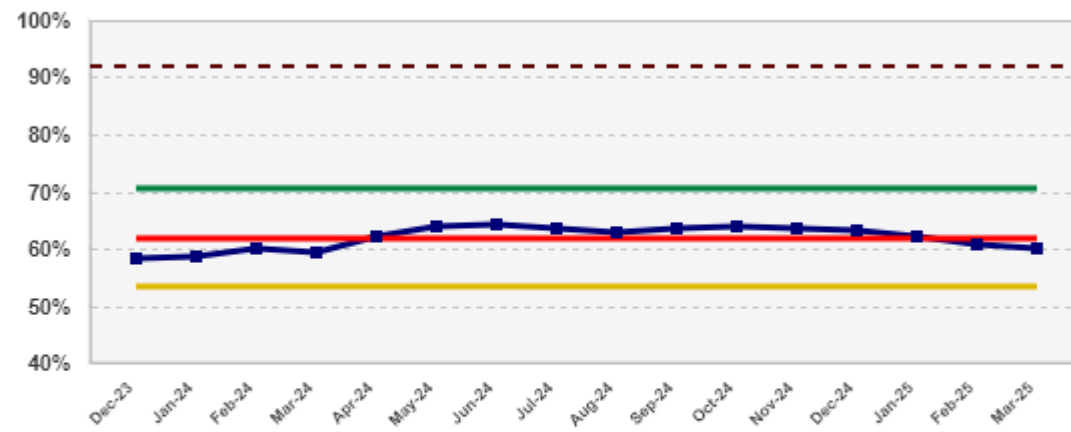
There were 2 healthcare associated CDI cases reported in March. One case occurred at the at Chelsea and Westminster hospital in AAU and the other case occurred at the West Middlesex hospital in Marble Hill 2. To date for this financial year there has been a total of 61 cases against a 2024/25 target of 33. The Incident Review meetings have been scheduled, all learning and insights are shared with wards, teams and divisions

SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 16 months Dec 2023 to Mar 2025

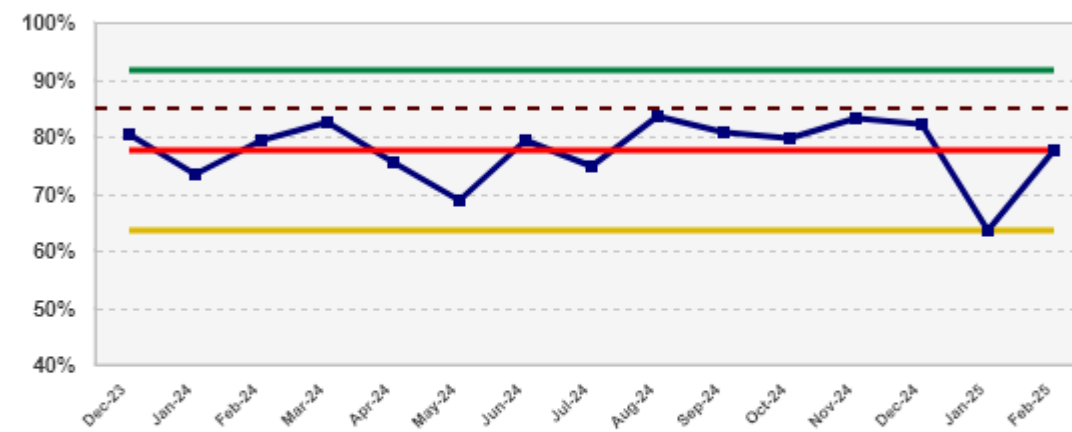
RTT Incomplete pathways

Trust Total

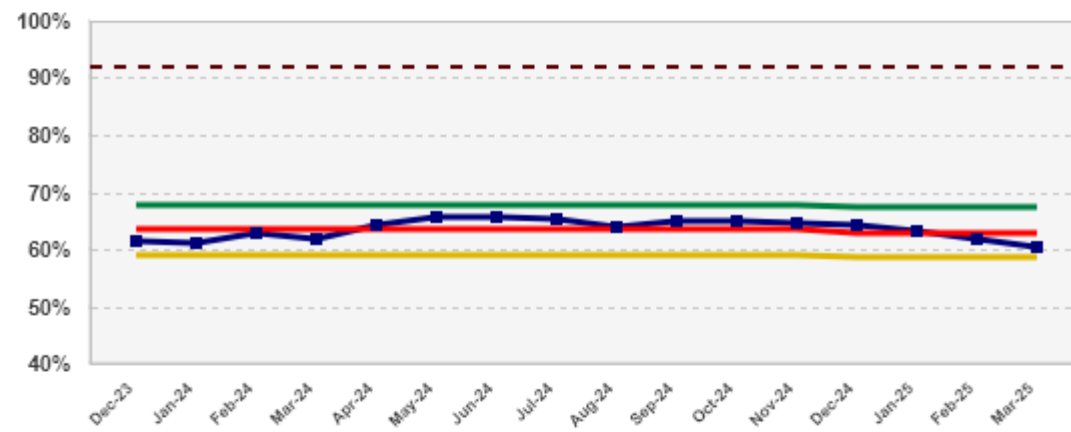


Cancer: 62 day standard

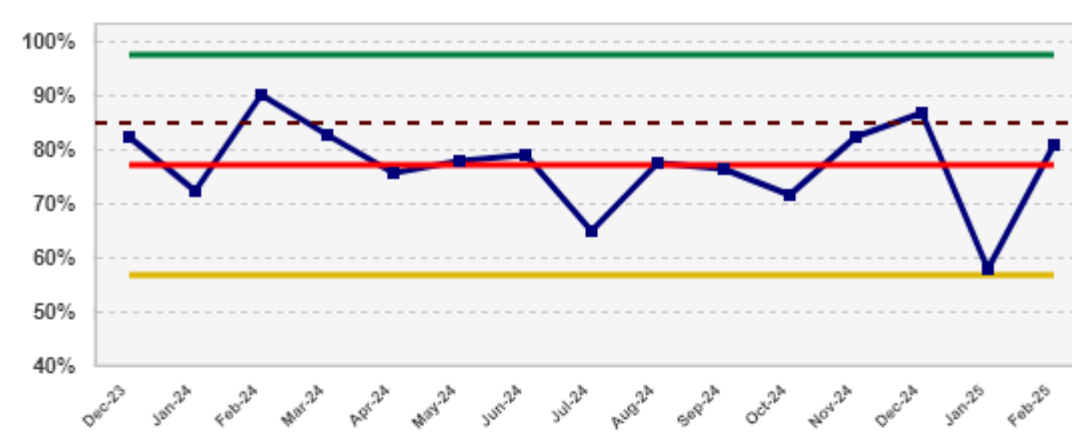
Trust Total



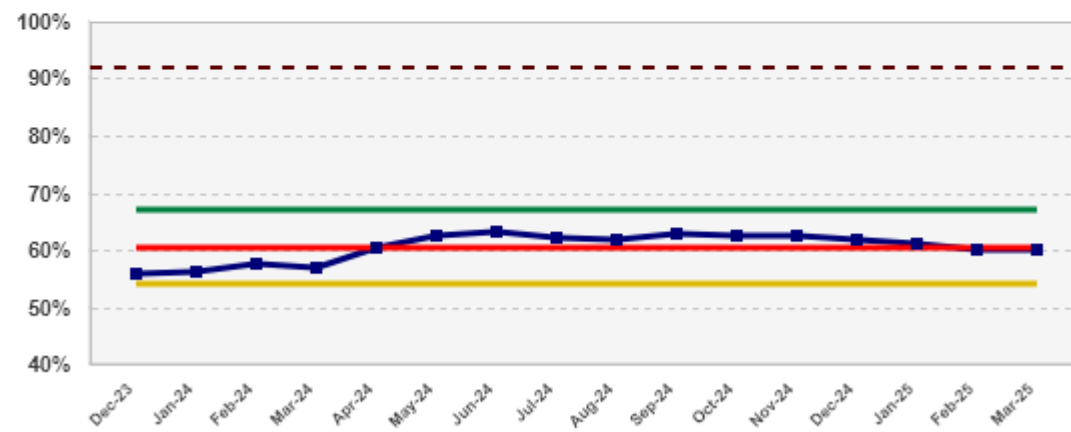
Chelsea and Westminster



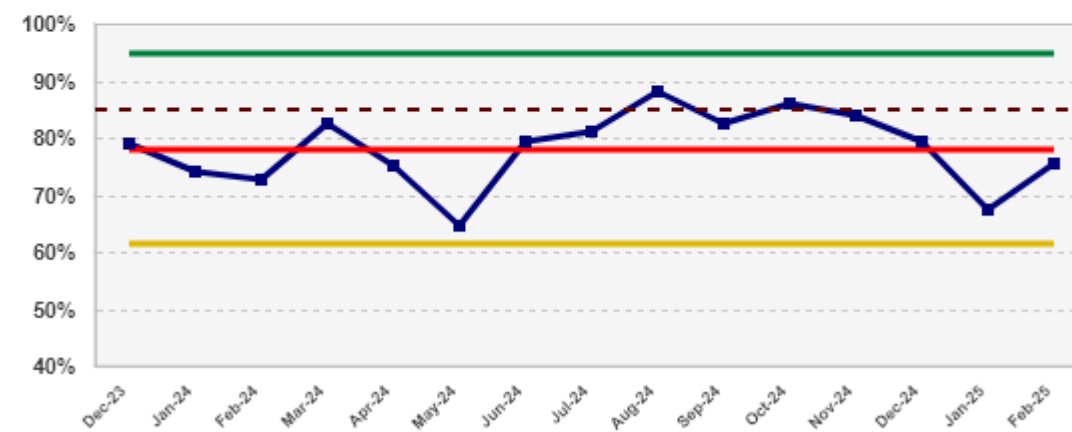
Chelsea and Westminster



















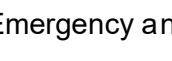

West Middlesex



West Middlesex



Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025 Q4	2024-2025	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	2	1	0	0	3	1	0	0	1	5	
	Hand hygiene compliance (Target: >90%)	98.3%	96.3%	92.5%	96.0%	97.1%	97.9%	97.1%	98.2%	97.7%	97.0%	94.6%	96.4%	97.0%	
Incidents	Number of serious incidents	5	3	0	25	2	2	1	21	7	5	1	13	46	
	Incident reporting rate per 100 admissions (Target: >8.5)	12.1	11.6	10.7	10.9	9.5	11.4	9.9	9.8	10.8	11.5	10.3	10.8	10.3	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.01	0.02	0.02	0.02	0.00	0.03	0.03	0.01	0.01	0.02	0.02	0.02	0.02	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.91	6.52	5.14	5.71	3.74	4.27	4.12	4.19	4.82	5.38	4.59	4.89	4.93	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.4%	
	Never Events (Target: 0)	1	0	0	2	0	0	0	1	1	0	0	1	3	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	1	0	2	3	1	0	11	3	2	0	5	13	
Harm	Safeguarding adults - number of referrals	52	42	42	489	47	59	30	505	99	101	72	272	994	
	Safeguarding children - number of referrals	95	117	118	1272	127	124	156	1578	222	241	274	737	2850	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	69	68	68	68	71	71	72	72	70	70	70	70	70	
Mortality	Number of hospital deaths - Adult	49	37	37	443	81	64	73	740	130	101	110	341	1183	
	Number of hospital deaths - Paediatric	3	0	2	8	0	0	1	1	3	0	3	6	9	
	Number of hospital deaths - Neonatal	2	0	1	16	0	0	1	4	2	0	2	4	20	
	Number of deaths in A&E - Adult	2	2	0	22	3	8	1	35	5	10	1	16	57	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1	
	Number of deaths in A&E - Neonatal	1	0	0	1	0	0	0	1	1	0	0	1	2	

MRSA

No cases of MRSA bacteraemia were reported for March 2025, however for this financial year a total of 5 cases have been reported against a target of 0. Three cases have occurred in the Emergency and Integrated Care division, 1 case in the Specialist Care division and 1 case in the Planned Care division.

Hand Hygiene

The overall Trust hand hygiene compliance for March was 94.6% against a trajectory of 95%. The West Middlesex hospital achieved a hand hygiene compliance of 97.13% whilst the Chelsea hospital achieved 92.46%. The decrease at the Chelsea site was due to non-submission of hand hygiene audits by two clinical areas. Non-adherence of hand hygiene submissions are escalated to the divisions by the DIPC through monthly divisional dashboards and through the Infection Prevention and Control Group.

Incidents

There was one PSI Investigation declared in March 2025: a locally defined PSII relating to a delayed diagnosis of a diaphragmatic hernia. The cases was discussed at the Initial Incident group and immediate safety actions and areas for improvement have been taken. During the target month (March 2025) the target rate of patient safety incidents per 100 admissions was exceeded by both sites. Positive reporting is encouraged to highlight improvements, safe practices, and near-miss events that could have been harmful but were avoided. The implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) further supports staff in improving patient safety practices and learning from incidents.

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

Trust target met.















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

Trust target met.

Safeguarding

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

Patient Experience

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025 Q4	2024-2025	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	93.16%	94.58%	92.91%	94.17%	96.60%	96.08%	96.63%	97.40%	95.03%	95.28%	95.05%	95.1%	95.98%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	3.04%	2.17%	2.75%	2.92%	1.28%	0.49%	1.18%	0.85%	2.08%	1.38%	1.84%	1.8%	1.76%		-
	FFT: Inpatient response rate (Target: >15%)	24.09%	29.84%	25.32%	24.15%	37.78%	34.31%	41.82%	36.42%	29.99%	31.78%	32.76%	31.5%	29.78%		!
	FFT: A&E satisfaction % (Target: >90%)	85.56%	83.80%	84.20%	84.70%	76.75%	71.52%	76.48%	77.44%	81.66%	78.33%	80.62%	80.3%	81.42%		!
	FFT: A&E not satisfaction % (Target: <10%)	9.08%	10.65%	9.43%	10.12%	16.14%	21.19%	16.56%	15.98%	12.21%	15.35%	12.74%	13.4%	12.77%		!
	FFT: A&E response rate (Target: >15%)	10.37%	10.21%	8.89%	12.42%	7.82%	7.98%	7.73%	10.37%	9.06%	9.08%	8.31%	8.8%	11.40%		!
	FFT: Maternity satisfaction % (Target: >90%)	89.72%	93.41%	89.11%	90.33%	93.75%	88.89%	94.39%	89.56%	91.44%	91.56%	91.83%	91.6%	90.00%		-
	FFT: Maternity not satisfaction % (Target: <10%)	5.61%	5.49%	5.94%	6.66%	3.75%	3.17%	4.67%	6.56%	4.81%	4.55%	5.29%	4.9%	6.62%		-
	FFT: Maternity response rate (Target: >15%)	18.97%	19.78%	19.20%	19.09%	18.82%	14.13%	23.88%	16.37%	18.91%	17.00%	21.36%	19.1%	17.84%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	31	19	29	280	31	19	29	79	280		!
Complaints	Complaints (informal) through PALS	38	73	132	577	29	44	60	442	67	117	192	376	1019		-
	Complaints formal: No of complaints due for response	30	23	27	320	10	12	13	131	40	35	40	115	451		-
	Complaints formal: Number responded to < 25 days	21	17	21	257	9	9	10	104	30	26	31	87	361		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	2	0	0	0	0	2		-

MSA (Mixed Sex Accommodation)

West Middlesex experienced significant challenges in March regarding patient flow from critical care to wards. While "Guidelines for the Provision of Intensive Care Services" stipulate a four-hour transfer window, the ICU recorded 29 instances of mixed-sex accommodation breaches. Furthermore, severe bed availability issues resulted in 15 patients waiting over 10 hours for a ward bed, with 8 enduring waits exceeding 30 hours. These delays were primarily caused by high patient activity outside of critical care and the ICU operating at full capacity. Despite these pressures, our commitment to upholding patient dignity and cultural beliefs remains steadfast.















Complaints

78% (31/40) of complaints were responded to within the 25 day KPI (target 95%) during March 2025. This has been due to not receiving information/draft responses within the agreed timeframe, sustained increased activity in both PALS and Complaints and leave within the team. 9 complaints were not responded to within the timeframe – 4 for EIC, 2 for Specialist Care, 1 for Planned Care and 1 for Enterprise Division. The PALS and Complaints team are continuing to recover the position for April with regular tracker meetings and escalation to highlight delays and blockages in the process. Compliance with responding to informal PALS concerns within 5 working days during March was 74% (KPI 90%).

Friends and Family Test

Inpatient satisfaction and response rates continue to remain stable and consistent. Although Chelsea site has experienced a drop in response rate, all targets have been met across the trust. A&E satisfaction and response rates frequently fluctuate below the trust target across both sites. Common themes include pain management, the environment (cleanliness) and lack of communication regarding waiting times. Maternity satisfaction rate has also experienced some dips in the data, but as a combined trust a small improvement can be seen. Chelsea response rate remains consistent, with West Middlesex experiencing a slight drop in February.

Efficiency and Productivity

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025 Q4	2024-2025	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.93	2.70	2.80	2.91	2.38	2.53	2.05	2.46	2.75	2.64	2.54	2.64	2.76		-
	Average length of stay - non-elective (Target: <3.95)	5.16	5.38	5.88	4.71	4.39	4.37	5.40	4.03	4.73	4.81	5.61	5.06	4.33		!
	Emergency care pathway - average LoS (Target: <4.5)	6.78	6.74	7.36	5.64	5.26	5.27	6.58	4.69	5.82	5.86	6.87	6.21	5.06		!
	Emergency care pathway - discharges	194	189	204	2640	330	284	352	4159	524	473	556	1554	6799		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.64%	5.87%	5.30%	4.92%	7.01%	7.00%	7.45%	6.67%	6.32%	6.44%	6.39%	6.38%	5.79%		-
	Non-elective long-stayers	499	415	406	5588	499	513	333	5662	998	928	739	2665	11250		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	86.3%	88.9%	85.9%	87.3%	87.3%	83.8%	87.1%	87.3%	86.6%	87.1%	86.3%	86.7%	87.3%		-
	Operations canc on the day for non-clinical reasons: actuals	30	19	11	205	15	43	22	221	45	62	33	140	426		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.78%	0.55%	0.29%	0.45%	0.50%	1.46%	0.71%	0.62%	0.65%	0.97%	0.48%	0.70%	0.53%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	4	4	1	33	1	3	1	16	5	7	2	14	49		!
	Theatre Utilisation Model Hospital (Target > 85%)	79.1%	80%	79.7%	79.1%	91.2%	96.5%	91.8%	92.0%	83.0%	85.4%	83.8%	84.0%	83.5%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.44	2.34	2.28	2.37	1.85	1.77	1.80	1.77	2.16	2.07	2.06	2.10	2.09		!
	Average wait to first outpatient attendance (Target: <6 wks)	9.6	9.0	8.9	9.7	10.1	9.9	9.7	10.7	9.8	9.4	9.3	9.5	10.2		!
	DNA rate: first appointment	9.8%	9.7%	9.4%	10.3%	9.8%	9.4%	9.0%	9.7%	9.8%	9.5%	9.2%	9.5%	10.1%		-
	DNA rate: follow-up appointment	7.3%	7.7%	7.5%	8.1%	7.4%	6.5%	6.3%	7.1%	7.4%	7.2%	7.0%	7.2%	7.7%		-
	PIFU - % of Total Outpatient attendances	12.0%	11.4%	11.7%	11.4%	2.8%	2.7%	2.6%	2.2%	8.2%	7.8%	7.9%	8.0%	7.6%		-

Day-Case Rate

The day-case rate decreased slightly in March 2025 going from 87.1% to 86.3% with both sites remaining above the target of 85%.

Cancelled Operations

The number of cancelled operations on the day (for non-clinical reasons) significantly decreased in March (to back in line with Trust average (with 33 patients in total). Work is on-going to now reduce this down further, with the work stream on preoperative optimisation supporting with improving this.














Theatre Utilisation

Trust-Wide utilisation decreased back into a non-compliant position in March 2025, up to 83.8%. Theatre utilisation remains significantly above the 85% target at 91.8% on the West Middlesex site. The Chelsea site remains below the 85% target, this is driven by utilisation significantly below the 85% target in Paediatric Theatres, in part driven by the high volume day case workload and high cancellations on the day due to patient sickness.

Outpatients

In March, DNA rates and the first-to-follow-up ratio improved across both sites for new and follow-up patients, showing a positive overall trend. The percentage of patients discharged to PIFU also slightly improved, though efforts to increase uptake continue. Additionally, average wait times for both urgent and routine first appointments saw slight improvements, with ongoing focus on booking long-wait new appointments.

Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025 Q4	2024-2025	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	95.5%	89.8%	92.1%	94.1%	94.2%	96.6%	91.4%	93.5%	94.8%	93.8%	91.7%	93.5%	93.8%	 -
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	80.0%	68.4%	87.0%	70.4%	92.6%	83.3%	94.4%	92.6%	89.2%	75.7%	90.2%	85.2%	81.5%	 !
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	88.9%	71.4%	81.3%	80.7%	93.8%	82.4%	77.3%	88.7%	90.7%	77.4%	78.9%	83.0%	84.9%	 -
VTE	VTE: Hospital acquired	0	0	0	5	6	3	0	56	6	3	0	9	61	 -
	VTE risk assessment (Target: >95%)	95.2%	94.9%	94.6%	94.9%	95.8%	95.2%	95.1%	95.9%	95.5%	95.0%	94.9%	95.1%	95.4%	 -
TB Care	TB: Number of active cases identified and notified	3	5	1	30	12	18	9	109	15	23	10	48	139	 -
Sepsis	ED % Periods Screened (Target >90%)	92.0%	89.2%	92.8%	91.1%	86.0%	87.0%	87.2%	85.2%	89.3%	88.3%	89.9%	89.2%	88.5%	
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	79.5%	80.4%	79.4%	75.4%	88.4%	92.1%	92.4%	90.1%	83.1%	84.9%	85.0%	84.3%	81.0%	
	Ward % Periods Screened (Target >90%)	85.2%	85.2%	83.9%	85.7%	93.9%	91.7%	89.8%	92.9%	89.6%	88.4%	86.9%	88.3%	89.2%	
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	93.7%	95.1%	96.3%	95.7%	96.9%	98.0%	96.5%	96.6%	95.4%	96.7%	96.4%	96.1%	96.2%	
Discharge	Date of Discharge is same as Discharge Ready Date	86.0%	86.4%	89.4%	88.4%	84.4%	81.3%	85.7%	85.5%	85.2%	83.8%	87.4%	85.5%	86.8%	
	Date of Discharge is 1+ days after Discharge Ready Date	14.0%	13.6%	10.6%	11.6%	15.6%	18.7%	14.3%	14.5%	14.8%	16.2%	12.6%	14.5%	13.1%	
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

Dementia Screening

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

Stroke Care

Bed pressures on both sites have impacted the availability of stroke beds particularly in February, this is improving along the closing of escalation beds.

#NoF (Time to Theatre -Neck of Femur)

Performance in March 2025 showed improvement when compared to the previous month and is at 90.2%. Both sites reported improvement with the Chelsea site reporting 20 of 23 patients having surgery within 36 hours. The 2 breaches were due to theatre capacity while 1 was due to consultant availability. In the West Middlesex site 17 of 18 patients were medically fit for surgery and had surgery within 36 hours. The breach was due to a complex case impacting the list overrunning.

VTE Risk

At Trust level the VTE performance reduced slightly with a marginal reduction in Chelsea site with performance at 94.6%. Areas of focus remain with elective services across the site.








Discharge Ready

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

Sepsis

Screening performance was compliant in the Chelsea site. Targeted work in place for clinical reviews. Clinical reviews improving. Targeted work with paediatric patients in place. In WMUH continued improvement in screening in ED. Screening on wards just below target, however this is on a background of sustained performance. Clinical reviews compliant

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025 Q4	2024-2025	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	368	297	142	142	301	240	161	161	669	537	303	303	303	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	91.85%	96.38%	97.01%	87.45%	88.50%	96.53%	96.44%	84.48%	90.14%	96.45%	96.74%	94.41%	85.95%	
	Diagnostic waiting times >6 weeks: breach actuals	453	209	173	8924	663	187	183	11316	1116	396	356	1868	20240	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	6.6%	6.6%	6.4%	7.0%	7.1%	7.7%	6.7%	7.5%	6.9%	7.2%	6.5%	6.8%	7.2%	
	A&E time to treatment - Median (Target: <60')	00:23	00:23	00:23	00:25	00:34	00:36	00:34	00:35	00:30	00:31	00:30	00:30	00:30	
	London Ambulance Service - patient handover 30' breaches	52	41	45	490	291	254	142	2262	343	295	187	825	2752	
	London Ambulance Service - patient handover 60' breaches	0	0	0	5	18	10	0	88	18	10	0	28	93	

Diagnostic 6-Week Waits

March sustained the compliance position achieved in February against the national 95% standard. Continuous reduction on waiting list size seen mainly driven by MRI, reducing backlog of patients. Most modalities sustained February position; however physiological science modalities have seen a slight decline in overall performance. DM01 PTL size is now back to October 2023 indicating the recovery trajectory is nearing completion.

Ambulance Handover

The Trust's performance for ambulance handovers remains strong however, there have been increased challenges with ambulance divers across the sector

RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25
RTT waiting list positions	Total RTT waiting list	31643	32043	33050	32798	32901	34067	64441	64944	67117
	Total Non-Admitted waiting list	27395	27371	28162	29951	29504	30731	57346	56875	58893
	Non-Admitted with a date	8154	11573	15309	6831	10284	13578	14985	21857	28887
	Non-Admitted without a date	19241	15798	12853	23120	19220	17153	42361	35018	30006
	Total Admitted waiting list	4248	4672	4888	2847	3397	3336	7095	8069	8224
	Admitted with a date	409	643	885	435	660	837	844	1303	1722
	Admitted without a date	3839	4029	4003	2412	2737	2499	6251	6766	6502
	Patients waiting >65 weeks	9	10	2	12	9	1	21	19	3
	Patients waiting >76 weeks	1	1	0	0	0	0	1	1	0
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25	Jan-25	Feb-25	Mar-25
Total	368	297	142	301	240	161	669	537	303
Breast Surgery				1			1		
Clinical Haematology	1	1					1	1	
Colorectal Surgery	18	16	12	11	9	9	29	25	21
Dermatology	9	2		4	3	1	13	5	1
Endocrinology	1						1		
ENT	1		1	101	47	28	102	47	29
Gender Affirmation Surgery		1						1	
General Surgery	51	44	19	13	25	30	64	69	49
Gynaecology	8	6	2	1		1	9	6	3
Haemophilia		1						1	
Hepatology	4	1					4	1	
Maxillo-Facial Surgery		2						2	
Ophthalmology	30	17	5				30	17	5
Oral Surgery				3	8	1	3	8	1
Orthodontics	10	2	1				10	2	1
Paediatric Burns Care	1						1		
Paediatric Clinical Immunology		1						1	
Paediatric Dentistry	2						2		
Paediatric Ear Nose and Throat	1	2		39	43	30	40	45	30
Paediatric Gastroenterology	1	1					1	1	
Paediatric Maxillo-Facial Surg	1	4	1				1	4	1
Paediatric Neurology	2	1					2	1	
Paediatric Plastic Surgery	3	3	1				3	3	1
Paediatric Trauma and Orthopae	1						1		
Paediatric Urology				1			1		
Paediatrics	1						1		
Pain Management	22	23	10				22	23	10
Plastic Surgery	72	49	22	19	7	2	91	56	24
Podiatric Surgery				2	1	2	2	1	2
Podiatry				1	1		1	1	
Rheumatology	1						1		
Trauma & Orthopaedics	57	53	30	39	21	5	96	74	35
Urology	33	33	15	2	4	7	35	37	22
Vascular Surgery	37	34	23	64	71	45	101	105	68

Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025 Q4	2024-2025	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:23	1:23	1:23	1:23	1:27	1:25	1:25	1:25	1:25	1:24	1:24	1:24	1:24	-
	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)	457	358	398	5147	374	345	377	4599	831	703	775	2309	9746	-
	Total number of bookings (Target:> CW 580 WM 478)	630	558	575	6863	515	430	454	5611	1145	988	1029	3162	12474	-
	Maternity 1:1 care in established labour (Target: >95%)	37.0%	97.0%	98.0%	92.1%	98.0%	99.0%	96.0%	97.8%	67.5%	98.0%	97.0%	87.5%	94.9%	-
Safety	Admissions >37/40 to NICU/SCBU	27	0	28	251	0	13	12	390	27	13	40	55	251	-
	Number of reported Serious Incidents	2	6	5	35	2	3	2	21	4	9	7	20	56	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	1	0	0	7	0	1	0	4	1	1	0	2	11	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	5.5%	9.0%	6.7%	6.9%	6.9%	10.0%	5.2%	6.4%	6.2%	9.5%	6.0%	7.2%	6.7%	-
	Number of stillbirths	2	1	2	16	1	1	2	15	3	2	4	9	31	-
	Number of Infant deaths	1	1	0	14	0	0	2	11	1	1	2	4	25	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	1	-
Outcomes	% of women on a continuity of care pathway	n/a	n/a	n/a	2.8%	n/a	n/a	n/a	5.3%	n/a	n/a	n/a	n/a	4.1%	-
	Spontaneous unassisted vaginal births	21.0%	22.0%	21.0%	23.6%	27.0%	29.0%	29.0%	28.8%	24.0%	25.5%	25.0%	24.8%	26.2%	-
	Vaginal Births - spontaneous & induced	33.0%	37.0%	35.0%	37.0%	41.0%	41.0%	42.0%	41.9%	37.0%	39.0%	38.5%	38.2%	39.4%	-
	Instrumental deliveries	75	52	59	689	49	38	48	600	124	90	107	321	1289	-
	Pre-labour elective caesarean sections	86	66	77	1034	56	44	51	662	142	110	128	380	1696	-
	Emergency caesarean sections in labour	139	108	121	1457	111	119	113	1384	250	227	234	711	2841	-

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

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

Workforce The current midwifery ratios on each site for the month of March are 1:25 at Chelsea and 1:23 at West Middlesex.

Red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input. The compliance rate for the month of March on the CW site has declined from 85% to 77.96%. There were two red flags reported for intrapartum care: Delay between admission for induction and beginning of process (n=1), and delayed or cancelled time critical activity (n=1). West Mid reported 85.48% for March. There were three red-flags at WM: delay in providing pain-relief (n=1), and delay between admission for induction and beginning of process (n=2). Following the rollout of the BR+ Acuity App on the AN and PN wards WMUH reported 67.74% compliance for their antenatal ward and 10 red flags: delayed or cancelled time critical activity (n=1), delay between admission for induction and beginning of process (n=6) and any occasion when 1 midwife is not able to provide continuous 1:1 care and support to a woman during established labour (n=2) and delay in providing the pain relief (n=1). Postnatal ward compliance was 92.74%% with 5 red flags reported: missed or delayed care (n=3), delay in providing pain relief (n=2). On the CW Simpson Unit (Recovery & HDU) reported 58.60% compliance with 1 red flag due to delayed or cancelled time critical activity. CW site went live and launched the acuity app on the inpatient wards in March, they have achieved a compliance of 77.96%.

The neonatal leadership team continue to enhance the local QIS programme to optimise skill mix, as there has been a slight decline this month (now at 54%) on the CW site of the number of nurses who have QIS. At WM it remains at 89%. There are a number of nurses on a QIS course which is due for completion in spring next year. Phase 1 and 2 of the recruitment business case have been successfully recruited into. This will increase the current staffing establishment by over 23 WTE.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice daily ward rounds. The MIS year 7, safety action 4 indicates that the service must demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology'. In addition (effective February 2023) all short-term locums (less than 2 weeks) will need to be compliant with respect to the RCOG and GMC certificate of eligibility data regarding compliance. A detailed summary was included in the Q3 Maternity and Neonatal Staffing Report. The paediatric workforce at WM are utilising additional locums to provide cover for the service to meet BAPM standards for a level 2 unit. The Trust are still awaiting confirmation from the ICB as to when and if the LNU level 2 re-designation will be financed to enable the green light in moving this forward.

Safety:

1. PMRT (Cross site): CW site reported 5 cases: NND x3, 1 x MTOP and one SB of twin 1 at 25+5/40. (T2 transferred to NICU). WMUH reported 3 cases: 2 Antepartum stillbirths; one at 36+2/40 weeks and 28+1/40. NND x1 28+1/40. 2. ATAIN (Cross site): On the CW site there were 36 babies admitted to NICU of which 28 were unexpected. One was admitted due to mild HIE not requiring therapeutic hypothermia. There were a significant number of other causes (32%), including 3 admissions due to bilious vomiting (19%) and two admissions due to polycythaemia (7%). One admission was felt to be potentially avoidable. On the WM site there were 13 term admissions in March, of which 12 were unexpected. This gives a term admission rate of 3.45% an increase from last month's 3.2%. 3. Audit program: All national and local audits have been registered and a cycle of audit and leads have been identified. A review of obstetric metrics has been undertaken and full dilatation CS will now be reviewed monthly given the increased associated risk to preterm birth in subsequent pregnancies. 4. SBLCBv3 (launched in May 2023) update. Agreement of local trajectory with the LMNS and quarterly reviews to confirm progress is now required. A peer review was undertaken in January where compliance was agreed to be at 86% of all interventions. This has dropped since December and a revised action plan is in place to achieve full compliance by June/July 2025. Element 1: Reducing smoking: The service are currently compliant with 6/10 interventions. Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction: Current audits demonstrated compliance with risk assessments and the LMNS have approved the derogation from National Guidance regarding scanning episodes for women with considered to be at risk of IUGR. The demand and capacity assessment of USS cross site has been completed and the service expect to be compliant with all interventions by June 2025. Compliant with 16/20 interventions. Element 3: Raising awareness of reduced fetal movements: On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites. Compliant with 2/2 interventions. Element 4: Effective fetal monitoring during labour: On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites. Compliant with 5/5 interventions. Element 5: Reducing Pre-term Birth: Screening for asymptomatic bacteriuria has been re-established on the CW site and compliance with this is improving. Compliance on the WM remains as this was always supported by local guidelines. All elements of perinatal optimisation are currently being met. Compliant with 26/27 interventions. Element 6: Management of Pre-existing Diabetes in pregnancy: Compliant with 6/6 interventions.

Perinatal Quality Surveillance Model Board Reporting

Maternity Perinatal Quality Surveillance Model

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025	Jan-25	Feb-25	Mar-25	2024-2025 Q4	2024-2025
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	91.0%	88.0%	89.0%	92.3%	86.0%	87.0%	87.0%	91.8%	88.5%	87.5%	88.0%	88.0%	92.0%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	94.0%	94.0%	91.0%	93.4%	89.0%	88.0%	89.0%	89.7%	91.5%	91.0%	90.0%	90.8%	91.5%
	Service User Feedback FFT	89.7%	93.4%	89.1%	90.3%	93.8%	88.9%	94.4%	89.6%	91.4%	91.6%	91.8%	91.6%	90.0%
	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	1	0	0	1	0	0	0	0	1	0	0	1	1
	Progress in achievements of NHSR MIS (10 safety actions) Green									10	0	0	10	59
	Progress in achievements of NHSR MIS (10 safety actions) Amber									0	0	0	0	26
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

CQC Metric Ratings - May 2023	Site	Overall	Safe	Effective	Caring	Well-led	Responsive
	West Middlesex	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
	Chelsea and Westminster	Good	Requires Improvement	Good	Good	Outstanding	Good

Annual Reports	
Staff survey: Proportion of midwives responding with 'Agree or Strongly Agree' on the following: A) would recommend their trust as a place to work B) Receive treatment from the Trust (Reported Annually)	A) (Trust average 71.3%) Midwives WMUH 80.85%, CW 79.29%. B) (Trust average 72%) Midwives 83% WMUH 80.85%, CW 84.17%.
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported Annually)	A) (Trust average 71.3%) Obstetricians WMUH 71.43%, CW 66.67%. B) (Trust average 77.6%) Obstetricians WMUH 85.71%. CW 81.48%.
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (Reported Annually)	2023 Cross-site 93.55% (WMUH 93.01%, CW 94.20%) of trainees reported excellent or good (increased from 90.54% in 2022)

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

Multi-professional mandatory training and fetal monitoring training: In March, overall multi-disciplinary training compliance remains at 88% and fetal monitoring is at 90% across both sites. All new staff have been booked onto mandatory training in the next 3 months. Whilst training compliance fluctuates depending on where staff are in their training cycle, the practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12-month period into MIS year 7 2025. The training needs analysis reflects the recommendations from the core competency framework and as such new training year has commenced with revised teaching content. This now includes 'Trauma-informed care.' Last year's curriculum included cultural safety training, which continues in this year's teaching programme, to support the department's commitment to valuing diversity and inclusion amongst its workforce and service users.

Service user feedback: The service receives monthly friends and family test feedback, overall there has been a continued increase in service user response rates reported this March to 26% compared to February's 24%, and January's 22%. However, positive feedback has declined to 89.12% in March from 90.65%, in February, but comparable to January's 89.08%. On the CW site the response rate remains static at 24%, and positive feedback also remaining at 85.95%. The 8.26% negative feedback continues to be raised about staff attitude, communication and delays in care. Conversely, the position at WM saw not only an increase in response rate to 28% but also an increase in positive feedback to 92.37%. The negative scores on the WM site are impacted by staff communication, attitude and behaviour. The MNVP undertook 15 steps on the WM site last month, the service is currently awaiting feedback but the team were delighted that the 5 service-users who participated were reflective of the demographic of women that serve the hospital. CW will hold their 15 steps event this month.

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

Maternity (Perinatal) incentive Scheme year 7: MIS year 7 version 1.0 was published on 2nd April 2025 and is now in a new reporting period. Revisions have been made to some of the technical guidance and is with the senior midwifery team for review. The Trust reported full compliance with 10 out of 10 safety actions for year 6 and has on-going action plans in relation to safety action 3 (transitional care on the WMUH site) and safety action 4 (neonatal nursing on the CW site).

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

CQC Inspection (February 2023): The Care Quality Commission inspection in of the Maternity Service took place in February 2023 on both sites and received the final report in May. Both sites have maintained their overall ratings of 'Outstanding' at WM and 'Good' at CW and the service is very proud of the continued quality and safety work that has taken place since the inspection 4 years earlier that has enabled maintaining these results with 6 areas of outstanding practice identified across the sites. The service is now compliant with the 3 must do actions and progress on the 14 should do's continue and are being tracked via a cross-site assurance group. (7 for WM and 7 for CW). 4 of the should do actions are on track and 10 have been completed, 1 should do action awaits the outcome of the WM consultant consultation. The CQC have recently published 16 maternity recommendations, of which 7 are specifically relevant to all NHS maternity Trusts. A benchmarking piece has been undertaken to review our compliance and to demonstrate we are able to meet these standards, and as such we do not have any concerns in our ability to do so.

Cancer Update

62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months
		Jan-25	Feb-25	Mar-25	2024-2025	YTD breaches	Jan-25	Feb-25	Mar-25	2024-2025	YTD breaches	Jan-25	Feb-25	Mar-25	2024-2025 Q4	2024-2025	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		87.5%	100%	94.1%	96.1%	8	87.5%	100%	94.1%	95.2%	96.1%	8	
	Colorectal / Lower GI	84.2%	92.9%	90.9%	88.8%	13	92.9%	64.7%	77.8%	78.0%	30	89.4%	82.2%	85.0%	85.9%	82.9%	43	
	Gynaecological	40.0%	27.3%	75.0%	58.1%	17.5	60.0%	100%	100%	83.0%	8	50.0%	42.9%	85.7%	47.1%	72.0%	25.5	
	Haematological	83.3%	100%	90.9%	91.6%	5.5	70.0%	90.9%	95.0%	91.8%	10.5	78.6%	92.3%	93.5%	85.2%	91.7%	16	
	Head and neck	100%	n/a	n/a	95.2%	1	33.3%	n/a	25.0%	54.2%	8.5	71.4%	n/a	25.0%	71.4%	80.3%	9.5	
	Lung	100%	100%	80.0%	72.6%	20.5	92.3%	65.2%	50.0%	82.8%	26.5	95.2%	75.8%	58.3%	83.3%	78.1%	47	
	Sarcoma	n/a	n/a	50.0%	71.4%	3	66.7%	77.8%	0.0%	75.6%	6.5	66.7%	77.8%	33.3%	75.0%	74.6%	9.5	
	Skin	84.8%	80.6%	81.8%	93.6%	20	86.1%	72.2%	88.2%	92.4%	11	85.5%	77.6%	84.0%	82.2%	93.2%	31	
	Upper gastrointestinal	100%	100%	100%	98.5%	1.5	100%	100%	100%	68.1%	18.5	100%	100%	100%	100%	87.5%	20	
	Urological	54.5%	56.3%	50.0%	60.1%	65.5	62.3%	64.1%	76.5%	78.0%	81.5	60.0%	60.6%	69.0%	60.2%	72.5%	147	
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	100%	0	
	Site not stated	n/a	n/a	n/a	n/a		100%	100%	n/a	94.1%	1	100%	100%	n/a	100%	94.1%	1	

Improving personalised cancer care at diagnosis

% patients receiving an (HNA) & care plan																		
Patients with an end of treatment summary																		

Note that this is currently a place-holder whilst the reporting methodology of the metrics are under review

Trust Commentary

62-Day: The 62-Day combined target of 85% standard has remains challenged in February 2025, as the service anticipated, with the validated performance at 77.7%, largely in part due to the knock-on effect of Christmas, patient choice and impact of annual leave. We are seeing the performance starting to recover into March with an unvalidated performance at present of 79.33% against the target of 85%, with the expectation of this increasing slightly. The backlog does continue to remain to be reported within a trajectory of 100, which is a strong position despite the continued challenges in-month.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast				13
Gynaecology	3.5	5.5		1.5
Haematology		2	1	11
Head and Neck				
Colorectal	1	14	3	8.5
Lung		5	4	11.5
Other				2
Sarcoma			1	4.5
Skin	3	15.5	2.5	9
Upper GI		2.5		4
Urology	7	16	7	19.5
Brain				2
Total:	14.5	60.5	18.5	86.5

Safer Staffing

Chelsea and Westminster March 2025

	Average fill rate				CHHPD					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					
	RN	HCA	RN	HCA										1 & 2	3, 4 & nonstage	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD		
Maternity	99%	79%	102%	84%	6.7	2.1	0.0	0.0	8.83	12.8	-11.70%	6.66%	11.23%	1	3	0	0	0	0	0	0	14	99	0	0	7	36	85.32%	
Annie Zunz	88%	124%	100%	106%	5.6	2.5	0.0	0.0	8.19	8.73	0.02%	32.71%	0.00%	1	13	0	0	0	0	0	0	0	11	0	0	1	3	98.26%	
Apollo	100%	-	103%	-	17.3	0.0	0.0	0.0	17.27	N/A	-1.77%	8.12%	0.00%	0	1	0	0	0	0	0	0	3	22	0	0	0	1	100.00%	
Mercury	104%	-	105%	-	7.1	0.0	0.0	0.0	7.11	9.94	8.39%	14.10%	26.59%	0	2	0	0	0	0	0	0	15	79	0	0	1	2	100.00%	
Neptune	102%	-	102%	-	7.9	0.0	0.0	0.2	8.07	13.1	9.20%	22.62%	0.00%	0	0	0	0	0	0	0	0	5	39	0	0	1	1	95.45%	
NICU	106%	-	108%	-	14.2	0.0	0.0	0.3	14.50	26.9	-9.02%	17.39%	0.00%	0	0	0	0	0	0	0	0	7	0	0	0	1	4	95.00%	
AAU	105%	90%	102%	119%	6.8	1.7	0.0	0.1	8.65	8.4	4.03%	8.87%	25.68%	5	114	1	4	0	4	0	0	4	76	0	0	3	18	70.59%	
Nell Gwynne	102%	75%	134%	77%	4.4	3.2	0.0	0.1	7.73	7.82	-3.96%	8.35%	5.43%	1	49	0	0	0	1	0	1	1	18	0	0	1	5	80.00%	
David Erskine	105%	75%	75%	125%	3.2	2.7	0.0	0.1	6.06	7.14	0.63%	0.00%	18.40%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100.00%	
Edgar Horne	130%	96%	119%	123%	4.0	3.4	0.0	0.0	7.39	6.78	-2.83%	4.76%	5.56%	7	62	0	3	0	2	0	0	0	28	0	1	2	11	100.00%	
Lord Wigram	84%	64%	102%	112%	4.1	2.3	0.1	0.2	6.70	7.81	7.94%	4.97%	15.26%	0	33	0	1	0	1	0	0	3	38	0	0	0	8	95.24%	
St Mary Abbots	98%	112%	100%	112%	3.7	2.9	0.2	0.0	6.69	7.55	11.40%	0.00%	19.47%	4	31	0	1	0	2	0	1	4	40	0	1	1	8	90.74%	1
David Evans	94%	82%	99%	105%	5.1	3.0	0.0	0.1	8.20	7.55	-0.84%	6.07%	4.76%	3	24	0	0	0	0	0	0	0	25	0	0	5	16	96.30%	
Chelsea Wing	140%	118%	100%	103%	10.6	6.2	0.0	0.0	16.77	7.55	12.82%	19.60%	13.54%	0	9	0	0	0	0	0	0	1	19	0	0	0	4		
Burns Unit	111%	83%	208%	93%	29.9	3.4	0.0	0.0	33.34	N/A	11.08%	11.54%	0.00%	0	9	0	0	0	0	0	0	1	11	0	0	0	5		
Ron Johnson	106%	156%	114%	160%	5.1	4.0	0.0	0.0	9.15	5.51	14.80%	25.37%	25.00%	0	31	0	1	0	1	0	0	3	41	0	0	0	1	100.00%	
ICU	103%	-	105%	-	26.7	0.0	0.0	1.1	27.75	26.9	1.23%	6.60%	0.00%	0	7	0	0	1	5	0	0	2	49	0	0	1	4		
Rainsford Mowlem	104%	93%	113%	123%	3.4	3.1	0.1	0.1	6.75	7.5	-4.15%	6.44%	8.14%	7	74	0	2	2	5	0	0	2	63	0	1	0	15	75.00%	
Nightingale	86%	44%	106%	55%	4.2	2.1	0.0	0.0	6.27	7.5	20.79%	0.00%	19.35%	4	77	0	0	0	0	0	0	0	26	0	0	0	6	93.33%	
Averages /Totals	103%	92%	110%	107%	9.0	2.2	0.0	0.1	11.34		3.58%	10.75%	10.44%	33	539	1	12	3	21	0	2	65	684	0	3	24	148	92.20%	1

West Middlesex March 2025

	Average fill rate				CHHPD					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					
	RN	HCA	RN	HCA										1 & 2	3, 4 & nonstage	M	YTD	M	YTD	M	YTD					M	YTD		
Lampton FU	128%	90%	136%	98%	3.7	2.8	0.0	0.0	6.56	7.5	36.18%	0.00%	18.84%	3	41	0	0	4	12	0	5	0	18	0	0	1	4	92.86%	
Richmond	108%	74%	100%	94%	3.8	2.7	0.1	0.0	6.67	7.55	4.88%	0.00%	0.00%	4	29	0	1	1	2	0	0	0	18	0	0	3	10	100.00%	2
Syon 1 cardiology	98%	116%	99%	134%	4.0	2.2	0.0	0.1	6.34	7.93	0.82%	0.00%	15.46%	3	34	0	0	0	5	0	1	3	25	0	0	0	6	98.36%	
Syon 2	110%	82%	100%	92%	3.7	2.8	0.3	0.0	6.77	7.14	2.68%	4.62%	5.12%	3	43	0	1	0	8	0	2	3	43	0	1	1	7	97.06%	
Starlight	150%	-	140%	-	12.0	0.0	0.0	0.0	11.95	13.1	12.11%	13.83%		0	2	0	0	0	0	0	0	5	52	0	1	0	7	100.00%	
Kew (Lampton)	103%	105%	107%	157%	3.2	3.1	0.0	0.2	6.59	7.5	1.08%	0.00%	0.00%	2	41	0	0	1	2	0	1	1	16	0	0	0	2	72.73%	
DRU (Crane)	101%	78%	100%	75%	3.1	3.1	0.2	0.1	6.60	7.5	-4.51%	4.95%	19.90%	0	0	0	0	0	0	0	0	0	0	0	0	0	4	100.00%	
Osterley 1	113%	82%	114%	127%	4.3	2.4	0.1	0.0	6.85	7.81	8.86%	16.36%	20.66%	9	63	0	1	0	18	0	0	5	52	0	0	1	10	96.88%	
Osterley 2	105%	77%	106%	117%	3.7	2.7	0.2	0.0	6.56	7.55	-1.52%	16.24%	4.98%	1	31	0	1	0	8	0	0	3	37	0	0	0	9	100.00%	3
MAU	102%	94%	106%	109%	5.6	2.3	0.0	0.0	7.93	8.4	5.86%	3.09%	0.00%	9	85	0	0	6	23	0	1	5	76	0	0	2	19	97.14%	
Maternity	98%	92%	103%	101%	8.0	2.5	0.0	0.0	10.48	12.8	-9.47%	3.40%	14.68%	0	0	0	0	0	0	0	0	7	46	0	0	1	6	88.95%	
Special Care Baby Unit	83%	-	94%	-	7.8	0.0	0.0	0.0	7.80	13.1	14.43%	4.47%	9.21%	0	0	0	0	0	0	0	0	4	21	0	0	0	1	100.00%	
Marble Hill 1	142%	103%	110%	198%	4.1	3.1	0.1	0.0	7.33	6.8	-2.95%	8.39%	0.00%	2	76	0	0	0	3	0	0	25	162	0	0	2	6	90.91%	
Marble Hill 2	112%	107%	131%	139%	3.6	3.2	0.2	0.0	6.98	6.78	-4.34%	9.12%	11.35%	8	62	0	0	0	8	0	2	3	34	0	0	1	7	94.44%	
ITU	95%	-	97%	-	26.0	0.0	0.0	0.0	25.99	26.9	7.29%	15.21%		0	1	0	0	0	11	0	0	5	58	0	0	0	4		
Redlees (Kew)	100%	85%	100%	94%	3.6	3	0.2	0.5	7.31	7.82	-7.95%	4.81%	0.00%	4	45	0	1	0	1	0	0	3	14	0	0	0	2	94.74%	
Averages /Totals	109%	91%	109%	118%	6.3	2.2	0.1	0.1	8.7		3.97%	6.53%	8.59%	48	553	0	5	12	101	0	12	72	672	0	2	12	104	94.94%	5

Safer Staffing & Patient Quality Indicator Report

March 2025

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

West Middlesex site:

Kew ward increased night HCA fill rates due to confused and high-risk patients. Marble Hill 1 and Marble Hill 2 had increased day RN and night HCA fill rates due to patient observation needs and the use of escalation beds. DRU ward had reduced night HCA fill rates based on clinical need, CHPPD and safety maintained due to support from the ward manager. Redlees ward had low day HCA fill rates due to staff training but care was supported by the ward manager. Lampton FU maintained high RN fill rates to manage escalation beds. Syon 2 had low day HCA fill rates because of staff sickness but sustained CHPPD with managerial support. Syon 1 needed more HCAs at night for escalation beds. Osterley 1, Osterley 2, and Richmond managed low day HCA fill rates due to staff sickness with aid from ward managers and supernumerary staff, while Osterley 1 raised night HCA fill rates for high-risk patients. Starlight increased RMN fill rates at night for 1:1 supervision. SCBU dealt with low RN fill rates from staff sickness and vacancies, maintaining CHPPD with team support.

Chelsea and Westminster site:

Ron Johnson ward needed high HCA fill rates day and night for 1:1 supervision. Chelsea Wing had high RN day fill rates due to staff sickness and increased activity. Annie Zunz required high night HCA fill rates for acuity and bed pressure. Edgar Horne's RN fill rate increased in March for RMN coverage, while night HCA fill rates rose for 1:1 patient supervision. Nell Gwynne had low HCA fill rates day and night due to staff sickness, with redeployed staff supporting CHPPD. David Erskine had low HCA day fill rates due to sickness; care was uncompromised. Night RN fill rates were low due to low patient acuity. Nightingale ward had low day RN and HCA fill rates due to bed closures. Rainsford Mowlem increased night HCA fill rates for 1:1 care. Lord Wigram had low day RN fill rates from staff sickness and open escalation beds but maintained CHPPD with band 6 support. They also had low HCA fill rates due to sickness and staffing challenges; CHPPD was not compromised. David Evans had supported the hospital during bed pressure but utilise their own staff to look after the patients so HCA fill rate was low but care was not compromised. Burns ward had high night RN fill rates from sickness and low day HCA fill rates from low acuity. Maternity had low day and night HCA fill rates due to sickness and bank shortages, but managers' support maintained CHPPD.

Incidents:

In March, a patient in AAU had an unwitnessed fall resulting in a right hip fracture, treated conservatively. IIR in progress

The Friends and Family Test showed five wards at WM and CW scored 100%. Rainsford Mowlem reported 75% satisfaction due to communication issues and hospital food quality. These are being addressed by the matron and ward manager, who are working with ISS to improve food presentation.

The AAU FFT response rate was 70.59%, with one response citing poor nursing care during a fall. Overall response rates for action plans from ward managers were low at 6%. Temporary staff covered administrative roles in AAU, and efforts are ongoing to train these staff in form uploading. Eleven feedback forms from March remain outstanding.

Nell Gwynne had an 80% response rate with no negative feedback. The Ward Manager enlisted volunteers to help patients complete feedback forms. Kew Ward had a 72.73% satisfaction rate, with issues like noise at night from confused patients and staffing shortages noted.

Please note all incident figures are correct at time of extraction from DATIX. There were six red flags raised in March, five at WMUH and one at CW. They are all related to staffing shortfalls. The vacancy rate and turnover are from January 2025. Please note all incident figures are correct at time of extraction from DATIX. There were four red flags raised in September, three at CW and one at WM. They related to staffing shortfalls. The vacancy rate and turnover are from September 2024.

Safe Staffing Analysis – Registered Nurse and Care Staff March 2025

RN Fill Rates (ward areas) stayed the same from 105.36% in February 2025 to 105.44% in March 2025. The RN vacancy rate (whole trust) in March 2025 was 2.18%, up from February 2025– 0.78%

Care Staff Fill Rates (ward areas) decreased from 97.75% in February 2025 to 96.93% in March 2025 There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in March 2025 was 9.58%, up from 7.74% in February 2025.

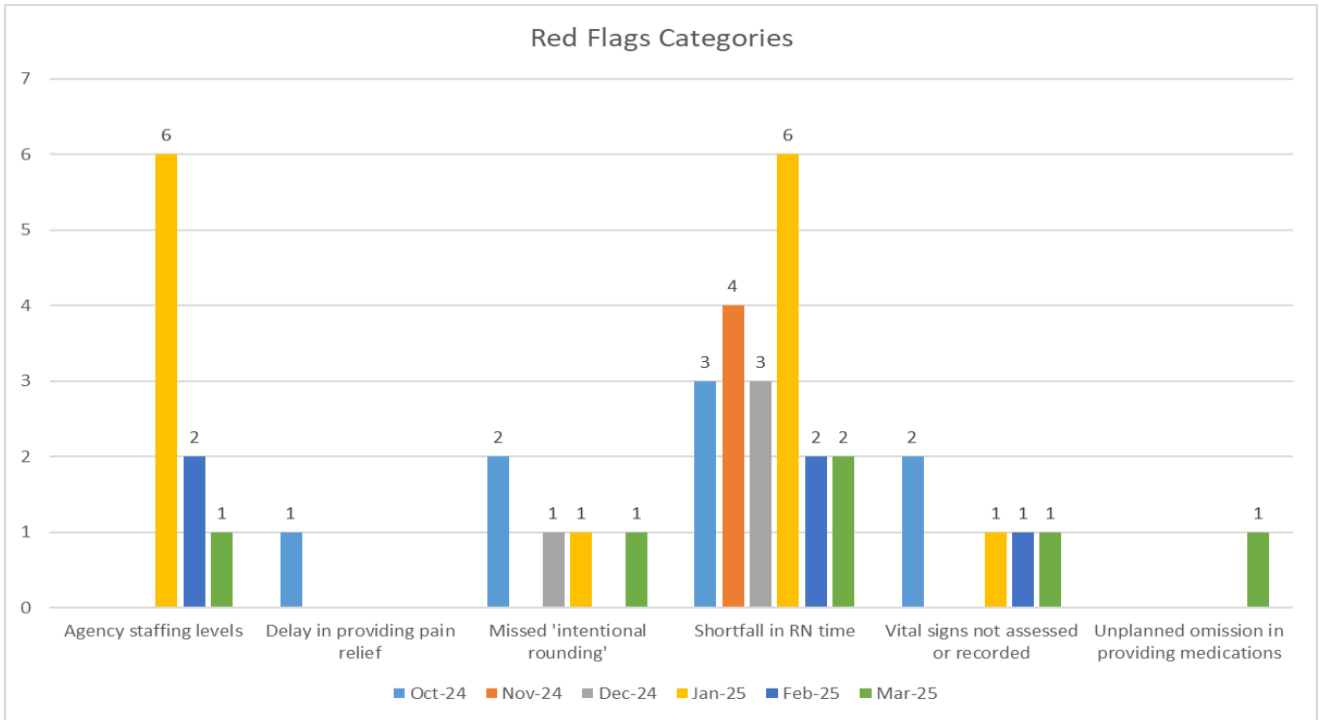
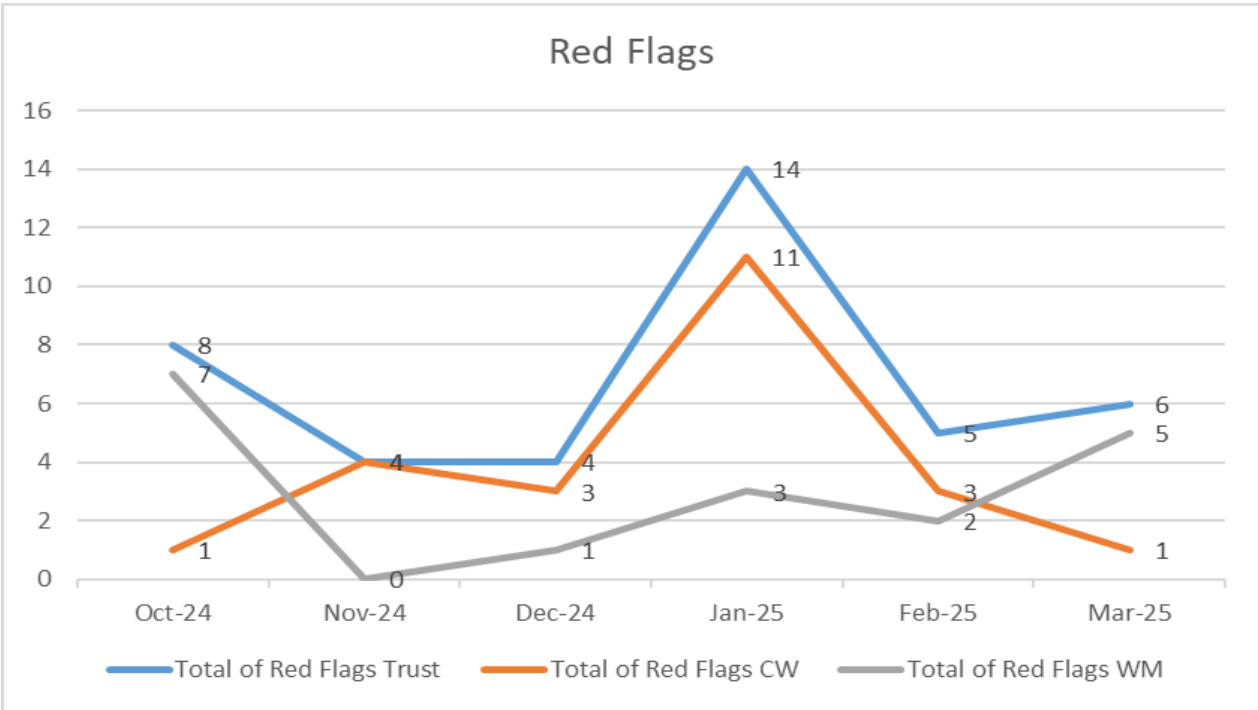
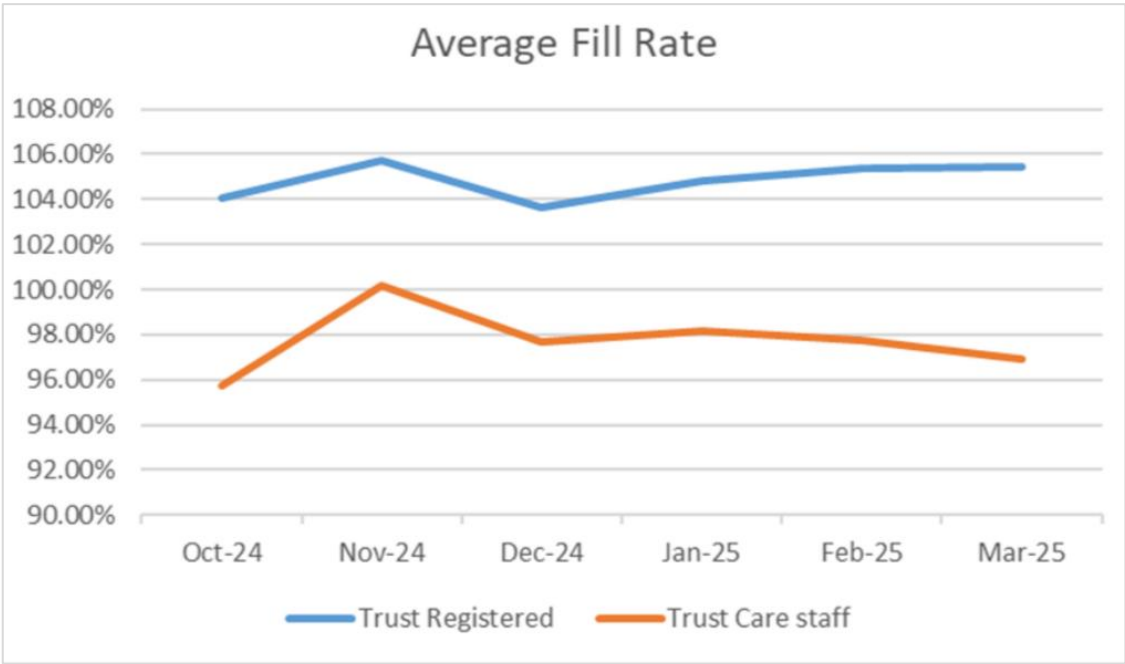
The Trust overall fill rate (ward areas) (RN and Care Staff combined) stayed the same from 101.55% in February 2025 to 101.19% in March 2025.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (September 2024) was 8.8. Trust workforce data confirms the CHPPD was 8.5 in March 2025, slightly down from 8.6 in February 2025 .

Safe Staffing Red Flags – 6 red flags from the 5 categories (tables below) were reported during March 2025: where majority were in Shortfall in RN time.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – December 2024
Trust	8.4
Hillingdon Hospital	9.4
London NW	9.2
Imperial	10.7
National Median	8.5

Nursing, Midwifery and care staff average fill rate March 2025				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
105.44% ↔	96.93% ↓	6.1 ↔	2.4 ↔	8.5 ↓



Finance M12 2024/2025

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	1,000,777	1,035,106	34,328
Expenditure			
Pay	(587,982)	(613,046)	(25,063)
Non-Pay	(357,364)	(375,940)	(18,576)
EBITDA	55,431	46,120	(9,311)
EBITDA %	6%	4.46%	-1.1%
Depreciation	(33,881)	(34,372)	(491)
Non-Operational Exp-Inc	(12,403)	(16,995)	(4,592)
Surplus/Deficit	9,146	(5,247)	(14,393)
Control total Adj - Donated asset, Impairment & Other	(9,146)	4,369	13,515
PFI Model recalculation		988	988
Adjusted financial performance surplus/(deficit)	(0)	110	110

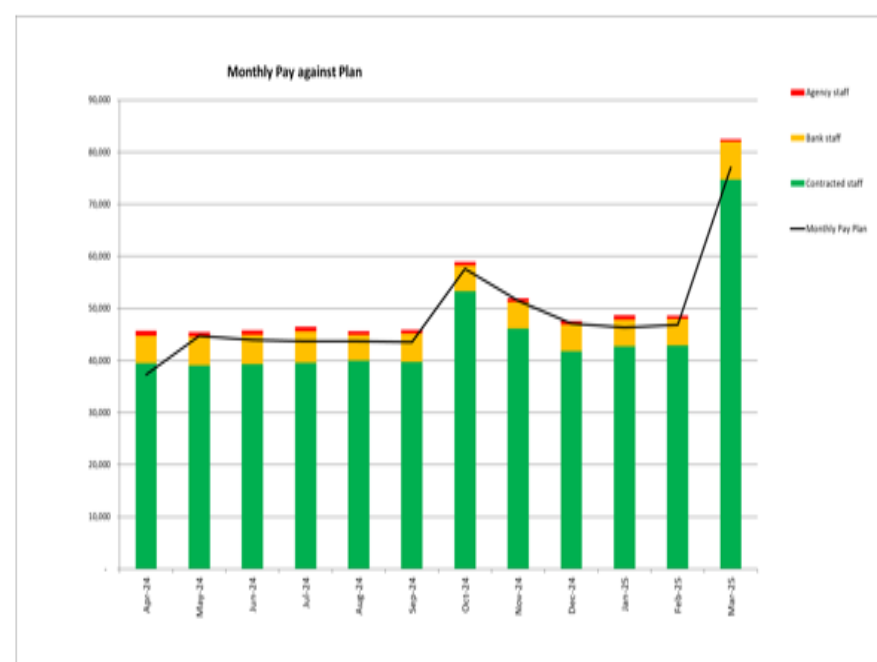
The adjusted financial position at month 12 is a £110k surplus against plan.

Expenditure:

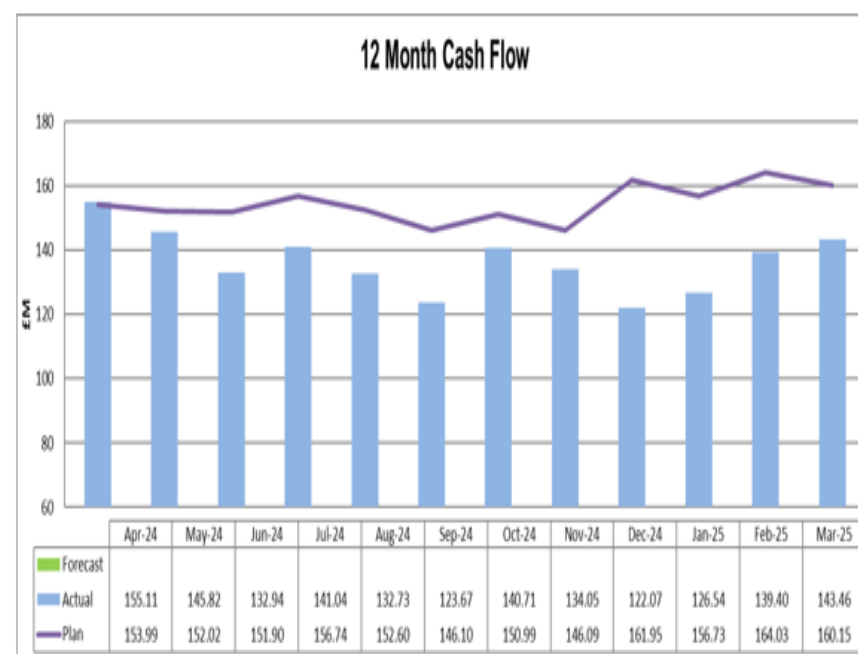
Pay: £25.06m adverse against plan. The YTD adverse variance at Month 12 includes spend to cover Industrial action, additional clinics, WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave.

Non-Pay: There is a £18.58m adverse variance which includes adjustment to budget to match NHSi return addition to inflationary pressure above funded levels and activity related spend.

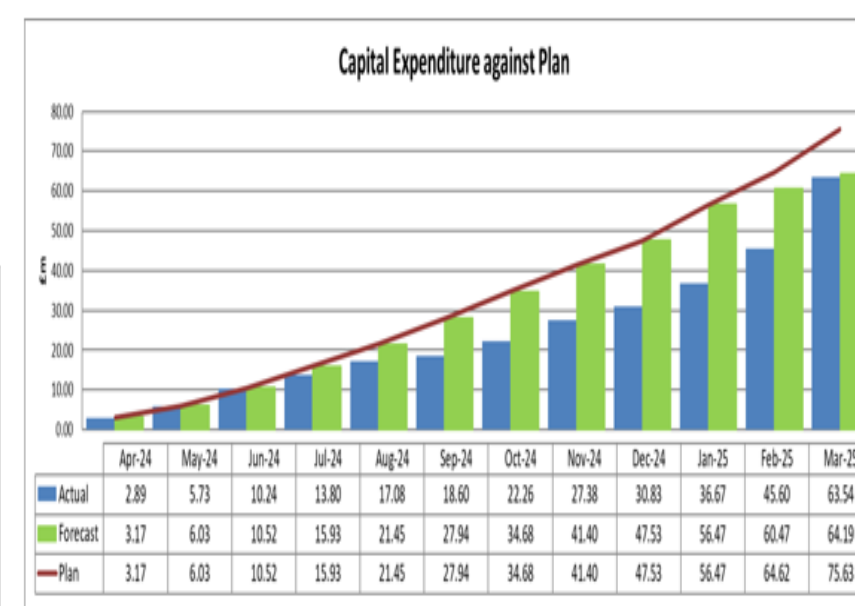
Income: M12 Income performance was in line with run rate, which showed a strong performance throughout the year. This was driven by the variable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. The position includes uplifts to planned income, such as Pay award, Sexual health tariff inflation and 2023/24 ERF true up. Local authority income includes an accrual for the last two periods based on historic trend and adjusted for marginal rate penalties. Over and under performance income has been devolved to services.



Comment: Month 12 payroll figures include additional spend for 9.4% Pension contribution (£30.79 a notional figure). In October 24 AFC staff, consultants and SAS doctor received YTD pay awards resulting in the in month spike.



Comment: The Negative cash variance to plan in M12 of £16.7m is negative cash variance b/fwd from M11 of £24.64m, Higher receipts to plan of £30.1m (ICB & NHS England & FT's £29.49m Higher, Local Authority & AR £3.85m Higher, Other Income £0.12m Higher, PP Income £0.01m Lower, Donations £2.03m Lower, PDC Drawdown £1.25m Lower, Interest Income £0.07m Lower) offset by Higher cash outflows to plan £22.17m (Higher Creditor payments & Higher Payroll)



Comment: The original capital programme for 2024/25 was £65.05m, which has been adjusted to £64.19m following the award of additional funding from the 23/24 UEC Winter Incentive, the inclusion of the additional IECPP project of £0.50m, new CW+ donations of £1.20m and grant funding for a microscope of £0.28m, with £8.38m and £0.85m being deferred to 2025/26 re the ADC and Treatment Centre projects respectively. The capital budget has been allocated to the various departments, with £16.01m for the ADC Project, £20.45m for the Treatment Centre, £5.04m for Medical Equipment, £6.40m for IT equipment, Estates schemes £16.23m, IFRS16 £0.34m.

The final spend position (subject to audit) for 2024/25 is an under spend of £0.65m against the P11 2024-25 total forecast spend of £64.19m, actual spend incurred is £63.54m. This is an underspend of 1%, when compared to the forecast. The original full year budget was £72.58m and with the £63.54m spend, the underspend against the original budget is £9.04m. This