



# **TRUST PERFORMANCE & QUALITY REPORT**

## **November 2023**



## NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024 Q3	2023-2024	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	77.98%	77.90%	79.02%	79.61%	79.35%	71.97%	73.69%	78.32%	78.75%	74.96%	76.40%	75.69%	78.89%		!
RTT	18 weeks RTT - Incomplete (Target: >92%)	63.95%	62.85%	63.28%	64.46%	56.96%	58.52%	57.72%	57.68%	59.99%	60.45%	60.21%	60.33%	60.67%		!
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	93.34%	96.25%	96.25%	95.57%	88.66%	94.65%	94.43%	94.60%	90.45%	95.29%	95.19%	95.29%	94.99%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	100%	100%	100%	100%	96.96%	100%	100%	100%	100%	96.96%		-
	31 day combined position (Target: >=96%)	n/a	92.98%	91.38%	96.16%	n/a	97.89%	94.17%	96.41%	n/a	96.05%	93.17%	94.57%	94.57%		!
	62 day combined position (Target: >=85%)	n/a	90.60%	90.74%	79.49%	n/a	84.27%	77.38%	76.71%	n/a	86.78%	81.92%	83.46%	83.46%		-
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	84.16%	84.13%	83.16%	83.30%	72.94%	75.56%	73.23%	73.46%	76.90%	78.72%	77.13%	77.93%	77.27%		-
Patient Safety	Clostridium difficile infections (Year End Target: 26)	2	3	2	12	2	1	1	13	4	4	3	7	25		!

### A&E 4-hr Waiting Times

The Trust performance was at 76.4%, an improvement on the previous month and the second highest position in London. Work is ongoing on an enhanced winter flow plan with a focus on improving flow, safety and patient experience. This is being monitored through cross-divisional weekly Winter Flow meetings, chaired by the DCEO.

### 18 Weeks RTT (Incomplete Pathway)

The Trust RTT PTL is showing a slight decrease in size, while the 18-week RTT Incomplete position remains broadly stable. The focus remains on the NHS drive to ensure all patients in the 65ww backlog cohort are booked an appointment by the end of November and through December. Activity positions were sustained, and significant progress has been made for the booking ask across all divisions, evidenced by a reduction in the 52ww, 65ww positions despite the increase in the 78ww cohort. The Trust is committed to ensuring theatre and outpatient capacity is targeted towards patients in priority and chronological order.

### Cancer (Final Previous Month, Unvalidated Current month)

**2-week Waits:** 2ww GP suspected cancer referral performance was non-compliant in October 2023, with a performance of 95.29%.

**62-Day:** The 62 day combined target was compliant for October 2023 with a performance of 86.78%. This is the first month of the new standard, which combines the three 62-day targets (GP referral, consultant upgrade and screening) into one, and is the first time the Trust has been compliant with this standard for 12 months.

**28-Day FDS:** The FDS target sustained compliance for October 2023. This has been driven by focused work on first diagnostic within 10 days for key specialities (Colorectal and Urology) and the impact of the new CCS digital tool, allowing quick action against patient pathways.

**31-Day:** The 31 day combined target was compliant for October 2023 with a performance of 96.05%.

### Clostridium Difficile

There were three Trust-attributed CDI cases in November 2023, 2 occurred at CWH on Rainsford Mowlem ward and 1 occurred at WMH on Syon 2. There have been 25 cases year-to-date against a target of 25 this financial year. 1 RCA meeting has not highlighted any lapse of care and there are 2 RCA currently being arranged.

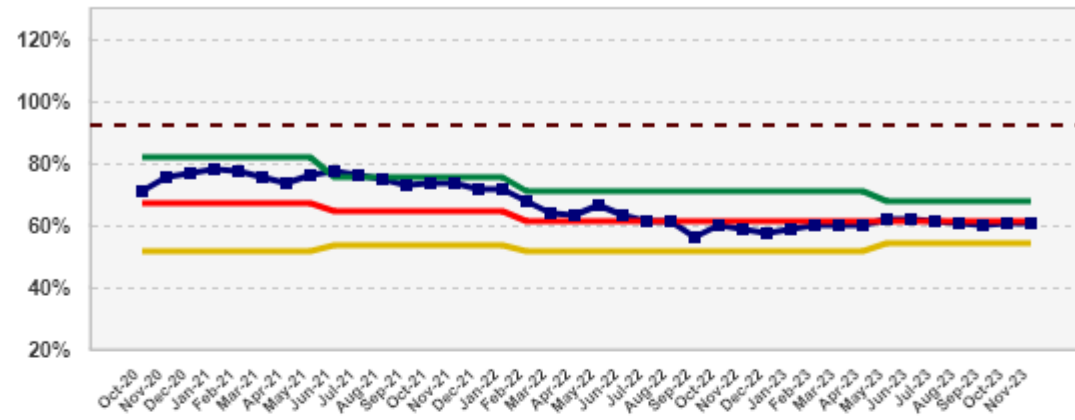


### SELECTED BOARD REPORT NHSI INDICATORS

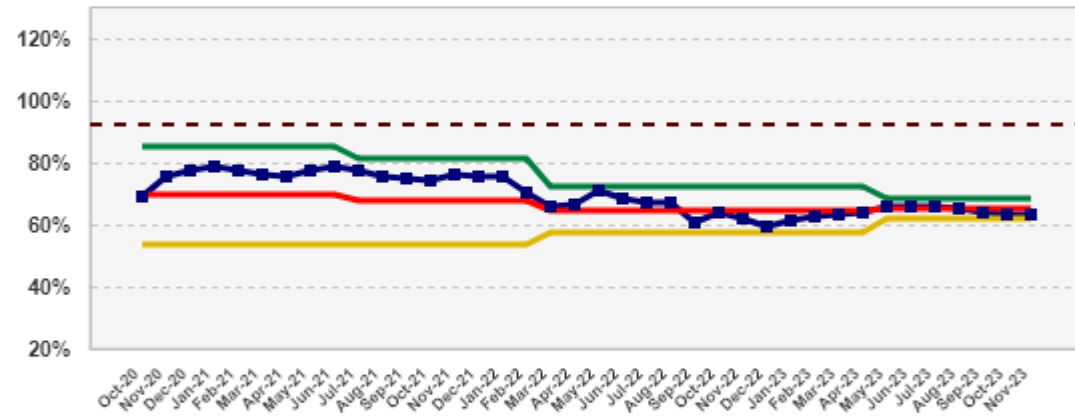
#### Statistical Process Control Charts for the last 36 months Oct 2020 to Nov 2023

RTT Incomplete pathways

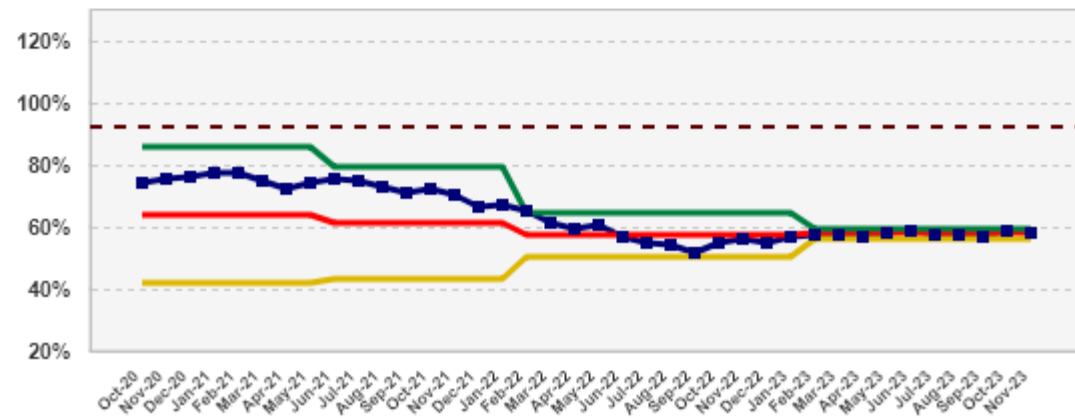
Trust Total



Chelsea and Westminster

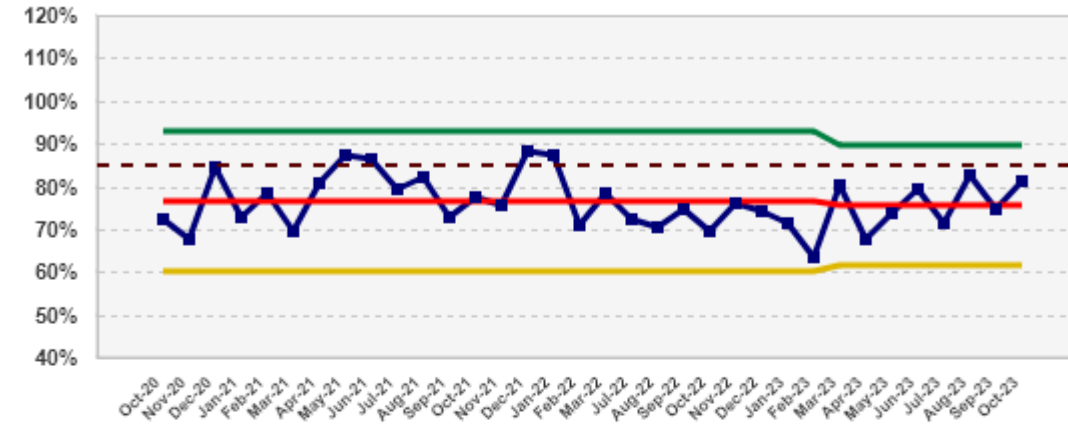


West Middlesex

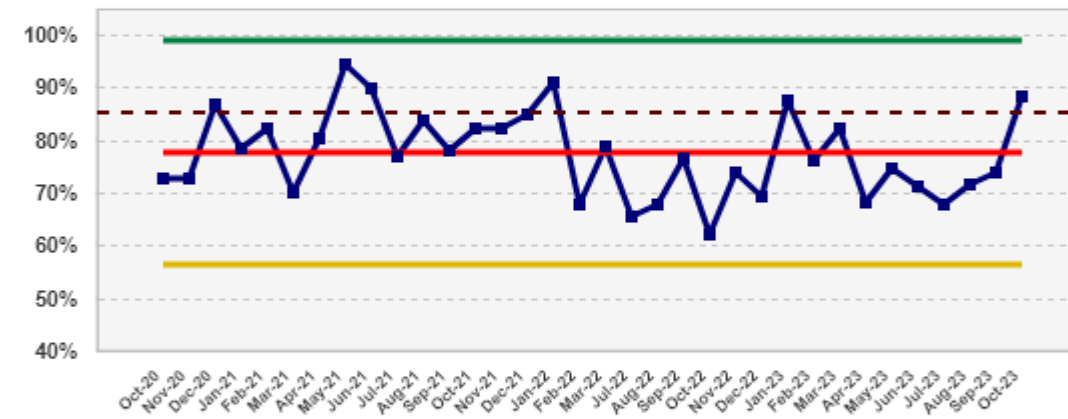


Cancer: 62 day standard

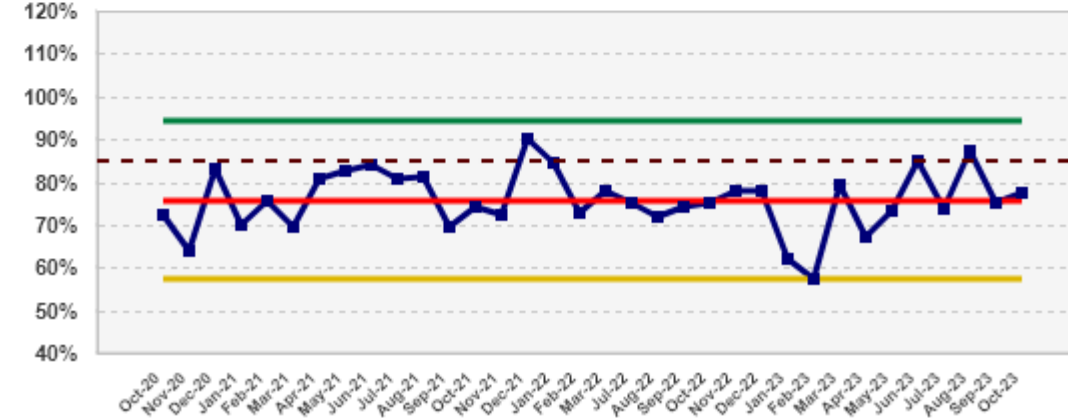
Trust Total



Chelsea and Westminster



West Middlesex

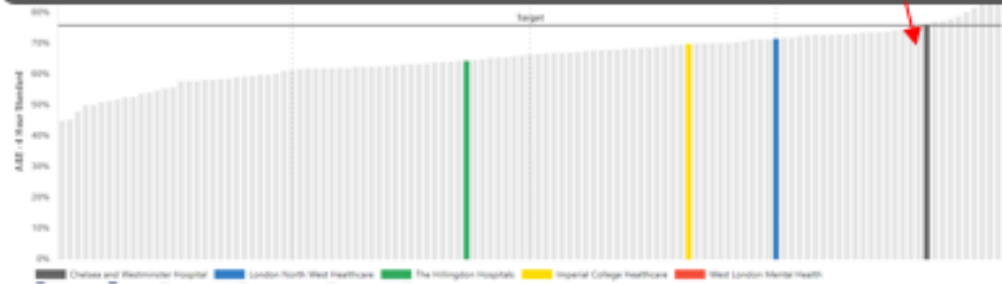




### National Benchmarking Against Select Indicators

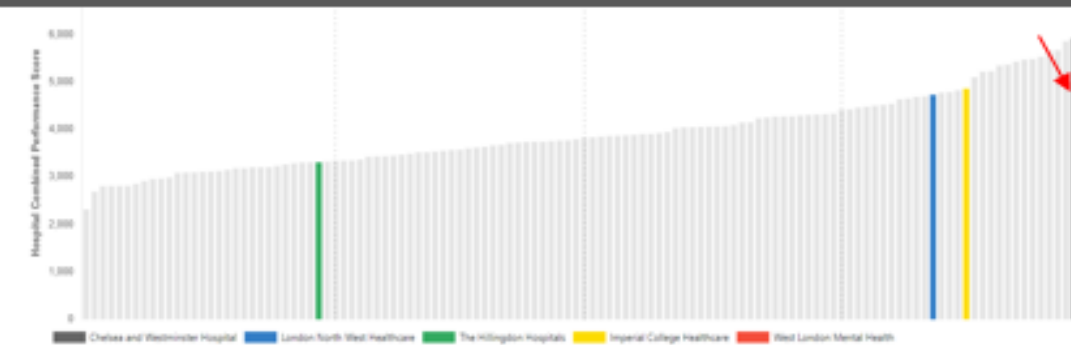
The below has been sourced from PublicView and represents the Trust Performance for October 23, except A&E 4hr/HCS (November). The ranking is based on peers in the same group as the Trust. The Trust ranked 2<sup>nd</sup> nationally on the HCS, improvement in ranking when compared to the previous month.

#### A&E 4-hr Waits | 10<sup>th</sup> Nationally, 2<sup>nd</sup> in London

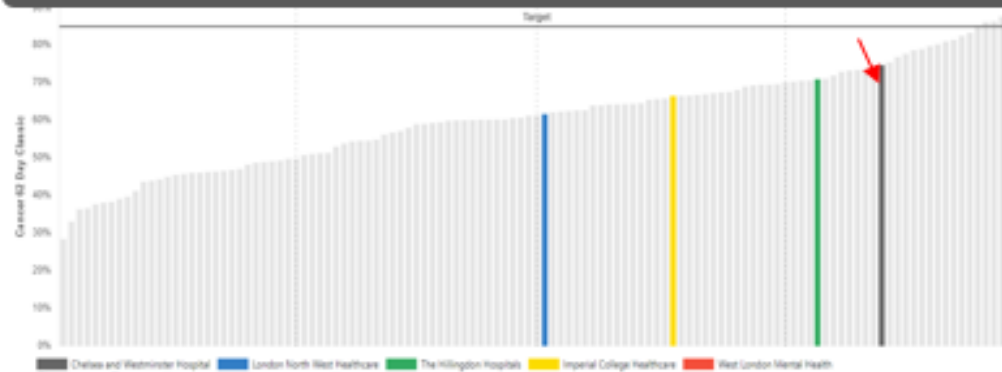


A&E 4-hr waits: The Trust is currently ranked 10<sup>th</sup> of 119 Trusts, an increase in ranking.

#### Hospital Combined Score | 2<sup>nd</sup> Nationally

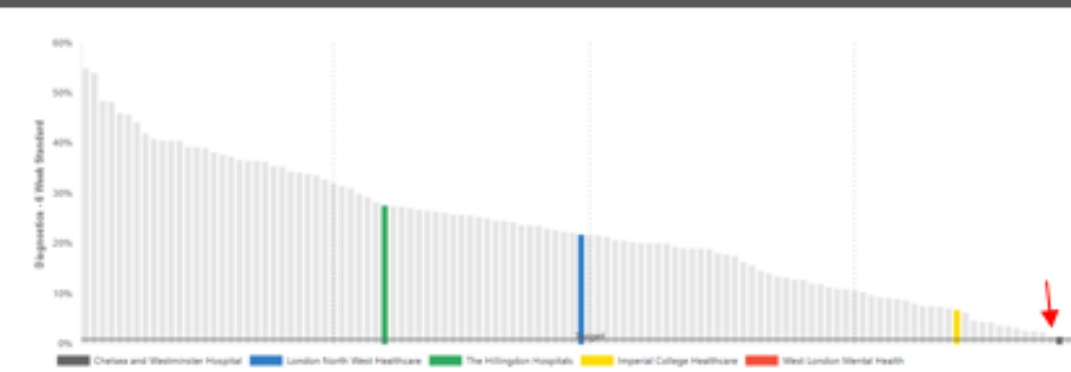


#### Cancer 62 Days | 17<sup>th</sup> OF 119



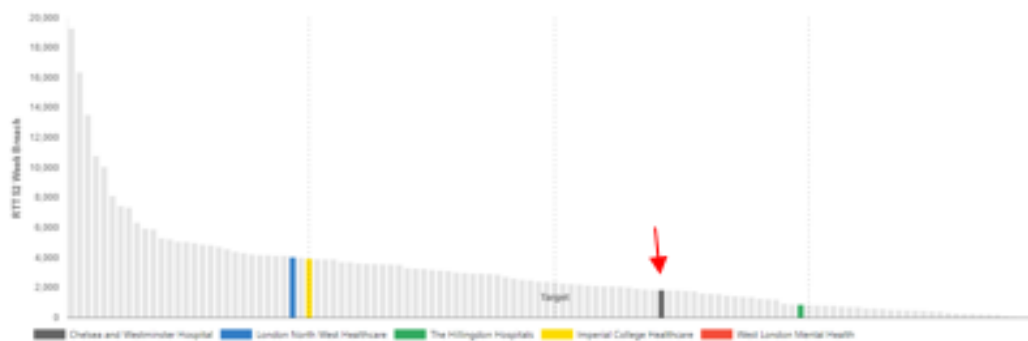
62 Day Cancer Standard: The Trust is currently ranked 17<sup>th</sup> out of 119 Trusts.

#### 6 -wk. Diagnostic | 5<sup>th</sup> OF 119



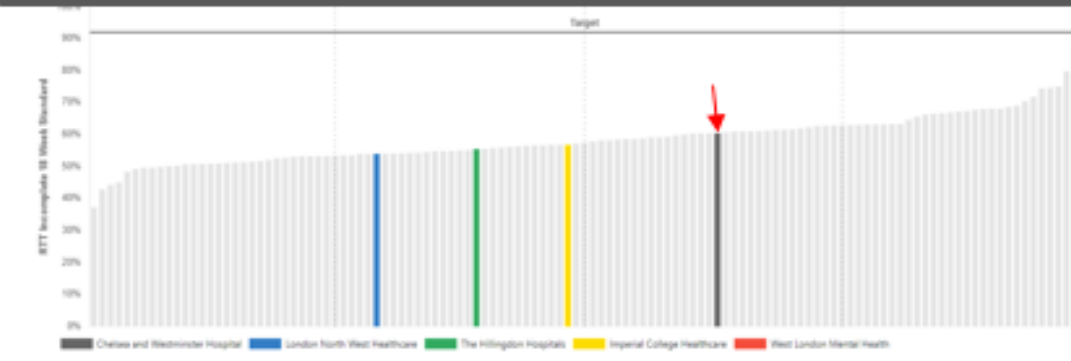
6 Week Diagnostic Standard: The Trust is 5<sup>th</sup> position in the league table nationally for diagnostic waits. This is decrease in ranking when compared to the previous month.

#### RTT 52 ww | 47<sup>th</sup> OF 119



RTT 52 Week Breaches: The Trust is currently ranked 47<sup>th</sup> of 119 Trusts.

#### RTT 18-wk Incomplete Pathway | 44<sup>th</sup> OF 119



RTT 18 Week Standard: This position is an improvement compared to the previous month.



## Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024 Q3	2023-2024	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	1	3	0	0	0	0	0	0	1	1	3		-
	Hand hygiene compliance (Target: >90%)	97.8%	92.5%	94.5%	94.8%	96.3%	98.7%	94.6%	97.2%	97.2%	95.5%	94.6%	95.1%	95.9%		-
Incidents	Number of serious incidents	2	2	2	13	3	3	0	11	5	5	2	7	24		-
	Incident reporting rate per 100 admissions (Target: >8.5)	8.8	9.3	8.1	9.2	9.5	9.3	8.2	9.4	9.2	9.3	8.2	8.7	9.3		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.01	0.00	0.01	0.01	0.01	0.06	0.00	0.01	0.01	0.03	0.01	0.02	0.01		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.57	5.38	4.05	4.55	4.35	4.68	3.81	3.98	4.46	5.03	3.94	4.46	4.26		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	1.5%	0.4%	0.0%	0.0%	1.8%	0.2%	0.0%	0.0%	1.6%	0.7%	0.3%		-
Harm	Never Events (Target: 0)	0	0	1	3	0	0	0	1	0	0	1	1	4		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	1	3	0	0	0	0	1	0	1	1	3		-
	Safeguarding adults - number of referrals	30	41	31	277	48	27	34	263	78	68	65	133	540		-
	Safeguarding children - number of referrals	85	83	168	554	94	121	124	810	179	204	292	496	1364		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	68	68	68	68	74	73	73	73	71	71	71	71	71		-
	Number of hospital deaths - Adult	39	39	56	309	60	60	70	499	99	99	126	225	808		-
	Number of hospital deaths - Paediatric	1	0	0	2	0	0	0	1	1	0	0	0	3		-
	Number of hospital deaths - Neonatal	1	2	3	12	1	1	1	4	2	3	4	7	16		-
	Number of deaths in A&E - Adult	0	3	3	12	4	7	4	32	4	10	7	17	44		-
	Number of deaths in A&E - Paediatric	1	0	0	2	0	1	0	3	1	1	0	1	5		-

### MRSA

There was 1 Trust-attributed community-onset healthcare associated (COHA) MRSA bacteraemia in November 2023, which occurred at CWH in the Planned Care division. This is the third case this financial year against a target of 0, however is a significant reduction from last year's total of 7 cases. The RCA meeting is currently being arranged.

### Incidents

There was one Never Event and one External SI reported in November 2023; a Surgical Never Event (*Retained foreign object post-procedure*) and an external SI relating to an unexpected death. The investigation into these events will seek to identify any care or service delivery challenges that have impacted the outcome and establish actions required to reduce the risk or consequence of the events reoccurring. During the target month (November 2023), the target rate of patient safety incidents per 100 admissions was not met by either site. It is anticipated that reporting rates will increase following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE); staff training will be an integral part of the roll-out.

### Medication-related incidents

The number of reported medication-related incidents year-to-date falls below the Trust target. Further specific commentary will be provided on release of the updated data to ascertain whether the target has been met at either site.

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

There were two incidents of moderate harm reported (1 at CW site, and 1 at WM site). Trust target has been met.

### Safeguarding

Adult safeguarding referrals remain steady on both sites with many of these being complex and requiring joined-up working with children's safeguarding and social care colleagues. Children's safeguarding referrals have risen steadily at the West Middlesex Hospital site, with a significant increase in referrals at the Chelsea Hospital site in November. This has been a very busy period within ED, maternity and the paediatric wards, and as with adults, cases are complex with a number involving long stays and support from mental health, social care and the ICB leads.



## Patient Experience

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024 Q3	2023-2024	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	96.1%	96.3%	93.6%	95.4%	95.4%	95.4%	96.6%	96.3%	95.7%	95.8%	95.1%	95.5%	95.9%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	1.8%	1.0%	1.3%	1.6%	1.82%	2.32%	0.49%	1.3%	1.8%	1.7%	0.9%	1.3%	1.4%		-
	FFT: Inpatient response rate (Target: >15%)	35.1%	34.5%	35.7%	33.6%	45.7%	40.9%	43.7%	46.4%	40.3%	37.5%	39.5%	38.3%	39.5%		-
	FFT: A&E satisfaction % (Target: >90%)	83.9%	85.0%	83.8%	84.2%	74.0%	77.4%	75.1%	77.6%	80.7%	81.6%	80.1%	80.9%	82.0%		!
	FFT: A&E not satisfaction % (Target: <10%)	10.1%	9.5%	10.1%	9.8%	17.5%	15.1%	16.2%	14.6%	12.5%	12.0%	12.7%	12.3%	11.5%		!
	FFT: A&E response rate (Target: >15%)	27.2%	27.2%	27.2%	27.2%	24.6%	23.2%	22.6%	24.5%	26.3%	25.3%	25.0%	25.2%	26.2%		!
	FFT: Maternity satisfaction % (Target: >90%)	89.5%	91.2%	87.9%	90.2%	87.7%	87.3%	86.2%	88.4%	88.9%	89.8%	87.4%	89.0%	89.6%		!
	FFT: Maternity not satisfaction % (Target: <10%)	6.7%	4.6%	6.7%	6.3%	8.7%	9.3%	12.1%	8.6%	7.4%	6.3%	8.2%	7.0%	7.1%		-
	FFT: Maternity response rate (Target: >15%)	49.4%	46.3%	39.7%	43.1%	30.7%	32.3%	21.5%	30.4%	40.9%	40.0%	32.1%	36.9%	37.4%		-
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	17	19	18	162	17	19	18	37	162		!
Complaints	Complaints (informal) through PALS	18	12	29	182	42	47	37	311	60	59	66	125	493		-
	Complaints formal: No of complaints due for response	26	22	22	217	19	15	19	135	45	37	41	78	352		-
	Complaints formal: Number responded to < 25 days	23	20	19	184	18	11	15	131	41	31	34	65	315		-
	Complaints sent through to the Ombudsman	0	0	1	1	0	0	0	1	0	0	1	1	2		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-

### MSA (Mixed Sex Accommodation)

The "Guidelines for the Provision of Intensive Care Services" require "discharge from critical care to a general ward must occur within four hours of the decision", and where this does not occur and the patient remains in a shared bay or room, this would be classified as a mixed-sex breach. The West Middlesex site had 18 breaches for November. November saw 4 of the breach patients waiting for ward beds longer than 10hrs, one of which waited for more than 50hrs. There has been a decrease in the 'out of hours' discharges. These have fallen by almost half compared to Q1. We are expecting this to have a knock-on effect with our MSB as we are starting to witness a fall overall in delayed discharges between 4 - 10hrs as we continue to address breaches with the site management team at each bed meeting. These delays are due to external bed pressures within the hospital. The Trust ensures that our patients are well cared for and their dignity and cultural considerations are maintained.

### Complaints

83% of complaints were responded to within the 25 day KPI (target 95%) during November 2023. Seven were not responded to within the timeframe (4 for EIC, 2 for PC and 1 for Specialist Care) due to delays in receiving the investigation outcome/draft response. Compliance with responding to PALS concerns within 5 working days was 93% (KPI 90%).

### Friends and Family Test

The Trust continues to ensure patients have the opportunity to provide feedback at various touch points during their journey. Within inpatient areas, patients continue to report satisfaction with the care being provided and the empathy shown by staff. Wards that score below the 90% satisfaction rate have niche themes, mainly noise at night and lack of information around condition. Individual discussions continue to be held in these areas to ensure feedback is acted on.

Given the decline in women's experiences seeking maternity care, there are concerns raised regarding the November performance. The postpartum and antenatal care at both Chelsea and West Middlesex sites are showing declines in women's experiences with giving birth and recovering from childbirth compared to previous months. Some of the themes seen in FFT mirror those in the national CQC survey and are being picked up through the postnatal patient experience working group and other work streams.



## Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024 Q3	2023-2024	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	4.86	2.37	3.08	3.14	2.69	3.15	2.72	3.83	4.27	2.56	2.97	2.77	3.31		-
	Average length of stay - non-elective (Target: <3.95)	3.42	3.54	4.73	4.04	3.52	3.17	5.01	3.82	3.47	3.34	4.88	4.12	3.92		-
	Emergency care pathway - average LoS (Target: <4.5)	3.64	3.63	5.21	4.32	3.90	3.33	5.85	4.29	3.79	3.46	5.58	4.53	4.30		-
	Emergency care pathway - discharges	285	302	299	2219	382	411	421	2991	668	714	720	1434	5210		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.32%	4.55%	4.61%	4.90%	6.08%	6.27%	6.10%	6.35%	5.18%	5.38%	5.32%	5.35%	5.60%		-
	Non-elective long-stayers	417	471	458	3581	426	420	300	3237	843	891	758	1649	6818		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	88.7%	88.0%	87.2%	87.2%	86.1%	84.8%	89.3%	85.4%	87.8%	87.0%	87.8%	87.4%	86.7%		-
	Operations cancelled on the day for non-clinical reasons: actuals	5	17	10	107	30	21	21	151	35	38	31	69	258		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.15%	0.47%	0.26%	0.39%	1.13%	0.80%	0.78%	0.74%	0.58%	0.61%	0.47%	0.54%	0.54%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	2	2	3	32	3	3	0	19	5	5	3	8	51		!
	Theatre Utilisation Model Hospital (Target > 85%)	81.1%	79.1%	78.1%	80.7%	96.3%	93.7%	93.0%	93.3%	86.1%	84.0%	82.9%	83.4%	84.8%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.29	2.22	2.25	2.36	1.66	1.70	1.66	1.73	2.00	1.98	1.98	1.98	2.07		!
	Average wait to first outpatient attendance (Target: <6 wks)	9.3	10.0	10.4	9.6	12.0	12.7	12.8	12.2	10.6	11.2	11.5	11.4	10.8		!
	DNA rate: first appointment	12.1%	11.2%	11.2%	11.6%	11.6%	11.2%	10.0%	11.1%	11.8%	11.2%	10.7%	10.9%	11.4%		-
	DNA rate: follow-up appointment	9.8%	9.3%	9.4%	9.8%	8.7%	8.0%	8.3%	8.8%	9.4%	8.8%	9.0%	8.9%	9.4%		-
	PIFU - % of Total Outpatient attendances	11.6%	10.7%	12.1%	11.2%	1.6%	1.9%	1.9%	1.5%	7.5%	7.1%	8.0%	7.6%	7.3%		-

### Day-Case Rate

The day-case rate remains above the 85% Trust-Wide in November including an improvement to compliance of 89.3% at WM.

### Cancelled Operations

The number of cancelled operations for non-clinical reasons on-the-day reduced Trust-wide in November. The number remained at 21 at WM but reduced significantly at CW. Surgical SDEC lists are being introduced on the West Middlesex site that can mitigate against emergency cases being done on elective lists.

### Theatre Utilisation

Trust-Wide utilisation dropped slightly in November to 82.9%. Theatre utilisation remains significantly above the 85% target at 93% on the West Middlesex site. The Chelsea site remains below the 85% target, with a decrease in utilisation from 79.3% in October to 78.1% in November. Across the Chelsea and Westminster site, theatre utilisation remains well above the 85% target in Main Theatres, however decreases in utilisation in Treatment Centre and Paediatric Theatres account for the deterioration.

### Outpatients

First-to-follow up ratio remains quite static, despite the focus in a number of senior forums. The average wait-to-first attendance continues to trend upwards with the nationally driven focus on creating capacity for, as well as scheduling, 65-week backlog patients. November's DNA rate notably improved at the West Middlesex site for new appointments and is broadly on trend with the previous month for follow-up appointments. PIFU rates continue to slowly edge upwards overall, and the 8% performance is the Trust's best to date. There remains significant site variation, skewed by the CW site HIV service, which single-handedly pushes the Trust from just over 2%.

### Average LOS Elective/Non Elective

Non-Elective, Elective, and Emergency Care pathway LOS increased in month, which corresponded to the continued levels of patients who remained in hospital once medically optimised. A discharge peer review has been undertaken for both sites with the aim of enhancing collaborative working, gaining insights and learning from peers about what is working well to ultimately support improvements to patient flow. Following the peer review, there is an action plan underway to reduce average LOS across the Non-Elective, Elective and Emergency Care pathways.



## Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024 Q3	2023-2024	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	90.1%	95.7%	93.4%	92.9%	96.2%	95.8%	95.6%	95.3%	93.7%	95.8%	94.6%	95.2%	94.2%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	61.1%	76.9%	60.0%	69.4%	100.0%	100.0%	91.7%	90.6%	80.6%	88.9%	77.3%	83.7%	81.3%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	91.7%	71.4%	90.0%	75.0%	100.0%	88.2%	89.7%	85.0%	96.7%	80.6%	88.5%	89.8%		-
VTE	VTE: Hospital acquired	0	0	0	2	5	1	3	25	5	1	3	4	27		-
	VTE risk assessment (Target: >95%)	91.4%	93.6%	95.5%	92.2%	96.3%	95.1%	96.4%	96.1%	93.9%	94.3%	95.9%	95.1%	94.1%		-
TB Care	TB: Number of active cases identified and notified	1	1	3	26	4	4	7	50	5	5	10	15	76		-
Sepsis	ED % Periods Screened (Target >90%)	92.1%	93.3%	93.5%	92.2%	90.6%	82.6%	85.4%	86.7%	91.5%	88.7%	90.4%	89.6%	90.0%		-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	81.5%	85.0%	81.1%	78.2%	89.2%	89.8%	90.2%	89.7%	84.3%	86.6%	83.8%	85.1%	82.4%		-
	Ward % Periods Screened (Target >90%)	89.4%	85.6%	85.4%	88.0%	95.1%	95.7%	94.2%	95.3%	92.0%	90.1%	89.3%	89.7%	91.3%		-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	95.5%	94.1%	95.8%	95.7%	94.9%	96.1%	96.2%	95.8%	95.2%	95.1%	96.0%	95.6%	95.8%		-

**Dementia** Both sites have met the target for dementia screening of 90% and above with WM at 95.6% while CW performance is at 93.4%

**#NoF (Time to Theatre - Neck of Femur)**

Trust-level performance shows a decrease in November 2023 at 77.3%, as both sites are non-compliant. In the Chelsea site, there were four breaches, with two patients waiting for space on the trauma list due to a high volume of trauma, one awaiting space on a HDU bed, and one breach due to the unavailability of surgical resources. At the West Mid site, there was only one breach, which was due to a theatre overrun. However, the patient was prioritized the next day, with a time-to-theatre of just under 37 hours.

**VTE Risk**

The Trust is reporting overall compliance against this measure across both sites. This is the first time Chelsea is reporting compliance this financial year, with both EIC and Specialist Care divisions meeting the target. Planned Care has made further significant progress and now are achieving over 92%. The West Middlesex site remains compliant with a performance of 96.4% (target > 95%). RCAs are carried out on all hospital-acquired VTE to ensure compliance and learning identified.

**Sepsis (Deteriorating Patient)**

For the Emergency department, there is consistent performance for screening in Chelsea ED, with an upward month-on-month trend. The West Middlesex site is showing an improvement in screening compared to October, with consistent performance in clinical review. The wards in Chelsea, though non-compliant, remain relatively stable month-on-month with West Middlesex consistently achieving. The Trust continues the work through the REDP project on screening onwards, with particular focus at the Chelsea site.





Access

## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024	Sep-23	Oct-23	Nov-23	2023-2024 Q3	2023-2024	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	828	892	858	858	1009	973	872	872	1837	1865	1730	1730	1730		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.40%	99.02%	99.12%	99.01%	98.19%	98.05%	94.71%	94.51%	98.78%	98.51%	96.77%	97.59%	96.65%		!
	Diagnostic waiting times >6 weeks: breach actuals	26	48	48	361	82	107	328	2198	108	155	376	531	2559		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	6.7%	7.2%	6.7%	6.8%	7.6%	6.9%	6.1%	6.9%	7.0%	7.1%	6.4%	6.8%	6.8%		!
	A&E time to treatment - Median (Target: <60')	00:22	00:24	00:28	00:25	01:05	00:39	00:38	00:53	00:39	00:32	00:32	00:32	00:37		-
	London Ambulance Service - patient handover 30' breaches	35	48	52	258	139	180	141	1206	174	228	193	421	1464		-
	London Ambulance Service - patient handover 60' breaches	0	1	0	1	2	4	5	100	2	5	5	10	101		!

### Diagnostic 6-Week Waits

The performance against the national DM01 measure was achieved in November 2023, with a position of 96.75% despite an extremely busy month with 11,253 receiving their diagnostic in under six weeks across the 15 key diagnostic areas. This compliance was attained despite high levels of activity when compared to previous months.

### A&E Unplanned re-attendances

Unplanned re-attendances though improving in November 2023, remains non-compliant. Both Emergency Departments continue to focus on redirection of patients to alternative care settings such as primary care or SDEC to ensure that only patients who need to be seen present in the Emergency Department.

### Ambulance Handover

The Trust remains a strong performer for ambulance hand overs.



# RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Sep-23	Oct-23	Nov-23	Sep-23	Oct-23	Nov-23	Sep-23	Oct-23	Nov-23
RTT waiting list positions	Total RTT waiting list	26041	27102	26828	34052	33520	32993	60093	60622	59821
	Total Non-Admitted waiting list	22884	23997	23505	31966	31345	30616	54850	55342	54121
	Non-Admitted with a date	6057	8782	12201	4743	6870	9203	10800	15652	21404
	Non-Admitted without a date	16827	15215	11304	27223	24475	21413	44050	39690	32717
	Total Admitted waiting list	3157	3105	3323	2086	2175	2377	5243	5280	5700
	Admitted with a date	482	639	998	282	388	796	764	1027	1794
	Admitted without a date	2675	2466	2325	1804	1787	1581	4479	4253	3906
	Patients waiting >65 weeks	262	282	268	300	337	288	562	619	556
	Patients waiting >78 weeks	35	42	64	50	48	60	85	90	124
	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		
	Sep-23	Oct-23	Nov-23	Sep-23	Oct-23	Nov-23	Sep-23	Oct-23	Nov-23
<b>Total</b>	<b>828</b>	<b>892</b>	<b>858</b>	<b>1009</b>	<b>973</b>	<b>872</b>	<b>1837</b>	<b>1865</b>	<b>1730</b>
Audiology	1	1					1	1	
Breast Surgery				1	1		1	1	
Colorectal Surgery	15	20	21	216	146	131	231	166	152
Dermatology	5	6	7	5	9	9	10	15	16
ENT	22	25	10	57	59	35	79	84	45
General Surgery	138	152	170	107	144	146	245	296	316
Gynaecology	39	11	5	1			40	11	5
Hepatology				1			1		
Maxillo-Facial Surgery	2	3	2	1	1	1	3	4	3
Neurology				2			2		
Not Stated	1	1	1				1	1	1
Ophthalmology	31	27	20				31	27	20
Oral Surgery				19	21	29	19	21	29
Orthodontics	1	1					1	1	
Paediatric Clinical Haematolog				1	3	2	1	3	2
Paediatric Clinical Immunology	26	42	50	1	9	2	27	51	52
Paediatric Dentistry	5	3	6		1		5	4	6
Paediatric Dermatology	3	3	1	9	4	3	12	7	4
Paediatric Ear Nose and Throat		3	1	24	21	26	24	24	27
Paediatric Endocrinology				7	13	9	7	13	9
Paediatric Gastroenterology	3	2	2	5		2	8	2	4
Paediatric Maxillo-Facial Surg	1		1	1			2		1
Paediatric Neurology	1				1		1	1	
Paediatric Plastic Surgery	24	26	23	2	2	2	26	28	25
Paediatric Respiratory Medicin					2	1		2	1
Paediatric Rheumatology					1			1	
Paediatric Surgery			1		2	2		2	3
Paediatric Trauma and Orthopae		1		24	2	3	24	3	3
Paediatric Urology	1	1	1	1	1	2	2	2	3
Paediatrics			2	2	16	23	2	16	25
Pain Management	9		2				9		2
Plastic Surgery	142	166	149	119	64	58	261	230	207
Podiatric Surgery				6	7	4	6	7	4
Respiratory Medicine				9	1		9	1	
Trauma & Orth Fracture		2						2	
Trauma & Orthopaedics	247	276	269	284	340	313	531	616	582
Trauma and Orthopaedics		10	24		23	5		33	29
Urology	55	70	52	28	23	24	83	93	76
Vascular Surgery	56	40	38	76	56	40	132	96	78



Maternity

Maternity Dashboard - November 2023

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital				Combined Trust Performance			
		Sep-23	Oct-23	Nov-23	2023/24	Sep-23	Oct-23	Nov-23	2023/24	Sep-23	Oct-23	Nov-23	2023/24
Workforce	Midwife to birth ratio (Target: 1:26 CW and 1:22 WM)	1:29	1:29	1:28	1:27	1:25	1:25	1:24	1:27	1:26	1:26		1:28
	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
Birth Indicators	Total number of NHS births	427	441	436	1746	371	380	378	1477	798	821	814	3223
	Total number of bookings	521	584	568	2142	377	518	451	1805	898	1102	1019	4966
	Maternity 1:1 care in established labour (Target: >95%)	96.00%		98.00%		95.00%		99.00%					
Safety	Admissions >37/40 to NICU/SCBU	19	24	12	97	13	17	18	81	33	41	30	179
	Number of reported Serious Incidents	4	0	2	7	1	2	2	6	5	2	4	13
	Cases of hypoxic-ischemic encephalopathy (HIE)	2	1	1	4	0	0	1	2	2	1	2	6
	Pre-term (gestation <37 weeks) as % of mothers delivered	8.10%	10.20%	6.19%		8.89%	6.84%	6.28%					
	Number of stillbirths	0	1	2	6	2	0	3	6	2	1	3	12
	Number of Infant deaths	1	0	3	7	2	0	0	4	3	0	3	11
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0
Outcomes	% of women on a continuity of care pathway	6.52%	6.50%	4.80%		7.40%	7.56%	6.08%					
	% Spontaneous unassisted vaginal births	23%	23%	19%		25%	26%	26%					
	% Vaginal Births - spontaneous & induced	38.60%	36.00%	34.40%		43%	41%	41%					
	Instrumental deliveries	57	54	58	325	51	50	40	290				
	Pre-labour elective caesarean sections	84	68	71	460	54	54	47	283				
	Emergency caesarean sections in labour	119	124	81	672	92	118	110	608				



## Workforce

The current midwifery ratios on each site for the month of October are 1:28 at Chelsea and 1:24 at West Middlesex. The midwifery leadership team are focused on recruiting posts that will enable compliance with the ratio's set out by Birth-rate plus. Quarterly recruitment days are in place, with the last being in November 23, with 20 offers of both NQM and experienced midwives. International recruitment continues with successful recruitment of a further 20 internationally educated midwives. Chelsea had 11 newly qualified midwives start in month on the refreshed preceptorship programme which has been updated to reflect national recommendations and West Middlesex has 4. The senior team continue to monitor red flag events on a daily basis, there was 6 red flag event recorded on the Chelsea site and none on the West Mid, these have been reviewed. Staffing is reviewed daily as a minimum and staff redeployed accordingly, substantive staffing gaps due to vacancy, sickness and maternity leave are backfilled with a combination of bank and agency staff. All temporary staff complete and orientation pack on arrival for their first shift.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice a daily ward rounds. The MIS year 5, safety action 4 indicates that we have to 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'. We are compliant and for the month of November and there were no cases in which a consultant was expected to attend and did not. The workforce review for the WMUH site is now in the consultation stage with HR partner's support. 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. For November there was no short-term locum shift undertaken. Compensatory rest: there were no reported serious incidents or breaches with consultant compensatory rests.

## Safety

### 1. SIs:

**WMUH site:** 2 reported serious incident in Nov. – Internal incident, reduced fetal movements felt, at 38+2/40, sinusoidal CTG in triage. Baby born by cat 2 CS in poor condition with an Hb 2.8. Transferred for cooling and reviewed for congenital CMV.

2<sup>nd</sup> incident (external MNSI) reduced fetal movements felt at 40/40, admitted for IOL. Due to fetal hypoxia, baby born cat 1 CS. Baby born with no signs of life – intrapartum stillbirth.

There were 103 reported incidents in Nov. Main themes arising:

- (i) Maternal, fetal and neonatal, n=39. Most reported incident: post-partum haemorrhage >1500mls (n=14), Category 1 caesarean birth (n=6)
- (ii) Access to care/admissions, n=34. These were largely due to delay in transfer to labour ward for ongoing IOL.
- (iii) Medication incidents: (n= 4) A mixture of delayed or missed doses and incorrect patient prescription

**CWH site:** There are 2 confirmed SI's on the CW site in Nov. Both external MSNI, IOL for raised BP, emergency CS for breech presentation baby born in poor condition, care withdrawn and early neonatal death. 2<sup>nd</sup> case term unexpected admission to NICU following emergency caesarean birth for fetal compromise. The baby born with no signs of life, requiring full neonatal resuscitation and transfer to tertiary unit for active cooling. Impression: HIE grade 3 with electrical seizures, baby intubated was and ventilated

There were 121 reported incidents in Nov. Main themes arising:

- (i) Maternal, fetal and neo-natal –39 most reported incident: post-partum haemorrhage >1500mls (n=9), maternal readmission (n=3)
- (ii) Delay in access to hospital care – n=16 (access to recovery beds, delays in IOL and delay in transfer to post-natal ward)
- (iii) Inadequate handover of care – n=6 (incomplete documentation was the common theme)

2. **PMRT (Cross-site):** There were a total of 6 deaths reported for the month of Nov. (3 neonatal deaths and 3 stillbirth) all cases are currently under review.

3. **ATAIN (Cross-site):** WHUH site – There were 18 (15 adjusted) term admission rate of 3.92%. CW there were 12 term babies admitted 2.75% admission rate. *The review of all cases are pending.*

4. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. SBLCBv3 (launched in May 2023) update (for all elements an action plan is in place, and this is updated in the quarterly reports):

- **Element 1: Reducing smoking:** CO monitoring compliance with booking across both sites. The service continues to support the data entry for 36 week CO monitoring and an improvement in documented compliance has been seen month on month. The service is now fully compliant with CO monitoring at booking across both sites. There remains challenges with 36-week compliance due to the multiple documentations and the service is auditing handheld maternity records to understand the compliance fully. Work continues to develop the smoking cessation pathway in view of the newly implemented Trust service.
- **Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction:** weekly documentation audits to improve compliance with risk assessments at booking. The service is undertaking a review of AN appointment times to support compliance with standards and weekly documentation audits to support compliance.
- **Element 3: Raising awareness of reduced fetal movements:** On both sites, 100% of women presenting with RFM after 26 weeks had a computerised CTG.
- **Element 4: Effective fetal monitoring during labour:** Training for FM has improved significantly in November and has met the minimum MIS standard of over 80% for Obstetric Trainees on both sites and over 90% for midwives and Obstetric consultants. The service has drafted an early labour risk assessment which is due for implementation in the coming weeks.
- **Element 5: Reducing Pre-term Birth:** At CW, 100% of women meeting the criteria for MgSo4 received a dose prior to birth, 100% of women received a full course of steroids, 57% received a full course of steroids, 43% received a full course of steroids with 7 days of birth days all cases have been reviewed and management was appropriate for the clinical assessment. At WM data is pending.
- **New Element 6: Management of Pre-existing Diabetes in pregnancy:** Fully compliant on both sites.



## Perinatal Quality Surveillance Model Board Reporting

Metric	Target	Chelsea & Westminster Site			West Middlesex University Stie			Combined Trust Performance		
		Sep-23	Oct-23	Nov-23	Sep-23	Oct-23	Nov-23	Sep-23	Oct-23	Nov-23
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) MoMs course	90% + requirement	90%	91%	96%	94%	88%	96%	92%	90%	96%
Training compliance for all staff groups in maternity related to fetal monitoring	90% + requirement	66%	87%	91%	69%	83%	91%	68%	85%	91%
Service User Feedback FFT	feedback Received- yes/no (add narrative each month)	yes	yes	yes	yes	yes	yes	Yes	Yes	Yes
Staff Feedback from board safety champion	feedback received- yes/no (add narrative each month)	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
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0
Progress in achievements of NHSR MIS year 4 (10 safety actions)	No of actions green	6	6	8	6	6	8	6	6	8
	No of actions amber	4	4	2	4	4	2	4	4	2
	No of actions red	0	0	0	0	0	0	0	0	0
Ockenden compliance against 7 IEA's (49 compliance questions)	Total of 49 being 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

	Site	Overall	Well-led	Responsive	Caring	Safe	Effective
CQC Metric Ratings- Feb. 2023	WM	Outstanding	Outstanding	Outstanding	Good	Good	Outstanding
	CW	Good	Outstanding	Good	Good	Requires Improvement	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 65%) Midwives 74% cross-site B) (Trust average 72%) Midwives 83% cross-site April 2022
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 65%) Obstetricians 71% cross-site B) (Trust average 72%) Obstetricians 81% cross-site April 2022
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)	2021 Cross-site 89.3% of trainees reported excellent or good



### 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: Backdated to February 2023 the mandatory training is now broken down by site and a separate line has been added for the fetal monitoring training, which is also broken down by site. In November overall multi-disciplinary training compliance is at 96% and 91% for fetal monitoring training compliance this is a significant increase from last month and demonstrates compliance with MIS. Industrial action has impacted trainee and consultant training compliance alongside turnover within the fetal wellbeing team. Updated guidance was issued in October 2023 in response to the challenges of maintaining training compliance due to ongoing IA. 80% training compliance will be accepted with an associated action plan to meet 90% compliance within a 12-week timeframe. All staff who have not had training in the last 12 months have a date booked by end of Jan. 24 within the 12-week timeframe. All training compliance is closely monitored by the senior leadership team and all staff have a training dates booked. 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.

Service user feedback: The service receives monthly friends and family test feedback and for Nov. this was 86.73% for WM and 86.6% CW which is a decline from the previous month. The response rate has seen a sustained increase across both sites to 50% on the CW site and 34% on the WM site. The negative scores remain impacted by feedback related to; noise on the inpatient wards (reported as other patients), induction of labour at the WM site and delays in Category 3 Caesarean Birth on the CW site. This is on the divisional risk register and improvement work is underway to review the demand and capacity for elective caesarean sections across the two sites. The teams work effectively across the sites to manage the flow and activity and communicate 7 days a week via the structured Trust processes, the Pan London Maternity Escalation process is due to be implemented on 23<sup>rd</sup> October 2023 which is aimed at managing activity more effectively across the region. Training has been conducted with DOC's and SMOC's. The Post-natal care group has been launched this month and is aimed at improving the experience of service users and staff on the post-natal ward this work will be co-produced with the MNVP.

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. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. The Chief Nurse and Non-executive director met with families on the PN ward in November to hear their feedback, which was overall very positive with any suggestions being taken forward by the leadership team.

Maternity incentive Scheme year 5: The service remains compliant with 8 safety actions and partially compliant with 2. The current safety actions with partial compliance Safety Action 4, which relates to workforce, this is an on-going area of partial compliance due to the neonatal nursing workforce at CW and the medical and nursing workforce at WM, an updated business case will be presented to Divisional Board meeting to close the current funding gap both nursing and medical. Safety Action 6, Saving Babies Lives, currently partial compliance with 3 elements of the care bundle actions in place to meet compliance.

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 their continued progress on the 6 'should do's' for the CW site and the 7 'should do's' for the WM site. 3 of the 7 actions for the WM site have been completed and 2 of the 6 on the Chelsea site. This action plan is being tracked monthly.



## Cancer Update

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months Trend charts		
		Sep-23	Oct-23	Nov-23	2023-2024	YTD breaches	Sep-23	Oct-23	Nov-23	2023-2024	YTD breaches	Sep-23	Oct-23	Nov-23	2023-2024 Q3	2023-2024		YTD breaches	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		72.7%	85.7%	83.9%	85.1%	18.5	72.7%	85.7%	83.9%	85.7%	85.1%	18.5		-
	Colorectal / Lower GI	85.7%	100%	100%	75.9%	10.5	34.8%	66.7%	48.1%	56.5%	41	54.1%	76.5%	64.1%	76.5%	64.5%	51.5		!
	Gynaecological	33.3%	85.7%	70.0%	83.8%	6	100%	100%	60.0%	81.1%	5.5	77.8%	92.6%	66.7%	92.6%	82.4%	11.5		-
	Haematological	100%	100%	100%	96.2%	0.5	100%	100%	80.0%	97.7%	2.5	100%	100%	87.5%	100%	97.1%	3		-
	Head and neck	n/a	100%	n/a	54.5%	2.5	50.0%	100%	83.3%	41.7%	4.5	50.0%	100%	83.3%	100%	47.8%	7		-
	Lung	0.0%	100%	100%	60.0%	7	100%	77.8%	73.3%	85.7%	6	50.0%	90.9%	86.7%	90.9%	71.4%	13		-
	Sarcoma	100%	n/a	n/a	100%	0	n/a	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		-
	Skin	80.0%	92.3%	87.1%	93.1%	9.5	87.5%	87.0%	68.4%	88.1%	12.5	84.6%	90.3%	80.0%	90.3%	91.0%	22		-
	Upper gastrointestinal	100%	100%	100%	100%	0	0.0%	77.8%	100%	77.8%	4	33.3%	83.3%	100%	83.3%	85.2%	4		-
	Urological	77.3%	66.7%	88.0%	51.7%	39	93.5%	81.5%	89.0%	77.4%	47.5	88.2%	77.8%	88.8%	77.8%	69.6%	86.5		-
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		-
	Site not stated	n/a	n/a	n/a	80.0%	0.5	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	83.3%	0.5		-

### Trust Commentary

The 62 day combined target was compliant for October 2023 with a performance of 86.78%. This is the first month of the new standard, which combines the three 62-day targets (GP referral, consultant upgrade and screening) into one, and is the first time the Trust has been compliant with this standard for 12 months.

### October 2023

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			1.5	10.5
Gynaecology	1	7		6.5
Haematology		6.5		9
Head and Neck		1.5		1
Colorectal		5	4	12
Lung		6.5	1	4.5
Skin	1.5	19.5	1.5	11.5
Upper GI		3	2	9
Urology	3	9	5	27
<b>Total:</b>	<b>5.5</b>	<b>58</b>	<b>15</b>	<b>91</b>



Safer Staffing

Chelsea and Westminster Nov 23

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT	
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	No harm and mild		Moderate and severe		Month	YTD	Month	YTD		
												Month	YTD	Month	YTD						
Maternity	108%	83%	100%	97%	7.6	2.7	10.3	13	4.20%	12.49%	12.23%							3	48	85.6%	
Annie Zunz	142%	96%	103%	115%	6.4	2.6	9	8	16.05%	33.48%	13.55%	1	6					1	6	98.4%	
Apollo	101%	-	100%	-	14.7	0	14.7	N/A	16.09%	10.96%	39.47%	1	1					2	19	100.0%	
Mercury	100%	-	101%	-	7.6	0	7.6	9.4	12.16%	17.27%	0.00%		2					4	33	95.1%	
Neptune	95%	-	98%	-	6.7	0	6.7	11.1	15.62%	27.02%	40.00%		2					7	25	95.6%	
NICU	84%	-	84%	-	13.8	0	13.8	26	7.55%	9.45%	17.49%									100.0%	
AAU	115%	89%	110%	113%	7.3	1.7	9	7.7	11.73%	19.14%	19.65%	5	60					8	52	90.9%	
Nell Gwynne	97%	68%	100%	68%	3.9	3	6.9	6.9	2.24%	5.25%	23.76%	6	44				1		3	100.0%	
David Erskine	96%	67%	78%	88%	3.2	2.2	5.4	6.6	-2.79%	17.78%	15.10%									75.0%	
Edgar Horne	107%	69%	111%	92%	3.4	2.3	5.7	6.4	3.48%	0.00%	24.42%	6	35			1			10	100.0%	
Lord Wigram	84%	52%	110%	87%	4.6	1.8	6.4	7.5	12.97%	5.49%	16.10%	1	16					3	19	100.0%	
St Mary Abbots	101%	117%	105%	113%	3.8	2.7	6.5	7.2	8.98%	33.37%	19.26%		21				2	7	37	95.1%	
David Evans	82%	97%	105%	154%	5.3	3.3	8.6	7.2	26.45%	10.08%	11.27%	2	13					4	22	93.9%	
Chelsea Wing	133%	89%	108%	90%	8.7	4.2	12.9	7.2	21.46%	15.38%	13.54%		5						9		
Burns Unit	121%	117%	228%	148%	19.2	3.1	22.3	N/A	10.71%	3.92%	0.00%	3	5					1	8		
Ron Johnson	100%	170%	103%	187%	5.5	5.2	10.7	7.6	15.15%	12.33%	11.11%	1	18						29	100.0%	
ICU	108%	-	108%	-	24.2	0	24.2	26	-0.81%	17.21%	7.88%		4					5	26		
Rainsford Mowlem	96%	84%	94%	122%	3.1	3.1	6.2	6.9	4.13%	7.80%	12.18%	6	33			1		1	2	15	71.4%
Nightingale	84%	112%	93%	136%	2.9	3.2	6.1	7.4	19.65%	0.00%	18.95%	5	46			1			4	16	88.9%

West Middlesex Site Nov 23

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Qualified			Un-qualified	No Harm & Mild		Moderate & Severe		Month	YTD	Month	YTD		
											Month	YTD	Month	YTD						
Lampton	123%	108%	129%	162%	3.7	3.4	7.1	6.8	-13.78%	9.91%	11.56%									89%
Richmond	111%	115%	100%	210%	4.3	2.5	6.8	7.2	12.43%	5.44%	17.62%	1	13					2		100%
Syon 1 cardiology	103%	107%	100%	113%	4.3	1.9	6.2	8.8	1.12%	3.71%	0.00%	4	33					2		98%
Syon 2	113%	78%	102%	92%	3.9	2.8	6.7	6.6	6.71%	9.80%	0.00%	3	26							100%
Starlight	128%	-	118%	-	9.5	0	9.5	11.5	3.79%	10.45%	111.11%									100%
Kew	99%	118%	100%	146%	3.1	3.5	6.6	6.9	-5.35%	10.26%	25.91%	4	37							100%
Crane	107%	66%	103%	69%	3.9	3.2	7.1	6.9	-5.58%	9.85%	23.18%		33					1		96%
Osterley 1	90%	45%	91%	115%	3.8	2.3	6.1	7.5	7.05%	16.12%	17.86%	1	28					1		97%
Osterley 2	99%	76%	100%	116%	3.6	2.7	6.3	7.2	4.02%	14.14%	11.39%	6	22							100%
MAU	88%	105%	104%	117%	5.8	2.8	8.6	7.7	7.37%	15.24%	16.94%	4	62					1		97%
Maternity	106%	90%	102%	97%	6.8	4.3	11.1	13	8.87%	12.68%	14.98%	1	2							87%
Special Care Baby Unit	86%	-	75%	-	8.1	0	8.1	11.1	3.66%	4.16%	0.00%									100%
Marble Hill 1	143%	117%	118%	203%	4	3.2	7.2	6.4	5.06%	4.75%	12.41%	8	67							100%
Marble Hill 2	100%	109%	106%	217%	3.4	3.8	7.2	6.5	100.00%	0.00%	18.05%	2	23							92%
ICU	99%	-	99%	-	27.8	0	27.8	26	5.87%	9.85%	0.00%		2							100%





## Staffing & Patient Quality Indicator Report

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:

Marble Hill 2 and Kew ward required additional HCAs at night to care for patients for various reasons including high risk of falls, and confused wandering patients. The low HCA fill during the day on Syon 2 was due to vacancies, sickness and being unable to cover HCA shift with bank or agency. Lampton had increased RN and HCA cover due to the Annex being opened day and night. DRU had a low fill rate for HCAs day and night due to the new configured template. There was additional RN and HCA fill rate during day and night for Marble Hill 1 ward due to patients requiring one to one supervision and RMN cover.

Richmond required additional HCAs night fill due to additional beds opened and changes in template for the winter months. On Osterley 1 & 2, there were low HCA fill rate days due to vacancies, sickness and being unable to cover day HCA shifts with temporary staffing. OSCE nurses awaiting pin numbers filled these shifts, CHPPD was not compromised. Starlight had high RN fill rate during the day due to additional RMN cover for patients with mental health needs and enhanced care.

### Chelsea and Westminster site:

The low HCA fill during the day on Lord Wigram due to vacancies, sickness and being unable to cover HCA shift with bank or agency. Ward manager supported area so CHPPD was not compromised. Night HCA fill rate on David Evans was high due to escalation beds opened to support the site with bed pressures.

Burns high RN and HCA fill rate day and night was high due to acuity and mental health patients requiring enhanced supervision. High fill rate on Annie Zunz RN long day was due to additional planned lists with patients admitted via Rainsford Mowlem. High fill rate on Ron Johnson HCA days and nights was due to a long-term patient requiring enhanced supervision. Increased RN fill during the day on Chelsea wing is due to supernumerary time of IEN's on unit.

On Edgar Horne, David Erskine and Nell Gwynne there were low HCA fill rates on days and on Nell Gwynne, there were low HCA fill rates on nights due to vacancies, sickness and being unable to cover day or night HCA shift with bank or agency. Rainsford Mowlem and Nightingale had a high HCA fill rate at night for patients requiring supervision.

There was a low RN fill rate at night on David Erskine as staff were moved to support the acuity elsewhere.

### Incidents:

In terms of incidents with harm, there was zero incidents reported this month.

Friends and Family test showed that six wards at CW and eight wards at WM scored 100%.

Please note all incident figures are correct at time of extraction from DATIX. There were eight red flags raised in November, a decrease of six since October. Seven were for CW & one for West Mid, mainly related to staffing shortfalls and agency staffing levels. The vacancy rate and turnover are from November.



## Safe Staffing Analysis | Registered Nurse and Care Staff November 2023

**RN Fill Rates (ward areas)** increased from 101.28% in October 2023 to 102.21% in November 2023. The RN vacancy rate (whole trust) in November 2023 was 5.28%, down from 6.36% in October 2023

**Care Staff Fill Rates (ward areas)** decreased from 102.61% in October 2023 to 99.56% in November 2023. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in November 2023 was 9.86% slightly up from 9.66% in October 2023.

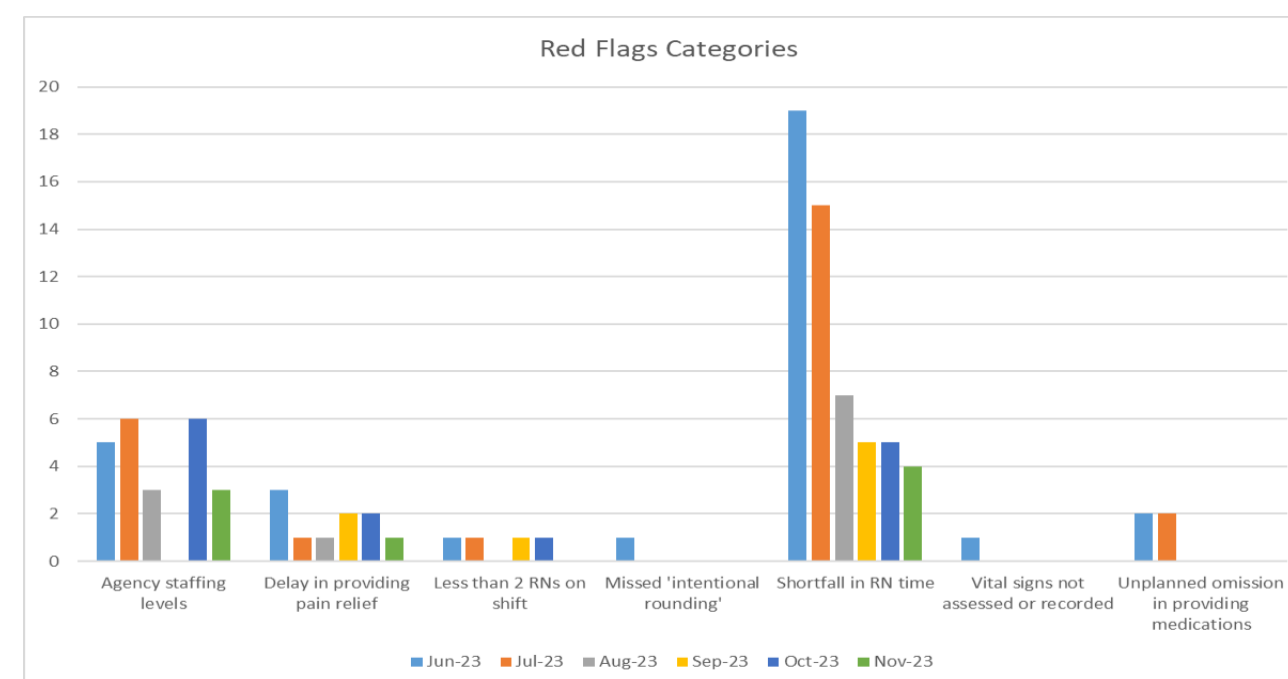
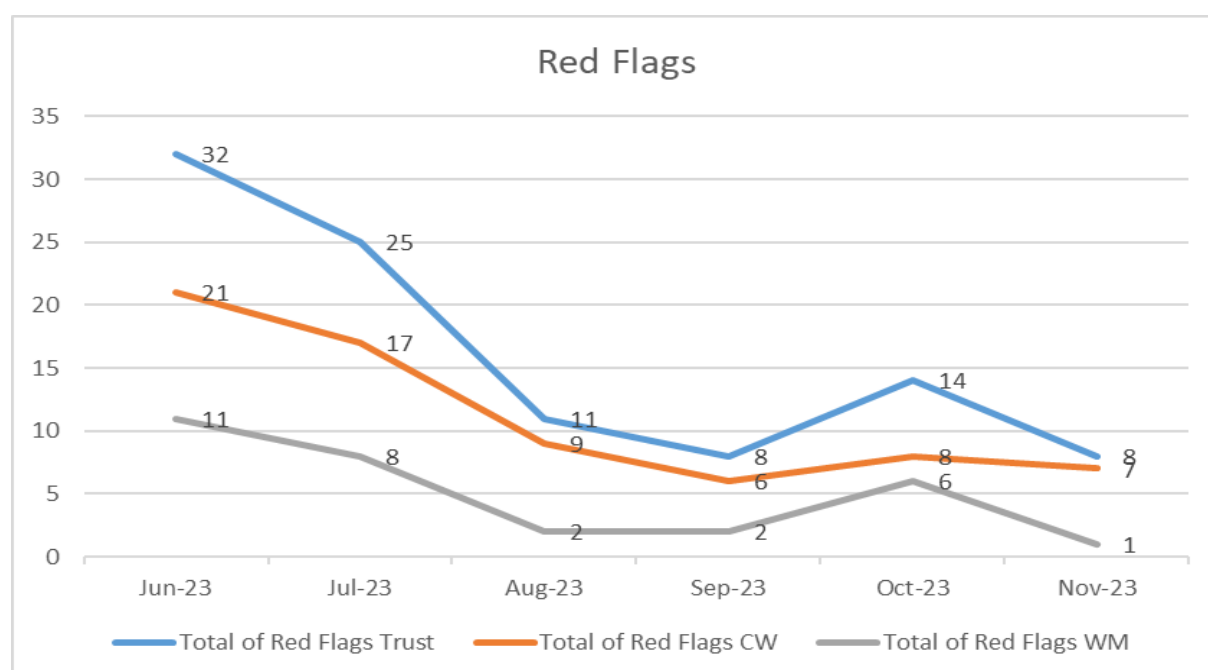
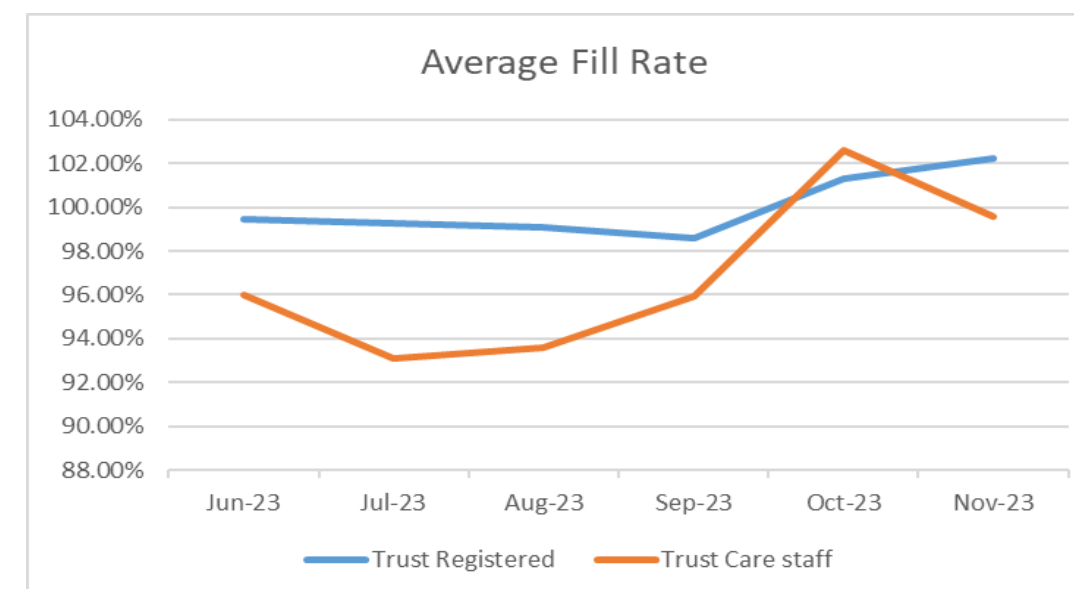
**The Trust overall fill rate (ward areas)** (RN and Care Staff combined) decreased from 101.94% in October 2023 to 100.88% in November 2023.

**Care Hours per Patient Day (CHPPD)** continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital\* (Aug 2023) was 8.9. Trust workforce data confirms the CHPPD was 8.7 in November 2023, same as from October 2023 – 8.7

**Safe Staffing Red Flags** – 8 red flags from the 5 categories (tables below) were reported during October 2023 where majority of them were ‘Shortfall in RN time’ followed by ‘Agency staffing levels’.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Aug 2023
Trust	8.9
Hillingdon Hospital	8.7
London NW	8.9
Imperial	10.9
Peer Median	8.9

Nursing, Midwifery and care staff average fill rate November 2023				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
102.21% ↑	99.56% ↓	6.1 ↓	2.6 ↑	8.7 ↔





## Finance M8 (November 2023) 2023/2024

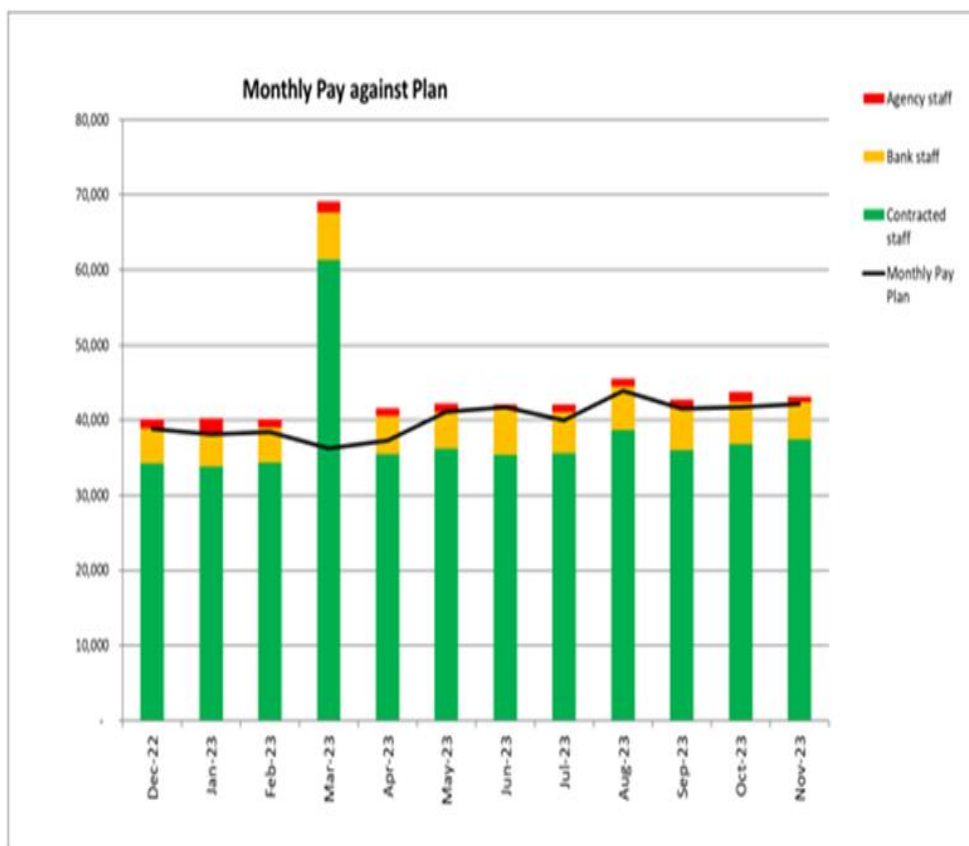
Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	586,441	607,246	20,806
<i>Expenditure</i>			
Pay	(327,962)	(343,283)	(15,321)
Non-Pay	(230,960)	(237,225)	(6,265)
EBITDA	27,518	26,738	(780)
EBITDA %	4.69%	4.40%	-0.3%
Depreciation	(20,793)	(20,462)	331
Non-Operational Exp-Inc	(7,263)	(5,545)	1,718
Surplus/Deficit	(538)	731	1,269
Control total Adj - Donated asset, Impairment & Other	647	(1,246)	(1,892)
Adjusted financial performance surplus/(deficit)	109	(514)	(623)

The adjusted financial position at month 8 is a £0.51m deficit which is £0.62m adverse against plan.  
**Pay:** £14.32m adverse against plan. At month 8 the position includes c£4.70m unidentified, red or amber CIPs  
 The adverse variance includes spend to cover Industrial action, escalation beds, additional clinics, WLI as well as cover for vacancies, sickness, gaps in rota and other forms of leave.

**Non-Pay:** There is a £1.26m favourable the variance includes adjustment to budget to match NHSi return.

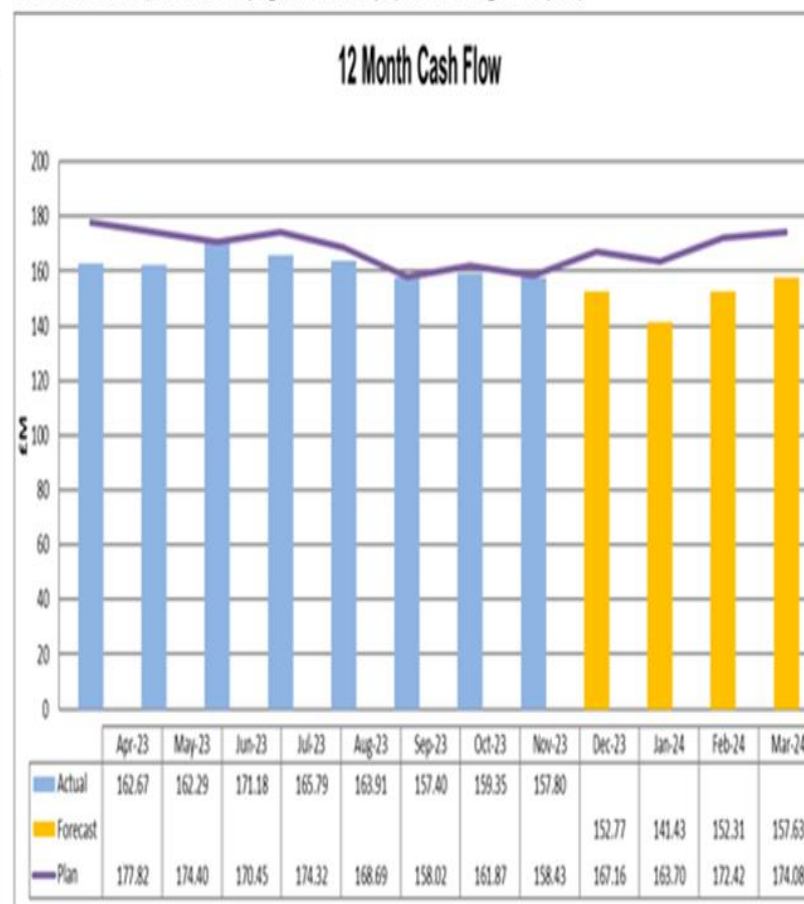
**Income:** M8 Income position continues to improve, driven by the variable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. Elective activity performance continues high as there was no industrial action in month. There has been consistent progress around data capture, recording and coding over the last quarter. The position also reflects known risks around performance on the unbundled element of NWL contract. Local Authority income has been accrued based on average activity levels and the element of pay award for this service was covered by NHS England (paid via NWL ICB). Over and under performance income net of industrial action has been devolved to services.

**Comment:** Month 12 payroll figures include additional spend for 6.3% Pension contribution - £16.05m (a notional figure). In August 23 YTD increase for Medical pay awards (from 2.1% to 6) was accrued.



**Comment:**

The Negative cash variance to plan in M8 of £0.68m is negative cash variance b/fwd from M7 of -£2.52m, Higher receipts to plan of £7.97m (ICB £5.06m Higher, Local Authority £0.32m, Donations £0.03m Higher, NHS England £2.31m Higher, AR £0.53m Higher, PP Income £0.68m Higher, FT's - £1.28m Lower, Interest Income £0.29m Higher, Other Income £0.03m Higher) offset by Higher cash outflows to plan £6.07m (Higher Creditor payments & Higher Payroll)



**Comment:**

The original capital programme for 2023/24 was £53.85m, which has been adjusted to £48.48m following the inclusion of the IECPP capital project of £3.31m, new PDC awards of £3.17m, PDC funding for the Treatment Centre of £7.71m being deferred to later years, IFRS16 adjustments and the transfer of £5.00m CRL funding to LNWH.

Following the review of the capital programme, it has been agreed to transfer funding of £5.00m to LNWH, which will be transferred back to the Trust in 2024/25, which will help with next year's anticipated financial pressures in the capital programme.

The revised capital budget for 2023/24 for period 8 is £5.50m and the spend incurred is £5.46m resulting in an under spend of £0.04m against forecast. The YTD revised budget is £23.16m and the YTD capital spend is £19.94m, resulting in an under spend of £3.22m.

