











TRUST PERFORMANCE & QUALITY REPORT

May 2025

NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026 Q1	2025-2026	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >78%)	81.82%	82.66%	78.22%	80.34%	78.13%	81.04%	80.66%	80.85%	79.91%	81.82%	79.47%	80.60%	80.60%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	60.19%	59.33%	60.53%	59.93%	59.93%	58.73%	59.08%	58.90%	60.06%	59.02%	59.78%	59.40%	59.40%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	99.33%	93.88%	95.96%	93.88%	99.38%	97.61%	98.15%	97.61%	99.36%	96.11%	97.23%	96.11%	96.11%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	97.96%	94.62%	80.70%	94.62%	97.96%	94.62%	80.70%	94.62%	94.62%	
	31 day combined position (Target: >=96%)	94.03%	96.49%	97.78%	96.49%	98.81%	100%	97.17%	100%	96.69%	98.73%	97.35%	98.73%	98.73%	
	62 day combined position (Target: >=85%)	82.52%	76.03%	80.39%	76.03%	81.25%	69.49%	69.33%	69.49%	81.82%	71.71%	72.78%	71.71%	71.71%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	82.12%	81.87%	81.18%	81.53%	78.74%	80.56%	75.88%	78.37%	80.00%	81.06%	78.06%	79.62%	79.62%	
Patient Safety	Clostridium difficile infections (Year End Target: 33)	1	3	3	6	1	2	1	3	2	5	4	9	9	

A&E 4-hr Waiting Times

Performance against the 4hr standard in May 2025 was compliant at 79.47%, West Middlesex achieved 80.66% with 13,961 attendances and the Chelsea site 78.22% with 13,353 attendances. There were 55 12-hour trolley waits declared in May, all attributed to mental health patients awaiting beds.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance decreased in May 2025, reported at 59.78%. Elective admitted and outpatient activity levels are below operational plans. For May 2025, the total RTT Patient Treatment List (PTL) decreased to 66,800 (-499), 52ww increased to 738 (+264), 65ww decreased to 6 (-3) and there are no patient waiting above 78ww. For the 65ww position, the 6 breaches were due to patient choice and capacity. The focus remains on the 18ww ask, ensuring less patients are awaiting first appointments and continually addressing chronological booking for the 52ww backlog cohort as enhanced oversight and targeted interventions continue for at-risk specialities. These include Vascular Surgery, Urology, ENT, Paediatrics ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery

Cancer (Final Previous Month, Unvalidated Current month)

31-Day: The 31-Day combined metric was compliant for the month of April 2025, with a validated position of 98.73%, against the target of 96%. The Trust is continuing to see a strong performance of 31-day into May with an unvalidated position of 97.35% against the 96% target.

62-Day: The 62-Day combined target of 85% standard has remains challenged in April 2025, as the service anticipated, with the validated performance at 71.71%, due to a variety of reasons from annual leave, diagnostic capacity challenges including histology delays and patient choice continuing to be a challenge. We are seeing the impact of this coming into May with an unvalidated performance at present of 72.78% against the target of 85%, with the expectation of this increase. The backlog reported trajectory did rise above 100, but has since come back within target of under 100.

28-Day FDS: The Trust continues to maintain a strong compliance against the 77% national target, with an internal target of 80% compliance from April 2025. The Trust continued achieving strong compliance of a validated position of 81.06% in April 2025, with the current unvalidated position in May is 78.06%. We are expecting this to increase with retrospective data being added.

Clostridium Difficile

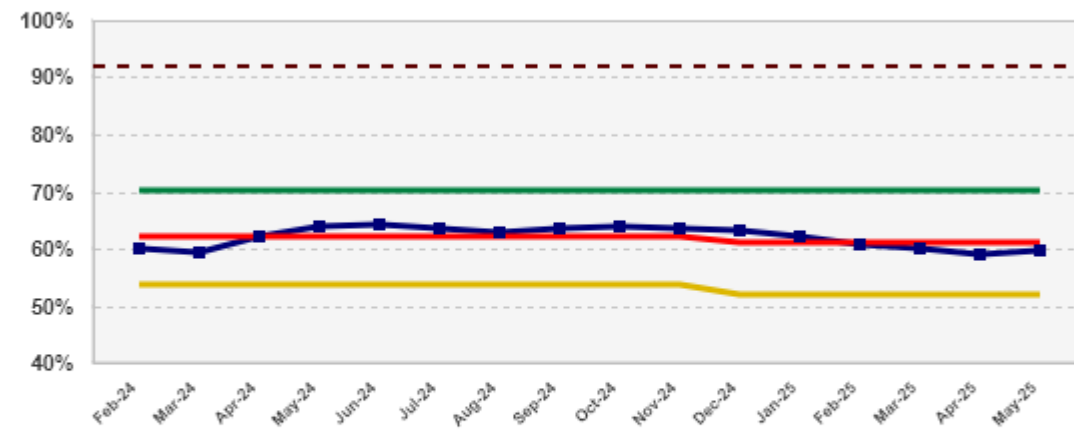
There were 4 Healthcare Associated CDI cases in May 2025, of which 3 cases occurred at CWH in the WLCH, EIC and SC divisions and 1 case occurred at WM in the EIC division. To date this financial year there has been a total of 9 cases, this is a reduction of 36% on the same time period in the 2024/25 financial year. Targets for the 2025/26 FY are yet to be published. PSIRF meetings are held for every case with themes, trends and learning disseminated to divisions and clinical areas.

SELECTED BOARD REPORT NHSI INDICATORS

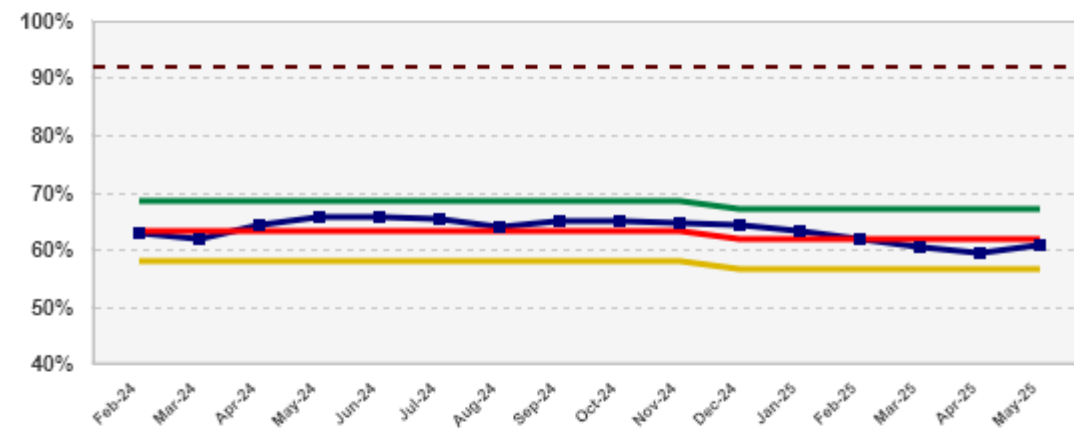
Statistical Process Control Charts for the last 16 months Apr 2024 to May 2025

RTT Incomplete pathways

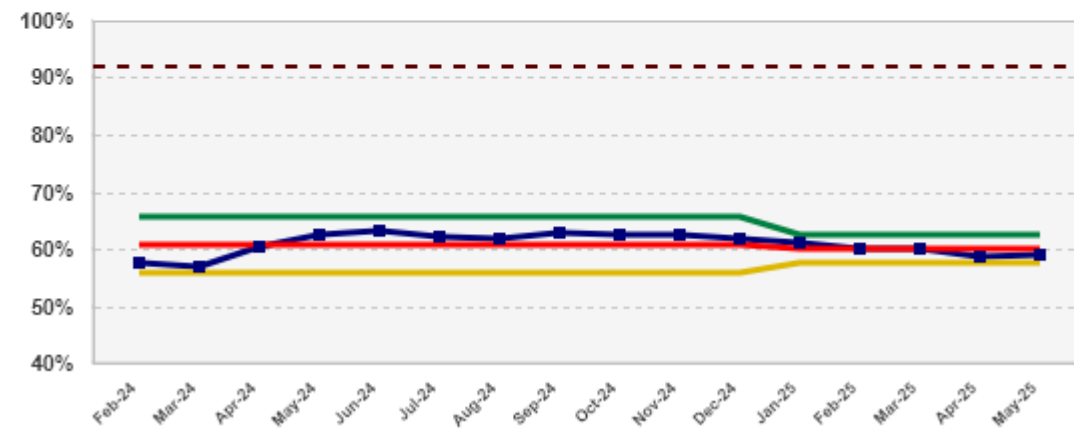
Trust Total



Chelsea and Westminster

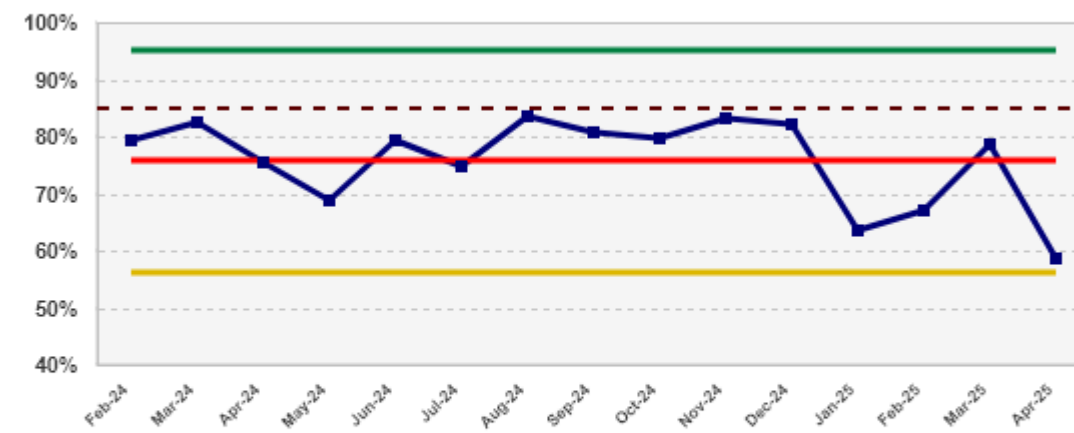


West Middlesex

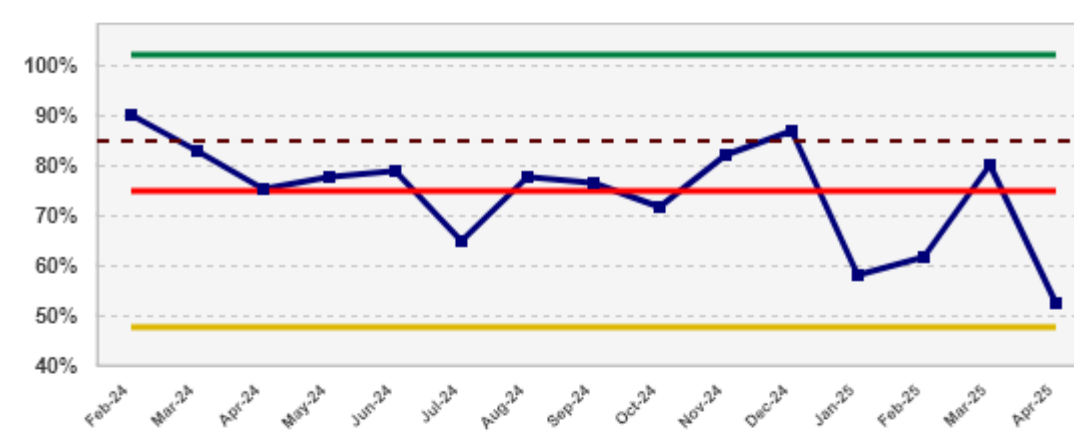


Cancer: 62 day standard

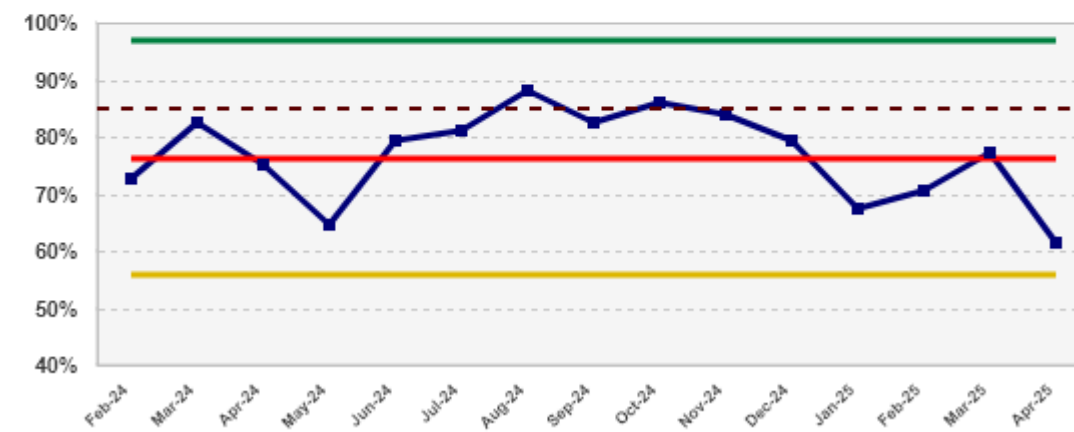
Trust Total

















Chelsea and Westminster



West Middlesex



Safety

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026 Q1	2025-2026	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Hand hygiene compliance (Target: >90%)	92.5%	96.1%	94.6%	95.4%	97.1%	95.8%	98.7%	97.3%	94.6%	95.9%	96.6%	96.3%	96.3%	
Incidents	Number of serious incidents	0	0	1	1	1	2	1	3	1	2	2	4	4	
	Incident reporting rate per 100 admissions (Target: >8.5)	11.0	11.6	12.2	11.9	10.2	11.5	10.8	11.1	10.6	11.5	11.5	11.5	11.5	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.02	0.05	0.00	0.02	0.03	0.03	0.00	0.02	0.02	0.04	0.00	0.02	0.02	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	6.33	7.43	4.83	6.07	5.35	4.31	4.53	4.42	5.83	5.81	4.69	5.24	5.24	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	2	0	2	0	2	0	2	2	
Harm	Safeguarding adults - number of referrals	42	42	32	74	30	29	14	43	72	71	46	117	117	
	Safeguarding children - number of referrals	118	94	93	187	156	136	147	283	274	230	240	470	470	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	68	68	70	70	72	72	73	73	70	70	72	71	72	
Mortality	Number of hospital deaths - Adult	37	39	35	74	75	56	54	110	112	95	89	184	184	
	Number of hospital deaths - Paediatric	2	1	0	1	1	0	0	0	3	1	0	1	1	
	Number of hospital deaths - Neonatal	1	0	2	2	1	2	0	2	2	2	2	4	4	
	Number of deaths in A&E - Adult	1	1	0	1	5	1	0	1	6	2	0	2	2	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

MRSA

There were no Healthcare Associated MRSA bacteraemia in May 2025.

Incidents

There were two PSI Investigations declared in May 2025: an incident relating to unexpected death on Rainsford Mowlem, and an incident relating to Trust acquired moisture damage in paediatrics WM. Both cases have been discussed at the Initial Incident group and immediate safety actions and areas for improvement have been taken.

During the target month (May 2025) the target rate of patient safety incidents per 100 admissions was exceeded by both sites. Positive reporting is encouraged to highlight improvements, safe practices, and near-miss events that could have been harmful but were avoided. The implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) further supports staff in improving patient safety practices and learning from incidents.

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

Trust target met















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

Trust target met

Safeguarding

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

Patient Experience

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026 Q1	2025-2026	Trend charts
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	92.91%	93.95%	95.66%	94.72%	96.63%	97.87%	97.81%	97.84%	95.05%	96.09%	97.02%	96.6%	96.55%	 -
	FFT: Inpatient not satisfaction % (Target: <10%)	2.75%	2.56%	2.02%	2.32%	1.18%	0.58%	0.51%	0.54%	1.84%	1.48%	1.06%	1.3%	1.27%	 -
	FFT: Inpatient response rate (Target: >15%)	25.32%	26.54%	20.41%	23.41%	41.82%	37.07%	36.78%	36.91%	32.76%	31.41%	28.40%	29.8%	29.83%	 !
	FFT: A&E satisfaction % (Target: >90%)	84.20%	83.37%	83.32%	83.34%	76.48%	81.35%	77.76%	79.52%	80.62%	82.49%	80.80%	81.6%	81.64%	 !
	FFT: A&E not satisfaction % (Target: <10%)	9.43%	9.39%	10.55%	9.97%	16.56%	12.94%	14.82%	13.90%	12.74%	10.94%	12.49%	11.7%	11.71%	 !
	FFT: A&E response rate (Target: >15%)	8.89%	10.24%	9.59%	9.91%	7.73%	8.00%	7.84%	7.92%	8.31%	9.13%	8.71%	8.9%	8.91%	 !
	FFT: Maternity satisfaction % (Target: >90%)	89.11%	93.48%	85.45%	89.11%	94.39%	90.68%	90.80%	90.73%	91.83%	91.90%	87.82%	89.9%	89.93%	 -
	FFT: Maternity not satisfaction % (Target: <10%)	5.94%	5.43%	10.91%	8.42%	4.67%	5.93%	3.45%	4.88%	5.29%	5.71%	7.61%	6.6%	6.63%	 -
	FFT: Maternity response rate (Target: >15%)	19.20%	16.79%	20.18%	18.48%	23.88%	28.16%	19.68%	23.81%	21.36%	21.72%	19.96%	20.8%	20.83%	 !
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	29	23	31	54	29	23	31	54	54	 !
Complaints	Complaints (informal) through PALS	126	154	114	268	59	81	80	161	185	235	194	429	429	 -
	Complaints formal: No of complaints due for response	27	31	27	58	13	11	10	21	40	42	37	79	79	 -
	Complaints formal: Number responded to < 25 days	21	27	21	48	10	9	6	15	31	36	27	63	63	 -
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0	 -

MSA (Mixed Sex Mixed Accommodation)

In May, West Middlesex Hospital experienced a significant increase in delayed patient transfers to wards, with 31 breaches of the four-hour transfer guideline. This is up from 23 breaches recorded in April. These delays are largely due to ongoing challenges with bed availability, which is impacting patient flow throughout the hospital. Notably, 21 patients faced waits exceeding ten hours for a ward bed, and 3 of these patients endured waits of over four days. This extended transfer time was primarily caused by elevated patient activity in non-critical care areas. We are committed to upholding patient privacy and dignity, and we continue to strive to ensure timely and appropriate care for all.



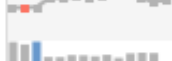











Complaints

During May 2025, 73% of complaints were responded to within the 25-day KPI target of 95%. This represents a 13% decline from the previous month, despite a lower number of complaints. EIC, PC, and SCD each had three complaints that were not addressed. Unexpected staff absences within the Patient Experience team in May posed challenges in responding to all concerns and keeping complainants updated throughout the complaint process. Work remains ongoing to empower and support divisions in addressing complaints within expected timeframes. Compliance with the five-working-day response target for informal PALS concerns in May stood at 74% (KPI 90%), marking a 6% improvement from the previous months. Efforts continue to work with divisions to ensure concerns are resolved promptly.

Friends and Family Test

Overall, there have been no significant or concerning changes in satisfaction or response rates, except for maternity services at CW and WM A&E. In May, women reported feeling less informed about their care and less involved in decision-making compared to April. The decline in satisfaction at West Middlesex A&E was attributed to increased waiting times and patients seeking more information about their condition before leaving the department. Feedback has been, and continues to be, shared with relevant teams.

Efficiency and Productivity

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026 Q1	2025-2026	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.70	2.54	2.82	2.68	2.10	2.16	2.87	2.52	2.49	2.43	2.83	2.63	2.63	
	Average length of stay - non-elective (Target: <3.95)	5.17	4.52	4.71	4.62	4.17	3.83	3.81	3.82	4.60	4.12	4.20	4.16	4.16	
	Emergency care pathway - average LoS (Target: <4.5)	6.13	5.59	5.75	5.67	4.79	4.23	4.39	4.31	5.28	4.71	4.90	4.80	4.80	
	Emergency care pathway - discharges	199	197	206	404	349	362	347	710	548	560	554	1114	1114	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.27%	5.77%	6.19%	5.98%	7.44%	8.60%	7.84%	8.22%	6.38%	7.19%	7.01%	7.10%	7.10%	
	Non-elective long-stayers	519	443	254	697	504	477	260	737	1023	920	514	1434	1434	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	85.8%	86.9%	84.2%	85.5%	86.5%	87.6%	93.1%	90.3%	86.1%	87.1%	87.1%	87.1%	87.1%	
	Operations canc on the day for non-clinical reasons: actuals	11	23	18	41	22	18	11	29	33	41	29	70	70	
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.29%	0.67%	0.52%	0.60%	0.71%	0.71%	0.41%	0.56%	0.48%	0.69%	0.47%	0.58%	0.58%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	3	0	3	1	4	0	4	2	7	0	7	7	
	Theatre Utilisation Model Hospital (Target > 85%)	79.8%	77.8%	82%	79.9%	91.8%	98.2%	101.4%	99.9%	83.9%	84.2%	88.4%	86.3%	86.3%	
Outpatients	First to follow-up ratio (Target: <1.5)	2.30	2.46	2.43	2.44	1.80	1.86	1.85	1.85	2.07	2.18	2.17	2.18	2.18	
	Average wait to first outpatient attendance (Target: <6 wks)	8.9	8.4	8.1	8.3	9.8	9.4	10.8	10.1	9.3	8.8	9.3	9.1	9.1	
	DNA rate: first appointment	9.7%	10.0%	10.3%	10.1%	9.2%	9.4%	10.0%	9.7%	9.5%	9.7%	10.2%	9.9%	9.9%	
	DNA rate: follow-up appointment	7.6%	7.7%	8.0%	7.9%	6.4%	6.5%	6.6%	6.6%	7.1%	7.3%	7.5%	7.4%	7.4%	
	PIFU - % of Total Outpatient attendances	11.6%	12.2%	11.8%	12.0%	2.6%	2.7%	3.2%	2.9%	7.8%	8.4%	8.4%	8.4%	8.4%	

Day-Case Rate

There was a slight decrease in the day-case rate in May 2025 going from 87.4% to 87.1%. This was driven by a decrease on the CW site. The WM site improved from 87.7% up to 92.7%, which is why the Trust total remained stable.

Cancelled Operations

The number of cancelled operations on the day (for non-clinical reasons) slightly decreased in May going from 41 to 29 patients. Work is on-going to now reduce this down further, with the work stream on preoperative optimisation supporting with improving this.

Theatre Utilisation

Trust-Wide utilisation increased further in May 2025, up to 84.2% to 88.4%, putting the Trust into a compliant position. This was driven by an improvement across all four theatre complexes. Both Main Theatre complexes were over the 85% target, but there is still further work to do in Treatment Centre and Paediatric Theatres, which is being managed through the Theatre Improvement Group workstreams.

Outpatients

PIFU in May is as per April across the Trust, although the positively WMUH performance is higher than it has previously been. This will need to rise if this Trust is to turn the dial further on new to follow up which remained static in May, although there is a wide-scale review of templates in progress. The wait to first attendance is up, with a significant rise at WMUH, where new patient capacity is always scarcer. Unfortunately, May saw a dip in the Trust's DNA rate, both for new and follow up appointments. Historic data shows there tends to be an increase in May, and June so far is back on trend, but we are investigating whether there were any issues with reminders or communications.

Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026 Q1	2025-2026	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	92.1%	93.9%	96.6%	95.4%	91.4%	97.8%	94.5%	96.2%	91.7%	96.3%	95.5%	95.9%	95.9%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	87.0%	60.0%	57.1%	58.3%	94.4%	87.5%	75.0%	82.1%	90.2%	76.9%	65.4%	71.2%	71.2%	!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	81.3%	75.0%	100.0%	87.0%	77.3%	94.7%	90.0%	91.8%	78.9%	87.1%	92.7%	90.3%	90.3%	-
VTE	VTE: Hospital acquired	0	0	0	0	10	6	0	6	10	6	0	6	6	-
	VTE risk assessment (Target: >95%)	94.6%	94.8%	95.7%	95.2%	95.1%	96.3%	95.5%	95.9%	94.9%	95.6%	95.6%	95.6%	95.6%	-
TB Care	TB: Number of active cases identified and notified	1	0	2	2	9	4	12	16	10	4	14	18	18	-
Sepsis	ED % Periods Screened (Target >90%)	92.7%	91.0%	90.1%	90.5%	87.5%	88.0%	88.8%	88.4%	90.0%	89.5%	89.5%	89.5%	89.5%	
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	79.2%	84.7%	86.3%	85.5%	92.4%	90.6%	92.2%	91.5%	84.9%	87.2%	88.7%	88.0%	88.0%	
	Ward % Periods Screened (Target >90%)	83.8%	84.8%	87.5%	86.2%	89.8%	91.7%	92.5%	92.1%	86.8%	88.4%	90.0%	89.2%	89.2%	
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	96.4%	95.1%	94.6%	94.9%	96.8%	93.9%	97.2%	95.7%	96.6%	94.5%	96.0%	95.3%	95.3%	
Discharge	Date of Discharge is same as Discharge Ready Date	89.4%	88.9%	88.7%	88.8%	85.6%	85.3%	85.4%	85.3%	87.3%	86.9%	86.9%	86.9%	86.9%	
	Date of Discharge is 1+ days after Discharge Ready Date	10.6%	11.1%	11.3%	11.2%	14.4%	14.7%	14.6%	14.7%	12.7%	13.1%	13.1%	13.1%	13.1%	

Dementia Screening

For CW the Trust exceeded our target of 90%, completing 96.6% of screening at CW and at WM completed 94.5%.

#NoF (Time to Theatre -Neck of Femur)

In May 2025 there was a deterioration in performance compared to the previous month In the Chelsea site 8 of 14 patients had surgery within 36 hours and in the West Middlesex site 9 of 12 patients were medically fit for surgery and had surgery within 36 hours.

VTE Risk

At Trust level the VTE performance remains compliant across both sites.








Discharge Ready

There has been a decrease in patients discharged a day after their discharge ready date since February 25. Which corresponds with the increase in patients discharged on their discharge ready date. The percentages have remained the same as May 25. The command centre continues to meet throughout the day bringing the discharge, site and nursing teams together to focus on reducing internal delays and the daily meetings continue to take place between discharge teams and local system colleagues to facilitate these discharges in a timely way.

Sepsis

Sustained areas of performance across clinical areas with consistent improvement in ED at WMUH and Chelsea

Access

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026 Q1	2025-2026	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	142	249	353	353	161	225	385	385	303	474	738	738	738	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	97.01%	91.85%	91.62%	91.74%	96.44%	87.94%	80.38%	83.87%	96.74%	90.00%	85.79%	87.83%	87.83%	
	Diagnostic waiting times >6 weeks: breach actuals	173	473	473	946	183	629	1193	1822	356	1102	1666	2768	2768	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.0%	7.3%	7.1%	7.2%	7.3%	7.8%	7.0%	7.3%	7.2%	7.6%	7.0%	7.3%	7.3%	
	A&E time to treatment - Median (Target: <60')	00:23	00:25	00:23	00:24	00:34	00:33	00:32	00:32	00:30	00:29	00:28	00:29	00:29	
	London Ambulance Service - patient handover 30' breaches	45	19	36	55	142	133	97	230	187	152	133	285	285	
	London Ambulance Service - patient handover 60' breaches	0	0	1	1	0	3	1	4	0	3	2	5	5	

Diagnostic 6-Week Waits

The DM01 performance for May 2025 shows a further decline from the position in April. This decline is reflective of the reduction in activity as per our submitted operating plan. We have observed that modalities such as echocardiography and endoscopy are the main drivers affecting the overall performance of the trust.

The decline in performance is consistent across all modalities and both sites, however, the West Middlesex hospital site is more impacted with a performance of 80% compared to the Chelsea and Westminster site, which stands at 91.6%. Despite some additional activity being stood up across both sites, the high volumes of 2-week wait (2ww) referrals at West Middlesex hospital are displacing some of the routine patients into a breach position. Additionally, it is worth mentioning the GP referral have not declined as it would be desirable for a sustainable diagnostics waiting list management. The Trust is also exploring how to move GP Direct access outside the hospital.

Ambulance Handover

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

RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Mar-25	Apr-25	May-25	Mar-25	Apr-25	May-25	Mar-25	Apr-25	May-25
RTT waiting list positions	Total RTT waiting list	33050	32776	32147	34067	34523	34653	67117	67299	66800
	Total Non-Admitted waiting list	28162	27700	27210	30731	30997	31032	58893	58697	58242
	Non-Admitted with a date	8509	11578	14791	8315	10870	13754	16824	22448	28545
	Non-Admitted without a date	19653	16122	12419	22416	20127	17278	42069	36249	29697
	Total Admitted waiting list	4888	5076	4937	3336	3526	3621	8224	8602	8558
	Admitted with a date	599	741	971	586	728	944	1185	1469	1915
	Admitted without a date	4289	4335	3966	2750	2798	2677	7039	7133	6643
	Patients waiting >65 weeks	2	5	4	1	4	2	3	9	6
	Patients waiting >78 weeks	0	0	0	0	0	0	0	0	0
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Mar-25	Apr-25	May-25	Mar-25	Apr-25	May-25	Mar-25	Apr-25	May-25
Total	142	249	353	161	225	385	303	474	738
Burns Care			1						1
Colorectal Surgery	12	14	20	9	19	40	21	33	60
Dermatology		8	1	1	4	3	1	12	4
ENT	1			28	37	64	29	37	64
Gastroenterology			1						1
General Surgery	19	38	49	30	41	62	49	79	111
Gynaecology	2	2	2	1			3	2	2
Maxillo-Facial Surgery						1			1
Ophthalmology	5	8	18				5	8	18
Oral Surgery				1	9	21	1	9	21
Orthodontics	1	1	5				1	1	5
Paediatric Burns Care			1						1
Paediatric Dermatology		1	3					1	3
Paediatric Ear Nose and Throat				30	22	46	30	22	46
Paediatric ENT					1			1	
Paediatric Gastroenterology		1	4					1	4
Paediatric Maxillo-Facial Surg	1	3	4				1	3	4
Paediatric Plastic Surgery	1	6	6				1	6	6
Paediatric Surgery		1				1		1	1
Paediatric Trauma and Orthopae		1	1					1	1
Pain Management	10	16	16				10	16	16
Plastic Surgery	22	19	36	2	3	4	24	22	40
Plastics			1						1
Podiatric Surgery				2	4	6	2	4	6
Podiatry					1			1	
Trauma & Orthopaedics	30	43	61	5	15	29	35	58	90
Trauma and Orthopaedics		2	2					2	2
Urology	15	42	66	7	17	12	22	59	78
Vascular Surgery	23	43	55	45	52	96	68	95	151

Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026 Q1	2025-2026	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:23	1:23	1:23	1:23	1:25	1:25	1:25	1:25	1:24	1:24	1:24	1:24	1:24	-
	Hours dedicated consultant presence on labour ward (Target: 1:98)	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	-
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	398	434	412	846	377	363	367	730	775	797	779	1576	1576	-
	Total number of bookings (Target:> CW 580 WM 478)	575	578	598	1176	454	439	465	904	1029	1017	1063	2080	2080	-
	Maternity 1:1 care in established labour (Target: >95%)	98.0%	99.0%	99.0%	99.0%	96.0%	97.0%	98.0%	97.5%	97.0%	98.0%	98.5%	98.3%	98.3%	-
Safety	Admissions >37/40 to NICU/SCBU	28	29	0	29	12	18	12	59	40	47	12	29	29	-
	Number of reported Serious Incidents	5	7	3	10	2	6	0	6	7	13	3	16	16	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	0	1	0	1	0	1	0	1	1	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	6.7%	6.0%	3.4%	4.7%	5.2%	6.0%	5.5%	5.8%	6.0%	6.0%	4.5%	5.2%	5.2%	-
	Number of stillbirths	2	2	0	2	2	1	1	2	4	3	1	4	4	-
	Number of Infant deaths	0	1	1	2	2	5	1	6	2	6	2	8	8	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-
	Spontaneous unassisted vaginal births	21.0%	25.0%	28.0%	26.5%	29.0%	29.0%	27.0%	28.0%	25.0%	27.0%	27.5%	27.3%	27.3%	-
	Vaginal Births - spontaneous & induced	35.0%	37.0%	41.0%	39.0%	42.0%	43.0%	41.0%	42.0%	38.5%	40.0%	41.0%	40.5%	40.5%	!
	Instrumental deliveries	59	51	76	127	48	47	39	86	107	98	115	213	213	-
	Pre-labour elective caesarean sections	77	91	61	152	51	50	63	113	128	141	124	265	265	-
	Emergency caesarean sections in labour	121	128	104	232	113	106	114	220	234	234	218	452	452	-

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 For the month of May, the current midwifery staffing ratios were 1:25 at Chelsea and 1:23 at West Middlesex. The latest *Birthrate Plus* (2024) recommendations advise that the midwife-to-birth ratio should be adjusted to 1:23 at the Chelsea site (previously 1:26) and to 1:21 at the West Middlesex site (previously 1:22), based on current levels of acuity and activity. Although the national birth rate continues to decline, local service data indicates a rising acuity particularly among women in categories 4 and 5 (high-risk) whilst the proportion of category 1 (low-risk) women is decreasing. This shift in case mix has significant implications for workforce planning and safe service delivery. 7.17 WTE agreed critical posts as part of the phase 4 funding (originally 10.57 WTE) have been released. As a staffing gap of 32.77 WTE remains, approval has been given by the executive management board to demand manage the service and reduce the number of births on the CW site by 509, (bookings 700) and by 336 births for WM, (400 bookings per annum.) This will support ongoing safety within both maternity units, and facilitate the recommended staffing ratios. The team are reviewing all in and out of NWL maternity referrals and will implement a tiered process of triaging. Collaborative working has commenced with Hospitals that are likely to be impacted by a significant number of their women and birthing people returning to birth at their sites. Women who have high-risk pregnancies or who book late will not be disadvantaged by the demand management proposals.

As per MIS guidance 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 Mid reported 86.02% for May, with four red flags reported: any occasion where one-to-one care in labour was delayed (n=2), delay in providing pain relief (n=1) and for delay in receiving care (n=1). Following the rollout of the BR+ Acuity App on the AN and PN wards WMUH reported an increase in compliance from 53.33% to 72.58% for their antenatal ward and 4 red flags: delay between admission for induction and beginning of process (n=2) and any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour (n=2). Postnatal ward compliance was 87.10% with 0 red flags reported. Overall WMUH site saw an increase in red flags reported in May. On the CW Simpson Unit (Recovery & HDU) saw a decline in compliance to 58.06% from 63.33% in April, with 2 red flags reported (cancelled or delayed time critical n=1 and for any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour n=1). The compliance rate for labour ward in May on the CW site was 79.57%. There were three red flags reported for intrapartum care: Delay or cancelled time critical activity (n=2), and delay between admission for induction and beginning of process (n=1). CW site went live and launched the acuity app on the inpatient wards in March 2025 and the AN ward achieved 61.29% compliance in May with 3 red flags reported, (delayed or cancelled time critical activity (n=1 and delay between admission for induction and beginning of process (n=2). The postnatal ward compliance in May saw a huge improvement to 68.55% from 21.34% in April and with no red flags reported, this will be added to the wards safety production boards to track the compliance weekly.

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

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice daily ward rounds. The MIS year 7, safety action 4 indicates that the service must demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology'. In addition (effective February 2023) all short-term locums (less than 2 weeks) will need to be compliant with respect to the RCOG and GMC certificate of eligibility data regarding compliance. A detailed summary was included in the Q4 Maternity and Neonatal Staffing Report. The paediatric workforce at WM are utilising additional locums to provide cover for the service to meet BAPM standards for a level 2 unit. The Trust have now received confirmation from the ICB that we can progress with redesignating the SCBU to a level 2 LNU. Various task and finish groups will be implemented to ensure all aspects are appropriately project managed, and support and guidance sought from another hospital who has recently redesignated their SCBU to an LNU.

Safety:

WM site: There was 1 (possible) patient safety incident awaiting IIR process to confirm

1. Maternal admission to ITU due to HELLP (??fatty liver)

Datix reporting system: There were 132 reported incidents in May (84 reported in April)

- Main themes arising:
- Maternal readmission (16)
- Delay/failure in access to hospital/care (11)
- Transfusion policy error (8)

CWH site: Pending

Datix reporting system: In May 137 datix incidents an increase from April (139)

Main themes arising:

- Transfusion policy error (as per new MOH policy - the BT department was not informed when the event was stood down) (20)
- NICU admissions (15)
- Delay/failure in access to hospital/care

179 reviewed in May.

1. **PMRT (Cross site):** CW site reported 2 cases: 1 NND at 23+5/40, and one SB at 37+6/40. WMUH reported 1 case: 1 Antepartum stillbirth at 39+5/40. There was also 1 NND at 20+3/40 following an MTOP.
2. **ATAIN (Cross site):** On the CW site awaiting ratification of May data and will provide an update in next month's report. On the WM site there were 14 term admissions in May, of which 13 were unexpected. This gives a term admission rate of 4.08% a reduction from last month's 4.75%.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. A review of obstetric metrics has been undertaken and full dilatation CS will now be reviewed monthly given the increased associated risk to preterm birth in subsequent pregnancies.
4. **SBLCBv3** (launched in May 2023) update. Agreement of local trajectory with the LMNS and quarterly reviews to confirm progress is now required. The service are declaring 86% compliance for Q4 this is pending LMNS validation.

Element 1: Reducing smoking: The service are currently compliant with 6/10 interventions.

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction: Current audits demonstrated compliance with risk assessments and the LMNS have approved the derogation from National Guidance regarding scanning episodes for women with considered to be at risk of IUGR. The demand and capacity assessment of USS cross site has been completed and the service expect to be compliant with all interventions by June 2025. **Compliant with 16/20 interventions.**

Element 3: Raising awareness of reduced fetal movements: On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites. **Compliant with 2/2 interventions.**

Element 4: Effective fetal monitoring during labour: On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites. **Compliant with 5/5 interventions.**

Element 5: Reducing Pre-term Birth: Screening for asymptomatic bacteriuria has been re-established on the CW site and compliance with this is improving. Compliance on the WM remains as this was always supported by local guidelines. All elements of perinatal optimisation are currently being met. **Compliant with 26/27 interventions.**

Element 6: Management of Pre-existing Diabetes in pregnancy: **Compliant with 6/6 interventions.**

Perinatal Quality Surveillance Model Board Reporting

Maternity Perinatal Quality Surveillance Model

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026	Mar-25	Apr-25	May-25	2025-2026 Q1	2025-2026
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	89.0%	87.0%	87.0%	87.0%	87.0%	84.0%	91.3%	87.5%	88.0%	85.5%	89.1%	87.2%	87.2%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	91.0%	92.0%	92.0%	92.0%	89.0%	92.0%	88.0%	90.0%	90.0%	92.0%	90.0%	91.0%	91.0%
	Service User Feedback FFT	89.1%	93.5%	85.5%	89.1%	94.4%	90.7%	90.8%	90.7%	91.8%	91.9%	87.8%	89.9%	89.9%
	Staff Feedback from board safety champion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0	0
	Coroner Reg 28 made directly to Trust	0	0	0	0	0	9	0	9	0	9	0	9	9
	Progress in achievements of NHSR MIS (10 safety actions) Green									0	5	9	14	14
	Progress in achievements of NHSR MIS (10 safety actions) Amber									0	0.5	1	1.5	1.5
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	10	0	10	10
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

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

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

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 May, overall multi-disciplinary training compliance has increased to 89% from 86% in April and fetal monitoring is at 92% across both sites. All new staff have been booked onto mandatory training in the next 3 months. Whilst training compliance fluctuates depending on where staff are in their training cycle, the practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12-month period into MIS year 7 2025. The training needs analysis reflects the recommendations from the core competency framework and as such new training year has commenced with revised teaching content. This now includes 'Trauma-informed care.' Last year's curriculum included cultural safety training, which continues in this years teaching programme, to support the departments commitment to valuing diversity and inclusion amongst its workforce and service users.

Service user feedback: The service receives monthly friends and family test feedback, the CW site saw an increase in response rates from 21% to 24 % in May. Positive feedback declined from to 91.89% in April to 83.87% in May. On the WMUH site the response rate saw a decline from 32% to 22% and a decline in positive from 90 to 89.47%. Negative feedback across both sites continues to be raised about staff attitude, communication and delays in care.

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

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

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

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

Cancer Update

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site	Mar-25	Apr-25	May-25	2025-2026	YTD breaches	Mar-25	Apr-25	May-25	2025-2026	YTD breaches	Mar-25	Apr-25	May-25	2025- 2026 Q1	2025-2026	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumou	Breast	n/a	n/a	n/a	n/a		96.7%	87.1%	96.7%	87.1%	5	96.7%	87.1%	96.7%	87.1%	87.1%	5		
	Colorectal / Lower GI	85.7%	84.6%	94.4%	84.6%	2	88.2%	55.6%	53.1%	55.6%	21	86.7%	65.0%	68.0%	65.0%	65.0%	23		
	Gynaecological	81.8%	100%	88.9%	100%	1	100%	100%	100%	100%	0	88.2%	100%	93.8%	100%	100%	1		
	Haematological	83.3%	100%	100%	100%	0	100%	84.6%	88.2%	84.6%	3	93.1%	92.3%	92.9%	92.3%	92.3%	3		
	Head and neck	n/a	100%	n/a	100%	0	25.0%	n/a	100%	n/a	0	25.0%	100%	100%	100%	100%	0		
	Lung	77.8%	25.0%	0.0%	25.0%	8.5	56.3%	95.8%	64.7%	95.8%	6.5	67.6%	63.6%	61.1%	63.6%	63.6%	15		
	Sarcoma	n/a	n/a	0.0%	n/a	1	50.0%	42.9%	0.0%	42.9%	3	50.0%	42.9%	0.0%	42.9%	42.9%	4		
	Skin	87.5%	70.0%	93.8%	70.0%	5	91.7%	100%	85.7%	100%	4	88.5%	78.6%	90.0%	78.6%	78.6%	9		
	Upper gastrointestinal	100%	100%	100%	100%	0	90.9%	92.3%	85.7%	92.3%	2.5	95.2%	96.6%	90.5%	96.6%	96.6%	2.5		
	Urological	66.7%	61.5%	58.3%	61.5%	22.5	70.8%	46.2%	50.0%	46.2%	48	69.4%	52.7%	52.9%	52.7%	52.7%	70.5		
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	n/a	n/a	n/a		100%	n/a	n/a	n/a	n/a	n/a		
	Site not stated	n/a	n/a	n/a	n/a		100%	n/a	n/a	n/a		100%	n/a	n/a	n/a	n/a	n/a		

Trust Commentary

The 62-Day combined target of 85% standard has remains challenged in April 2025, as the service anticipated, with the validated performance at 72.7%, due to a variety of reasons from annual leave, diagnostic capacity challenges including histology delays and patient choice continuing to be a challenge. We are seeing the impact of this coming in to May with an unvalidated performance at present of 71.8% against the target of 85%, with the expectation of this increase. The backlog reported trajectory did rise above 100 but has since come back within target of under 100.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			4	31
Gynaecology		1		5.5
Haematology		6.5	1	6.5
Head and Neck		3		
Colorectal	1	6.5	6	13.5
Lung	8	10		12
Sarcoma			2	3.5
Skin	3	10		4
Testicular				
Upper GI		8	0.5	6.5
Urology	7.5	19.5	14	26
Total:	19.5	64.5	27.5	108.5

Safer Staffing

Chelsea and Westminster May 2025

	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										1 & 2	3, 4 & nonstage	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD		
Maternity	95%	99%	99%	94%	7.4	2.4	0.0	0.0	9.85	12.8	-9.64%	4.27%	5.28%	0	0	0	0	0	0	0	0	7	13	0	0	8	14	85.59%	
Annie Zunz	93%	100%	100%	100%	6.1	2.4	0.0	0.0	8.50	8.73	-5.56%	8.53%	0.00%	1	1	0	0	0	0	0	0	0	0	0	0	0	0	100.00%	
Apollo	102%	-	100%	-	20.4	0.0	0.0	0.0	20.39	N/A	1.38%	8.55%	0.00%	0	0	0	0	0	0	0	0	6	10	0	0	0	0	100.00%	
Mercury	102%	-	107%	-	7.4	0.0	0.0	0.1	7.47	9.94	5.87%	14.32%	23.47%	2	2	0	0	1	1	0	0	10	18	0	0	0	0	90.00%	
Neptune	121%	-	128%	-	7.9	0.0	0.0	0.2	8.09	13.1	18.49%	12.53%	0.00%	0	1	0	0	0	0	0	0	4	9	0	0	0	1	100.00%	
NICU	110%	-	111%	-	14.0	0.0	0.0	0.2	14.25	26.9	-16.66%	12.54%	0.00%	0	0	0	0	0	0	0	0	6	0	0	0	1	1	95.45%	
AAU	106%	87%	103%	111%	7.0	1.7	0.0	0.0	8.79	8.4	2.93%	8.80%	24.71%	5	12	0	0	2	2	0	0	10	17	0	0	0	1	90.48%	
Nell Gw ynn e	99%	76%	100%	99%	3.8	3.7	0.0	0.2	7.69	7.82	-1.35%	5.05%	5.43%	7	15	0	1	0	0	0	0	0	3	0	0	0	2	100.00%	
David Erskine	110%	71%	82%	110%	3.4	2.3	0.0	0.3	6.04	7.14	0.63%	4.29%	11.90%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100.00%	
Edgar Horne	113%	121%	99%	136%	3.5	4.1	0.0	0.0	7.55	6.78	7.46%	5.00%	11.76%	6	8	0	1	0	0	0	0	2	3	0	0	2	3	91.30%	
Lord Wigram	86%	65%	108%	90%	4.2	1.9	0.1	0.2	6.47	7.81	11.05%	4.73%	16.70%	4	8	0	0	0	0	0	0	0	4	0	0	0	1	100.00%	1
St Mary Abbots	98%	103%	100%	103%	3.8	2.7	0.1	0.0	6.68	7.55	11.40%	0.00%	13.69%	3	6	0	1	1	1	0	0	2	4	0	0	3	6	91.30%	
David Evans	81%	72%	93%	95%	4.8	2.7	0.2	0.1	7.85	7.55	-3.37%	3.70%	0.00%	0	3	0	0	0	0	0	0	1	1	0	0	3	6	96.30%	
Chelsea Wing	137%	108%	100%	92%	10.5	5.6	0.0	0.0	16.05	7.55	9.34%	13.23%	0.00%	0	0	0	0	0	0	0	0	2	3	0	0	0	0		
Burns Unit	115%	139%	181%	158%	21.3	4.6	0.0	0.0	25.81	N/A	8.30%	11.41%	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100.00%	
Ron Johnson	111%	141%	126%	119%	6.0	3.6	0.0	0.0	9.52	5.51	11.36%	12.68%	25.00%	10	13	0	0	0	0	0	0	1	2	0	0	1	1	100.00%	
ICU	115%	-	112%	-	24.6	0.0	0.0	1.5	26.16	26.9	-0.13%	5.73%	0.00%	0	1	0	0	0	0	0	0	5	6	0	0	0	0		
Rainsford Mow lem	104%	98%	99%	107%	3.4	3.2	0.0	0.1	6.77	7.5	-4.95%	10.08%	11.76%	4	15	0	0	3	3	0	0	3	7	0	0	1	3	100.00%	
Nightingale	84%	62%	106%	67%	4.4	2.8	0.0	0.0	7.15	7.5	21.27%	0.00%	19.48%	2	5	0	0	1	1	0	0	3	4	0	0	0	1	85.71%	
Averages /Totals	104%	96%	108%	106%	8.6	2.3	0.0	0.2	11.11		3.57%	7.66%	8.90%	44	90	0	3	8	8	0	0	62	104	0	0	19	40	95.65%	1

West Middlesex May 2025

	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										1 & 2	3, 4 & nonstage		M	YTD	M	YTD	M					YTD	M		
Lampton FU	99%	83%	106%	89%	3.5	3.1	0.0	0.0	6.62	7.5	10.70%	0.00%	10.07%	1	9	0	0	1	1	0	0	3	0	0	0	0	3	100.00%	
Richmond	108%	79%	100%	89%	4.2	3.0	0.1	0.0	7.31	7.55	15.20%	0.00%	9.60%	2	3	0	0	0	0	0	0	2	3	0	0	1	2	100.00%	1
Syon 1 cardiology	100%	94%	105%	104%	4.4	1.9	0.0	0.1	6.41	7.93	5.42%	0.00%	21.76%	4	11	0	0	0	0	0	0	0	3	0	0	2	3	100.00%	
Syon 2	104%	94%	102%	96%	3.6	3.0	0.3	0.0	6.90	7.14	5.83%	4.92%	0.00%	6	10	0	0	0	0	1	1	1	3	0	0	0	2	100.00%	
Starlight	102%	-	91%	-	8.4	0.0	0.0	0.0	8.43	13.1	18.07%	18.90%	100.00%	0	0	0	0	0	0	0	0	0	4	0	0	0	0		
Kew (Lampton)	96%	79%	100%	106%	3.4	2.5	0.0	0.2	6.08	7.5	1.08%	0.00%	0.00%	8	10	0	0	0	1	0	1	2	0	0	0	2	4	91.30%	
DRU (Crane)	101%	70%	100%	61%	3.2	2.7	0.1	0.2	6.13	7.5	-3.55%	5.00%	18.19%	0	0	0	0	0	0	0	0	0	0	0	0	0	3	98.31%	
Osterley 1	103%	77%	101%	109%	4.2	2.3	0.1	0.0	6.65	7.81	6.35%	7.98%	20.61%	6	13	0	0	1	1	0	1	4	12	0	0	2	7	100.00%	
Osterley 2	107%	77%	109%	114%	4.0	2.7	0.1	0.0	6.83	7.55	0.80%	8.19%	0.00%	1	3	0	0	0	0	0	0	1	8	0	0	3	7	100.00%	
MAU	107%	93%	110%	105%	6.4	2.5	0.0	0.0	8.92	8.4	8.44%	1.57%	0.00%	5	19	0	0	2	2	0	0	7	9	0	0	8	10	96.95%	
Maternity	102%	94%	108%	97%	8.8	2.5	0.0	0.0	11.36	12.8	-3.64%	1.45%	0.00%	0	0	0	0	0	0	0	0	5	7	0	0	1	3	89.28%	
Special Care Baby Unit	77%	-	86%	-	10.2	0.0	0.0	0.0	10.20	13.1	9.42%	8.85%	9.21%	0	0	0	0	0	0	0	0	1	2	0	0	0	0	100.00%	
Marble Hill 1	155%	130%	121%	202%	4.4	3.7	0.1	0.0	8.29	6.8	-5.20%	4.11%	5.17%	8	19	0	0	2	3	0	0	10	14	0	0	1	1	100.00%	4
Marble Hill 2	140%	84%	144%	102%	4.5	2.7	0.2	0.0	7.41	6.78	-6.94%	0.00%	10.74%	5	9	0	0	0	0	1	1	2	5	0	0	2	3	88.89%	
ITU	85%	-	86%	-	27.7	0.0	0.0	0.0	27.71	26.9	10.17%	14.51%	33.33%	0	0	0	0	0	0	0	0	7	9	0	0	0	0		
Redlees (Kew)	98%	93%	101%	115%	3.8	3.7	0.2	0.7	8.33	7.82	-0.15%	5.05%	0.00%	5	8	0	0	0	0	0	0	1	0	0	0	0	0	92.86%	
Averages /Totals	105%	88%	104%	107%	6.5	2.3	0.1	0.1	9.0		4.50%	5.03%	14.92%	51	114	0	0	6	8	2	4	46	79	0	0	22	48	96.97%	5

Safer Staffing & Patient Quality Indicator Report

May 2025

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

West Middlesex site:

Kew Ward experienced decreased HCA fill rates during the day due to staff sickness and the inability to secure bank cover. Marble Hill 1 had increased RN fill rates during both day and night shifts to meet RMN requirements, along with increased HCA fill rates to support enhanced observations for patients requiring specialising. Marble Hill 2 also reported increased RN fill rates during the day and night following the opening of escalation beds. DRU Ward had reduced HCA fill rates during both shifts due to changes in clinical need, with staff redeployed to support the newly opened escalation areas. Osterley 1, Osterley 2, and Richmond wards reported low HCA fill rates during the day due to staff sickness and challenges in securing bank staff, though safety was maintained through support from supernumerary staff and ward managers. CHPPD was not compromised. SCBU had reduced RN fill rates during the day and night in response to decreased activity on the unit.

Chelsea and Westminster site:

Ron Johnson Ward required increased HCA fill rates at night to provide 1:1 supervision and had increased RN fill at night due to ongoing challenge studies. Chelsea Wing saw increased RN fill rates as a result of supernumerary staffing and staff on compassionate leave. AAU had low HCA fill rates during the day due to staff on phased return and study leave; however, supernumerary staff provided support, ensuring CHPPD was not compromised. Nell Gwynne experienced low HCA fill rates during the day due to staff sickness and an inability to secure bank cover. David Erskine had low daytime HCA fill rates due to study leave, but supernumerary staff supported the ward; night RN fill rates were also low due to reduced patient acuity, with staffing adjusted accordingly, and CHPPD remained unaffected. Edgar Horne had increased HCA fill rates during both day and night shifts to provide enhanced observations for patients requiring specialising. Nightingale Ward reported low RN and HCA fill rates during both day and night due to bed closures, with staff redeployed to support other clinical areas.

Lord Wigram experienced low RN and HCA daytime fill rates due to staff sickness and the opening of escalation beds; CHPPD was maintained with support from Band 6 staff on management days and the ward manager. David Evans Ward had reduced RN and HCA fill rates during the day due to a decrease in elective procedures, with staff redeployed to other areas. The Burns Unit had increased RN fill rates during night shifts due to higher patient acuity and increased HCA fill rates both day and night to support patients requiring enhanced observations.

Incidents:

In May, two pressure ulcers resulting in harm were reported. On Marble Hill 2, a patient developed a sacral sore; they had a history of poor compliance with treatment, although Tissue Viability and Dietitian teams were involved, and appropriate equipment was in place. The patient's compliance has since improved.

On Syon 2, nasal pressure damage occurred due to continuous use of NIV. The patient, who lacked capacity, frequently removed the mask and scratched her nose, contributing to repeated trauma and deterioration of the wound.

The Friends and Family Test showed eight wards at WM and nine wards at CW scored 100%. No unit scored less than 85% satisfaction rate.

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

Safe Staffing Analysis | Registered Nurse and Care Staff May 2025

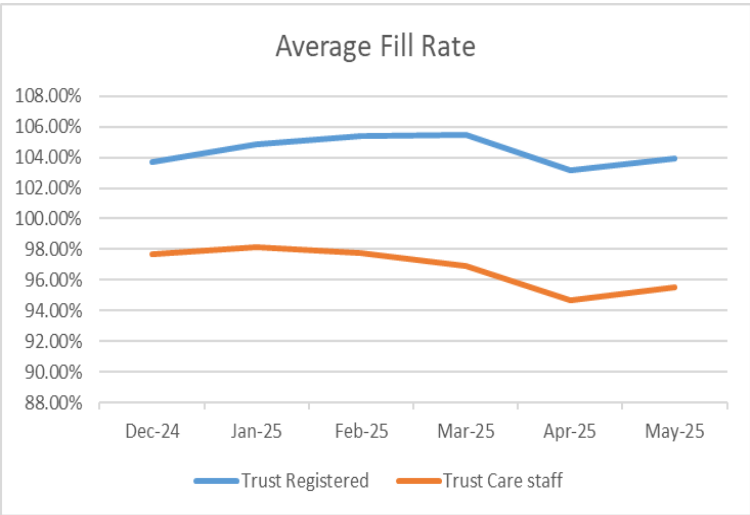
RN Fill Rates (ward areas) stayed the same from 103.13% in April 2025 to 103.95% in May 2025. The RN vacancy rate (whole trust) in May 2025 was 1.51%, down from April 2025– 2.06%

Care Staff Fill Rates (ward areas) increased from 94.70% in April 2025 to 95.52% in May 2025 There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in May 2025 was 10.35%, slightly up from 10.18% in April 2025.

The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 98.91% in April 2025 to 99.73% in May 2025.

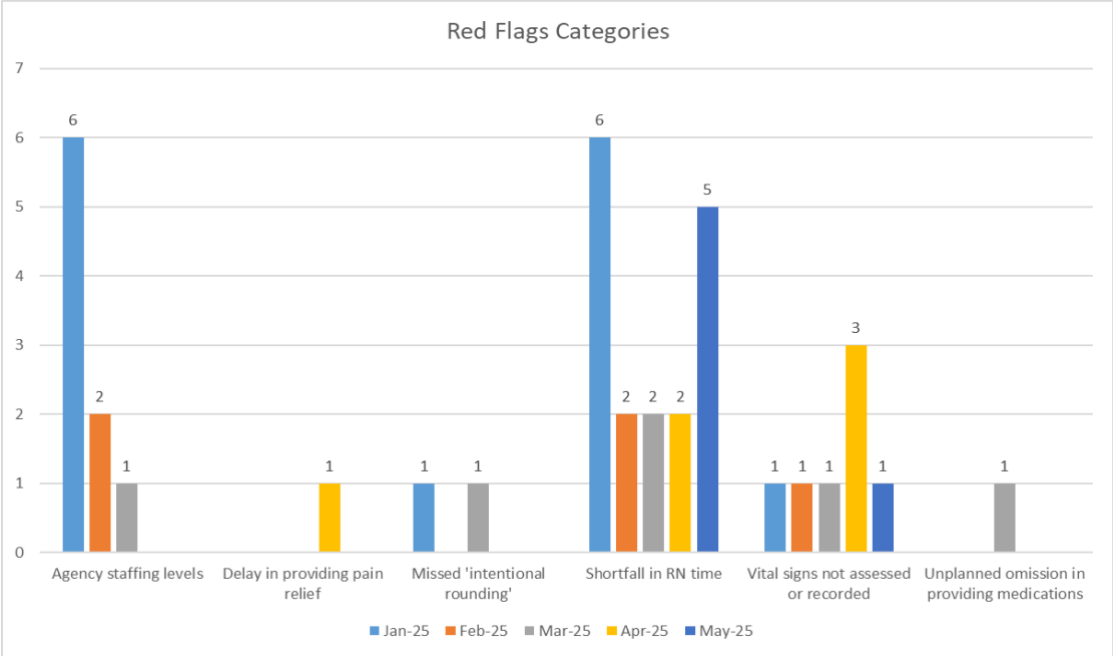
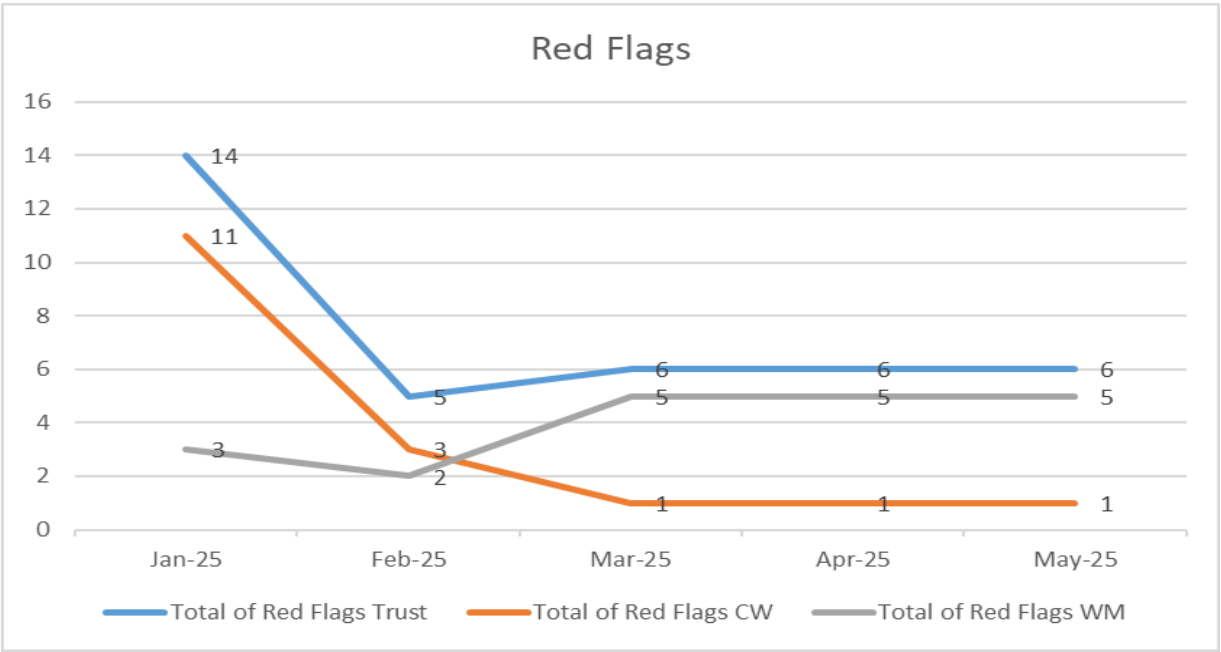
Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (March 2025) was 8.5. Trust workforce data confirms the CHPPD was 8.8 in May 2025, same as in April 2025 – 8.8.

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



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

Nursing, Midwifery and care staff average fill rate May 2025				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
103.95% ↔	95.52% ↑	6.2 ↓	2.5 ↔	8.8 ↔



Finance M2 2025/2026

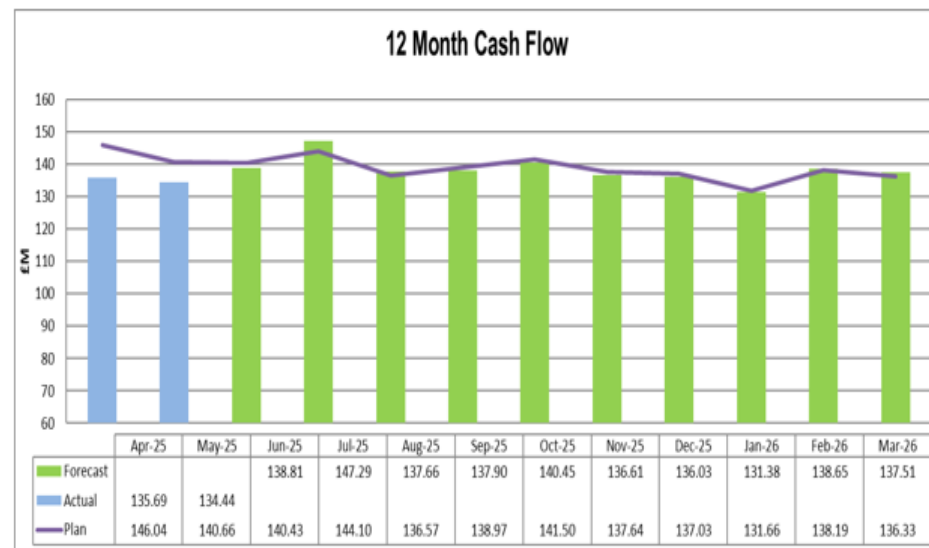
Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	168,057	165,239	(2,818)
Expenditure			
Pay	(95,208)	(98,210)	(3,001)
Non-Pay	(62,387)	(61,436)	951
EBITDA	10,462	5,593	(4,868)
EBITDA %	6%	3.39%	-2.8%
Depreciation	(5,745)	(5,757)	(12)
Non-Operational Exp-Inc	(2,490)	(2,246)	244
Surplus/Deficit	2,226	(2,409)	(4,636)
Control total Adj - Donated asset, Impairment & Other	(2,881)	(99)	2,783
PFI Model recalculation		125	125
Adjusted financial performance surplus/(deficit)	(655)	(2,383)	(1,728)

The adjusted financial position at month 2 is a £2.38m deficit which is £1.73m against plan.

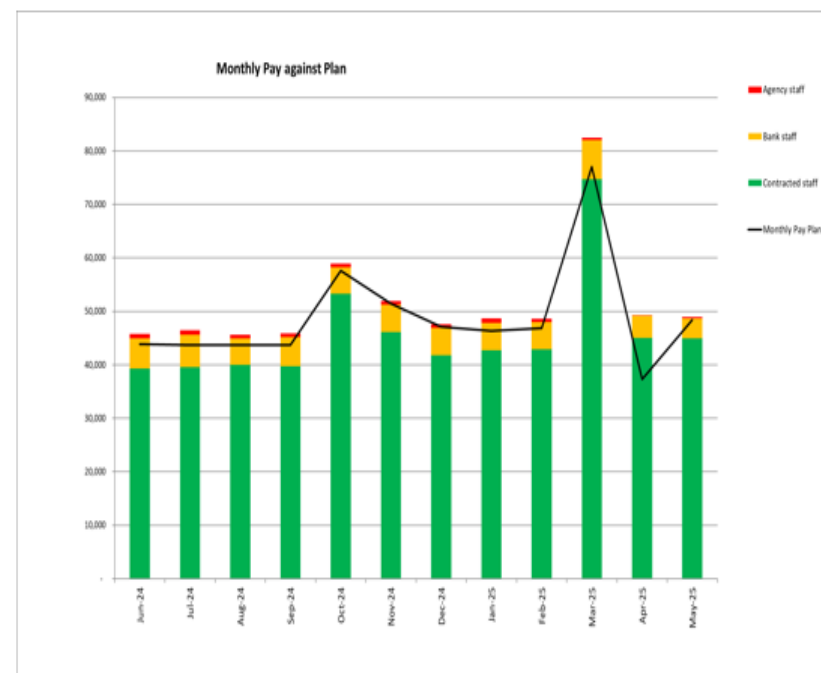
Pay: £3m adverse against plan. The adverse variance at Month 2 includes spend to cover additional clinics, WLI as well as cover vacancies, sickness, gaps in rota and other forms of leave.

Non-Pay: There is a £0.95m favourable variance which includes adjustment to budget to match NHSi return.

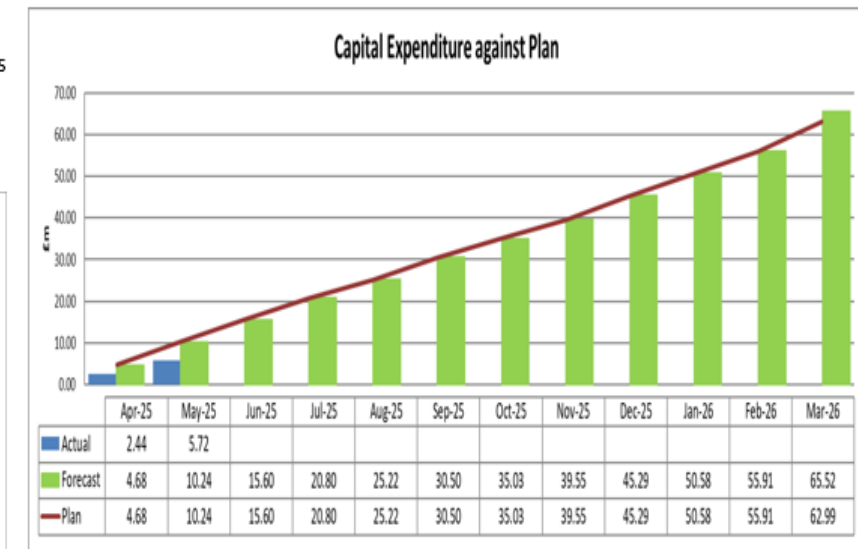
Income: M02 Income is behind plan, this is mainly driven by the sharp reduction in ERF funding and over performance below 24/25 outturn. Sexual health contract also remains on 24/25 terms until new agreement is in place. The other variable elements of the contract have been recognised and accrued for.



Comment: The negative cash variance to plan in M2 of £6.22M is negative cash variance b/fwd from M1 of £10.35m, Lower receipts to plan of £1.88m (ICB & NHS England & FT's £1.21M Lower, Local Authority & AR £1.08M Lower, Other Income £0.040M Higher, PP Income £0.293M Higher, Interest Income £0.071m Higher) offset by Lower cash outflows to plan £6.01M (Lower Creditor payments & Lower Payroll)



Comment: Mar 25 12 payroll figures include additional spend for 9.4% Pension contribution - £30.79 a notional figure). In October 24 AFC staff, consultants and SAS doctor received YTD pay awards resulting in the in month spike.



Comment: The original capital programme for 2025/26 was £62.99m, which has been adjusted to £65.52m following the carry forward of the additional grant for the IECCP project from 2024/25 and the new grant donation of £400k for the CW Paeds ED waiting room project. The capital budget has been allocated to the various departments, with £32.57m for the ADC Project, £1.28m for the Treatment Centre, £1.77m for Medical Equipment, £2.0m for IT equipment, £3.38m for Estates schemes, £6.3m for the Human Challenge Fund, £1.88m for IFRS16, £3.50m for IECCP, £0.13m for WM site development, £0.19m contingency fund and £10m for PDC funded projects which will be allocated to support the ADC project. Individual budgets are being allocated from the available capital budgets and business cases for these projects will be submitted to CPB for approval in due course. The P02 YTD underspend of £4.52m relates to timing differences and will be spent in the upcoming months.