



Trust Performance and Quality Report

March 2026



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Executive Summary



Chelsea and Westminster Hospital
NHS Foundation Trust



Patient Safety and Experience

Medication safety incident reporting at the WM site decreased in March following targeted intervention which saw an increase the previous month. The medication safety group continue to focus on this. There were 3 cases of C.Difficile reported in-month, a reduction from the previous month with a Trust year-to-date closing position of 58 against a threshold of 33. Cases are undergoing learning response review with no concerns on cross-contamination highlighted. E-Coli cases ended at 97 in year against a threshold of 99.

The complaint response time within 25 working days recovered in month to 94.9% and an improvement was in seen in the year end position to 84%. Compliance within 45 working days is reported a month in arrears but remains strong with February seeing 100% compliance.

VTE assessment rates remain above target. The differential between the 2 sites in terms of Hospital Acquired VTE cases has stabilised in month however improvement plans and the development of an electronic detection and reporting system from the patient record continue to be explored. Improvement work continues with completion rates of initial assessments for patients, focusing on digital tools to support this.

Falls risk assessment rates are compliant across both sites with the West Middlesex site also being compliant for Purpose T assessment. Further targeted work at the Chelsea site with respect to purpose T is ongoing. There was 1 hospital acquired pressure ulcers at category 3 or above during March and 1 fall with severe harm. Improvement plans remain in place for both pressure ulcers and falls which have been produced based on learning responses and are monitored through the patient safety group. Pressure Ulcer prevention is also a Trust Quality Priority for 2026/27.

The time spent on the stroke unit remains above the target of 80% at both sites. The time to theatre for fractured NOF patients improved in month with 100% achieved for WM and 95.7% for CW. The divisional teams are reviewing the Sepsis position and improvement plan which has demonstrated some positive achievement in month. This will; continue to be monitored through divisional performance meetings and at EMB.

Patient Access and Operating Plan

The Trust reported performance of 79.07% for A&E 4-hour performance, meeting the 78% standard. The Emergency Care improvement plan remains in place and progress has been seen in month in reducing time to initial assessment.

Cancer standards were met in February 2026 for 28-Day Faster Diagnostics at 81.7% and the against the 31-Day standard at 99.27%. The 62-day standard was just below trajectory at 82.4%.

Elective Referral to Treatment (RTT) 18-week wait performance was 66% for March 2026, meeting the Operating Plan trajectory and a marked improvement in performance. Overall PTL size has stabilised, and long waiters continue to reduce, with 958 patients waiting over 52 weeks (-103) and 0 patients waiting over 65 weeks (-4). There were no patient waiting over 78 weeks.

Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 79.59 % against the 95% standard .

Workforce

The Trust's Month 12 position shows the vacancy (5.1%) and voluntary turnover rates (8.2%) are within the target level. The introduction of a PDR window has been a success with the PDR rate for Month 12 being 91.9%.

Finance

The adjusted YTD financial position at month 12 is a £4.97 surplus.

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	48.15	
Patient safety incident investigations	n/a	6	
Never Events	0	0	
Dementia screening %	90%	91.67%	
ED sepsis screening %	90%	90.17%	!
Inpatient sepsis screening %	90%	82.28%	!
C. Difficile cases	n/a	3	
E. coli cases	n/a	11	
Formal complaints received	n/a	69	
Inpatient FFT % good experience	90%	95.62%	
A&E FFT % good experience	90%	78.28%	!
Outpatient FFT % good experience	90%	93.24%	
Maternity FFT % good experience	90%	87.03%	!
Mortality			
Summary Hospital-level Mortality Index	<100	75.33	
Hospital Standardised Mortality Ratio	<100	74.79	

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	78%	79.07%	!
LAS handovers 30 mins	n/a	120	
18 week RTT incompletes	60%	66.00%	
Diagnostic waiting times < 6 weeks	95%	79.59%	!
28 day Faster Diagnosis Standard	77%	81.69%	
31 day diagnosis to first or subsequent treatment	96%	99.27%	
62 day GP referral to first treatment combined	85%	82.43%	!
Operating Plan and Capacity			
Theatre utilisation (uncapped)	85%	88.66%	
PIFU rate	5%	9.30%	
Workforce			
Medical PDR compliance	90%	84.4%	
Non-medical PDR compliance	45%	93.0%	
Core skills compliance	90%	91.9%	

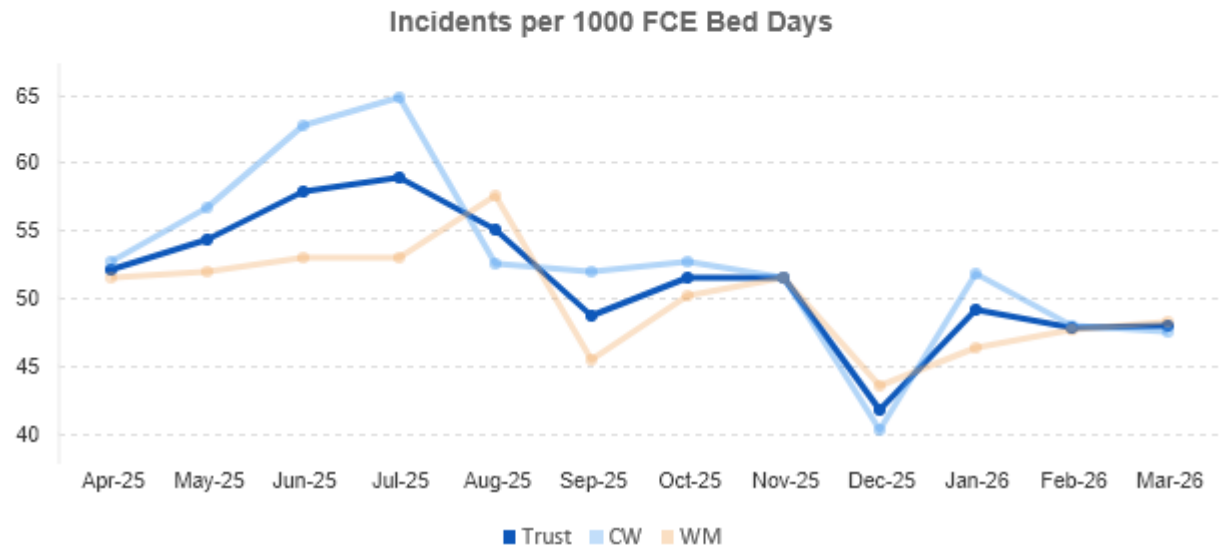


Either site or Trust overall performance red in each of the past three months



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 the summer of 2026, will support the standardisation of processes across the APC and improve usability. Staff have consistently reported that the current system presents barriers to reporting, and this upgrade aims to address those concerns.

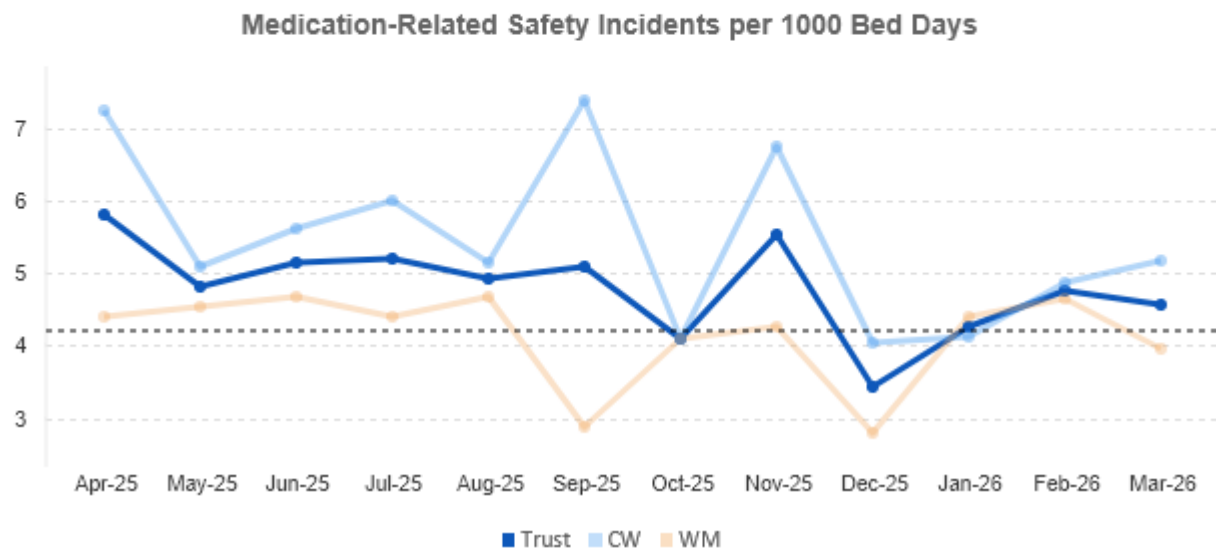
In-Month Performance

	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	47.64	1	0	0.00
WM	48.32	0	0	0.00
Trust	47.98	1	0	0.00

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Incidents per 1000 FCE Bed Days (Target:)	CW	51.6	40.3	51.9	48.0	47.6	52.5
	WM	51.6	43.6	46.4	47.6	48.3	49.9
	Trust	51.6	41.9	49.2	47.9	48.0	51.2
Incidents Resulting in Severe Harm or Death (Target:)	CW	3	0	2	2	1	15
	WM	2	2	3	2	0	16
	Trust	5	2	5	4	1	31
Incidents Resulting in Death (Target:)	CW	0	0	1	0	0	3
	WM	1	0	1	0	0	2
	Trust	1	0	2	0	0	5
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.00	0.00	0.06	0.00	0.00	0.02
	WM	0.07	0.00	0.07	0.00	0.00	0.01
	Trust	0.04	0.00	0.07	0.00	0.00	0.01

Trend



Narrative

- Overall, the Trust Quality target to reduce medication incidents with moderate harm or above to $\leq 1\%$ was achieved, with a performance of 0.5% for 2025/26.
- There was one incident of moderate harm or above reported in March, within CW Maternity, this is currently pending review and investigation.
- The reporting rate at WM site has fallen below target for the year and will be discussed at the next Medication Safety Group meeting.

In-Month Performance

	Medication Related Safety Incidents per 1000 Bed Days	Medication Related Safety Incidents With Moderate or Above Harm
CW	5.16	0.0%
WM	3.97	0.0%
Trust	4.56	0.0%

Year-to-Date Performance

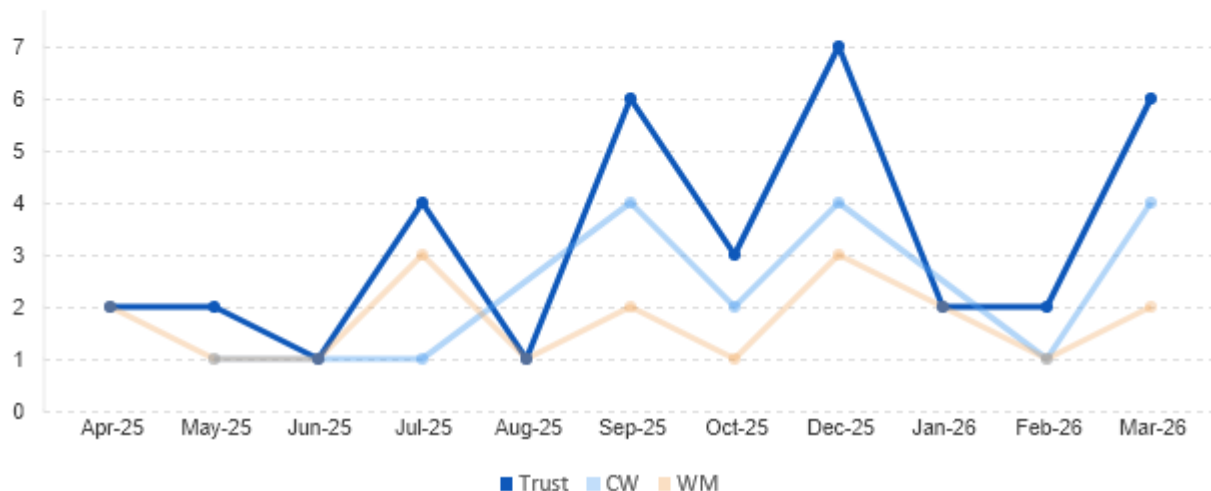
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Medication Related Safety Incidents per 1000 Bed Days (Target: ≥ 4.2)	CW	6.75	4.03	4.13	4.86	5.16	5.41
	WM	4.26	2.79	4.41	4.65	3.97	4.12
	Trust	5.53	3.44	4.27	4.76	4.56	4.78
Medication Related Safety Incidents % Moderate or Above Harm (Target: $<1\%$)	CW	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
	WM	0.0%	0.0%	1.5%	0.0%	0.0%	0.4%
	Trust	0.0%	0.0%	0.8%	0.0%	0.0%	0.4%

Incidents Reported on STEIS (Sis/PSIIs)

Safe

Trend

Patient Safety Incident Investigations



Narrative

Performance: Since the implementation of PSIRF, the number of incidents reported externally via StEIS has decreased. This is an expected outcome, reflecting PSIRF's emphasis on proportionate responses and a greater focus on identifying and addressing local learning opportunities. Over the rolling 12-month period, PSII indications comprised 68% (24) locally defined incidents requiring local PSII and 32% (11) nationally defined priority incidents subject to MNSI. Six PSIIs were declared in March, comprising four maternity cases, one delayed cancer diagnosis, and one delayed diagnosis of cauda equina.

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, thrombosis, 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.

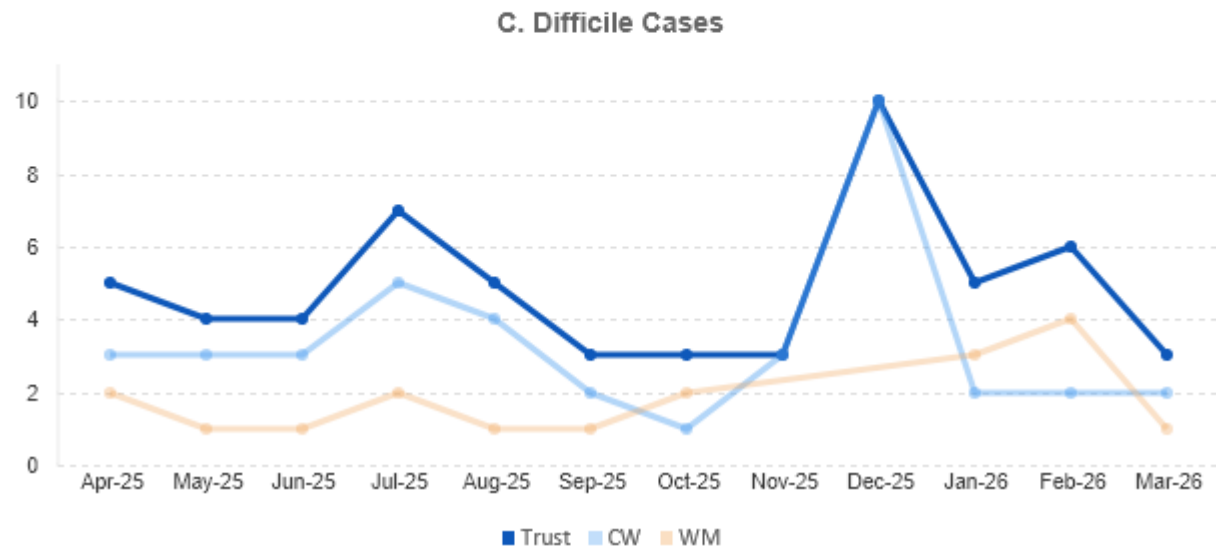
In-Month Performance

	Patient Safety Incident Investigations	Never Events	Learning Resp. Declared (AAR)	Learning Responses Declared (Thematic Review)	Learning Responses Declared (MDT)
CW	4	0	1	0	3
WM	2	0	0	0	1
Trust	6	0	1	0	4

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Patient Safety Incident Investigations	CW	0	4	0	1	4	17
	WM	0	3	2	1	2	19
	Trust	0	7	2	2	6	36
Never Events (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Learning Responses Declared (AAR)	CW	0	2	1	2	1	20
	WM	5	3	0	0	0	19
	Trust	5	5	1	2	1	39
Learning Responses Declared (Thematic Review)	CW	2	0	0	0	0	2
	WM	2	0	0	0	0	3
	Trust	4	0	0	0	0	5
Learning Responses Declared (MDT)	CW	0	1	0	1	3	7
	WM	0	1	0	2	1	4
	Trust	0	2	0	3	4	11

Trend



In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	2	0
WM	1	1
Trust	3	1

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
C. Difficile Cases (Target: <33)	CW	3	10	2	2	2	40
	WM	-	-	3	4	1	18
	Trust	3	10	5	6	3	58
MRSA Bacteraemia (Target: 0)	CW	0	0	0	0	0	3
	WM	-	-	1	0	1	3
	Trust	0	0	1	0	1	6

Narrative

MRSA
There was 1 healthcare associated MRSA bacteraemia in March 2026 which was attributed to Kew ward, WMH. The PSIRF meeting was held which concluded that care was optimised and the case was not preventable.

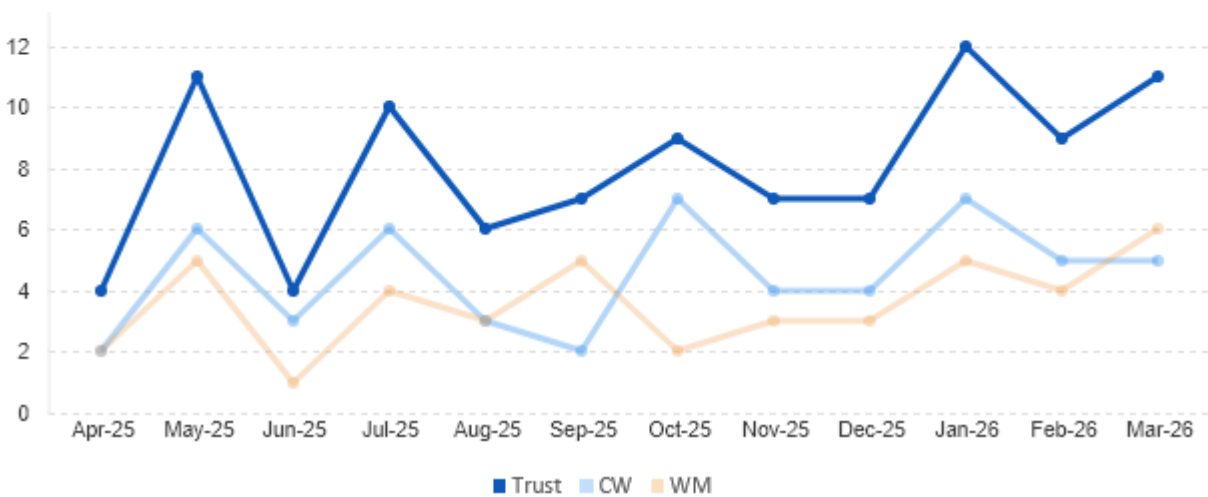
CDI
There were 3 healthcare associated CDI cases in March 2026, 2 occurred at CWH and are attributed to Lord Wigram ward and 1 at WMH on Syon 2. PSIRF meetings have been scheduled for the CW CDI cases and the WM PSIRF meeting found care was optimised and the case not preventable. This FY, there were a total of 58 healthcare associated cases, a 5% decrease on the previous financial year.

Healthcare Associated E.Coli Infections

Safe

Trend

E. coli Cases



Narrative

E.coli
There were 11 healthcare associated E.coli bacteraemias that occurred across both sites across PC, EIC and SC divisions.

From April 2025 – March 2026 there was a total of 97 healthcare associated E.coli bacteraemias, this is a 17% decrease in comparison to the previous financial year's 107 cases.

In-Month Performance

	E. Coli Cases	Hand Hygiene Compliance
CW	5	97.3%
WM	6	94.3%
Trust	11	95.9%

Year-to-Date Performance

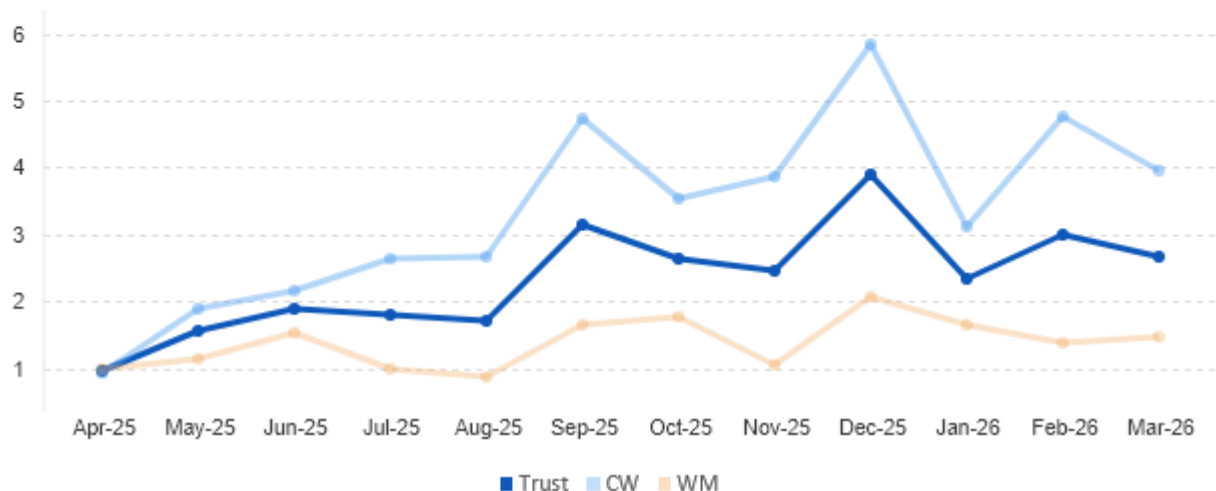
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
E. coli Cases	CW	4	4	7	5	5	54
	WM	3	3	5	4	6	43
	Trust	7	7	12	9	11	97
Hand Hygiene Compliance (Target: >95%)	CW	95.8%	96.9%	94.2%	94.3%	97.3%	96.1%
	WM	97.6%	98.8%	98.8%	94.6%	94.3%	97.3%
	Trust	96.6%	97.9%	96.4%	94.4%	95.9%	96.7%

Formal Complaints

Responsive

Trend

Complaints Received per 1000 Bed Days



Narrative

- Continued scrutiny of the complaints process has resulted in improved performance for formal complaints for March, with over 90% of responses issued within the required timeframe in March.
- The number of formal complaints received and opened reduced slightly compared to February, falling from 66 to 59. A spike in complaints relating for EIC was observed in March. Despite the increase in volume, the themes remain broadly consistent with previous months, primarily relating to Emergency Department activity, general and specialist medicine, and concerns arising from both inpatient and outpatient or A&E encounters.
- The position for PALS remains an area of concern. There are currently over 130 overdue PALS cases, around 60% of which still require resolution, with the oldest cases dating back to early February. However this is a slight improvement from the oldest in previous month, which was November 2025.
- Demand continues to increase, with 350 PALS cases opened in March compared to 308 in February. The highest volumes relate to Emergency and Integrated Care (116), Planned Care (98), Specialist Care (73) and Clinical Support Directorates (42), with smaller numbers across other areas.
- While 331 PALS cases were closed in March, compared to 304 in February, fewer than 50% were closed within 5 working days.

In-Month Performance

	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	4.0	96.8%	0	4
WM	1.5	87.5%	0	1
Trust	2.7	94.9%	0	5

Year-to-Date Performance

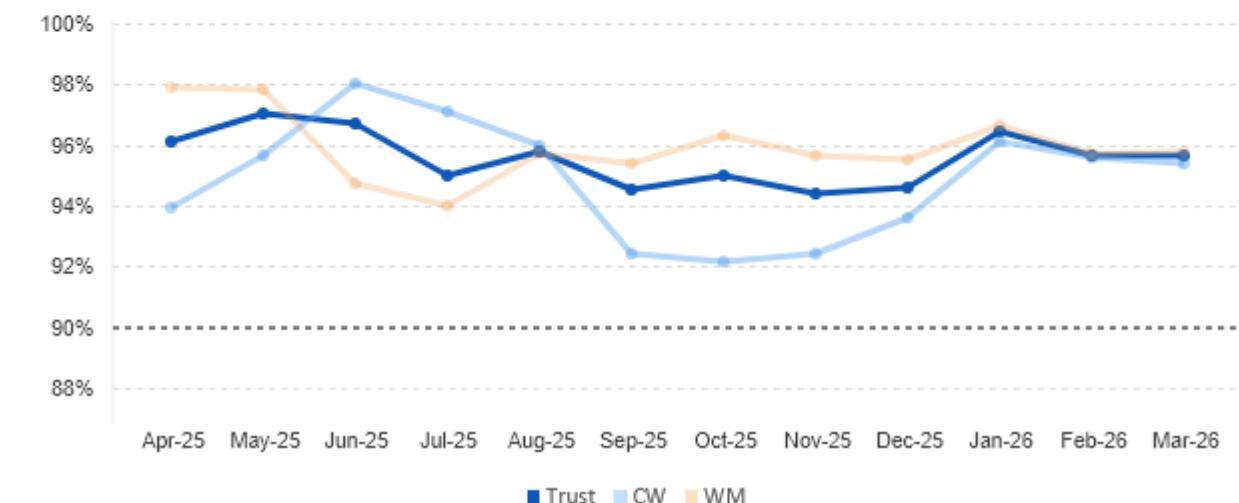
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Complaints Received per 1000 Bed Days	CW	3.9	5.9	3.1	4.8	4.0	3.2
	WM	1.0	2.1	1.6	1.4	1.5	1.4
	Trust	2.5	3.9	2.3	3.0	2.7	2.3
Complaints Responded to <25 Working Days (Target: >90%)	CW	92.9%	98.1%	92.6%	84.8%	96.8%	85.1%
	WM	100.0%	95.5%	92.6%	79.2%	87.5%	81.3%
	Trust	95.0%	97.3%	92.6%	82.9%	94.9%	84.0%
Complaints Responded to <45 Working Days (Target: >90%)	CW	95.2%	98.1%	100.0%	100.0%	Reports a month in arrears	97.1%
	WM	100.0%	100.0%	100.0%	100.0%		96.0%
	Trust	96.7%	98.7%	100.0%	100.0%		96.8%
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	1	0	3	4	4	13
	WM	0	1	1	0	1	6
	Trust	1	1	4	4	5	19

Inpatient Friends & Family Test

Caring

Trend

% Good Experience



Narrative

- Medical wards are continuing to receive a good level of feedback. In March there was an increase in responses across both sites, and wards have been encouraged to keep this going.
- The main themes are similar across FFT and other feedback routes, including complaints and PALS. Patients generally say they feel treated with kindness, respect and dignity, and feel supported with personal care.
- At the same time, patients would like to be more involved in decisions about their care and to have better communication, which is being reported across the majority of wards.
- Work is ongoing to share this feedback and learn from it. Over the coming year, a focus in the patient experience strategy will be bringing different sources of feedback together more effectively and improving staff awareness of what patients are telling us.
- Sleep remains an issue for some patients. Work continues in this area, including encouraging DRUs to trial the sleep chart in Cerner to support more personalised care overnight.
- A meeting has been arranged for May to look at mealtime support on wards where performance has been variable, specifically stroke wards and Marble Hill and David Erskine.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	736	61.1%	95.4%	96.0%
WM	1,023	41.4%	95.8%	98.0%
Trust	1,759	47.8%	95.6%	97.1%

Year-to-Date Performance

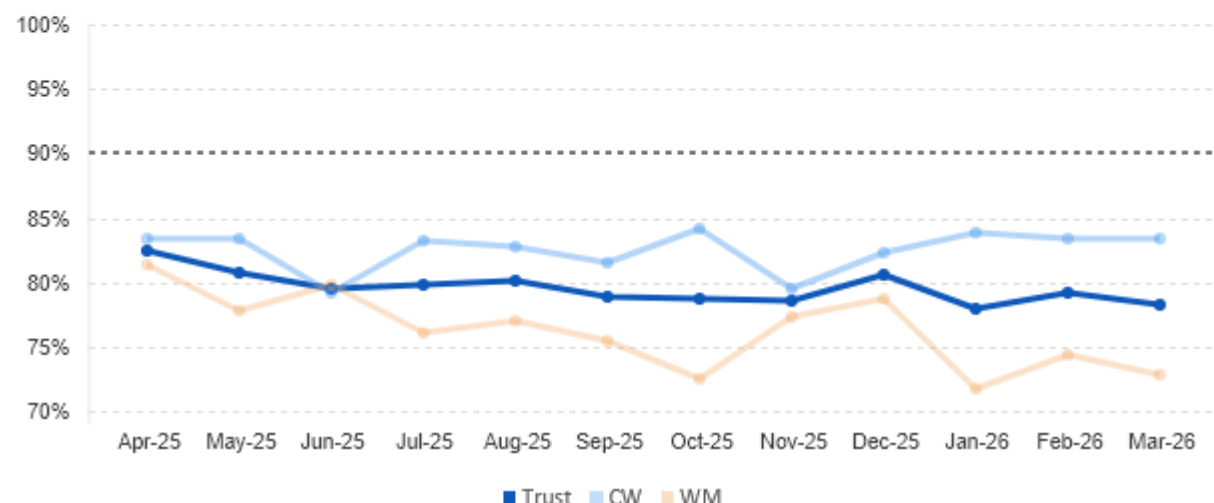
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Responses	CW	502	707	592	631	736	5,289
	WM	763	710	949	891	1,023	7,999
	Trust	1,265	1,417	1,541	1,522	1,759	13,288
Response Rate (Target: >10%)	CW	52.4%	75.5%	64.1%	68.1%	61.1%	42.7%
	WM	58.1%	55.2%	83.5%	74.2%	41.4%	50.0%
	Trust	55.7%	63.8%	74.8%	71.6%	47.8%	46.8%
% Good Experience (Target: >90%)	CW	92.4%	93.6%	96.1%	95.6%	95.4%	94.8%
	WM	95.7%	95.5%	96.6%	95.7%	95.8%	96.0%
	Trust	94.4%	94.6%	96.4%	95.7%	95.6%	95.5%
Treated With % Dignity and Respect (Target: >90%)	CW	95.0%	97.0%	97.0%	97.0%	96.0%	96.1%
	WM	96.0%	96.0%	97.0%	97.0%	98.0%	96.7%
	Trust	95.6%	96.5%	97.0%	97.0%	97.1%	96.4%

Emergency Department Friends & Family Test

Caring

Trend

% Good Experience



Narrative

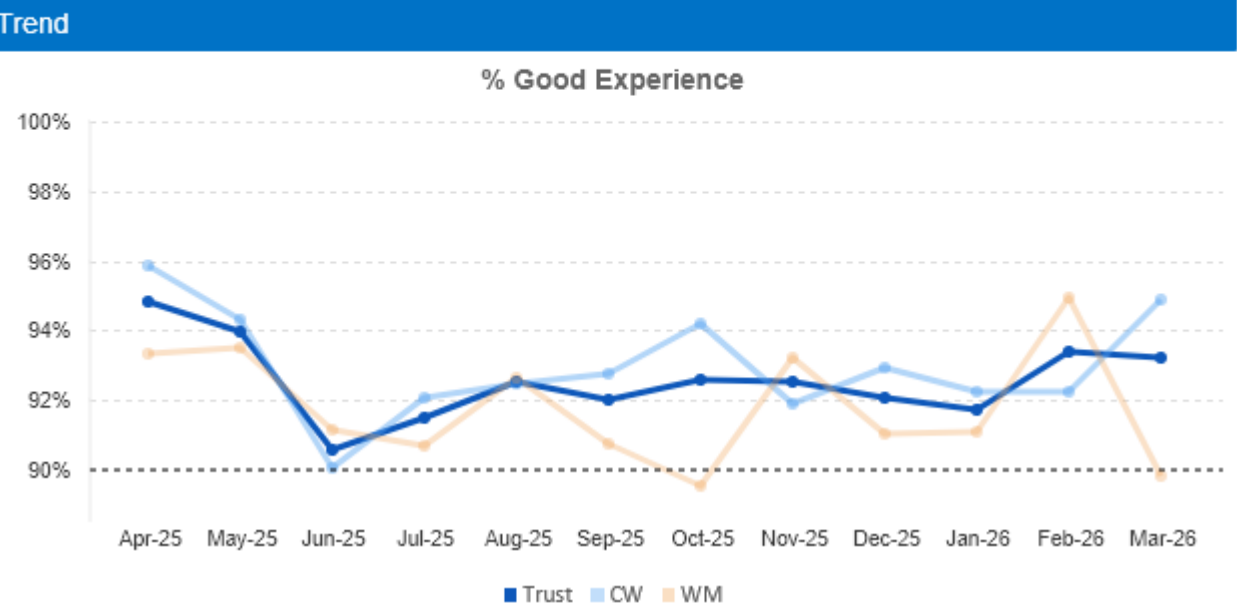
- Response numbers were broadly similar across both sites. Reported waiting times before first speaking to a nurse or doctor were slightly longer at CW than WM.
- Fewer patients at WM said they were kept updated about how long their wait would be, compared to CW. Most patients at both sites said that tests were explained in a way they could understand, although scores were higher at CW than WM.
- The majority of patients at both hospitals felt doctors and nurses did not talk about them as if they were not present, with CW reporting a slightly more positive experience. Support with anxieties and fears was an area for improvement at both sites, with lower scores overall and particularly at WM.
- Fewer patients at WM felt they were given enough information to help them manage their condition at home, compared to CW.
- Most patients reported feeling treated with respect and dignity in A&E, though scores were higher at CW than WM.
- Continued work with ED teams on understanding data and using insights to inform change.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	932	8.7%	83.4%	89.0%
WM	859	7.2%	72.8%	80.0%
Trust	1,791	7.9%	78.3%	84.7%

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Responses	CW	954	935	1,041	892	932	11,533
	WM	804	820	991	794	859	9,972
	Trust	1,758	1,755	2,032	1,686	1,791	21,505
Response Rate (Target: >10%)	CW	9.0%	9.2%	9.9%	9.4%	8.7%	9.8%
	WM	7.5%	7.1%	8.5%	7.6%	7.2%	8.1%
	Trust	8.2%	8.1%	9.2%	8.5%	7.9%	8.9%
% Good Experience (Target: >90%)	CW	79.6%	82.2%	83.8%	83.4%	83.4%	82.5%
	WM	77.2%	78.8%	71.7%	74.3%	72.8%	76.1%
	Trust	78.5%	80.6%	77.9%	79.1%	78.3%	79.5%
% Treated With Dignity and Respect (Target: >90%)	CW	85.0%	88.0%	88.0%	88.0%	89.0%	86.8%
	WM	82.0%	84.0%	82.0%	80.0%	80.0%	81.2%
	Trust	83.6%	86.1%	85.1%	84.3%	84.7%	84.2%



Narrative

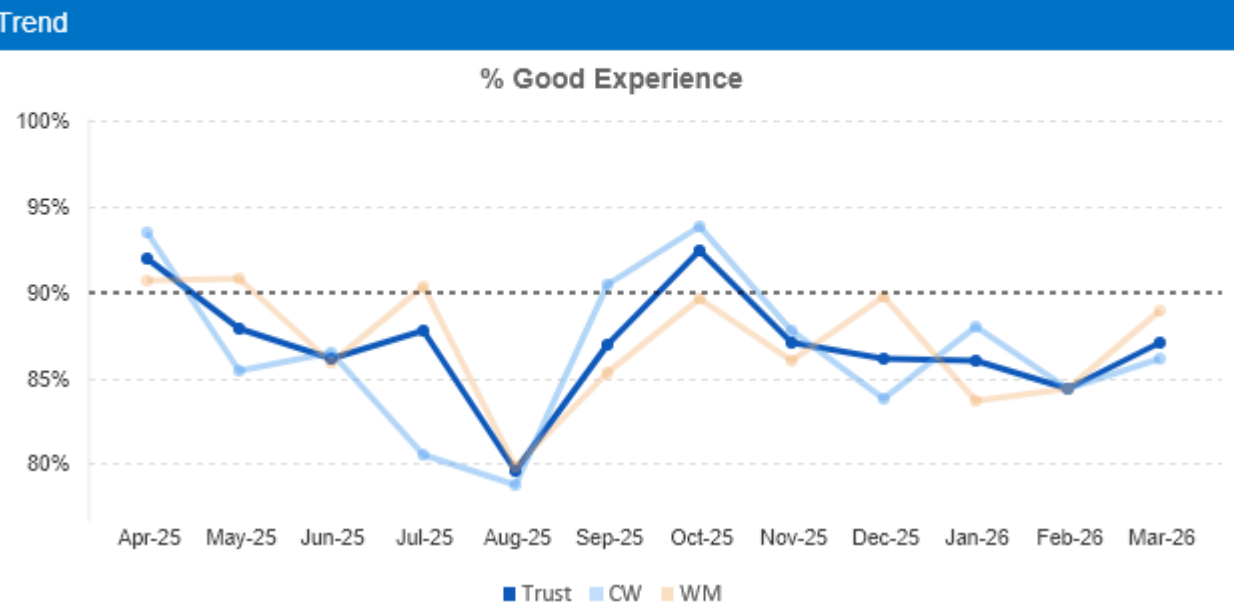
- Response numbers vary widely by service, with higher volumes from areas such as Trauma & Orthopaedics, Ambulatory Emergency Care, Gynaecology Outpatients and Day Surgery, and very small numbers in some specialist clinics. Results for services with very low response numbers should therefore be interpreted with caution.
- Most patients across services report that departments are easy to find, with consistently high scores in many areas.
- Being seen on time for appointments is more variable. While some services score well, delays are reported in several outpatient areas, including a number of lower ground floor clinics and some general outpatient departments.
- Patients generally feel they are given a good amount of information about their condition, treatment or care, and that staff answer questions in a way they can understand.
- Involvement in decisions about care is positive overall, but scores are lower in some outpatient areas, suggesting there is scope to strengthen shared decision-making in parts of the service.
- Explanations about tests or examinations, and information about what will happen next, are mostly rated highly, indicating good communication during appointments.
- Telling patients who to contact after their appointment if they are worried is more inconsistent, with lower scores in several outpatient departments and clinics.
- Feeling adequately prepared for appointments is generally positive, but again shows variation between services.
- Across almost all areas, patients report being treated with respect and dignity during their appointment, with consistently high scores

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,627	6.8%	94.9%	98.0%
WM	786	4.0%	89.8%	94.0%
Trust	2,413	5.5%	93.2%	96.7%

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Responses	CW	1,075	1,149	980	1,107	1,627	14,850
	WM	970	935	853	807	786	10,246
	Trust	2,045	2,084	1,833	1,914	2,413	25,096
Response Rate (Target: >10%)	CW	6.4%	11.9%	4.1%	4.9%	6.8%	8.0%
	WM	8.4%	10.3%	3.9%	6.7%	4.0%	7.8%
	Trust	7.2%	11.2%	4.0%	5.5%	5.5%	7.9%
% Good Experience (Target: >90%)	CW	91.9%	93.0%	92.2%	92.2%	94.9%	92.9%
	WM	93.2%	91.0%	91.1%	94.9%	89.8%	91.7%
	Trust	92.5%	92.1%	91.7%	93.4%	93.2%	92.4%
% Treated With Dignity and Respect (Target: >90%)	CW	96.0%	96.0%	96.0%	96.0%	98.0%	96.5%
	WM	96.0%	95.0%	96.0%	97.0%	94.0%	95.6%
	Trust	96.0%	95.6%	96.0%	96.4%	96.7%	96.2%



Narrative

- Women tell us that, in most cases, information is explained in a way they can understand and they are given opportunities to ask questions.
- However, some women do not feel they always receive enough information, or explanations at the right time, to help them feel fully involved in decisions about their care.
- There is a clear request for more discussion about care options, the reasons behind recommendations, and how individual preferences and personal circumstances are being considered.
- Feedback from Chelsea and Westminster (CW) highlights concerns from some women that, when they raise issues, they do not feel their concerns are always listened to. It should be noted that CW has a larger survey response rate than West Middlesex (WM).

In-Month Performance

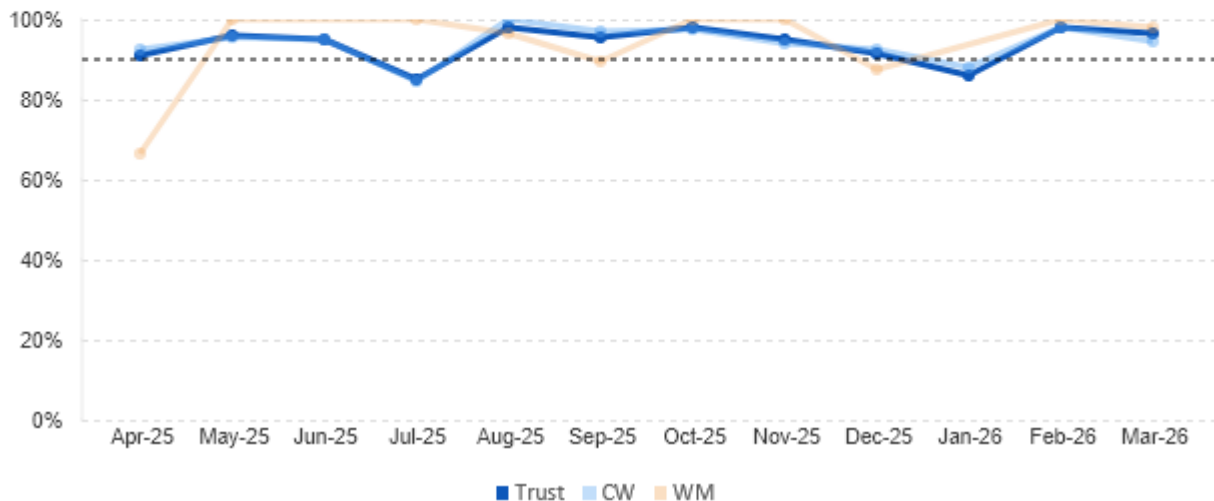
	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	122	22.9%	86.1%	91.0%
WM	63	15.3%	88.9%	97.0%
Trust	185	19.6%	87.0%	92.9%

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Responses	CW	172	136	100	102	122	1,228
	WM	121	88	86	77	63	1,205
	Trust	293	224	186	179	185	2,433
Response Rate (Target: >10%)	CW	31.4%	27.7%	18.0%	22.3%	22.9%	21.0%
	WM	28.5%	19.4%	18.9%	19.0%	15.3%	9.0%
	Trust	30.1%	23.7%	18.4%	20.7%	19.6%	12.7%
% Good Experience (Target: >90%)	CW	87.8%	83.8%	88.0%	84.3%	86.1%	87.7%
	WM	86.0%	89.8%	83.7%	84.4%	88.9%	87.0%
	Trust	87.0%	86.2%	86.0%	84.4%	87.0%	87.3%
% Treated With Dignity and Respect (Target: >90%)	CW	93.0%	89.0%	93.0%	88.0%	91.0%	91.9%
	WM	90.0%	90.0%	88.0%	83.0%	97.0%	89.0%
	Trust	91.8%	89.4%	90.9%	86.0%	92.9%	90.5%

Caring

In-Month Performance



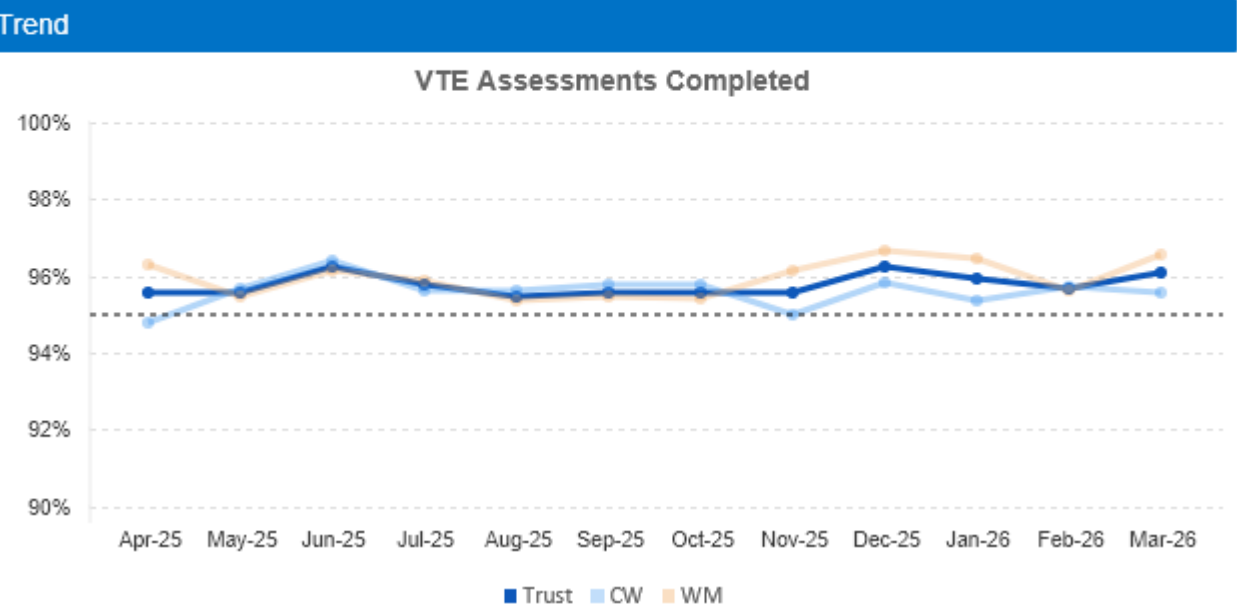
Still limited number of responses across all CYP areas, as raised previously. Final testing happening in April and May in preparation for survey launch end of May/June.

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	35	5.5%	94.3%	97.0%
WM	49	14.9%	98.0%	100.0%
Trust	84	8.7%	96.4%	97.8%

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Responses	CW	57	39	42	45	35	495
	WM	8	8	1	11	49	138
	Trust	65	47	43	56	84	633
Response Rate (Target: >10%)	CW	9.5%	7.0%	6.9%	7.8%	5.5%	10.1%
	WM	2.4%	3.3%	1.0%	4.2%	14.9%	5.4%
	Trust	7.0%	5.8%	6.1%	6.7%	8.7%	8.5%
% Good Experience (Target: >90%)	CW	93.9%	92.3%	88.1%	97.8%	94.3%	94.3%
	WM	100.0%	87.5%	0.0%	100.0%	98.0%	94.8%
	Trust	95.1%	91.5%	86.0%	98.1%	96.4%	94.4%
% Treated With Dignity and Respect (Target: >90%)	CW	96.0%	99.0%	95.0%	99.0%	97.0%	94.7%
	WM	100.0%	86.0%	89.0%	100.0%	100.0%	81.5%
	Trust	96.7%	98.0%	94.5%	99.1%	97.8%	92.5%

VTE Risk Assessments Completed

Safe



In-Month Performance

	VTE Assessments Completed	Hospital Aquired VTE Cases	Hospital Aquired VTE per 1000 FCE Bed Days
CW	95.6%	0	0.0
WM	96.6%	3	0.2
Trust	96.1%	3	0.1

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
VTE Assessments Completed (Target: >=95%)	CW	95.0%	95.8%	95.4%	95.7%	95.6%	95.6%
	WM	96.1%	96.6%	96.5%	95.6%	96.6%	96.0%
	Trust	95.6%	96.3%	95.9%	95.7%	96.1%	95.8%
Hospital Aquired VTE Cases	CW	0	0	1	3	0	7
	WM	10	5	3	2	3	54
	Trust	10	5	4	5	3	61
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.0	0.0	0.1	0.2	0.0	0.0
	WM	0.7	0.3	0.2	0.1	0.2	0.3
	Trust	0.4	0.1	0.1	0.2	0.1	0.2

Narrative

VTE Risk Assessment: Target achieved in March 2026, and national target (≥95%) achieved in 2025-26. Monthly VTE risk assessment performance by site, division, speciality and ward disseminated to leads for review and action as appropriate. Divisions requiring improvement: Planned Care (93%) and West London Children's Hospital (88%). Specialities requiring improvement: Plastic surgery (87%), ophthalmology (90%), trauma & orthopaedics (91%), general surgery (94%), obstetrics (94%), rheumatology (94%).

Hospital Associated VTE (HAT) Events:

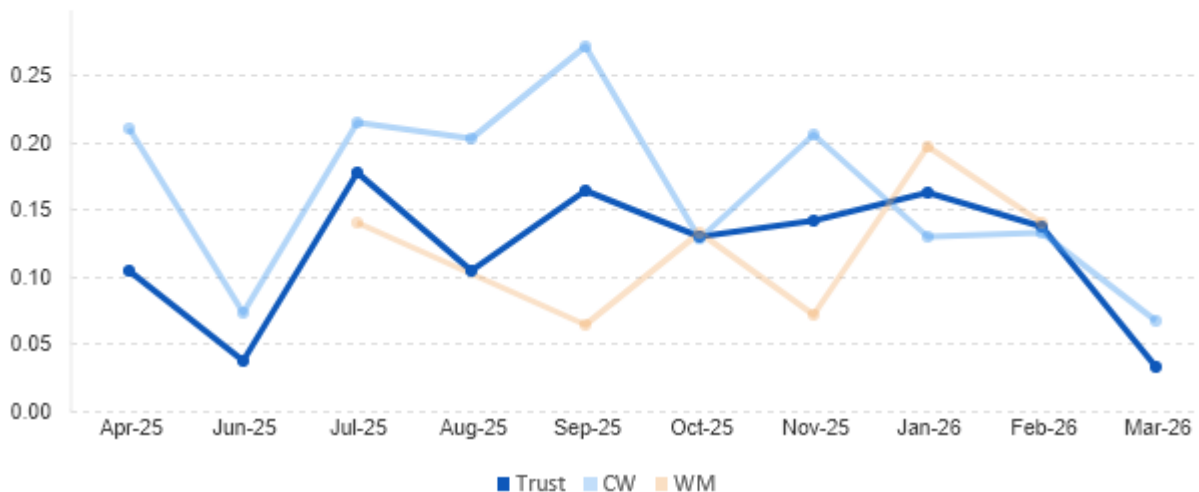
- *Cross-Site:* 'VTE alert' included in positive VTE imaging reports for identification of VTE diagnosis.
- *CW Site:* HATs under-reported due to identification. QlikSense HAT report under review for digital identification with auto-reporting of HATs from Cerner patient admission records.
- *Cross-Site:* All reported HATs on Datix undergo investigation with VTE lead clinical review, shared learning and any actions to prevent recurrence. **Timely completion of HAT investigation form is required by clinical teams.**
- Quarterly review of HATs shared at Thrombosis and Thromboprophylaxis Group meeting, with appropriate action/wider dissemination and shared learning.
- Shared learning from potentially preventable HATs disseminated to specialities and departments, with action plan in progress to address contributory factors.

Patient Falls

Safe/Effective

Trend

Falls with Moderate & Above Harm per 1000 FCE Bed Days



Narrative

- Falls with harm are reducing, with early improvement seen in Q4 2025/26, particularly within EIC following focused divisional action and shared learning.
- Compliance with falls and bed rail risk assessments is high and sustained (>90% for over six months) across adult inpatient areas.
- Key risks remain around post-fall processes, including care plan completion, SBAR documentation, overnight medical response, and inconsistent bay tagging.
- A Trust-wide thematic falls review is underway and will conclude in May 2026 to inform a refreshed Falls Action Plan.
- Improvement work is progressing, including updated ETOC policy, education programme, digital monitoring of care plans, and assistive technology review.
- The Trust continues alignment with national guidance (NAIF), providing assurance that governance and improvement arrangements are in place.

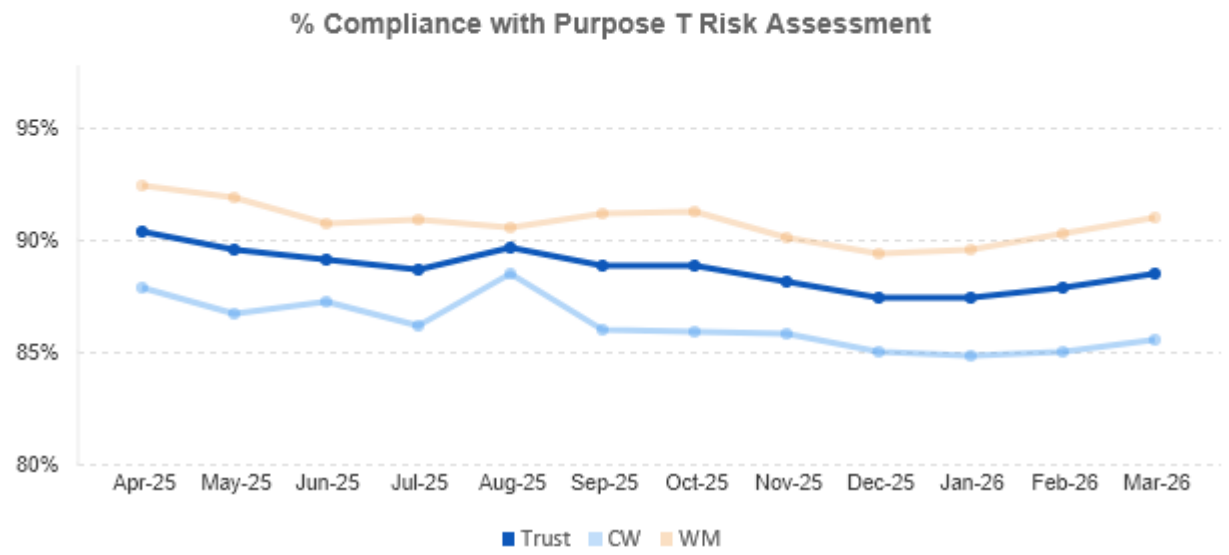
In-Month Performance

	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	1	1	0.07	4.62	90.7%
WM	0	0	0.00	3.76	94.0%
Trust	1	1	0.03	4.19	92.5%

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Inpatient Falls with Moderate & Above Harm	CW	3	0	2	2	1	24
	WM	1	0	3	2	0	11
	Trust	4	0	5	4	1	35
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	2	0	0	0	1	9
	WM	0	0	2	1	0	5
	Trust	2	0	2	1	1	14
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.21	0.00	0.13	0.13	0.07	0.13
	WM	0.07	0.00	0.20	0.14	0.00	0.06
	Trust	0.14	0.00	0.16	0.14	0.03	0.10
Falls per 1000 FCE Bed Days	CW	4.82	3.92	4.78	3.47	4.62	4.06
	WM	4.91	3.86	3.95	3.74	3.76	4.10
	Trust	4.87	3.89	4.37	3.60	4.19	4.08
Compliance with Falls Risk Assessment (Target: >=90%)	CW	91.0%	90.7%	90.6%	90.5%	90.7%	91.3%
	WM	93.6%	93.2%	92.9%	93.3%	94.0%	94.0%
	Trust	92.4%	92.1%	91.9%	92.0%	92.5%	92.8%

Trend



Narrative

Overall compliance with Purpose T Risk Assessment remains stable, with Trust performance consistently near the 90% target. In March 2026, Trust compliance rose to 90.8%, signalling recovery from a winter dip. CW continues to outperform WM, though both sites have improved since January.

In-the month Harm

- One new Category 2 and Category 3 pressure ulcer was reported, Trust-wide.
- No Category 4 pressure ulcers were reported.
- There were no pressure-ulcer-related deaths.
- The equivalent rate per 1,000 bed days remains very low, indicating effective overall harm prevention.

Key Themes

- Sustained improvement in risk assessment is likely to explain the recent absence of serious harm (Category 3/4).
- WM remains the key focus due to lower compliance and higher harm rates.
- Device-related pressure ulcers remain a notable contributor to overall harm and require continued monitoring.

Next Steps / Actions

- Maintain targeted improvement work at WM to ensure consistent, high-quality Purpose T assessments.
- Strengthen prevention strategies for device-related pressure ulcers, including staff education and device review. The Tissue Viability Team is struggling to conduct face-to-face training with practical scenario assessments due to limited room availability across both sites. Staff will have more opportunities to share learning.
- Continue to monitor closely to sustain zero Category 3 and 4 pressure ulcers. Intervene immediately if risk is identified.

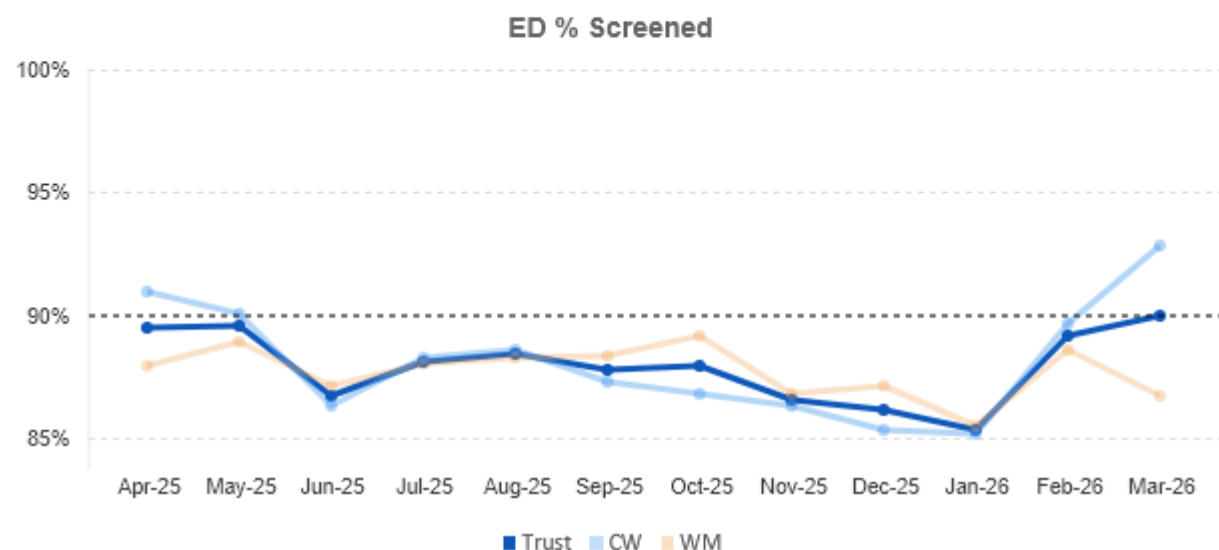
In-Month Performance

	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	85.5%	1	1	0	-
WM	91.0%	0	0	0	-
Trust	88.5%	1	1	0	-

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Compliance with Purpose T Risk Assessment (Target: >=90%)	CW	85.8%	85.0%	84.8%	85.0%	85.5%	86.2%
	WM	90.1%	89.4%	89.6%	90.3%	91.0%	90.8%
	Trust	88.1%	87.4%	87.4%	87.9%	88.5%	88.7%
Category 2 Pressure Ulcers	CW	2	0	1	0	1	12
	WM	0	1	1	0	0	15
	Trust	2	1	2	0	1	27
Category 3 Pressure Ulcers (Target: 0)	CW	0	0	0	0	1	3
	WM	4	1	1	1	0	11
	Trust	4	1	1	1	1	14
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	0	0	0	1	5
	WM	0	1	0	0	0	5
	Trust	1	1	0	0	1	10

Trend



Narrative

Significant improvement in screening and clinical review in ED with compliance achieved in screening. Drop in performance across ward areas in screening which will require focus

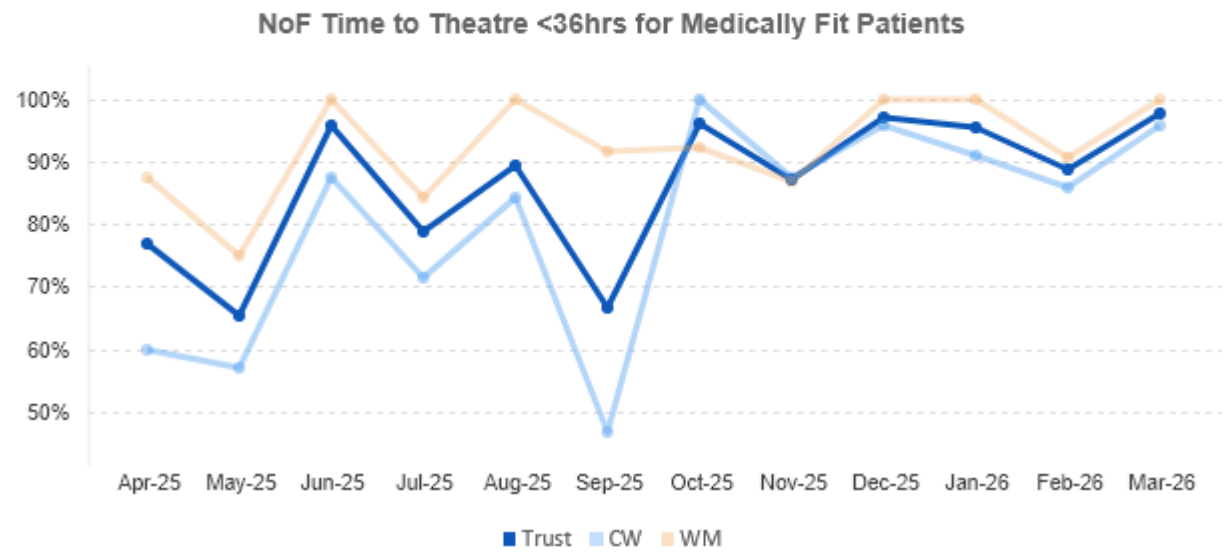
In-Month Performance

	ED % Screened	ED % Potential Red Flags Reviewed	Ward % Screened	Ward % Potential Red Flags Reviewed
CW	92.9%	85.3%	82.0%	95.7%
WM	86.7%	92.7%	82.8%	97.3%
Trust	90.0%	88.3%	82.3%	96.5%

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
ED % Screened (Target: >90%)	CW	86.3%	85.4%	85.2%	89.7%	92.9%	88.0%
	WM	86.9%	87.1%	85.5%	88.6%	86.7%	87.7%
	Trust	86.6%	86.2%	85.4%	89.2%	90.0%	87.9%
ED % Potential Red Flags Reviewed (Target: >90%)	CW	67.2%	62.9%	68.4%	72.4%	85.3%	77.1%
	WM	94.7%	95.2%	94.4%	95.1%	92.7%	93.7%
	Trust	78.2%	76.8%	79.9%	81.5%	88.3%	84.2%
Ward % Screened (Target: >90%)	CW	84.7%	83.0%	80.5%	83.4%	82.0%	83.9%
	WM	86.1%	86.2%	86.5%	86.9%	82.8%	88.0%
	Trust	85.3%	84.4%	83.1%	84.9%	82.3%	85.8%
Ward % Potential Red Flags Reviewed (Target: >90%)	CW	95.6%	96.9%	95.0%	96.0%	95.7%	95.5%
	WM	96.9%	97.3%	97.0%	95.4%	97.3%	96.4%
	Trust	96.2%	97.1%	96.0%	95.7%	96.5%	95.9%

Trend



Narrative

NOF Time to Theatre: Compliance across both sites has remained strong. At WM, all 19 medically fit patients received surgery within the 36-hour standard. At CW, 22 of the 23 medically fit patients met the 36-hour target, with the single delay relating to a complex case. With six months of continuous implementation, the improvement action plan is now embedded in operational practice, and this is reflected in the sustained high performance.

Breach of Same Sex Accommodation: there were 44 breaches in month at the West Middlesex Site all due to delayed discharges from ICU. The team continue to work with the site team through winter for timely discharges

Stroke: compliance with time spent on a stroke unit remains stable

Dementia: For March 2026 we achieved 96% on the West Middlesex site and 86% on the Chelsea site, missing our target of 90% and above for CW. There is work underway to improve compliance using completion of the 4AT, this has been adopted well at the West Mid site and compliance can now be reviewed on timely care hub, but further education is required at Chelsea. The key areas of focus are our acute medical/assessment units on both sites, aiming for completion of a 4AT within 24 hours of admission.

In-Month Performance

Table with 5 columns: Metric, CW, WM, Trust. Rows include NoF Time to Theatre <36hrs for Medically Fit Patients, Breach of Same Sex Accommodation, Time Spent on Dedicated Stroke Unit, and Dementia Screening Case Finding.

Year-to-Date Performance

Table with 8 columns: Metric, Site, Nov-25, Dec-25, Jan-26, Feb-26, Mar-26, 2025-2026. Rows include NoF Time to Theatre <36hrs for Medically Fit Patients (Target: 100%), Breach of Same Sex Accommodation, Time Spent on Dedicated Stroke Unit (Target: >80%), and Dementia Screening Case Finding (Target: >90%).



Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-26	Feb-26	Mar-26	2025-2026	Jan-26	Feb-26	Mar-26	2025-2026	Jan-26	Feb-26	Mar-26	2025-2026 Q4	2025-2026	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:23	1:20	1:24	1:24	1:25	1:22	1:25	1:25	1:24	1:21	1:25	1:24.5	1:24.5	
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	438	350	442	5096	390	307	366	4381	828	657	808	2293	9477	
	Total number of bookings (Target:> CW 580 WM 478)	492	439	524	6555	442	366	407	5162	934	805	931	2670	11717	
	Maternity 1:1 care in established labour (Target: >95%)	99.0%	98.0%	99.0%	98.1%	99.0%	99.0%	98.0%	98.1%	99.0%	98.5%	98.5%	98.7%	98.1%	
Safety	Admissions >37/40 to NICU/SCBU	16	10	0	119	17	12	0	252	33	22	0	26	119	
	Number of reported Serious Incidents	7	6	9	51	3	1	1	25	10	7	10	27	76	
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	1	0	1	0	2	0	1	0	1	3	
	Pre-term (gestation <37 weeks) as % of mothers delivered	6.0%	6.0%	7.0%	6.4%	6.0%	6.0%	9.0%	6.6%	6.0%	6.0%	8.0%	6.7%	6.5%	
	Number of stillbirths	1	1	1	15	3	0	0	14	4	1	1	6	29	
	Number of Infant deaths	1	0	1	10	0	0	0	13	1	0	1	2	23	
	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	3.0%	3.0%	4.0%	3.3%	9.0%	12.0%	8.0%	9.7%	6.0%	7.5%	6.0%	6.5%	6.5%	
	Spontaneous unassisted vaginal births	23.0%	25.0%	26.0%	24.1%	24.0%	29.0%	33.0%	28.7%	23.5%	27.0%	29.5%	26.7%	26.4%	
	Vaginal Births - spontaneous & induced	36.0%	40.0%	36.0%	37.8%	38.0%	46.0%	48.0%	42.8%	37.0%	43.0%	42.0%	40.7%	40.3%	
	Instrumental deliveries	63	39	59	690	49	32	38	500	112	71	97	280	1190	
	Pre-labour elective caesarean sections	95	63	90	1023	53	51	59	667	148	114	149	411	1690	
	Emergency caesarean sections in labour	121	106	130	1408	135	81	93	1326	256	187	223	666	2734	



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 March, the midwifery staffing ratios were reported as 1:25 at the Chelsea site and 1:24 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 in 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 Northwest 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 Plus Compliance: All red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input.

West Middlesex Site

- **Labour Ward:** Compliance decreased to 82% from 87% in February, with 3 red flags reported (an increase – 0 in February)
 - 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)
 - Coordinator not able to maintain supernumerary/supervisory status – providing 1:1 care in labour (n=1)
- **Birth Centre:** Compliance increased to 85% from 79% in February with 7 red flags reported (an increase – 1 in February)
 - Delayed or cancelled time critical activity (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)
 - No additional support MW available (No second MW for birth) (n=5)
- **Antenatal Ward:** Compliance decreased to 79% from 85% in February with 44 red flags reported (an increase – 22 in February)
 - Delayed or cancelled time critical activity (n=2)
 - Missed medication during an admission to hospital or midwifery-led unit (n=1)
 - Delay in providing pain relief (n=12)
 - Delay between presentation and triage (n=6)
 - Full clinical examination not carried out when presenting in labour (n=4)
 - Delay between admission for induction and beginning of process (n=11)
 - Delayed recognition of and action on abnormal vital signs (n=4)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a women during established labour (n=4)
- **Postnatal Ward:** Compliance increased to 94% from 90% in February with 1 red flag reported (an increase - 0 in February)
 - Delayed or cancelled time critical activity (n=1)

Chelsea and Westminster Site

- **Labour Ward:** Compliance decreased to 74% from 85% in February, with 2 red flags reported (an increase – 0 in February)
 - 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)
 - Coordinator not able to maintain supernumerary/supervisory status – providing 1:1 care in labour (n=1)
- **Birth Centre:** Compliance increased to 68% from 45% in February with 9 red flags reported (an increase - 2 in February)
 - Delayed or cancelled time critical activity (n=2)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=3)
 - No additional support MW available (No second MW for birth) (n=4)
- **Simpson Unit (Recovery & HDU):** Compliance increased to 78% from 74% in February, with 3 red flags reported (an increase - 1 in February)
 - Delayed or cancelled time critical activity (n=1)
 - Delayed recognition of and action on abnormal vital signs (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)
- **Antenatal Ward:** Compliance increased to 67% from 63% in February, with 7 red flags reported (stable - 7 in February)
 - Delayed or cancelled time critical activity (n=2)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=2)
 - Delay in providing pain relief (n=1)
 - Delay between admission for induction and beginning of process (n=2)
- **Postnatal Ward:** Compliance decreased to 89% from 91% in February, with 7 red flags reported (a decrease – 9 in February)
 - 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)
 - Missed medication during an admission to hospital or midwifery led unit (for example, diabetes medication) (n=1)
 - Delay in providing pain relief (n=4)

Summary: Compliance remained relatively stable in all clinical areas on the WMUH site, meeting the minimum targets to provide data confidence. Red flag incidents increased across all clinical areas in March, with the highest numbers consistently being reported from the Antenatal Ward. Datix incidents have not been found to match the red flags raised via Birthrate Plus.

Compliance on the CW site remained relatively stable across the clinical areas, with the lowest rates of compliance consistently being seen on the Birth Centre and Antenatal Ward, however improvements were noted in March. Red flags also varied but were overall stable. As compliance is not yet seen to regularly meet upper thresholds in all clinical areas on the CW site, confidence in accuracy of data is impacted. Trajectories show positive improvements are being made towards the accurate completion of the acuity tool with the goal of consistently meeting the 80% minimum recommended compliance. An annual overview of Birthrate+ activity was presented at the monthly cross site Quality & Safety meeting with a plan for the year ahead discussed amongst teams.



Neonatal Staffing: The neonatal leadership team continue to strengthen the local QIS programme to optimise skill mix. At the Chelsea site, QIS compliance remained stable at 54% in March from 56% in February. Further improvements are expected in Spring 2026, 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 decreased to 43% in March from 53% in February, which is mainly due to QIS dilution secondary to increase in total number of staff for the LNU re-designation, alongside multiple QIS staff members leaving the Trust. There is a plan in place to send a large cohort to 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 was 1 patient safety incident:

1. IIR – Bladder injury at operative birth - for AAR

Datix reporting system: There were 89 Datix incidents reported (a decrease – 101 in February)

- Access to care/admissions
- Communication
- MOH

Incidents not yet closed over 3 months old x138 (a decrease from February) – the majority assigned to Obstetric Consultants. An action plan to address is in place.

CWH site: There were 9 patient safety incidents:

1. IIR – Diagnosis of cancer – for local investigation only
2. IIR – Neonatal death at 29/40 - PSII
3. IIR – Return to theatre – under review
4. IIR – Category 1 CB – under review
5. IIR – Unexpected NICU admission – under review
6. IIR – Undiagnosed breech and MOH 3L – under review
7. IIR - Delay in diagnosis of HELLP – under review
8. IIR - Category 1 CB / placental abruption – under review
9. IIR – NICU admission from MAS – under review

Datix reporting system: There were 88 Datix incidents reported (stable – 85 in February)

- Delay/failure in access to care/hospital
- Staffing issues – workload/skill mix/shortage
- MOH

Incidents not yet closed over 3 months old x19 (an increase from February)



Neonatal Service:

- Number of Datix: 71 (52 CW + 19 WM) – stable from 72 in February.

Perinatal Quality Surveillance Dashboard

1. **PMRT (Cross site):** CW site reported 2 cases: NND on day 0 post birth at 29/40, NND on day 2 post birth at 24+3 + x2 MTOP for fetal anomaly. WMUH reported 2 cases: x1 MTOP and x1 social TOP at an external organisation who delivered at home and transferred to WM
2. **ATAIN (Cross site):** Data for both sites was not available at the time of publication.
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 Q3, the service self-assessed as compliant with 96% of interventions within the care bundle. The ICB has assessed the service as compliant with 100% of interventions, and this assessment has formed part of the evidence submission for MIS SA6. Data is currently being collected regarding the position for Q4 and will be included in next month's report. The service awaits an update from the ICB on the expectations going into 2026-2027. Ongoing action plans are in place to address the areas of challenge within element 1 (smoking cessation) and element 5 (preterm birth prevention and optimisation).

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				
		Jan-26	Feb-26	Mar-26	2025-2026	Jan-26	Feb-26	Mar-26	2025-2026	Jan-26	Feb-26	Mar-26	2025-2026 Q4	2025-2026
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	93.0%	95.0%	93.0%	92.0%	92.0%	92.0%	90.0%	92.2%	92.5%	93.5%	91.5%	92.5%	92.1%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	94.0%	95.0%	93.0%	94.0%	95.0%	92.0%	93.0%	93.8%	94.5%	93.5%	93.0%	93.7%	93.9%
	Service User Feedback FFT	88.0%	84.3%	86.1%	87.7%	83.7%	84.4%	88.9%	87.0%	86.0%	84.4%	87.0%	85.8%	87.3%
	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	1	0	1	0	0	0	9	0	1	0	1	10
	Progress in achievements of NHSR MIS (10 safety actions) Green									10	10	10	30	94
	Progress in achievements of NHSR MIS (10 safety actions) Amber									0	0	0	0	11.5
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	10
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	0.0%	66.7%	91.7%

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 March, overall multi-disciplinary training compliance decreased slightly to 90% (WM) and 93% (CW). Fetal monitoring training continues to exceed the 90% compliance target, at 93% (WM) and 93% (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 increased from 83% in February to 86% in March. Respondents were predominantly White British (38%), White Other (31%), and Black/Black British (6%), with most aged 35–44 years (52%) and 87% English-speaking. The lowest-scoring area remained whether concerns were taken seriously (71%) which is unchanged from February. In contrast 97% reported positively that they were spoken to in a way they could understand. At the West Middlesex site, positive feedback increased from 80% in February to 94% in March. Respondents were predominantly Asian/Asian British (38%), White British (30%), and White Other (13%), with most aged 25–34 years (56%). Lowest scores remained consistently related to concerns being taken seriously (84%). In contrast 100% reported positively that they were spoken to in a way they could understand. Across both sites, recurring negative themes focus on communication, discharge processes and delays in care (pain relief, induction of labour and caesarean section). At Chelsea, bed capacity was highlighted as an issue alongside various concerns related to postnatal care. At West Middlesex the facilities and environment were highlighted as needing improvement. These findings identify clear priorities for service improvement which are captured in the services patient experience action plan.

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

Maternity (Perinatal) incentive Scheme year 7: MIS Year 7, Version 1.0, published on 2 April 2025 has now concluded its reporting period. The service has submitted a broad portfolio of evidence to the ICB for verification and is reporting 100% compliance with all 10 safety actions. Actions plans remain in place regarding neonatal staffing. The service awaits publication of MIS Year 8, which is expected to launch on the 20th April 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 has declared full compliance with the 43 associated actions and awaits verification on the matter.

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 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. Work is underway across both units in anticipation of a repeat inspection imminently.

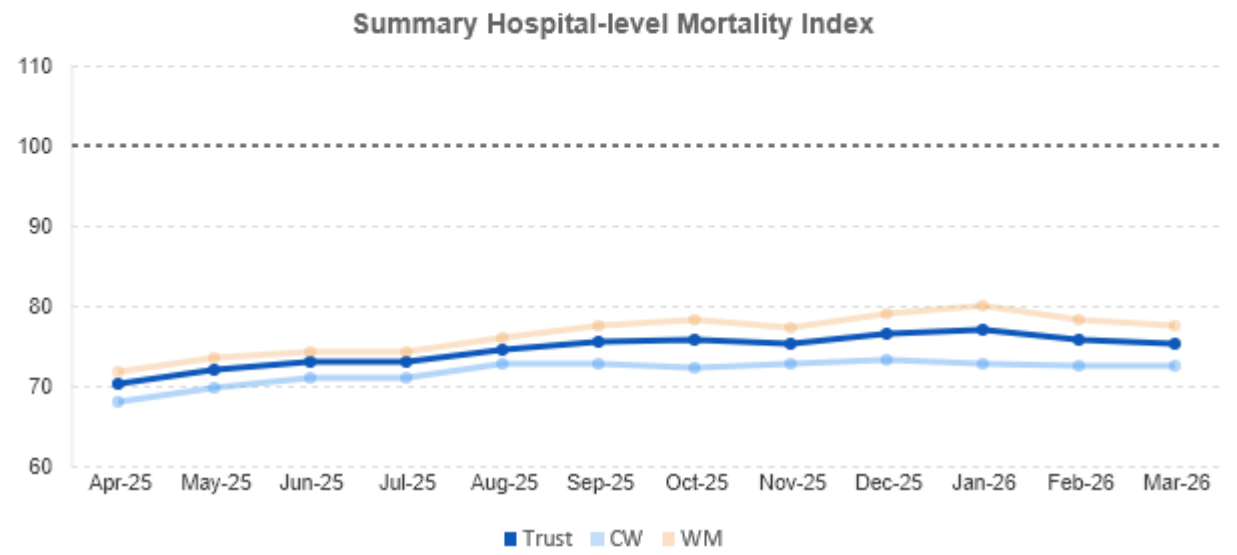


Mortality

Summary Hospital-level Mortality Index

Effective

Trend



Narrative

Both HSMR and SHMI data remain stable and performing well compared nationally and regionally. No new concerns identified

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	72.5	66.9
WM	77.4	80.5
Trust	75.3	74.8

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

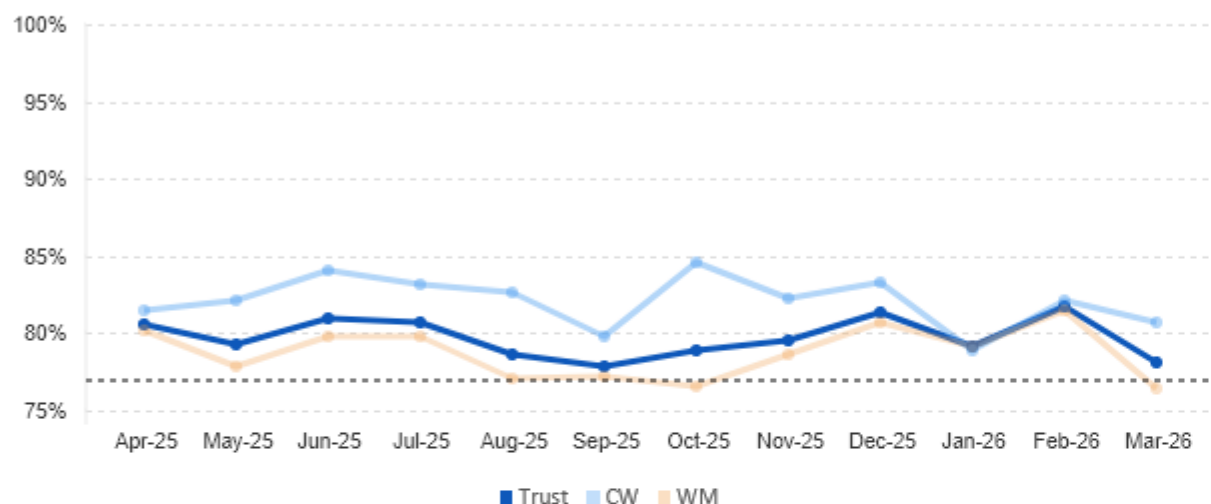
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
SHMI (Target: <100)	CW	72.8	73.3	72.8	72.4	72.5	71.8
	WM	77.1	78.9	80.1	78.3	77.4	76.4
	Trust	75.3	76.5	77.0	75.8	75.3	74.4
HSMR (Target: <100)	CW	69.5	69.1	67.0	66.9	66.9	72.8
	WM	82.3	83.9	85.0	83.2	80.5	83.7
	Trust	76.9	77.6	77.4	76.4	74.8	78.4



Patient Access

Trend

28 Day Faster Diagnosis Standard



Narrative

The Trust continues to meet the National KPI for 28 Day FDS (77%) in February 2026 at over 80% (validated). We are seeing as anticipated a more challenged March FDS Performance which is still being validated, sitting at 80.7% but the Trust is anticipating this reducing, albeit still maintaining the National 77% KPI.

The Sarcoma service continues to be particularly challenged and non-compliance in FDS due to continued demand from wider London sectors as well as the home counties, alongside some diagnostic changes to the pathway, making this service a particular concern, and is at present still closed to referrals. Our ADOC and Colorectal services have seen a slight reduction in performance also due to unforeseen challenges within the service, but these have since been rectified.

Our 2ww pathways continue to remain above the national compliance metrics with performance continuing to remain high against the national target of 93%.

In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	80.7%	93.9%
WM	76.5%	96.3%
Trust	78.1%	95.3%

Year-to-Date Performance

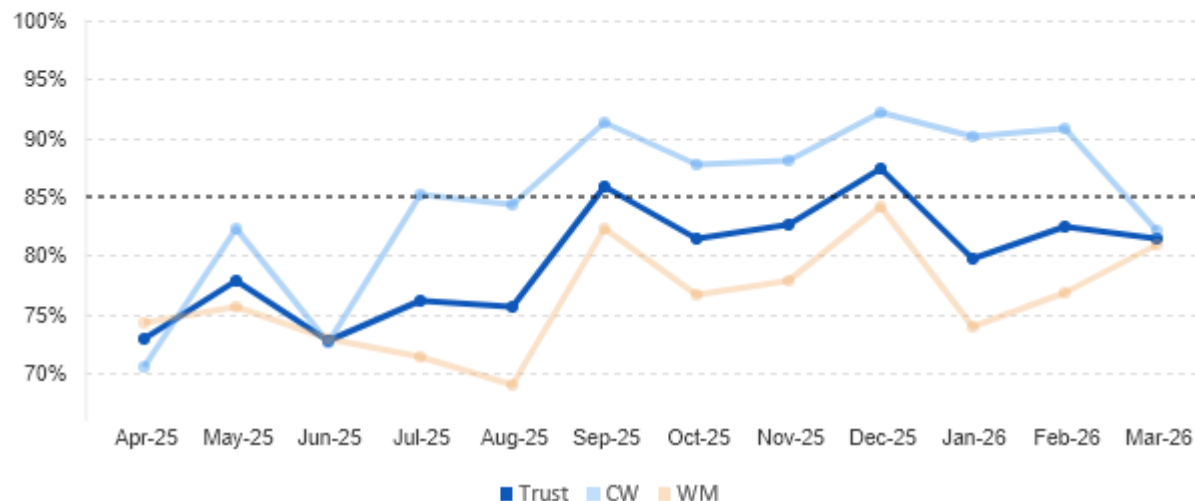
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
28 Day Faster Diagnosis Standard (Target: >=77%)	CW	82.3%	83.4%	78.9%	82.1%	80.7%	82.1%
	WM	78.6%	80.7%	79.2%	81.5%	76.5%	78.8%
	Trust	79.6%	81.4%	79.1%	81.7%	78.1%	79.7%
2 Weeks from Referral to First Seen (All Urgent Referrals) (Target: >=96%)	CW	93.4%	93.4%	96.3%	94.6%	93.9%	94.4%
	WM	96.0%	96.5%	95.1%	97.3%	96.3%	96.1%
	Trust	94.9%	95.1%	95.6%	96.2%	95.3%	95.4%

Access to Cancer Care (Treatment)

Responsive – Operating Plan

Trend

62 Day GP Referral to First Treatment Combined



Narrative

The West Middlesex site continues to be more challenged within several services that continued in to our February 2026 performance but has seen improvement in the March 2026 (unvalidated position). Breast Performance is continues to hold a strong position into March, as does Colorectal and Head and Neck, but we have seen a drop in our Urology performance in March due to late ITRs spilling over from February into March.

The Trusts 31D position remains strong and above the National KPIs of 96% with a validated February 2026 position holding strongly against the national metrics which is continuing in to March 2026.

In-Month Performance

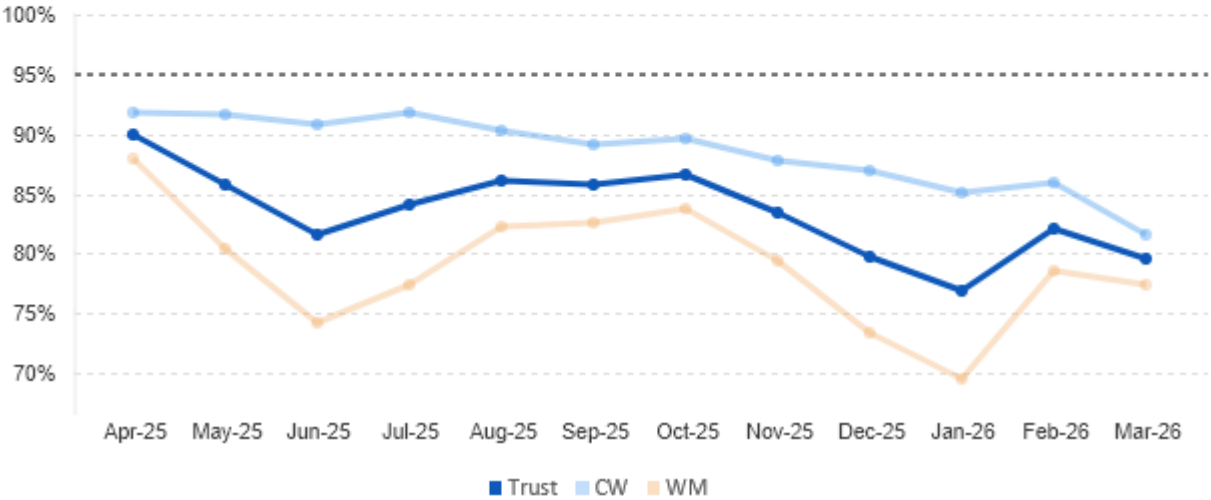
	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	82.1%	98.6%	
WM	80.9%	98.9%	
Trust	81.4%	98.8%	99

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	88.1%	92.2%	90.1%	90.8%	82.1%	84.8%
	WM	77.8%	84.2%	74.0%	76.8%	80.9%	76.3%
	Trust	82.5%	87.4%	79.8%	82.4%	81.4%	79.8%
31 Day Diagnosis to First or Subsequent Treatment (Target: >=96%)	CW	98.7%	100.0%	100.0%	100.0%	98.6%	98.4%
	WM	98.9%	99.0%	100.0%	98.8%	98.9%	98.8%
	Trust	98.8%	99.4%	100.0%	99.3%	98.8%	98.6%
62+ Day Backlog (Target: 100)	CW						
	WM						
	Trust	75	107	98	96	99	99

Trend

Diagnostic Waiting Times < 6 Weeks



Narrative

Trust wide DM01 performance deteriorated in March 2026 to 79.59%, down from 82.09% in February. Performance remains below the NHS constitutional standard, though is above the 2025/26 operating plan target.

Contrary to the year-to-date trend, Chelsea and Westminster was the most significantly deteriorated site in month, primarily driven by increased pressure in non obstetric ultrasound, where the PTL grew by 6%. This increase reflects the requirement to redeploy resources to maintain obstetric ultrasound capacity, resulting in reduced non obstetric US throughput.

West Middlesex performance improved by 1.2% month on month, with gains in endoscopy and echocardiography partially offsetting deterioration that would otherwise have arisen from continued pressure in radiology modalities.

Insourcing activity across multiple services is beginning to have a positive impact on overall Trust performance; however, the necessary prioritisation of long waiters has resulted in some routine activity being deferred beyond the six-week constitutional standard, constraining further near-term recovery.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	81.6%	1,630	0
WM	77.3%	1,801	0
Trust	79.6%	3,431	0

Year-to-Date Performance

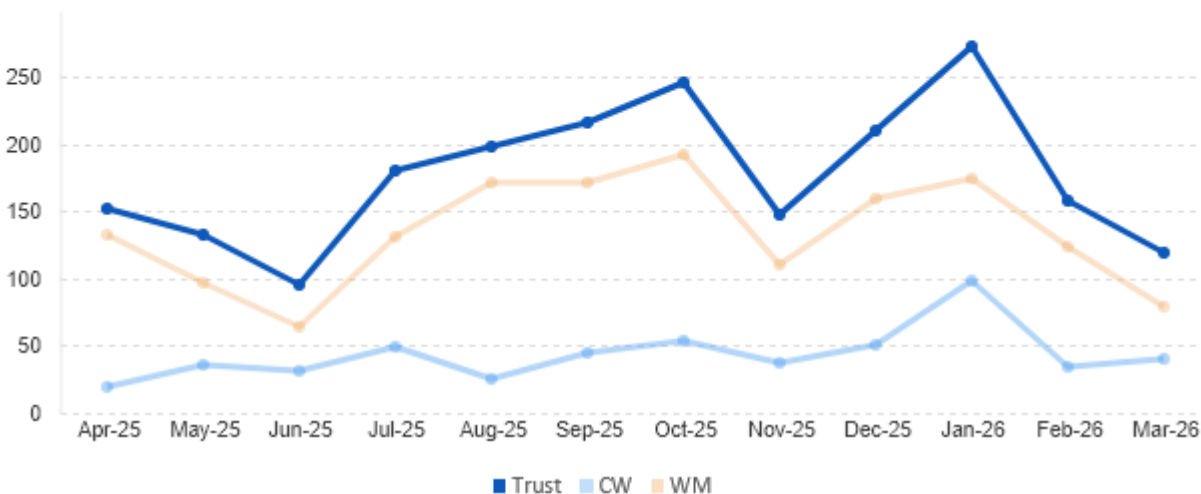
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	87.7%	86.9%	85.1%	85.9%	81.6%	88.1%
	WM	79.4%	73.3%	69.5%	78.5%	77.3%	78.4%
	Trust	83.4%	79.8%	76.8%	82.1%	79.6%	83.1%
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	757	811	1,091	1,124	1,630	1,630
	WM	1,329	1,807	2,545	1,857	1,801	1,801
	Trust	2,086	2,618	3,636	2,981	3,431	3,431
Diagnostic Waiters 13+ Weeks	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0

Ambulance Handover Waits

Safe

Trend

LAS Handover 30 Mins



Narrative

Performance

The Trust's overall performance for ambulance handovers remains strong. In the month of March 2026, the Trust reported one 60-minute LAS handover delays. This is a decrease from the previous month of two 60-minute breaches. The 15-minute handover was non-compliant across both sites but there has been an improvement from last month Chelsea site 16:15 and the West Middlesex site 16:54. The Trust is working towards reducing the number of breaches against this target.

Improvement

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

Risk

Cubicle capacity in the department.

In-Month Performance

	LAS 15 Min Breach Performance	LAS Time Lost (Hours)	LAS Handovers 30 Mins	LAS Handovers 60 Mins
CW	835	86.9	41	0
WM	975	107.7	79	1
Trust	1,810	194.6	120	1

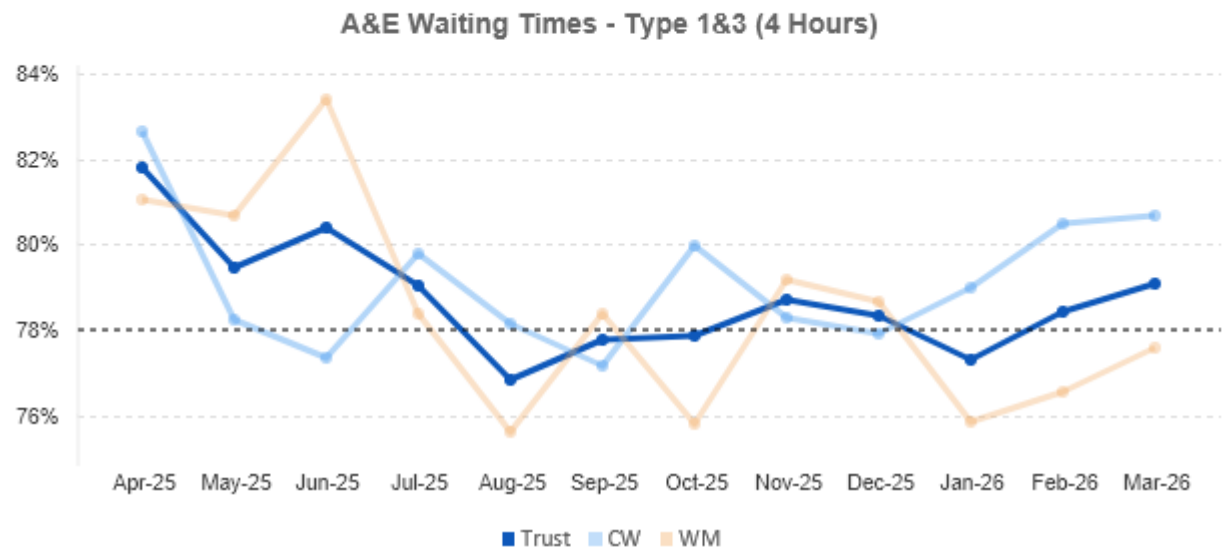
Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
LAS 15 Min Breach Performance	CW	704	793	886	780	835	9,221
	WM	969	1,055	1,141	970	975	11,615
	Trust	1,673	1,848	2,027	1,750	1,810	20,836
LAS Time Lost (Hrs)	CW	73.2	96.9	116.6	86.0	86.9	981.9
	WM	124.2	152.9	166.1	125.7	107.7	1,595.2
	Trust	197.4	249.8	282.7	211.7	194.6	2,577.1
LAS Handovers 30 Mins	CW	37	51	99	34	41	521
	WM	111	160	174	124	79	1,610
	Trust	148	211	273	158	120	2,131
LAS Handovers 60 Mins	CW	0	6	1	0	0	8
	WM	2	1	2	2	1	21
	Trust	2	7	3	2	1	29

Urgent & Emergency Department Waits

Safe/Responsive – Operating Plan

Trend



Narrative

Performance
Performance against the 4-hour standard in March 2026 was 79.1%. West Middlesex achieved 77.6% with 14,569 attendances and the Chelsea site 80.7% with 13,442 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 March West Middlesex achieved an average time to triage of 10 minutes and at the Chelsea site 18 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	80.7%	1.8%	00:15	13,442	842	27
WM	77.6%	2.1%	00:07	14,569	948	18
Trust	79.1%	1.9%	00:11	28,011	1,790	45

Year-to-Date Performance

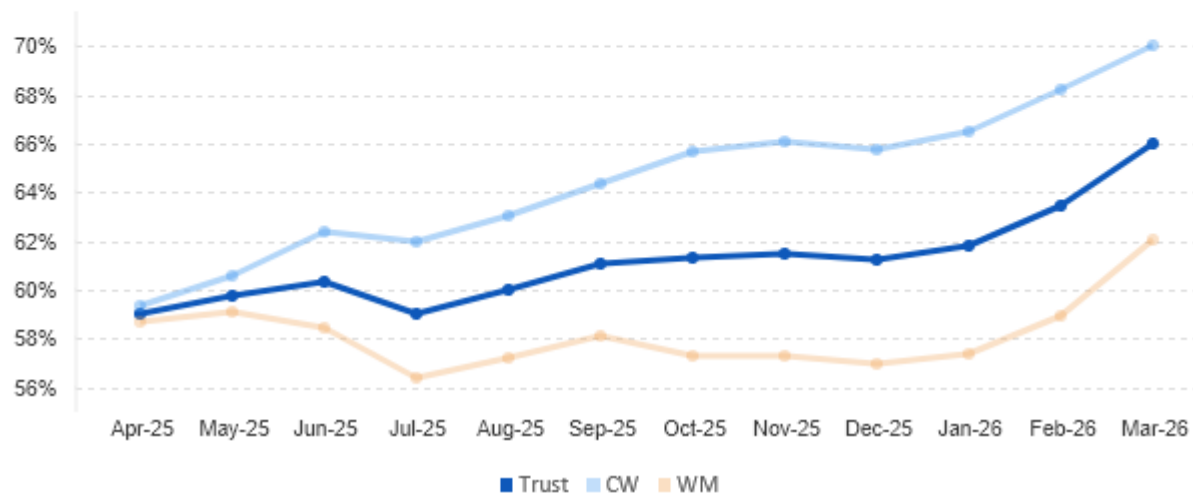
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
A&E Waiting Times Type 1&3 (4 Hrs) Target: >78%)	CW	78.3%	77.9%	79.0%	80.5%	80.7%	79.1%
	WM	79.2%	78.7%	75.8%	76.6%	77.6%	78.4%
	Trust	78.7%	78.3%	77.3%	78.4%	79.1%	78.8%
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	1.9%	2.0%	3.2%	2.0%	1.8%	2.0%
	WM	1.7%	2.7%	3.8%	2.9%	2.1%	2.5%
	Trust	1.8%	2.4%	3.5%	2.5%	1.9%	2.2%
A&E Time to Triage (Target: 15mins)	CW	00:16	00:15	00:15	00:14	00:15	00:15
	WM	00:06	00:06	00:06	00:06	00:07	00:07
	Trust	00:11	00:10	00:10	00:10	00:11	00:11
Total Attendances Type 1&3	CW	13,440	12,674	13,092	11,760	13,442	153,894
	WM	14,064	14,645	14,525	12,830	14,569	165,701
	Trust	27,504	27,319	27,617	24,590	28,011	319,595
Referrals to SDEC (Target as Per Op Plan)	CW	703	770	817	684	842	8,946
	WM	767	839	897	708	948	10,580
	Trust	1,470	1,609	1,714	1,392	1,790	19,526

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 66% showing significant improvement from the previous month. The Trust has exceeded its trajectory of attaining 65% RTT performance.

The month ended with 0 65-week breaches for the first time post-COVID. We finished the year with 958 52 week breaches which, whilst an improvement on February's position, was above the national target of 1% of the total waiting list at 1.26%.

Improvement : Funding arrangement have been across the Trust and recruitment plans are being finalised for 2026/27. In and outsourcing along with WLIs will continue throughout the recruitment periods to ensure performance is maintained.

Risk : Potential further Industrial action, reduced capacity and time taken to agree in/outsourcing opportunities or WLIs.

In-Month Performance

	18 Week RTT Incompletes	18 Week RTT Incompletes Paeds	52 Week RTT Incompletes	52 Week Waiters	65 Week Waiters
CW	70.1%	76.0%	1.0%	383	0
WM	62.0%	56.1%	1.5%	575	0
Trust	66.0%	66.7%	1.3%	958	0

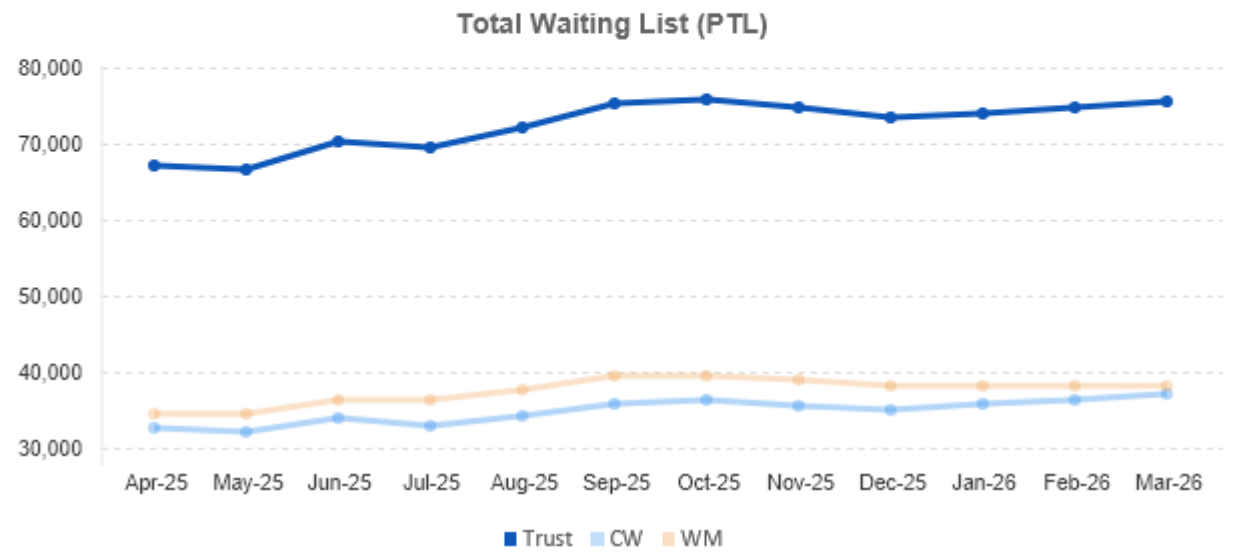
Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
18 Week RTT Incompletes (Target: >60%)	CW	66.1%	65.8%	66.5%	68.2%	70.1%	70.1%
	WM	57.3%	57.0%	57.4%	59.0%	62.0%	62.0%
	Trust	61.5%	61.2%	61.8%	63.5%	66.0%	66.0%
18 Week RTT Incompletes Paeds	CW	71.0%	71.6%	74.4%	74.5%	76.0%	76.0%
	WM	45.6%	48.4%	51.3%	53.8%	56.1%	56.1%
	Trust	57.8%	59.5%	62.8%	64.4%	66.7%	66.7%
52 Week RTT Incompletes (Target: <1%)	CW	1.8%	1.5%	1.4%	1.2%	1.0%	1.0%
	WM	2.4%	2.1%	2.0%	1.9%	1.5%	1.5%
	Trust	2.1%	1.8%	1.7%	1.6%	1.3%	1.3%
52 Week Waiters	CW	637	524	495	441	383	383
	WM	928	797	769	720	575	575
	Trust	1,565	1,321	1,264	1,161	958	958
65 Week Waiters	CW	29	9	3	3	0	0
	WM	31	11	3	1	0	0
	Trust	60	20	6	4	0	0

Referral to Treatment Waits

Responsive – Operating Plan

Trend



Narrative

Performance: At month 12 our total RTT Patient Treatment List (PTL) was reported as 75,645. 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. Operating lists are booked on clinical urgency and in chronological order.

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. Capacity drive across surgical and outpatient areas is underway in Q4, focused on prioritising patients in the backlog cohorts. Specialty level monitoring in place with set trajectories to address recovery. These are highlighted in weekly meetings focusing on at-risk specialities.

Risk : Potential further Industrial action, reduced WLI activity and time taken to agree in/outsourcing opportunities

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	37,259	6,011	67.8%	6.3
WM	38,386	5,316	60.4%	5.9
Trust	75,645	11,327	63.8%	6.1

Year-to-Date Performance

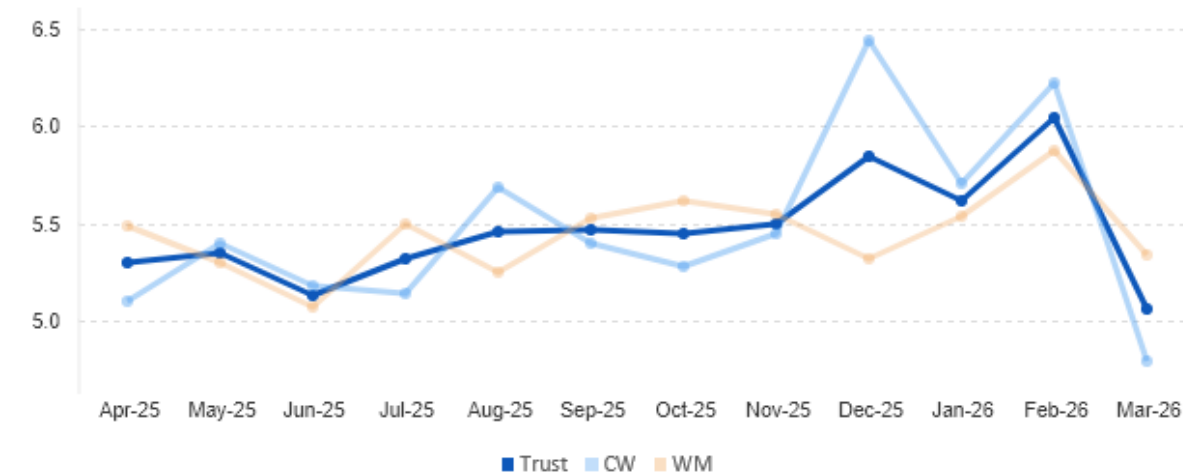
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Total Waiting List (PTL)	CW	35,663	35,156	35,845	36,495	37,259	37,259
	WM	39,058	38,243	38,300	38,254	38,386	38,386
	Trust	74,721	73,399	74,145	74,749	75,645	75,645
Total Waiting List (PTL) Paeds	CW	5,430	5,191	5,465	5,745	6,011	6,011
	WM	5,868	5,688	5,494	5,480	5,316	5,316
	Trust	11,298	10,879	10,959	11,225	11,327	11,327
Patients Waiting < 18 Weeks for First Appointment	CW	65.1%	63.6%	65.2%	66.5%	67.8%	67.8%
	WM	57.7%	56.0%	57.4%	58.0%	60.4%	60.4%
	Trust	61.0%	59.4%	60.9%	61.8%	63.8%	63.8%
RTT Clearance Time: Size of Waiting List	CW	5.8	6.2	5.9	6.5	6.3	6.3
	WM	6.9	6.6	6.6	6.5	5.9	5.9
	Trust	6.3	6.4	6.2	6.5	6.1	6.1



Operating Plan and Capacity

Responsive/Effective

In-Month Performance



Elective LoS is noncompliant with the standard year to date, which is driven by the performance in February.

Non-Selective LOS is non-compliant across both sites. In March there was an overall decrease in LoS compared to February. The CW site saw a decrease in average discharge ready to discharge date, the areas of improvement were identified through the discharge performance meeting with daily oversight. There is continued weekly focus on long length of stay patients, no criteria to reside and escalation meetings with community partners all with Trust flow board oversight.

In March 2026, Critical Care occupancy exceeded the recommended <85% threshold across both sites and Trust wide. Occupancy averaged 98.1% at Chelsea & Westminster, 110.6% at West Middlesex, and 104.4% overall, indicating sustained operation above planning levels, with year-end showing a combined occupancy of 95.1% This remains misaligned with ICU occupancy guidance and continues to present flow, resilience and quality risk.

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy	Average days between the DRI and DD
CW	3.0	4.8	468	113	98.1%	6.5
WM	2.2	5.3	556	141	110.6%	5.7
Trust	2.8	5.1	1,024	254	104.4%	6.0

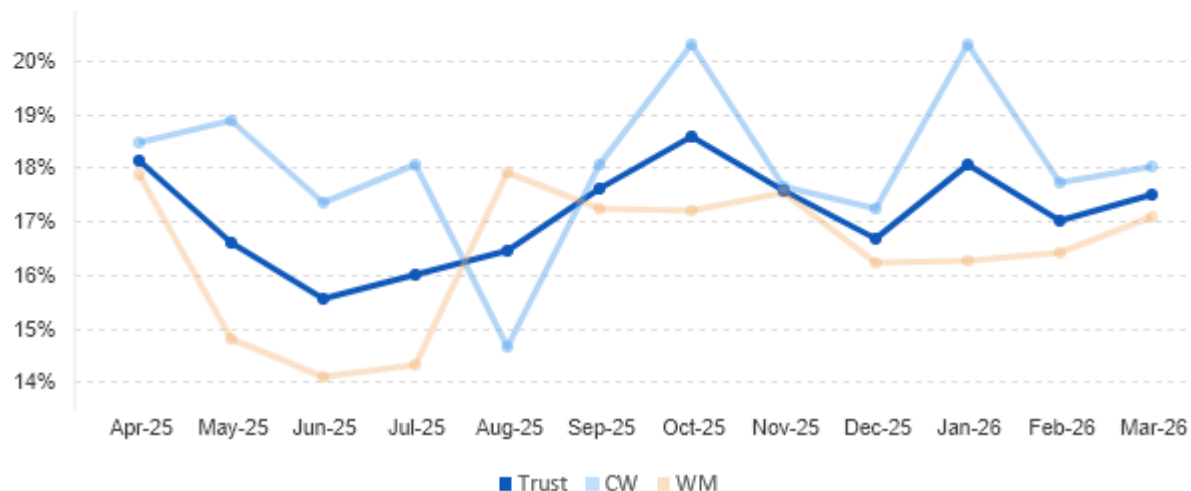
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Elective LoS (Target: <2.9)	CW	2.1	2.8	2.7	2.9	3.0	2.8
	WM	2.9	2.1	1.8	2.3	2.2	2.4
	Trust	2.4	2.6	2.4	2.7	2.8	2.7
Non-Elective LoS (Target: <3.95)	CW	5.4	6.4	5.7	6.2	4.8	5.5
	WM	5.5	5.3	5.5	5.9	5.3	5.4
	Trust	5.5	5.8	5.6	6.0	5.1	5.5
Non-Elective Long Stays (>=7 days)	CW	417	514	472	465	468	5,464
	WM	500	570	571	549	556	6,476
	Trust	917	1,084	1,043	1,014	1,024	11,940
Non-Elective Long Stays (>=21 Days)	CW	126	148	158	145	113	1,505
	WM	150	150	150	162	141	1,694
	Trust	276	298	308	307	254	3,199
Critical Care Occupancy (Target: <85%)	CW	96.0%	84.2%	99.0%	111.4%	98.1%	88.0%
	WM	102.3%	89.7%	107.7%	104.3%	110.6%	102.5%
	Trust	99.2%	86.9%	103.4%	107.9%	104.4%	95.1%
Average days between the DRD and DD	CW	6.5	6.3	5.9	8.2	6.5	6.7
	WM	6.9	7.5	7.0	5.6	5.7	6.4
	Trust	6.7	7.0	6.5	6.7	6.0	6.5

Flow & Discharge – Discharges

Responsive

Trend

Patient Not Meeting CTR by Trust of Pathway



Narrative

The Trust remains an outlier for the number of patients in hospital who do not meet the criteria to reside in an acute hospital bed. This is predominantly driven by patients requiring discharge with a package of care (P1 discharge) or to a nursing home (P3 discharge) and timescales. Metrics for discharge ready date and readmissions remain consistent. This continues to be monitored as part of the weekly discharge performance meetings.

Additional escalation meetings over a 2-week period to reduce the number of patients waiting for P1 discharges within RBKC; Westminster and LBHF. Three times week escalation meetings are in place with system partners as well as a NWL weekly system GOLD call.

In-Month Performance

	Patients Not Meeting CTR Daily Average	Discharges Before 12	Discharge Date Same as Discharge Ready Date	Discharge Date After Discharge Ready Date	Emergency Re-admissions < 30 Days of Discharge
CW	18.0%	14.3%	89.9%	10.1%	4.7%
WM	17.1%	14.4%	85.7%	14.3%	5.3%
Trust	17.5%	14.3%	87.8%	12.2%	5.0%

Year-to-Date Performance

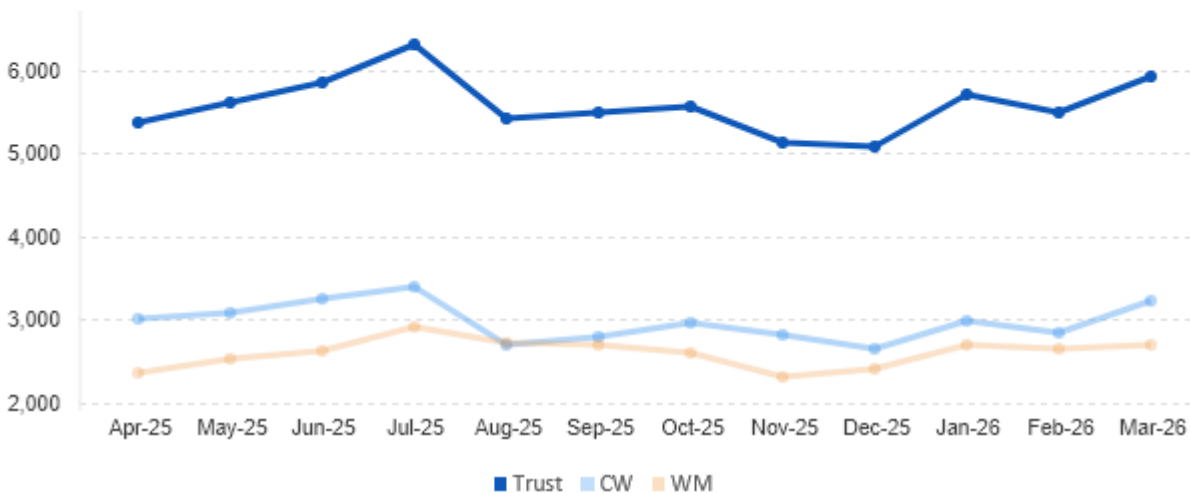
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Patient Not Meeting CTR Daily Average	CW	17.6%	17.2%	20.3%	17.7%	18.0%	18.1%
	WM	17.5%	16.2%	16.2%	16.4%	17.1%	16.4%
	Trust	17.6%	16.7%	18.1%	17.0%	17.5%	17.1%
Discharges Before 12	CW	15%	14%	16%	16%	14%	14%
	WM	15%	14%	13%	16%	14%	14%
	Trust	15%	14%	14%	16%	14%	14%
Discharge Date Same as Discharge Ready Date	CW	89.9%	88.1%	87.3%	88.0%	89.9%	89.0%
	WM	85.1%	86.8%	86.5%	85.5%	85.7%	86.1%
	Trust	87.6%	87.4%	86.8%	86.7%	87.8%	87.5%
Discharge Date After Discharge Ready Date	CW	10.1%	11.9%	12.7%	12.0%	10.1%	n/a
	WM	14.9%	13.2%	13.5%	14.5%	14.3%	n/a
	Trust	12.4%	12.6%	13.2%	13.3%	12.2%	n/a
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	5.4%	5.4%	4.6%	4.8%	4.7%	4.9%
	WM	6.6%	6.0%	5.0%	5.3%	5.3%	5.9%
	Trust	5.9%	5.7%	4.8%	5.1%	5.0%	5.4%

Operating Plan Performance

Responsive – Operating Plan

Trend

Elective Day Case



Narrative

The Trust continues met its Operating plans for elective activity and outpatients in 2025/26 year-to-date

The year saw transformation work in outpatients to support delivery with a review of clinic templates for follow-up activity which helped free up capacity to see new patients. The Trust stepped up additional activity in the last two quarters to support elective recovery which helped deliver the RTT year end performance.

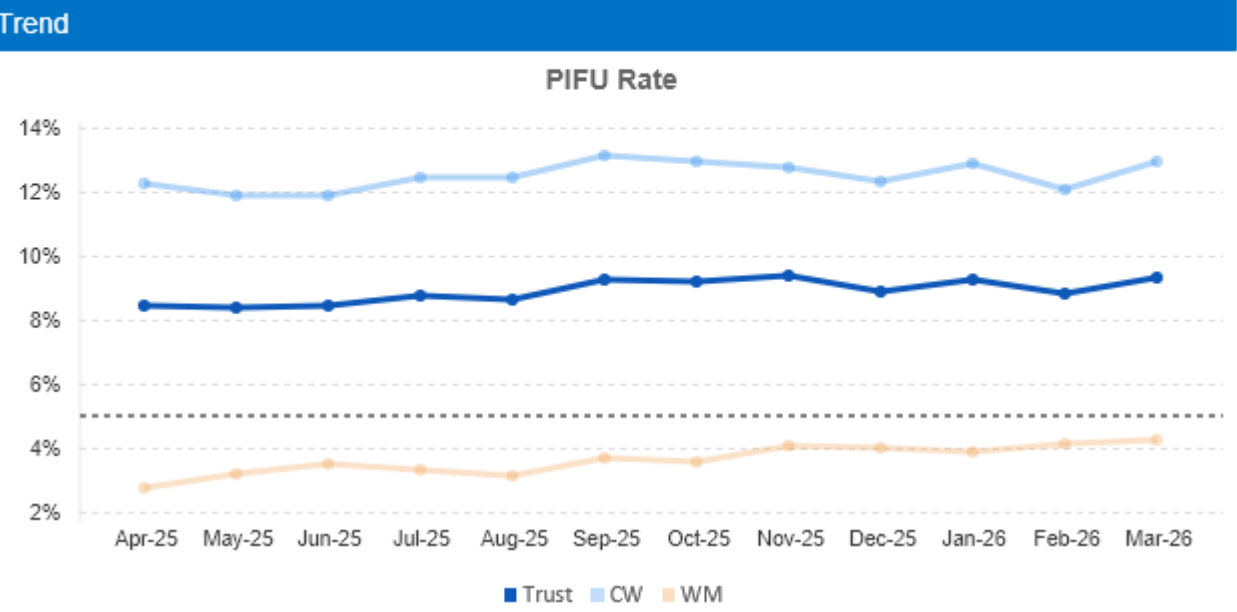
Risk to achieving future plans include Industrial action.

In-Month Performance

	Elective Day Cases	Elective Ordinary Admissions	OP Procedures	OP First Attendance Without Procedure	OP FUP Attendance Without Procedure
CW	3,224	529	6,060	10,862	18,394
WM	2,705	211	3,614	10,201	10,325
Trust	5,929	740	9,674	21,063	28,719

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Plan YTD	2025-2026
Elective Day Cases	CW	2,658	2,987	2,831	3,224	34,370	35,729
	WM	2,419	2,707	2,650	2,705	31,132	31,204
	Trust	5,077	5,694	5,481	5,929	65,502	66,933
Elective Ordinary Admissions	CW	437	440	462	529	4,400	5,276
	WM	191	203	190	211	1,730	2,366
	Trust	628	643	652	740	6,130	7,642
OP Procedures	CW	4,812	5,342	5,302	6,060	55,022	64,152
	WM	3,261	3,428	3,124	3,614	35,413	39,377
	Trust	8,073	8,770	8,426	9,674	90,435	103,529
OP First Attendance Without Procedure	CW	9,571	11,014	10,389	10,862	125,736	122,456
	WM	8,205	9,111	9,397	10,201	98,216	102,618
	Trust	17,776	20,125	19,786	21,063	223,952	225,074
OP FUP Attendance Without Procedure	CW	17,063	18,727	17,676	18,394	202,983	218,803
	WM	9,543	9,767	9,607	10,325	142,945	122,111
	Trust	26,606	28,494	27,283	28,719	345,928	340,914



DNA rate improved again overall with very good gains for follow up patients on both sites in March. New patient **DNA** performance was static at WMUH but dipped 0.1% at CW, although both were still well ahead of the YTD averages. Focus on DNA rates continues as we use Patient Led Validation, volunteer-led phone calls in some areas, and our plan to roll out pilots in Choice Booking (8-6-4-2) this summer.

Percentage of **PIFU** was up in March at both sites, and again ahead of the YTD average. Overall WMUH is trending slowly upwards towards the 5% target. This remains at priority at OP Board.

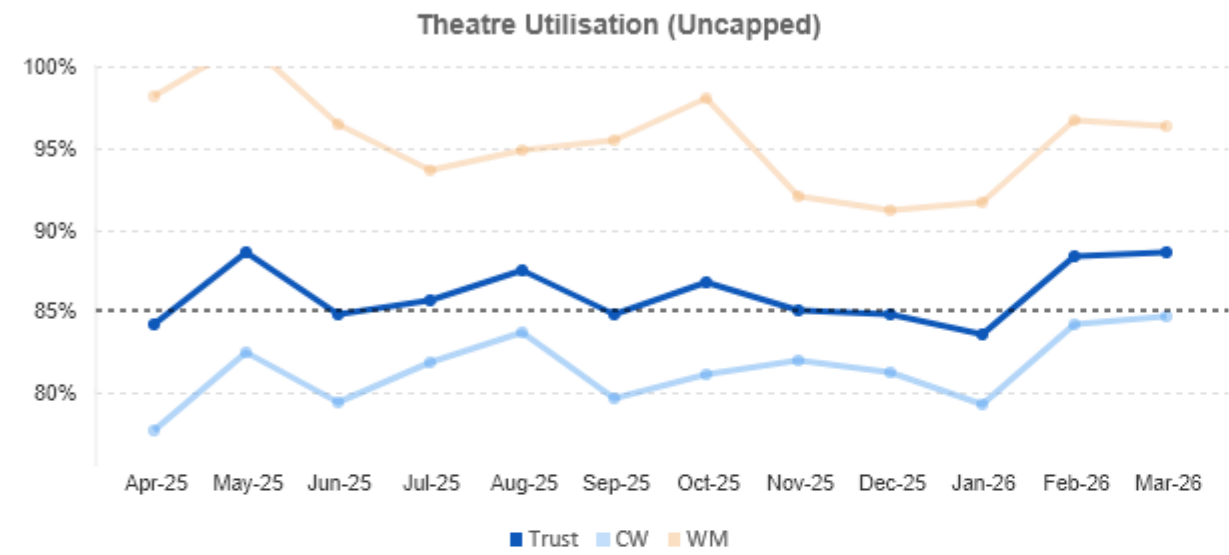
In-Month Performance

	PIFU Rate	DNA Rates - First Appointment	DNA Rates - Follow Up Appointment	Virtual Contacts
CW	12.9%	10.5%	7.5%	4,519
WM	4.2%	9.8%	6.9%	4,284
Trust	9.3%	10.2%	7.3%	8,803

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
PIFU Rate (Target: 5%)	CW	12.7%	12.3%	12.9%	12.0%	12.9%	12.5%
	WM	4.1%	4.0%	3.9%	4.1%	4.2%	3.6%
	Trust	9.4%	8.8%	9.3%	8.8%	9.3%	8.9%
DNA Rates - First Appointment	CW	10.8%	11.8%	11.3%	10.3%	10.5%	10.8%
	WM	12.5%	11.3%	10.3%	9.8%	9.8%	10.6%
	Trust	11.6%	11.5%	10.9%	10.1%	10.2%	10.7%
DNA Rates - Follow Up Appointment	CW	8.1%	8.4%	8.1%	8.0%	7.5%	8.3%
	WM	7.3%	7.7%	7.5%	7.5%	6.9%	7.2%
	Trust	7.8%	8.1%	7.9%	7.8%	7.3%	7.9%
Virtual Contacts	CW	4,210	4,329	4,192	4,799	4,519	51,699
	WM	3,639	3,650	3,716	3,939	4,284	46,047
	Trust	7,849	7,979	7,908	8,738	8,803	97,746

Trend



Narrative

Trust-Wide utilisation increased further in March at 88.6%, meaning we are now compliant for 25/26 at 86%. There was an increase in utilisation at the CW site, driven by a continued improvement in utilisation of the new Day Surgery Unit. In March DSU reached their target of 80% capped utilisation (80.3%). The WM site remains above the 85% target. Focused work continues on further improving the utilisation of DSU and Paeds through the Theatres Improvement Programme, with a focus on consultant productivity data to drive improvement.

Day case rates significantly improved further in March at 97.1%. The increase was seen at both sites.

OTD cancellations were fairly static for March, with no patients breaching. The on the day cancellation rate remains a focus on improvement work streams and working closely with operational teams to identify capacity to rebook.

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	87.6%	0.8%	0	84.7%
WM	88.2%	0.3%	0	96.3%
Trust	87.8%	0.6%	0	88.7%

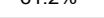
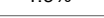
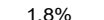
Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	85.8%	79.4%	87.6%	84.6%	87.6%	85.7%
	WM	90.5%	91.1%	86.4%	92.7%	88.2%	87.8%
	Trust	87.0%	83.4%	87.1%	87.1%	87.8%	86.4%
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	1.0%	0.7%	1.3%	0.9%	0.8%	0.8%
	WM	0.2%	0.4%	0.9%	0.6%	0.3%	0.5%
	Trust	0.6%	0.5%	1.1%	0.8%	0.6%	0.6%
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	0	5	6	1	0	21
	WM	0	0	0	0	0	6
	Trust	0	5	6	1	0	27
Theatre Utilisation (Uncapped) (Target: >85%)	CW	82.0%	81.3%	79.3%	84.2%	84.7%	81.5%
	WM	92.0%	91.2%	91.6%	96.7%	96.3%	95.4%
	Trust	85.0%	84.8%	83.5%	88.3%	88.7%	86.1%

CWFT OVERSIGHT FRAMEWORK SCORECARD — QUARTER 3 — 25/26

	Q3 SCORE		Improvement	% Current end of quarter target met
Segment (following Financial Override)	1		Deterioration	% Current end of quarter target not met
OVERALL AVERAGE	1.71		Unvalidated data	

[NOF Acute Dashboard - NHS England Data Dashboard](#)

Domain	Metric	Frequency	Q3 Score		Q3 Results /Score	Reporting Period									
						Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	TREND
Access To Service	Domain Average														
	% of people waiting less than 18-weeks	Monthly	⬆️	2.41	61.20%	59.0%	59.8%	60.4%	59.0%	60.0%	61.1%	61.3%	61.5%	61.2%	
	% Difference between planned and actual 18-week performance	Monthly	⬇️	2.24	1.90%	-0.6%	0.4%	1.3%	0.2%	1.5%	2.5%	2.5%	2.4%	1.9%	
	% of patients waiting over 52-weeks	Monthly	⬆️	2.82	1.80%	0.7%	1.1%	1.5%	1.8%	1.8%	2.3%	2.2%	2.1%	1.8%	
	% of people waiting over 52-weeks for community services	Monthly			0.00%										
	% of urgent referrals to receive definitive diagnosis within 4-weeks	Monthly	⬆️	2.00	79.94%	80.6%	79.3%	81.0%	80.8%	78.7%	77.9%	78.9%	79.6%	81.4%	
	% of patients treated for cancer within 62 days of referral	Monthly	⬆️	1.00	83.41%	73.1%	78.0%	72.6%	76.5%	76.6%	85.1%	80.6%	82.5%	87.4%	
	% of ED attendances admitted, transferred or discharged within 4-hours	Monthly	⬆️	1.00	78.29%	81.8%	79.5%	80.4%	79.0%	76.8%	77.9%	77.8%	78.7%	78.3%	
	% of ED attendances spending over 12-hours in the department -	Monthly		1.39	2.50%	2.0%	2.7%	2.0%	2.8%	2.9%	3.8%	3.8%	2.4%	3.1%	

Effectiveness and Experience of Care	Domain Average														
	CQC inpatient survey satisfaction rate	Annual		2.00											
	SHMI			1.00		70.2	71.9	72.9	72.9	74.6	75.5	75.7	75.3	76.5	
	Average number of days from discharge ready date to actual discharge		↓	2.71	0.94	0.9	0.9	0.7	0.7	1.0	0.8	1.0	0.9	0.9	

Patient Safety	Domain Average														
	NHS staff survey - raising concerns sub-score	Annual													
	CQC safe inspection score (if awarded within the preceding two-years)														
	12 month rolling count of MRSA bacteraemia cases	Monthly	⬆️	3.23	5.00	5	5	4	5	5	6	6	6	6	
	12 month rolling count of C. difficile cases as a proportion of Trust threshold	Monthly	⬇️	3.76	1.67	60	56	53	53	49	46	46	47	55	
	12 month rolling count of E. coli bacteraemia cases as a proportion of Trust threshold	Monthly	⬆️	1.00	1.00	112	110	104	104	101	93	97	92	99	

[illegible]

Finance and Productivity	Domain Average														
	Planned surplus/deficit score	Quarterly													
	Implied productivity level score	Quarterly													
	Variance year-to-date to financial plan score														
	Relative difference in costs (national cost collection adjusted for MFF)														



Equality, Diversity and Inclusion

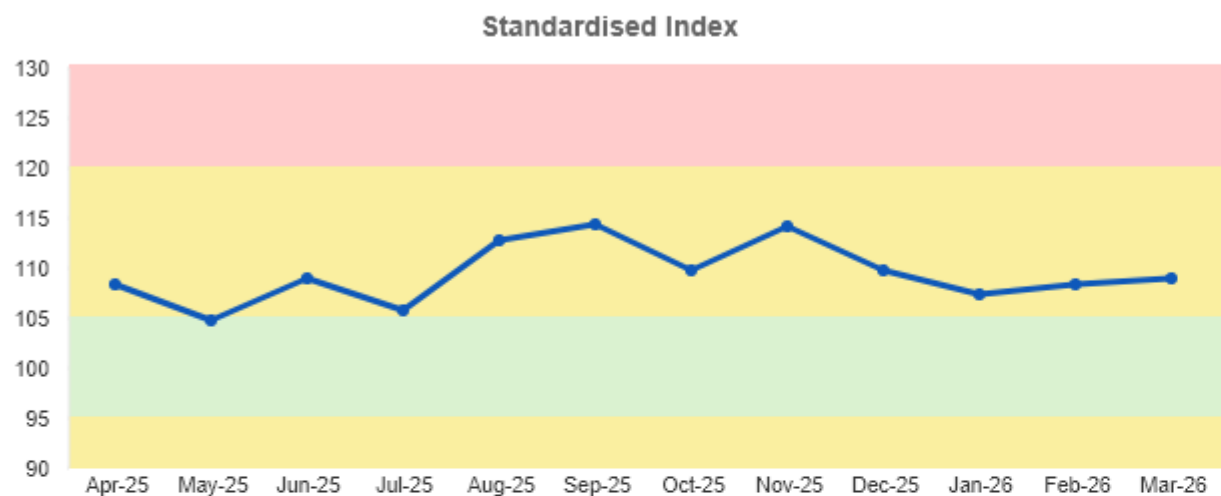
Inequity-RTT Waiting Times

Equality, Diversity and Inclusion



Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

The number of patients waiting over 40 weeks for 1st OPA from IMDQ1 has reduced for the 5th consecutive month finishing 2025/26 at 9.1% of the quintile waiting longer than 40 weeks. This reduction mirrors the overall reduction in long waits although the wait from IMDQ1 is still higher than 2-5.

For 2026/27, out 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.

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

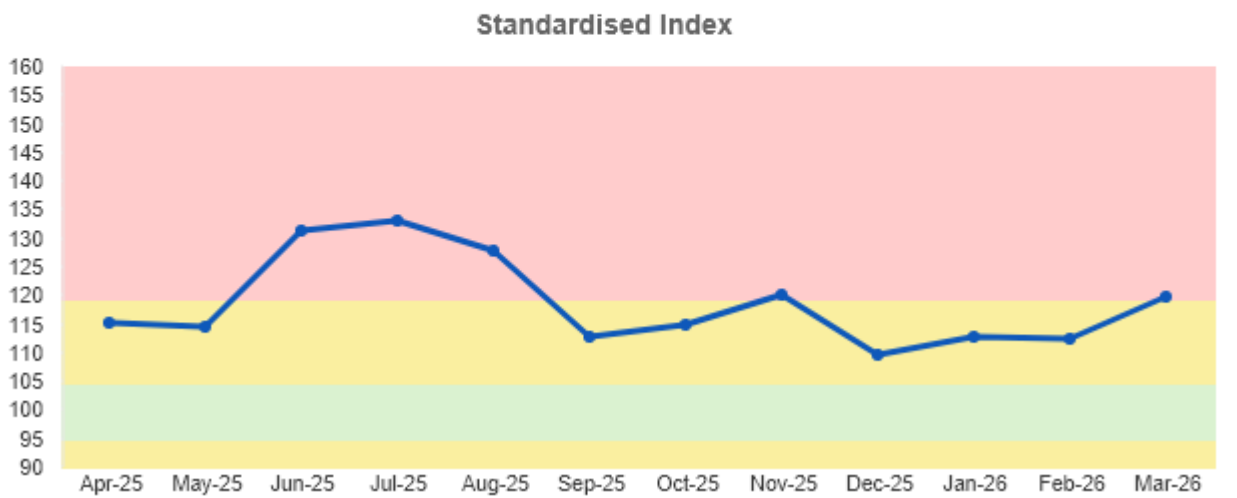
In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	109	7.1%	6.5%	592	4,278

Year-to-Date Performance

Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Standardised Index	114	110	107	108	109	110
Proportion IMDQ1	9.7%	9.0%	8.1%	8.2%	7.1%	9.1%
Proportion IMDQ2-5	8.5%	8.2%	7.5%	7.6%	6.5%	8.3%
IMDQ1 >40wk	814	747	675	682	592	8,940
IMDQ2 - 5 > 40wk	5,527	5,259	4,872	4,924	4,278	63,002

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 2,116 patients called (out of 4,861) ,of these 48% confirmed attendance, 46% did not respond, 4% rebooked and 2% discharged.
- Undertaking an audit to further understand reasons for DNAs and actions to be taken to mitigate these.

In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	120	11.6%	9.7%	374	2,509

Year-to-Date Performance

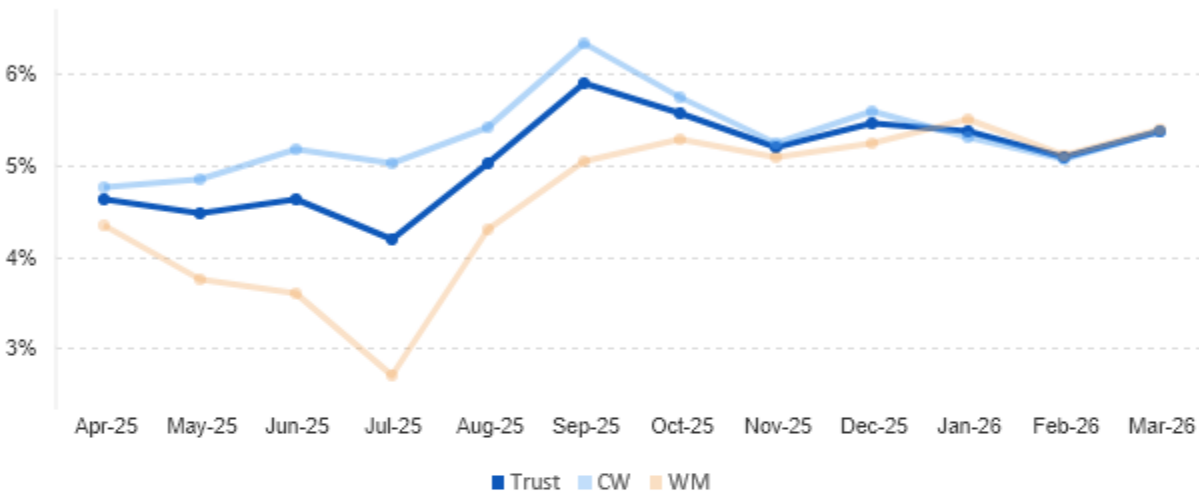
Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Standardised Index	120	109	113	112	120	117
Proportion IMDQ1	12.6%	12.0%	11.5%	10.6%	11.6%	12.6%
Proportion IMDQ2-5	10.5%	11.0%	10.2%	9.4%	9.7%	10.8%
IMDQ1 >40wk	377	329	381	322	374	4,302
IMDQ2 - 5 >40wk	2,363	2,413	2,543	2,278	2,509	29,887



Workforce

Trend

Vacancy Rate



Narrative

The Trust’s Month 12 position shows the vacancy (5.4%) and voluntary turnover rates (7.8%) are within the target level. The key marker for concern regarding pressure remains the sickness levels which increased marginally on last month with pressure in CSD, PCD and SCD which are above 4% for in-month sickness. CSD, PCD and SCD are exceeding the 4% threshold for rolling sickness rates. The Divisions supported by Business Partners and the ER Team are proactively intervening and providing managers support but we need to continue to acknowledged that the team is stretched with current holds on A&C posts.

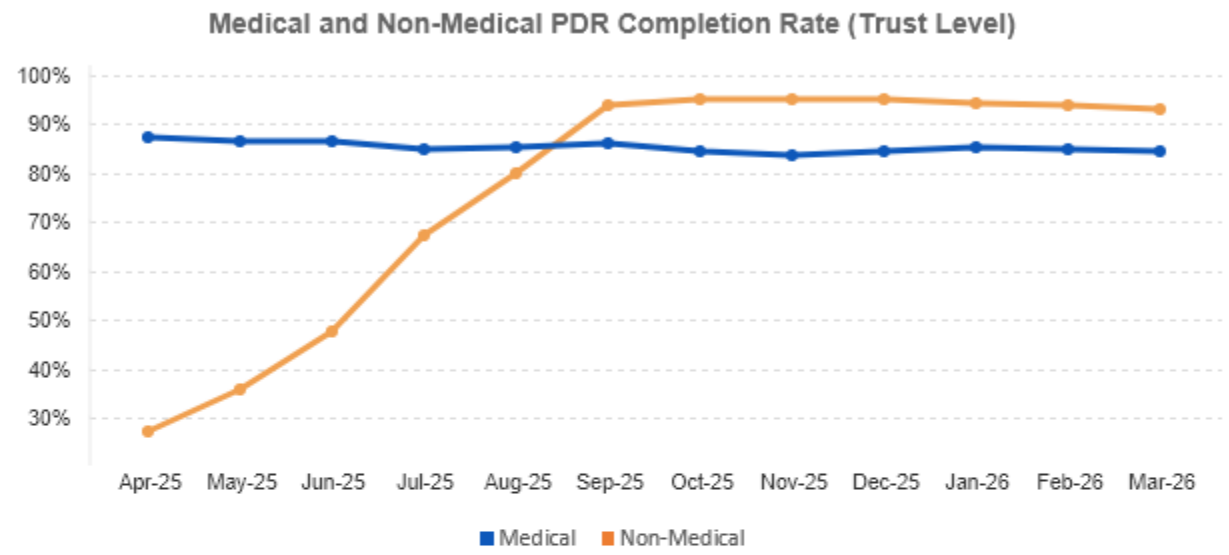
In-Month Performance

	Vacancy Rate	Voluntary Turnover	Sickness Absence	Agency Usage	Bank Usage
CW	5.37%	8.5%	4.1%	0.4%	9.2%
WM	5.39%	6.7%	4.6%	0.5%	11.1%
Trust	5.37%	7.8%	4.3%	0.4%	9.9%

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Vacancy Rate	CW	5.2%	5.6%	5.3%	5.1%	5.4%	5.4%
	WM	5.1%	5.2%	5.5%	5.1%	5.4%	5.4%
	Trust	5.2%	5.5%	5.4%	5.1%	5.4%	5.4%
Voluntary Turnover	CW	8.6%	8.5%	8.8%	8.7%	8.5%	8.5%
	WM	6.8%	7.0%	7.3%	7.2%	6.7%	6.7%
	Trust	8.0%	8.0%	8.2%	8.2%	7.8%	7.8%
Sickness Absence	CW	4.3%	4.7%	4.3%	4.2%	4.1%	4.1%
	WM	4.1%	4.6%	5.0%	4.8%	4.6%	4.6%
	Trust	4.2%	4.6%	4.6%	4.4%	4.3%	4.3%
% Agency Usage	CW	0.2%	0.3%	0.3%	0.3%	0.4%	0.4%
	WM	0.1%	0.1%	0.1%	0.3%	0.5%	0.5%
	Trust	0.2%	0.2%	0.2%	0.3%	0.4%	0.4%
% Bank Usage	CW	7.8%	7.9%	8.2%	8.9%	9.2%	9.2%
	WM	10.8%	9.6%	10.6%	11.2%	11.1%	11.1%
	Trust	8.9%	8.5%	9.1%	9.7%	9.9%	9.9%

Trend



Narrative

The introduction of a PDR window has been a success with the PDR rate for Month 12 being 93.03%.

EIC (93.87%) and CSD (93.70%) have the highest rates across the divisions. In addition, the staff groups with the highest PDR rates are Qualified Nursing (93.97%) and AHPs (93.10%).

In-Month Performance

	Medical PDR Completion Rate (Trust Only)	Non-Medical PDR Completion Rate	Core Skills Completion Rate
CW	-	92.4%	91.3%
WM	-	94.1%	92.8%
Trust	84.4%	93.0%	91.9%

Year-to-Date Performance

Site	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025-2026
Medical PDR Completion Rate (Trust Only)	CW					
	WM					
	Trust	83.5%	84.3%	85.1%	84.6%	84.4%
Non-Medical PDR Completion Rate	CW	94.6%	94.3%	93.7%	92.9%	92.4%
	WM	95.8%	95.7%	95.2%	95.0%	94.1%
	Trust	95.0%	94.8%	94.2%	93.7%	93.0%
Core Skills Completion Rate	CW	91.1%	91.1%	91.3%	91.3%	91.3%
	WM	93.0%	93.0%	92.8%	92.8%	92.8%
	Trust	91.8%	91.8%	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 pressure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
																		1 & 2		3, 4 & nonstage									
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M
Maternity	91%	93%	95%	100%	7.0	2.4	0.0	0.0	9.36	12.79	-3.93%	5.70%	5.62%	0	4	0	0	0	0	0	0	5	77	0	0	6	81	84.30%	
Annie Zunz	96%	95%	100%	100%	6.6	2.5	0.0	0.0	9.15	8.73	6.09%	7.52%	0.00%	1	13	0	0	0	0	0	0	0	5	0	0	1	4	100.00%	
Apollo	99%	-	98%	-	23.2	0.0	0.0	0.0	23.17	N/A	-4.43%	5.52%	32.97%	0	1	0	0	0	1	0	0	5	22	0	0	0	0		
Mercury	92%	-	106%	-	8.4	0.0	0.0	0.0	8.41	9.94	-0.79%	3.24%	0.00%	0	2	0	0	0	0	0	0	6	83	0	0	0	3	100.00%	
Neptune	116%	-	127%	-	9.0	0.0	0.0	0.0	9.06	13.06	9.26%	5.52%	0.00%	0	3	0	0	0	0	0	0	5	41	0	0	0	3	88.89%	
NICU	106%	-	105%	-	14.8	0.0	0.2	0.0	15.03	26.91	3.72%	4.02%	0.00%	0	0	0	0	0	0	0	0	7	98	0	0	0	6		
AAU	108%	99%	101%	140%	6.7	2.0	0.0	0.0	8.70	8.4	7.90%	5.48%	5.59%	11	107	0	3	3	6	0	0	7	90	0	0	2	17	94.59%	
Nell Gwynne	100%	73%	102%	88%	3.6	3.1	0.0	0.0	6.70	7.82	2.48%	4.91%	16.93%	3	48	0	3	0	0	0	0	1	11	0	0	0	2	100.00%	
David Erskine	100%	86%	81%	130%	3.4	3.2	0.2	0.0	6.79	7.14	7.87%	4.33%	12.04%	7	73	0	2	0	0	0	0	3	31	0	0	1	6	89.36%	
Edgar Horne	110%	94%	102%	117%	3.3	3.1	0.2	0.0	6.65	6.78	4.88%	0.00%	5.71%	4	56	0	1	0	1	0	0	1	31	0	0	1	10	89.69%	
Lord Wigram	94%	97%	100%	106%	3.6	3.4	0.3	0.1	7.38	7.81	-2.80%	4.39%	14.93%	2	26	0	0	1	4	0	1	2	26	0	0	0	3	95.00%	2
St Mary Abbots	94%	97%	100%	97%	3.6	3.3	0.0	0.0	6.95	7.55	8.89%	15.60%	30.16%	3	33	0	0	0	0	0	0	3	35	0	0	0	10	97.06%	
David Evans	90%	89%	94%	96%	5.1	3.3	0.0	0.3	8.76	7.55	-4.64%	0.00%	0.00%	1	23	0	2	1	1	0	0	2	23	0	1	2	11	100.00%	
Chelsea Wing	133%	108%	99%	95%	9.6	5.4	0.0	0.0	14.95	7.55	17.82%	19.21%	18.18%	1	1	0	1	0	0	0	0	1	21	0	0	1	8		
Burns Unit	116%	153%	186%	106%	23.4	3.5	0.0	0.3	27.30	N/A	6.19%	7.56%	0.00%	1	9	0	0	0	0	0	0	0	8	0	0	0	2		
Ron Johnson	98%	105%	106%	124%	4.5	2.7	0.0	0.0	7.16	5.51	7.66%	0.00%	0.00%	10	48	0	0	1	0	0	0	3	31	0	0	0	4	100.00%	
ICU	98%	-	99%	-	23.6	0.0	0.6	0.0	24.11	26.91	3.63%	8.99%	20.92%	0	9	0	0	1	2	0	1	8	42	0	0	0	2		
Rainsford Mowlem	111%	97%	99%	111%	3.2	3.1	0.2	0.0	6.50	7.5	10.12%	6.49%	4.25%	3	55	0	2	0	1	0	0	1	24	0	0	1	7	94.84%	
Nightingale	106%	101%	100%	143%	3.2	3.4	0.0	0.1	6.72	7.5	8.98%	0.00%	6.29%	7	74	0	1	0	2	0	0	2	36	0	0	1	5	98.44%	
Emergency Department	101%	85%	109%	103%	-	-	-	-	-	N/A	7.68%	7.59%	0.00%	8	54	1	2	0	0	0	0	6	87	0	0	9	84	89.01%	
DSU	85%	67%	95%	69%	-	-	-	-	-	N/A	11.20%	6.78%	3.18%	1	3	0	0	0	0	0	0	1	16	0	0	0	5	100.00%	
Theatres	95%	81%	100%	94%	-	-	-	-	-	N/A	4.95%	6.26%	16.40%	0	0	0	0	0	0	0	0	2	6	0	0	0	6		
OPD	60%	91%	-	-	-	-	-	-	-	N/A	-5.26%	9.26%	10.64%	0	4	0	1	0	0	0	0	0	12	0	0	10	89	92.53%	
Averages /Totals	100%	95%	105%	107%	8.7	2.3	0.1	0.1	11.2		4.67%	6.02%	8.86%	63	646	1	18	7	18	0	2	71	856	0	1	35	368	94.92%	2

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						
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Lampton FU	115%	95%	131%	99%	3.4	2.8	0.0	0.1	6.26	7.5	3.50%	0.00%	4.94%	7	54	0	0	1	8	0	0	4	49	0	0	0	2	95.35%	
Richmond	105%	88%	99%	100%	4.0	2.7	0.2	0.0	6.87	7.55	0.80%	0.00%	8.39%	1	19	0	0	0	0	0	0	9	0	0	0	5	100.00%		
Syon 1 cardiology	102%	94%	103%	105%	4.4	1.9	0.0	0.1	6.42	7.93	9.29%	5.93%	48.31%	1	39	0	1	0	0	0	0	20	0	0	0	0	98.41%		
Syon 2	104%	92%	98%	98%	3.5	3.0	0.1	0.0	6.54	7.14	5.65%	0.00%	0.00%	1	53	0	1	0	3	0	1	6	40	0	0	0	7	97.26%	
Starlight	125%	-	117%	-	9.3	0.0	0.0	0.0	9.28	13.06	10.07%	7.18%	100.00%	0	3	0	0	0	1	0	0	4	34	0	0	1	8	96.00%	
Kew	98%	120%	101%	144%	3.3	3.6	0.1	0.2	7.08	7.5	4.21%	5.15%	3.44%	2	37	0	0	0	2	0	1	3	27	0	0	0	1	97.30%	
DRU	100%	84%	102%	81%	3.0	3.1	0.2	0.0	6.24	7.5	3.11%	0.00%	11.70%	5	54	0	1	0	0	0	0	4	28	0	0	0	3	97.30%	
Osterley 1	90%	96%	94%	97%	3.7	2.8	0.1	0.1	6.76	7.81	12.68%	3.73%	10.79%	5	57	0	0	2	11	0	2	2	46	0	0	0	8	94.44%	
Osterley 2	103%	90%	107%	100%	4.0	3.3	0.2	0.0	7.46	7.55	5.13%	0.00%	4.88%	5	26	0	0	0	1	0	2	3	27	1	0	0	5	100.00%	
MAU	106%	96%	113%	106%	6.8	2.7	0.0	0.0	9.46	8.4	11.29%	1.52%	0.00%	5	99	0	1	0	4	0	0	6	88	0	1	0	13	95.95%	
Maternity	101%	86%	105%	96%	8.5	2.3	0.0	0.0	10.79	12.79	-2.91%	3.78%	2.32%	0	1	0	0	0	0	0	7	46	0	0	1	12	92.30%		
Special Care Baby Unit	98%	-	112%	-	9.0	0.0	0.0	0.0	9.04	13.06	16.77%	10.00%	0.00%	0	0	0	0	0	0	0	2	18	0	0	0	1			
Marble Hill 1	108%	98%	112%	118%	4.1	2.8	0.1	0.0	6.99	6.8	0.69%	3.62%	5.98%	10	96	0	2	0	3	0	0	5	80	0	0	0	5	100.00%	1
Marble Hill 2	141%	120%	175%	138%	4.7	3.6	0.1	0.0	8.41	6.78	5.87%	9.54%	11.33%	3	65	0	1	1	0	0	1	9	63	0	0	0	8	100.00%	
ITU	87%	-	89%	-	20.7	0.0	0.0	0.0	20.72	26.91	1.50%	6.43%	0.00%	0	5	0	0	0	3	0	0	1	46	0	0	0	0		
Redlees	104%	94%	101%	122%	3.8	3.7	0.2	0.4	8.08	7.82	-1.15%	0.00%	0.00%	8	45	0	0	0	0	0	3	21	0	0	2	2	100.00%		
Emergency Department	98%	100%	105%	68%	-	-	-	-	-	N/A	12.34%	7.63%	0.00%	3	41	0	0	0	1	0	0	4	49	0	1	2	32	75.11%	
DSU	104%	145%	-	-	-	-	-	-	-	N/A	-3.31%	0.00%	0.00%	0	6	0	0	0	0	0	0	3	0	0	1	6	89.61%		
Theatres	100%	82%	106%	100%	-	-	-	-	-	N/A	2.95%	3.20%	11.38%	0	0	0	0	0	0	0	1	8	0	0	0	6			
OPD	78%	74%	-	-	-	-	-	-	-	N/A	-8.22%	4.83%	6.19%	0	4	0	0	0	0	0	1	14	0	0	3	33	89.89%		
Averages /Totals	103%	97%	109%	105%	6.0	2.4	0.1	0.1	8.5		4.51%	3.63%	11.48%	56	704	0	7	4	37	0	7	65	716	1	2	10	157	95.23%	1



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:

Kew, Redlees, and Marble Hill 2 reported increased HCA fill rates to support enhanced observation for patients requiring mental health supervision and for those who were confused and at risk of falls. Marble Hill 2 and Lampton Frailty Unit had increased RN fill rate shifts, due to the opening of escalation beds. Starlight had increased day RN fill rates due to increased bed utilisation. ED reported low HCA fill rates at night due to sickness and lack of bank cover for the specialised area. The Day Surgery Unit (DSU) had increased HCA fill rates due to additional weekend lists. The Out-patient Department (OPD) experienced low RN and HCA fill rates during the day due to reduced acuity and changes attributed to staffing template.

Chelsea and Westminster site:

Chelsea Wing saw increased RN fill rates on days due to additional private clinic demands. Ron Johnson had increased HCA fill rates to support enhanced observation for patients requiring mental health supervision. AAU and Nightingale had increased fill rates at night rates to support enhanced observation for patients requiring mental health supervision and for those who were confused and at risk of falls. Nell Gwynne had low HCA fill rate during the day due to sickness and inability to fill with bank cover. Ward manager supported. Patient CHPPD was not compromised. David Erskine had increased HCA night-time fill rates to provide enhanced observations for patients requiring mental health supervision. Neptune ward had high RN fill rate to support enhanced observation for patients requiring mental health supervision. The Burns Unit had increased RN and HCA fill rates to support enhanced observation for patients requiring mental health supervision and to provide private patient support. In OPD RN fill rates were low due to staff sickness and limited bank cover. Matron and managers provided support, patient safety was maintained throughout. The DSU experienced low HCA fill rates during the day and night due to reduced acuity and activity. Patient care and safety was maintained throughout.

Incidents:

In March two incidents involving patient harm were reported: one related to falls, and one related to medication. In the CW Emergency Department, a witnessed fall resulted in a fractured neck of femur. An Immediate Incident Review (IIR), post-fall policy and Duty of Candour were completed. A medication incident on Osterley 2 involved the omission of prophylactic Venous Thromboembolism (VTE) medication. The incident is currently under review.

The Friends and Family Test showed 100% scores in five wards at WM and six wards at CW. One area received FFT feedback scores below 80%. In the Emergency Department WM, feedback highlighted concerns regarding waiting times and overall patient experience. Please note all incident figures are correct at time of extraction from DATIX. There were 3 red flags raised in March: 2 for planned care and 1 for the EIC. All were related to staffing shortfalls and care. The vacancy rate and turnover are from March 2026.



Nursing, Midwifery and care staff average fill rate March 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
103.35% ↑	100.78% ↔	6.1 ↑	2.6 ↑	8.7 ↑

RN Fill Rates (ward areas) increased from 101.64% in February 2026 to 103.35% in March 2026. The RN vacancy rate (whole trust) in March 2026 was 4.22%, same as February 2026 - 4.15%.

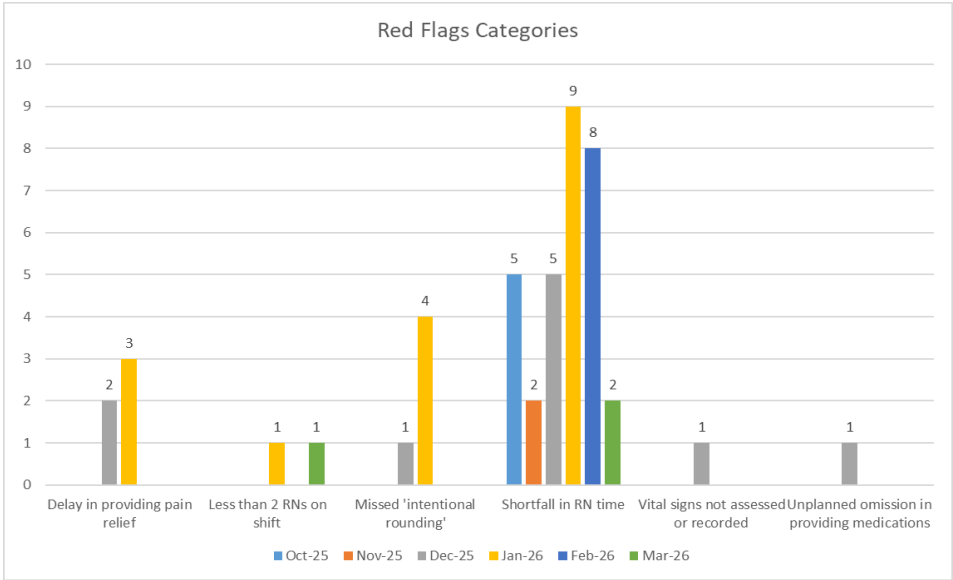
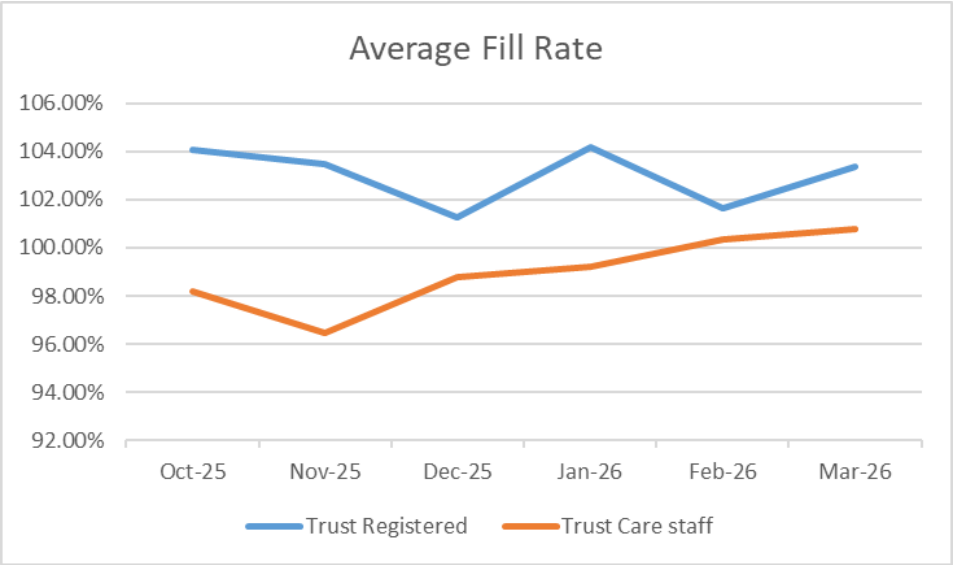
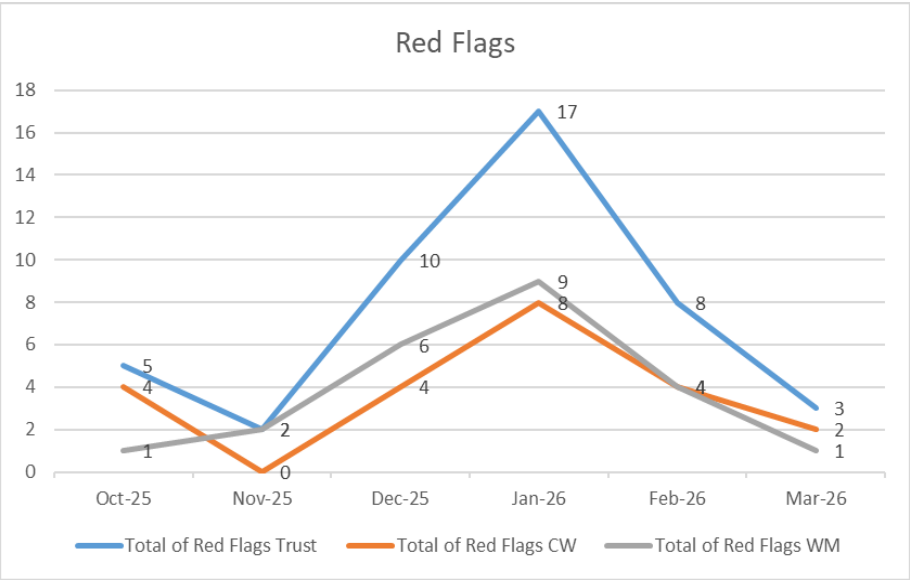
Care Staff Fill Rates (ward areas) stayed the same from 100.33% in February 2026 to 100.78% in March 2026. There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in March 2026 was 9.66%, up from 7.65% in February 2026.

The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 100.99% in February 2026 to 102.07% in March 2026.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (December 2025) was 9.0. Trust workforce data confirms the CHPPD was 8.7 in March 2026, up from February 2026. – 8.5.

Safe Staffing Red Flags – 0 red flags from the 5 categories (tables below) were reported during March 2026 where majority were Shortfall in RN time.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Dec 2025
Trust	8.7
Hillingdon Hospital	9.3
London NW	8.2
Imperial	10.7
National Median	9.0

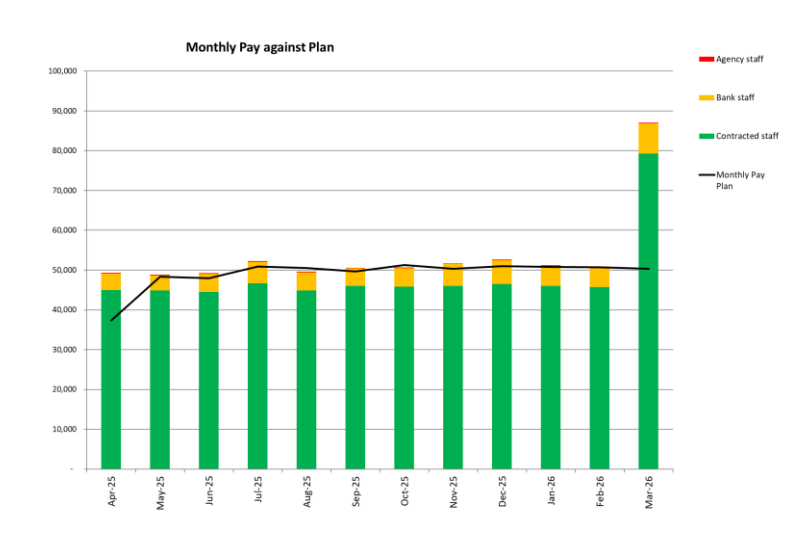




Finance



Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	1,067,492	1,074,630	7,138
Expenditure			
Pay	(631,834)	(643,815)	(11,981)
Non-Pay	(366,446)	(370,724)	(4,278)
EBITDA	69,212	60,091	(9,120)
EBITDA %	6%	5.59%	-0.9%
Depreciation	(34,984)	(35,283)	(299)
Non-Operational Exp-Inc	(15,470)	(30,806)	(15,336)
Surplus/Deficit	18,759	(5,998)	(24,756)
Control total Adj - Donated asset, Impairment & Other	(18,758)	9,782	28,540
PFI Model recalculation		1,187	1,187
Adjusted financial performance surplus/(deficit)	(0)	4,971	4,971

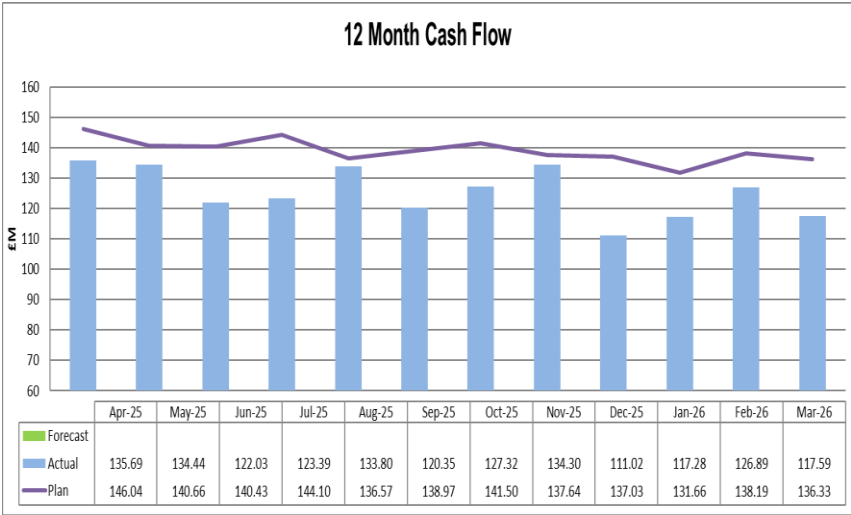


Comment: Mar 26 M12 pay includes notional spend of 9.4% for pension contribution amounting to £33.08m. This is matched by the equivalent value in notional income. July, November and December include on industrial action.

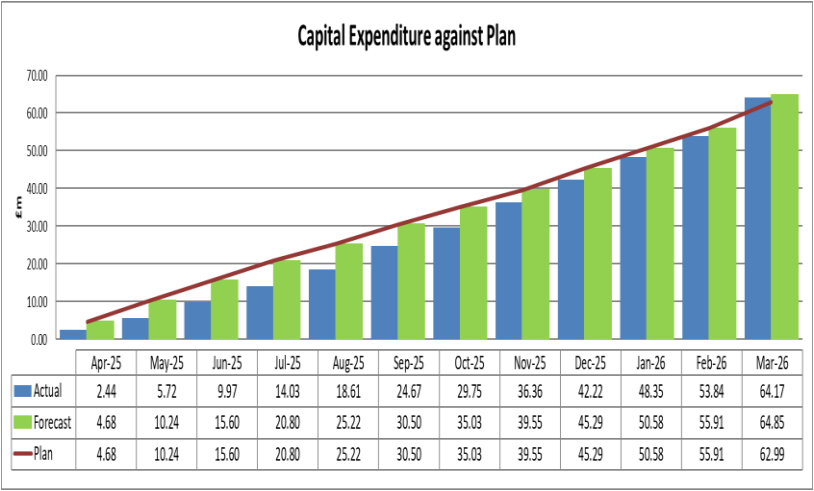
The adjusted financial position at Month 12 is £4.97m surplus, this surplus against the Trust breakeven plan only materialised at year-end as NHSE decided to redistribute any Deficit Support Funding (DSF) foregone by systems that did not deliver their plans in 2025/26 to those providers that did as long as those providers were part of a system that delivered plan and had also submitted a balanced plan for 2026/27.

Pay: £11.98m adverse against plan. The adverse variance at Month 12 includes spend on additional clinics, WLI, and cover for vacancies, sickness, rota gaps, and other forms of leave. As well as unidentified and red & Amber CIPs.

Income: Income performance for the month and YTD is favourable against plan. The positive variance is driven by extra funding made available to providers in Q4, such as Sprint and RTT recovery. The variable elements of the contract (Drugs, Devices, Unbundled imaging) continue to over perform and NHS England awarded the trust with Year-end cash bonus. Sexual Health services continue on trend, but activity has recovered slightly.



Comment: The negative cash variance to plan in M12 of £19.34m comprises the carried-forward negative cash variance from M11 of £12.16m. The remaining variance of £7.18m is mainly due to higher supplier payments in M12, including £3.2m higher payments to NWL Pathology and £5.7m higher capital expenditure compared to plan. This has been partially offset by an increase in cash received from ICBs of £1.58m.



Comment: The original gross capital programme for 2025/26 was £62.99m, which was adjusted to £64.85m at P11. The final spend for 2025-26 was £64.17m, £0.68m less than the P11 forecast. The main variances relate to an under spend of £1.08m for the DTEC programme (which is due to the late installation of the electrical supply to the site), a planned overspend of £0.66m and £0.03m for estates and medical equipment projects respectively, plus the underspend of £0.10m for I.T. projects, £0.10m for the FDP programme and £0.09m for the West Middx Masterplan Development. The capital spend of £64.17m, was funded by PDC funding of £10.83m, capital donations of £7.70m and £45.64m of Trust resources. The CDEL for the year was £56.12m which is £5.29m higher than the P11 forecast of £50.83m. A decision was made to use Trust resources to fund the DTEC programme rather than CW+ donations. The resulting planned over spend is to counteract a similar level of under spend reported for Hillingdon Hospital. The £5.29m donation funding will be carried over to 2026/27 to fund the 2026/27 plan.



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