



# **TRUST PERFORMANCE & QUALITY REPORT**

## **November 2024**



## NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025 Q3	2024-2025	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	77.18%	77.26%	74.65%	79.32%	77.88%	75.52%	73.91%	78.67%	77.53%	76.35%	74.27%	75.31%	78.99%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	64.77%	64.92%	64.39%	64.78%	62.66%	62.55%	62.38%	62.17%	63.68%	63.70%	63.37%	63.53%	63.42%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.27%	95.49%	98.42%	96.48%	98.30%	99.63%	98.93%	98.32%	97.49%	97.89%	98.71%	97.89%	97.56%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	100%	92.47%	100%	100%	100%	92.47%	100%	100%	
	31 day combined position (Target: >=96%)	100%	97.53%	97.06%	98.01%	98.13%	97.85%	97.80%	98.26%	98.84%	97.70%	97.48%	97.60%	98.16%	
	62 day combined position (Target: >=85%)	86.67%	82.66%	90.48%	83.81%	82.52%	91.26%	86.15%	85.44%	84.05%	87.08%	87.85%	87.58%	84.77%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	82.44%	88.18%	85.68%	83.13%	79.04%	81.94%	83.13%	79.76%	80.25%	84.32%	84.07%	84.21%	81.05%	
Patient Safety	Clostridium difficile infections (Year End Target: 33)	1	1	0	24	4	3	2	24	5	4	2	6	48	

### A&E 4-hr Waiting Times

The Trust performance was at 74.27%, a drop in performance month-on-month with significant challenges with flow reported across both sites. Flow throughout the organisation has been challenged resulting in significant numbers of DTAs remaining in the ED. The Flow Board continues to provide oversight across all relevant areas.

### 18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance remained relatively stable in November 2024, standing at 63.37%. Elective admitted and outpatient activity levels in November are above operational plans. For November 2024, the total RTT Patient Treatment List (PTL) increased to 62,274(+787), 52ww increased to 674 (+14) and 65ww reduced to 14 (-6) and there are no patients waiting above 78ww for the third consecutive month. For the 65ww position of the 14 breaches, 7 are due to patient choice, 3 are complex and 4 are due to capacity. While progress continues to be made in the backlogs and with the achievement of the 78ww target, the focus has shifted to chronological booking for the 52ww backlog cohort and long-waiting pathways as enhanced oversight and targeted interventions continue for at-risk specialities: Urology, ENT, Paeds ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

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

#### 31-Day:

The 31-Day combined target maintained performance for the month of October 2024 with a performance of 97.70% and the November 2024 unvalidated position is 97.48% against the 96% standard.

#### 62-Day:

The 62-Day combined target of 85% standard was met in October 2024 with a performance of 87.08%. November 2024 position continues to be validated, standing at present in a very strong position of 87.85%. The backlog trajectory remains within set tolerances with deep dives underway in to services to support recovery. Our current challenges are seen primarily in Urology and Lung.

#### 28-Day FDS:

The Trust continues to maintain compliance against the FDS in October 2024 standing at 84.31%, with a strong unvalidated position for November, currently at 84.32%. The Trust continues to meet the national 75% target and remain in line to meet the increased trajectory of 77% for March 2025.

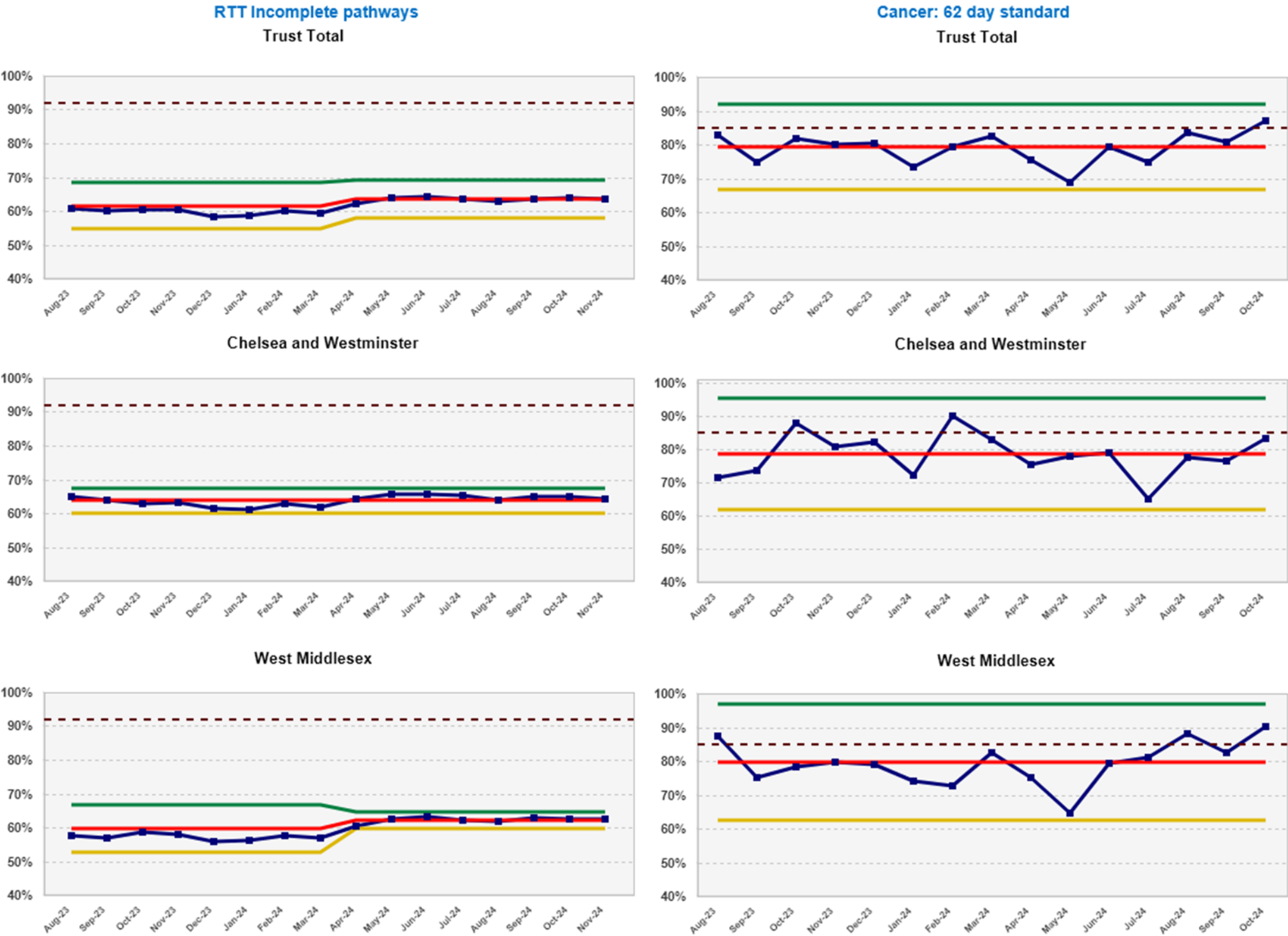
### Clostridium Difficile

There were two Healthcare associated CDI cases in November 2024, both cases occurred at WMH on Lampton ward (EIC). On review by the IPCT there is currently no evidence of cross-transmission but samples have been sent for ribo-typing. Enhanced auditing and surveillance has been introduced on the ward, with the IPC team performing environmental audits and educational PPE and hand hygiene sessions. Year-to-date there has been 48 Healthcare associated CDI cases this financial year.




















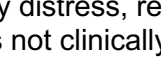
SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 16 months Aug 2023 to Nov 2024





## Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025 Q3	2024-2025	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	1	2	0	0	0	2	0	0	1	1	4	
	Hand hygiene compliance (Target: >90%)	97.2%	93.5%	97.0%	96.1%	98.4%	98.6%	94.9%	98.6%	97.8%	95.8%	96.1%	95.9%	97.2%	
Incidents	Number of serious incidents	4	1	2	14	3	2	0	14	7	3	2	3	28	
	Incident reporting rate per 100 admissions (Target: >8.5)	10.1	11.0	11.9	10.4	9.0	10.4	9.8	9.6	9.5	10.7	10.8	10.8	10.0	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.05	0.00	0.06	0.02	0.03	0.00	0.03	0.01	0.04	0.00	0.04	0.02	0.02	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.59	5.65	5.08	5.37	3.74	3.71	4.09	4.20	4.12	4.64	4.60	4.62	4.78	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	1.6%	0.0%	2.6%	0.8%	0.0%	0.0%	0.0%	0.6%	0.8%	0.0%	1.5%	0.7%	0.7%	
Harm	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	1	0	1	1	1	1	7	1	2	1	3	8	
	Safeguarding adults - number of referrals	36	43	45	315	29	42	38	320	65	85	83	168	635	
Mortality	Safeguarding children - number of referrals	98	137	110	840	122	141	135	1066	220	278	245	523	1906	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	66	66	66	66	71	72	74	74	69	70	70	70	70	
	Number of hospital deaths - Adult	39	33	40	279	41	70	70	474	80	103	110	213	753	
	Number of hospital deaths - Paediatric	0	1	0	3	0	0	0	0	0	1	0	1	3	
	Number of hospital deaths - Neonatal	3	1	2	12	1	0	1	3	4	1	3	4	15	
	Number of deaths in A&E - Adult	2	2	4	16	2	5	3	18	4	7	7	14	34	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	1	0	1	0	1	0	1	1	

### MRSA

There was one healthcare associated MRSA bacteraemia which occurred at CWH on the Neonatal unit in November 2024. The patient was admitted in September 2024 with respiratory distress, requiring surgical management. The patient tested positive for MRSA in October 2024 but had previously screened negative on admission and on weekly testing. The RCA highlighted that it was not clinically appropriate for the patient to have undergone MRSA decolonisation due to an open surgical abdomen and that the patient subsequently developed an MRSA bacteraemia in November 2024 due to abdominal infection and dehiscence. Timely and appropriate antibiotic therapy was initiated and the patient has successfully recovered and samples have been sent for typing.

### Incidents

There were two PSII's declared in November 2024; both cases are being reviewed by The Maternity and New-born Safety Investigations (MNSI) programme and relate to a unexpected term admission to NICU and a late Intrauterine death. The cases have been discussed at the Initial Incident Group and immediate safety actions / areas for improvement have been taken. During November 2024, the target rate of patient safety incidents per 100 admissions was exceeded by both sites. Positive reporting rates are expected following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE).

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

There has been a good level of reporting of medication-related incidents cross-site, with increased reporting numbers at WM site in November (71), compared to October (64).

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

Trust target met. Two incidents of moderate harm and above was reported at CW site; one of which related to an incorrect dose of pregabalin, and another due to poor perioperative care in a patient.















### 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
		Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025 Q3	2024-2025	Trend charts
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	90.37%	98.02%	94.26%	94.47%	97.34%	97.75%	97.95%	97.71%	94.55%	97.87%	96.28%	97.1%	96.30%	 -
	FFT: Inpatient not satisfaction % (Target: <10%)	3.68%	3.21%	3.28%	2.96%	0.95%	0.61%	0.23%	0.85%	2.05%	1.79%	1.61%	1.7%	1.77%	 -
	FFT: Inpatient response rate (Target: >15%)	21.83%	23.84%	21.81%	24.65%	38.38%	33.56%	31.84%	36.70%	29.43%	28.32%	26.34%	27.3%	30.26%	 !
	FFT: A&E satisfaction % (Target: >90%)	86.55%	83.24%	81.05%	84.79%	79.65%	75.46%	76.60%	78.71%	83.52%	79.66%	79.00%	79.3%	82.06%	 !
	FFT: A&E not satisfaction % (Target: <10%)	9.50%	11.24%	12.60%	10.14%	14.29%	16.78%	17.26%	15.00%	11.60%	13.78%	14.74%	14.3%	12.32%	 !
	FFT: A&E response rate (Target: >15%)	10.03%	9.91%	9.64%	13.74%	8.50%	8.43%	8.21%	11.65%	9.29%	9.17%	8.92%	9.0%	12.72%	 !
	FFT: Maternity satisfaction % (Target: >90%)	88.60%	89.58%	89.77%	90.49%	92.00%	97.10%	93.44%	87.82%	89.95%	92.73%	91.28%	92.0%	89.42%	 !
	FFT: Maternity not satisfaction % (Target: <10%)	9.65%	8.33%	7.95%	6.68%	5.33%	1.45%	3.28%	7.78%	7.94%	5.45%	6.04%	5.7%	7.12%	 -
	FFT: Maternity response rate (Target: >15%)	22.05%	17.27%	15.66%	20.14%	16.27%	14.20%	14.45%	15.97%	19.33%	15.83%	15.14%	15.5%	18.23%	 !
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	18	30	27	166	18	30	27	57	166	 !
Complaints	Complaints (informal) through PALS	37	53	38	315	47	40	45	289	84	93	83	176	604	 -
	Complaints formal: No of complaints due for response	39	26	24	217	9	11	11	87	48	37	35	72	304	 -
	Complaints formal: Number responded to < 25 days	36	21	23	178	9	11	6	69	45	32	29	61	247	 -
	Complaints sent through to the Ombudsman	0	0	0	0	0	1	1	2	0	1	1	2	2	 -

### MSA (Mixed Sex Accommodation)

During November, West Middlesex experienced 27 instances where patients were cared for in mixed-sex accommodation areas, falling short of the required standard.

This was due to a number of factors:

- \* High activity outside critical care: 11 patients waited over 10 hours for a ward bed, with 3 waiting over 30 hours.
- \* Occupancy: Our Intensive Care Unit had a 93% occupancy rate in November.
- \* Increased admissions: A rise in COVID-19 and influenza cases further limited the opportunity to move our patients to other beds.

Despite these challenges, we make every effort to minimise mixed-sex accommodation and prioritise the patient experience. When breaches occur, we:

- \* Communicate with patients and families: We explain the reasons for the mixed-sex accommodation and the steps being taken to address the situation.
- \* Prioritise patient dignity: We are committed to respecting patient dignity and cultural beliefs at all times, even during these unavoidable breaches.

We are actively working to improve patient flow and reduce the number of mixed-sex accommodation breaches alongside the site management team.

### Complaints

The Trust reported that 83% of complaints were responded to within the 25 day KPI (target 95%) during November 2024. Six complaints were not responded to within the timeframe ; 4 for EIC and 2 for Specialist Care. There are four outstanding complaints for the month of November. Compliance with responding to PALS concerns within 5 working days during November was 84% (KPI 90%).

### Friends and Family Test

All inpatient areas remain consistent with meeting their satisfaction and response rate targets; across the trust. A&E satisfaction and response rate continues to fluctuate, with themes relating to waiting times and the attitude of staff. Maternity satisfaction rate at West Middlesex site remains stable, while the Chelsea site scores continues to fluctuate. Themes relate to staff attitude and the implementation of patient care.



## Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025 Q3	2024-2025	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.75	2.63	2.83	3.04	2.14	2.62	2.40	2.51	2.53	2.63	2.70	2.66	2.87	
	Average length of stay - non-elective (Target: <3.95)	5.13	4.96	4.87	4.46	4.37	4.00	3.97	3.74	4.68	4.39	4.36	4.38	4.05	
	Emergency care pathway - average LoS (Target: <4.5)	7.54	6.85	6.13	5.19	5.31	4.71	4.64	4.23	6.03	5.46	5.21	5.33	4.60	
	Emergency care pathway - discharges	156	179	204	1875	329	336	329	2993	485	516	533	1049	4868	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.82%	4.36%	5.13%	4.86%	6.88%	6.83%	7.22%	6.85%	5.87%	5.59%	6.17%	5.88%	5.85%	
	Non-elective long-stayers	440	453	309	3600	485	517	159	3534	925	970	468	1438	7134	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	87.5%	88.3%	90.3%	87.9%	83.5%	88.0%	91.0%	87.8%	86.2%	88.2%	90.5%	89.2%	87.8%	
	Operations cancelled on the day for non-clinical reasons: actuals	10	20	22	123	10	21	19	126	20	41	41	82	249	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.26%	0.48%	0.60%	0.40%	0.32%	0.65%	0.65%	0.53%	0.29%	0.55%	0.62%	0.58%	0.46%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	2	1	16	0	0	0	11	1	2	1	3	27	
	Theatre Utilisation Model Hospital (Target > 85%)	77.5%	80.2%	80.3%	78.7%	93.1%	91.2%	95.0%	91.6%	82.9%	84.1%	85.4%	84.7%	83.2%	
Outpatients	First to follow-up ratio (Target: <1.5)	2.35	2.39	2.44	2.37	1.86	1.78	1.76	1.76	2.11	2.10	2.12	2.11	2.08	
	Average wait to first outpatient attendance (Target: <6 wks)	10.4	9.7	9.2	10.0	10.3	10.5	10.7	11.1	10.3	10.1	9.9	10.0	10.5	
	DNA rate: first appointment	10.5%	10.5%	9.9%	10.4%	9.6%	9.6%	10.6%	9.7%	10.1%	10.1%	10.2%	10.1%	10.1%	
	DNA rate: follow-up appointment	7.9%	8.0%	7.6%	8.2%	6.8%	6.7%	6.9%	7.1%	7.4%	7.5%	7.4%	7.4%	7.8%	
	PIFU - % of Total Outpatient attendances	11.3%	11.6%	11.7%	11.4%	1.8%	2.2%	2.2%	2.0%	7.2%	7.7%	7.7%	7.7%	7.5%	

### Day-Case Rate

The day-case rate increased in November 2024 going up from 89.2% to 91.5%, with both sites remaining above the target of 85%. This increase was driven by a significant improvement in West Middlesex main theatres.

### Cancelled Operations

The increase of the number of cancelled operations on-the-day (for non-clinical reasons) remained static at 41 patients with an equal split on both sites. Reasons included surgeon availability, availability of beds, and complications creating list over-runs. The work stream on preoperative optimisation should support with improving this.

### Theatre Utilisation

Trust-Wide utilisation remained fairly static in November 2024, increasing slightly at 85.4%. Theatre utilisation remains significantly above the 85% target at 95% on the West Middlesex site. The Chelsea site remains below the 85% target, this has been driven by challenged utilisation in Paediatrics.

### Outpatients

DNA rate improved for follow-up but dipped for outpatient firsts in November. The overall trend is positive, although the first appointment position has slightly stalled. Percentage of discharged to PIFU patients has slightly improved again. Our average wait to first appointment is at the lowest for a few months, but continues to fluctuate as we book both long waiters and urgent patients into clinic for new appointments. The first-to-follow-up ratio remains quite static with a small improvement at the West Middlesex site but a dip at Chelsea.



## Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025 Q3	2024-2025	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	94.8%	97.2%	96.0%	94.4%	92.1%	96.1%	92.7%	93.6%	93.3%	96.6%	94.3%	95.4%	94.0%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	73.3%	31.3%	66.7%	66.7%	100.0%	86.7%	88.9%	93.7%	86.7%	58.1%	81.5%	69.0%	79.8%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	75.0%	85.0%	82.4%	80.8%	86.4%	90.5%	77.8%	90.5%	81.0%	87.8%	80.0%	84.2%	86.1%	
VTE	VTE: Hospital acquired	0	1	1	5	6	9	10	46	6	10	11	21	51	
	VTE risk assessment (Target: >95%)	94.7%	96.2%	94.6%	94.9%	96.7%	94.6%	96.9%	96.2%	95.8%	95.4%	95.8%	95.6%	95.5%	
TB Care	TB: Number of active cases identified and notified	2	3	3	20	1	12	15	65	3	15	18	33	85	
Sepsis	ED % Periods Screened (Target >90%)	94.3%	92.9%	91.2%	90.6%	84.8%	85.0%	82.8%	84.7%	89.9%	89.3%	87.8%	88.5%	88.0%	
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	73.4%	74.7%	70.7%	73.9%	89.4%	88.9%	88.2%	89.6%	80.0%	79.8%	76.4%	78.0%	79.8%	
	Ward % Periods Screened (Target >90%)	87.9%	84.3%	83.1%	86.1%	91.3%	90.6%	92.3%	93.1%	89.5%	87.4%	87.7%	87.5%	89.4%	
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	97.4%	96.1%	94.9%	95.9%	95.8%	98.1%	96.7%	96.3%	96.6%	97.1%	95.9%	96.6%	96.1%	
Discharge	Date of Discharge is same as Discharge Ready Date	89.9%	88.4%	90.2%	88.7%	87.0%	85.8%	86.1%	86.1%	88.3%	87.0%	88.1%	87.6%	87.3%	
	Date of Discharge is 1+ days after Discharge Ready Date	10.0%	11.6%	9.8%	11.3%	13.0%	14.2%	13.9%	13.9%	11.6%	13.0%	11.9%	12.4%	12.7%	

### Dementia Screening

The Trust has met the target of 90% on both sites with the Chelsea site achieving 96% and the West Middlesex site 93%

### #NoF (Time to Theatre -Neck of Femur) (Awaiting date)

Performance has improved in November 2024 with both sites reporting improvement. Performance for the Chelsea site improved as 6 of 9 patients had surgery within 36hrs. Two of the breaches was due to staff sickness while one was due to a list overrunning. Two breaches were due to theatre capacity, one was awaiting a consultant and one patient absconded. In the West Middlesex site 15 of 17 patients were medically fit for surgery had surgery within 36 hours. The two breaches were due to theatre capacity and availability of a specialist surgeon.

### Discharge Ready

The numbers continue to be fairly stable across the quarters for the metric measuring the time from the patient being identified as no longer meeting the criteria to reside and discharge. Daily meetings continue to take place between discharge teams and local system colleagues to facilitate these discharges in a timely way. We now have a discharge dashboard and are working on processes for improvement.

### Sepsis

Screening in ED at WMUH and on the wards at Chelsea not meeting targets. Performance will be reviewed through P&I meetings with service representation. Clinical Review in ED non-compliant owing to Paeds. A majority of paediatric patients with a high NEWS score do not require antibiotics. Work underway to ensure de-escalation forms are completed to evidence this



# Access

## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025 Q3	2024-2025	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	401	342	374	374	341	318	300	300	742	660	674	1334	674	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	87.26%	93.04%	94.84%	84.54%	88.45%	91.33%	93.53%	80.77%	87.86%	92.15%	94.19%	93.16%	82.60%	
	Diagnostic waiting times >6 weeks: breach actuals	701	403	307	7497	641	542	382	9841	1342	945	689	1634	17338	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	6.8%	7.0%	6.6%	7.0%	7.2%	7.9%	6.9%	7.5%	7.0%	7.5%	6.8%	7.1%	7.3%	
	A&E time to treatment - Median (Target: <60')	00:22	00:22	00:28	00:25	00:35	00:35	00:36	00:34	00:29	00:30	00:32	00:31	00:30	
	London Ambulance Service - patient handover 30' breaches	35	57	70	309	164	326	230	1374	199	383	300	683	1683	
	London Ambulance Service - patient handover 60' breaches	0	0	2	5	3	15	11	56	3	15	13	28	61	

### Diagnostic 6-Week Waits

The Trust achieved 94.19% against the DM01 95% standard which was slightly short of the 95% target, but a 2% improvement from last month. Focus continues to improve the position further with achievement projected in December 2024 and further improvements in the coming months. Site-base performance is fairly consistent with 94.84% and 93.53% at the Chelsea and West Middlesex sites respectively.

### Ambulance Handover

The Trust remains a strong performer in ambulance hand overs, however over the last two months there have been increasing challenges to maintaining this performance due to challenges with flow out of the department. The Trust continues to monitor this through local improvement meetings and the Trust flow board.





## RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Sep-24	Oct-24	Nov-24	Sep-24	Oct-24	Nov-24	Sep-24	Oct-24	Nov-24
RTT waiting list positions	Total RTT waiting list	29310	29922	30670	31540	31565	31604	60850	61487	62274
	Total Non-Admitted waiting list	26459	26861	27626	29890	29784	29751	56349	56645	57377
	Non-Admitted with a date	7055	10583	14618	7168	9822	12802	14223	20405	27420
	Non-Admitted without a date	19404	16278	13008	22722	19962	16949	42126	36240	29957
	Total Admitted waiting list	2851	3061	3044	1650	1781	1853	4501	4842	4897
	Admitted with a date	342	532	756	279	443	685	621	975	1441
	Admitted without a date	2509	2529	2288	1371	1338	1168	3880	3867	3456
	Patients waiting >65 weeks	17	15	8	6	5	6	23	20	14
	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		
	Sep-24	Oct-24	Nov-24	Sep-24	Oct-24	Nov-24	Sep-24	Oct-24	Nov-24
<b>Total</b>	<b>401</b>	<b>342</b>	<b>374</b>	<b>341</b>	<b>318</b>	<b>300</b>	<b>742</b>	<b>660</b>	<b>674</b>
Breast Surgery				1			1		
Burns Care	3	1					3	1	
Clinical Haematology	1	5	2	1			2	5	2
Colorectal Surgery	16	13	9	12	6	9	28	19	18
Dermatology	8	8	10	3	7	13	11	15	23
Endocrinology		2	2	2	4	1	2	6	3
ENT				81	89	79	81	89	79
Gastroenterology	2	3	5	1			3	3	5
General Surgery	90	64	55	9	4	7	99	68	62
Gynae Fibroids		1						1	
Gynaecology	2	3	10	1	2	1	3	5	11
Hepatology	5	1	1	24	16	5	29	17	6
Maxillo-Facial Surgery	7	1	2				7	1	2
Neurology					1	1		1	1
Ophthalmology	19	16	13				19	16	13
Oral Surgery				1	4	2	1	4	2
Orthodontics	1	1	4				1	1	4
Paediatric Cardiology	1			1		1	2		1
Paediatric Clinical Haematology				1	1		1	1	
Paediatric Clinical Immunology	4	4	1	3	2	3	7	6	4
Paediatric Dermatology	1	1	1		2	1	1	3	2
Paediatric Ear Nose and Throat	3	3	4	42	44	41	45	47	45
Paediatric Endocrinology				2			2		
Paediatric Gastroenterology	4	5	2	2	4		6	9	2
Paediatric Maxillo-Facial Surg	10	6	4				10	6	4
Paediatric Neurology			1						1
Paediatric Plastic Surgery	19	15	6				19	15	6
Paediatric Respiratory Medicine			1						1
Paediatric Surgery	1	1		2	1	1	3	2	1
Paediatric Trauma and Orthopaedics				3	1		3	1	
Paediatric Urology			1	1	3		1	3	1
Paediatrics	2	1					2	1	
Pain Management	2	6	6				2	6	6
Plastic Surgery	90	90	109	53	30	16	143	120	125
Podiatric Surgery				2	3	3	2	3	3
Podiatry				3	3	1	3	3	1
Respiratory Medicine					1			1	
Rheumatology		1		3	2		3	3	
Trauma & Orthopaedics	61	55	61	46	52	59	107	107	120
Urology	22	16	24	2	1		24	17	24
Vascular Surgery	27	19	40	39	35	56	66	54	96



## Maternity

### Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025 Q3	2024-2025	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:25	1:24	1:22	1:22	1:27	1:25	1:24	1:24	1:26	1:25	1:23	1:23	1:23	-
	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)	418	449	463	3546	383	419	367	3118	801	868	830	1698	6664	-
	Total number of bookings (Target:> CW 580 WM 478)	533	619	560	4568	472	458	515	3811	1005	1077	1075	2152	8379	-
	Maternity 1:1 care in established labour (Target: >95%)	97.0%	97.0%	98.0%	97.0%	97.0%	98.0%	98.0%	97.7%	97.0%	97.5%	98.0%	97.8%	97.3%	-
Safety	Admissions >37/40 to NICU/SCBU	16	19	22	163	13	9	9	254	29	28	31	41	163	-
	Number of reported Serious Incidents	1	1	2	21	1	2	1	14	2	3	3	6	35	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	6	0	0	0	3	0	0	0	0	9	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	9.6%	5.1%	7.3%	6.9%	5.0%	9.3%	4.4%	6.0%	7.3%	7.2%	5.9%	6.5%	6.5%	-
	Number of stillbirths	1	4	0	10	1	3	1	10	2	7	1	8	20	-
	Number of Infant deaths	1	0	2	10	2	1	1	8	3	1	3	4	18	-
	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	2.8%				5.3%	n/a	n/a	n/a	n/a	4.1%	-
	Spontaneous unassisted vaginal births	24.0%	26.0%	25.0%	24.8%	35.0%	33.0%	28.0%	29.3%	29.5%	29.5%	26.5%	28.0%	27.1%	-
	Vaginal Births - spontaneous & induced	37.0%	39.0%	39.0%	38.1%	43.0%	45.0%	40.0%	42.5%	40.0%	42.0%	39.5%	40.8%	40.3%	!
	Instrumental deliveries	55	69	76	457	49	50	63	409	104	119	139	258	866	-
	Pre-labour elective caesarean sections	90	90	79	719	55	64	52	447	145	154	131	285	1166	-
	Emergency caesarean sections in labour	116	109	123	968	116	112	104	930	232	221	227	448	1898	-

Please note the following

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An empty cell denotes those indicators currently under development



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



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

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

**Workforce** The current midwifery ratios on each site for the month of November are 1:24 at Chelsea and 1:22 at West Middlesex. The service has now received the draft report from Birthrate plus which will be fully presented in Q3's (2025) staffing paper. The latest recommendations suggest that the midwife to woman ratio on the CW site should be reduced to 1:23 (previously 1:26) and 1:21 (previously 1:22) on the WM site. This is based on the current acuity and activity within both sites. Whilst the birth rate has declined nationally the acuity particularly for women in categories, 4 and 5 (high risk) continue to rise and category 1 (low risk) decrease accordingly. This has an impact on the total number of midwives required to provide one-two-one care per shift. For every woman categorised in groups 4 and 5, 1.4 WTE midwives are necessary to provide safe care.

Red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input. The compliance rate for the month of November on the CW site has increased marginally from 72.58% in October to 72.78% in November. The service will continue to focus on meeting the 85% compliance target. West Mid reported compliance of 85.0 % for November. There were 3 red flags on the CW site and 2 on the WM site: this has decreased significantly by 7 in October, where 9 were reported. The three red flags on the CW site were delayed or cancelled time-critical activity (n=1), delay in providing pain relief (n=1), and delay between admission for induction and beginning of process (n=1). The two red flags at WM were due to a delay between admission for induction and beginning of process (n=1) and coordinator unable to maintain supernumerary status – but not providing 1:1 care (n=1) (compliance with MIS safety action 5 not compromised). The Birthrate plus app now reviews the loss of supernumerary status as either providing 1:1 care in labour or not. This is an important improvement but all red flags are currently reviewed to ensure appropriate escalation was followed, and all red-flags are presented at the monthly cross-site MQAS meeting. WM has now gone live with birthrate plus in the inpatient areas, and these will be reported in future reports.

The acuity by RAG status at CW remains stable between October and November, where acuity was 66% green in October (staffing met activity and acuity demands), and 67% in November. The amber rating was 28% in October but rose marginally to 30% in November (up to 2 MWs short). Where 6% of shifts were red (2 or more MW's short) in October, this dropped to 3% in November. The acuity by RAG status at WM like CW also remains stable. Where October was 54% green (staffing met activity and acuity demands), this has dropped marginally to 52% for November. Where it was 32% amber (up to 2 MWs short) in October, November saw a marginal increase to 34%. For both months now, 14% of the shifts were rag rated red (two or more midwives short). It is recognised there are limitations to the tool as it only represents a 4-hour snapshot window and so to manage activity and mitigate risk, staffing is reviewed during the safety huddles 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, this ensures there are safe staffing levels to manage the activity within a shift. For November, the fill rate on both sites during the day was 110%. The additional staffing was due to a number of preceptee midwives and internationally educated midwives working in a supernumerary capacity. The service is currently reviewing how best to support a predominantly junior workforce, and recognising the challenge that this brings.

The neonatal nursing action plan continues to progress with positive international and local recruitment. The leadership team continue to enhance the local QIS programme to optimise skill mix. Currently the QIS is at 52% at CW and 80% at WM. There are a number of nurses on a QIS course which is due for completion in spring next year. The Nursing Business case was presented to Trust Board for approval and the service are currently working up the actions from this.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice daily ward rounds. The MIS year 6, 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 Q2 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 BAPM compliance for November stands at 80% for tier 1 and 87% for tier 2. The Trust are still awaiting confirmation from the ICB as to when the LNU level 2 re-designation will be financed to enable the green light in moving this forward.

**Safety:** The Q2 Maternity Quality and Safety Report included the action plans for the SB. NND and HIE thematic reviews for cases in 2023-2024 and the associated action plans from these were presented to EMB in November.

**WM site:** There was one confirmed never event retained swab- immediate safety actions have been put in place.

And 2 potential patient safety incidents going through internal processes.

1. Asian ethnicity retained vaginal swab found 5 weeks post-assisted vaginal birth - PSII
2. Black African ethnicity non-English speaker (Arabic) G2 P1 40/40 previous elective CS overseas presented to triage in labour, Uterine rupture Cat 1 CS baby born with good APGARS 9 at 1 and 10 at 5 – PSIRF methodology to be confirmed
3. White Eastern European delayed diagnosis of cervical CA in pregnancy G1 P0 at 28/40 –The patient had a colposcopy and the changes of the cervix were attributed to an ectropion. Pre term birth at 33 weeks. At 6 weeks post birth diagnosed with positive histology of squamous cell carcinoma - will be joint maternity/gynaecology review – PSII

**Updated November patient safety incidents (16):** x5 MNSI, x3 PSII, x2 AAR, x3 MDT and x3 thematic review: placental abruption, anti –D (cross site) and hypothermic neonates

**Datix reporting system:** There were 87 reported incidents in November (92 reported in October)

Main themes arising

- 15 MOH
- 7 3<sup>rd</sup> degree tears
- 4 late transfer to LW



**CWH site:** There were 2 patient safety incidents:

1. Indian ethnicity, 41+5 weeks. Attended hospital at 41+4 weeks' gestation with second episode of reduced fetal movements - induction of labour offered but declined. Had a Cat 1 CS for CTG concerns the following day. Apgar score 1/4/4. Active cooling. NND 5 days old.
2. Middle Eastern ethnicity, 39+2 Homebirth. Spontaneous labour at home, but transferred to hospital via ambulance, due to scar tenderness, no cervical progression and fetal tachycardia. Category 1 CB. Apgar score 5/9/10. Extensive bladder injury. EBL 2200ml. ICU admission

**Updated November patient safety incidents (14 NHS and 2 Private Maternity Department):** x6 MNSI, x6 PSII, x1 AAR and 1 thematic review.

**Private maternity:** x1 PSII x1 MDT

**Datix reporting system:** In November 130 a increase from October (111)

Main themes arising:

- Communication within team + inadequate handover of care (20)
- Delay/failure in access to hospital/care (18)
- MOH (15)
- NICU admissions (10)

1. **PMRT (Cross site):** CW site reported 2 cases. **NND** x2. 41+5 (information included above) 35+5/40, congenital abnormality white ethnicity. WMUH reported 2 cases: **NND** x1 (35+4) placental abruption, **Stillbirth X1** 35+5 non-compliant type 2 diabetic
2. **ATAIN (Cross site):** On the CW site there were 29 term admissions in November, adjusted to 22 unexpected of which 5 were deemed avoidable. This gives a term admission rate of 4.75%. Of the conditions included in ATAIN (respiratory condition, hypoglycaemia, jaundice, asphyxia) respiratory conditions remain the most common reason for admission (n=14; 64%). There were a significant number of other causes, including bilious vomiting (n=4). On the WM site there were 11 term admission in November and 2 were deemed avoidable. This gives a term admission rate of 2.59%. Both sites are under the national target of <6% for all term admissions.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. A review of obstetric metrics has been undertaken and full dilatation CS will now be reviewed monthly given the increased associated risk to preterm birth in subsequent pregnancies.
4. **SBLCBv3** (launched in May 2023) update. Agreement of local trajectory with the LMNS and quarterly reviews to confirm progress is now required. A peer review was undertaken on the 30<sup>th</sup> November where compliance was agreed to be at 93% of all interventions. An action plan is in place to achieve full compliance by March 2025.

**Element 1: Reducing smoking: The service are currently compliant with 10/10 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 complaint with all interventions by early 2025. **Compliant with 17/20 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 4/5 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

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025	Sep-24	Oct-24	Nov-24	2024-2025 Q3	2024-2025
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	94.0%	94.0%	97.0%	93.1%	93.0%	92.0%	93.0%	93.6%	93.5%	93.0%	95.0%	94.0%	93.4%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	94.0%	93.0%	97.0%	93.5%	87.0%	86.0%	96.0%	90.4%	90.5%	89.5%	96.5%	93.0%	91.9%
	Service User Feedback FFT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Staff Feedback from board safety champion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0	0
	Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0	0	0
	Progress in achievements of NHSR MIS (10 safety actions) Green									4	8	10	18	45
	Progress in achievements of NHSR MIS (10 safety actions) Amber									6	2	0	2	20
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

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

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



### 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 November overall multi-disciplinary training compliance is 95% across both sites and fetal monitoring is at 96% again cross sites. These statistics have been submitted as part of MIS year 6-safety action 8 and so the Trust has met the threshold of over 90% compliance amongst all staff groups. 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 November position at WM remains stable with 94.29% of feedback being positive compared with 94.22% in October, however the response rate has declined by 1% and is now at 17%. The response rate at CW continues to decrease from 23% in October to 18% in November. This is also reflected in a downward trend in positive feedback, which has dropped further from 90.84% in October to 86.27% in November. The negative scores on the WM site remain impacted by feedback related to, staff communication, attitude, behaviour, and environment. On the CW site, negative feedback continues to be raised about staff attitude, communication and delays in care. The CQC national maternity survey published its results this month and whilst the Trust continues to hold its position in London for patient experience, there are some areas of focus that need addressing specifically in relation to labour and birth, where despite there being improvement to 31% of the scores, 56% have declined. One of the matrons now has patient experience added to her portfolio so will work cross-site to update the patient experience action plan and will help drive all aspects of patient experience forward as we continue to triangulate patient experience via FFT, the annual CQC patient experience survey and complaints. All of this will be done in close collaboration with our MNVP partners.

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. 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 incentive Scheme year 6: MIS year 6 was published on 2<sup>nd</sup> April 2024 and the reporting period for submission ended on the 30<sup>th</sup> November. The Trust has reported full compliance with 10 out of 10 safety actions and has submitted action plans in relation to safety action 3 (transitional care on the WMUH site) and safety action 4 (neonatal nursing on the CW site). The evidence will be reviewed by the LMNS next year, presented by the DDOMs on both sites before the submission deadline of the 3<sup>rd</sup> March 2025.













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%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months
		Sep-24	Oct-24	Nov-24	2024-2025	YTD breaches	Sep-24	Oct-24	Nov-24	2024-2025	YTD breaches	Sep-24	Oct-24	Nov-24	2024-2025 Q3	2024-2025	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	96.2%	4	100%	100%	100%	100%	96.2%	4	 -
	Colorectal / Lower GI	83.3%	88.9%	94.4%	88.0%	8	91.7%	78.6%	81.5%	73.5%	24.5	88.1%	85.4%	86.7%	85.4%	79.9%	32.5	 -
	Gynaecological	100%	0.0%	100%	68.9%	7	42.9%	84.6%	50.0%	86.4%	8	73.3%	68.8%	60.0%	68.8%	78.8%	15	 !
	Haematological	88.9%	100%	75.0%	93.8%	4	100%	93.8%	100%	90.8%	7	96.0%	95.9%	94.4%	95.9%	91.7%	11	 -
	Head and neck	100%	100%	100%	93.8%	1	100%	66.7%	100%	55.6%	4	100%	87.5%	100%	87.5%	80.0%	5	 -
	Lung	84.6%	59.1%	90.0%	69.1%	13.5	100%	100%	53.8%	83.0%	14	89.5%	67.9%	69.6%	67.9%	76.6%	27.5	 -
	Sarcoma	n/a	n/a	n/a	42.9%	2	66.7%	n/a	n/a	72.7%	3	66.7%	n/a	n/a	n/a	65.5%	5	 -
	Skin	95.2%	92.9%	94.4%	94.3%	10.5	88.9%	94.4%	96.8%	95.2%	4.5	93.3%	93.3%	95.3%	93.3%	94.6%	15	 -
	Upper gastrointestinal	100%	100%	100%	98.7%	1	100%	85.7%	100%	53.4%	17	100%	93.3%	100%	93.3%	84.5%	18	 -
	Urological	52.9%	75.6%	70.6%	60.6%	40.5	74.5%	86.5%	78.7%	81.2%	47	71.4%	80.8%	76.6%	80.8%	74.7%	87.5	 !
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0	 -
	Site not stated	n/a	n/a	n/a	n/a		100%	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0	 -

Trust Commentary

The 62-Day combined target of 85% standard was met in October. November 2024 position continues to be validated, standing at present in a very strong position of 87.85%. The backlog trajectory remains within set tolerances with deep dives underway in to services to support recovery. Our current challenges are seen primarily in Urology and Lung.

November 2024

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast				19
Gynaecology	2.5	1.5		6.5
Haematology		8.5	1	16
Head and Neck		2.5	0.5	1.5
Colorectal	1.5	13.5	1.5	7
Lung	4.5	11		3
Other				3
Skin	1.5	21	0.5	9
Upper GI		8	1	7
Urology	5	20.5	2.5	18.5
Brain			1	1
Total:	15	86.5	8	91.5



## Safer Staffing

### Chelsea and Westminster November 2024

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	100%	85%	99%	99%	7.8	2.7	10.5	13		8.18%	14.56%	20.53%								89.7%
Annie Zunz	133%	100%	98%	89%	11.4	4.5	15.9	8		16.13%	9.56%	0%		1						100.0%
Apollo	102%	-	103%	-	19.7	0	19.7	N/A												
Mercury	98%	-	99%	-	8.2	0	8.2	9.4						1						83.3%
Neptune	113%	-	122%	-	11.6	0	11.6	11.1												94.3%
NICU	96%	-	98%	-	13.5	0	13.5	26		9.55%	9.16%	0%								100.0%
AAU	104%	83%	103%	103%	6.3	1.4	7.8	7.7		6.14%	10.49%	39.57%	9	15						96.9%
Nell Gwynne	105%	69%	135%	75%	4.6	3.4	7.9	6.9		-8.20%	15.76%	31.83%	5	12						100.0%
David Erskine	101%	69%	89%	104%	3.6	2.4	6.4	6.6		0.60%	8.89%	11.36%								93.8%
Edgar Horne	103%	66%	106%	102%	3.3	2.4	5.8	6.4		4.33%	16.67%	31.57%	4	8		1				90.0%
Lord Wigram	79%	103%	91%	141%	4	3.5	8	7.5		7.47%	0.00%	4.54%	2	5						100.0%
St Mary Abbots	91%	87%	99%	95%	3.9	2.5	6.6	7.2		17.68%	11.29%	17.28%	5	5						96.9%
David Evans	77%	84%	126%	222%	6.5	3.6	10.1	7.2		-10.31%	7.77%	41.86%		2						92.6%
Chelsea Wing	103%	118%	99%	68%	9.8	6	15.8	7.2		24.97%	6.90%	0.00%	1	1						100.0%
Burns Unit	101%	194%	156%	213%	16.4	5.7	22.1	N/A		18.41%	10.60%	0%								100.0%
Ron Johnson	98%	134%	101%	139%	4.8	3.5	8.3	7.6		18.23%	18.53%	26.67%	2	4						100.0%
ICU	98%	52%	99%	54%	25	0.9	26.4	26		13.89%	12.57%	0%		1						
Rainsford Mowlem	77%	75%	77%	82%	3.2	3	6.6	6.9		1.87%	9.37%	22.98%	6	12						92.5%
Nightingale	83%	86%	106%	99%	3.5	3.3	6.8	7.4			0.00%	14.55%	8	16		1				100.0%

### West Middlesex November 2024

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	105%	82%	109%	87%	3.6	3.4	7.4	6.8		1.91%	5.02%	5.19%	3	7						100.00%
Richmond	88%	1.03	122%	353%	3.9	4.1	8	7.2		8.92%	11%	0.00%	2	5						96.00%
Syon 1 cardiology	94%	116%	99%	156%	3.9	2.4	6.4	8.8		11.66%	3.86%	0.00%	10	14						97%
Syon 2	101%	83%	93%	103%	3.3	2.9	6.6	6.6		7.97%	12.90%	12.26%	1	6						96.77%
Starlight	118%	-	114%	-	10.1	0	10.1	11.5												100.00%
Kew	101%	110%	100%	130%	3.2	3.1	6.8	6.9		2.47%	10.26%	29.20%	7	10						100.00%
Crane	112%	124%	120%	198%	3.4	3.9	7.5	6.9			21%	17.83%	5	9						100.00%
Osterley 1	72%	73%	84%	144%	3.2	3.2	6.6	7.5		0.72%	8.07%	1.87%	4	10	1	1				98.25%
Osterley 2	88%	90%	100%	136%	3.3	2.9	6.6	7.2		3.28%	6.51%	0.00%	2	5						94.44%
MAU	94%	85%	107%	94%	6	2.3	8.4	7.7			9.04%	12.44%	7	15						99%
Maternity	98%	77%	98%	94%	8.3	2.3	10.6	13		5.89%	15.90%	17.83%		1						86.30%
Special Care Baby Unit	95%	111%	98%	131%	9.8	2.9	12.7	11.1		11.03%	7.85%	0.00%								92%
Marble Hill 1	134%	126%	121%	247%	3.9	3.6	7.8	6.4		16.88%	0.00%	7.92%	8	15						100.00%
Marble Hill 2	106%	111%	115%	205%	3.5	3.6	7.2	6.5		1.75%	4.71%	27%	3	8						100.00%
ICU	106%	0.63	111%	0.39	27.5	1.2	28.7	26		13.93%	8%	0%	1	1						





## Safer Staffing & Patient Quality Indicator Report | November 2024

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 increased HCA fill rates at night due to an increased the number of confused patients and those at high risk of harm. Marble Hill 1 reported increased RN and HCA fill rates for both day and night shifts due to high acuity and the need for 1:1 care for several patients; additional funding has been approved to provide support. On Marble Hill 2, the increased RN fill rate during day and night reflects the need for staffing additional escalation beds. Syon 1 had increased HCA fill rate at night due to escalation beds on the unit. Reduced HCA fill rates on DRU reflect adjustments to patient needs and acuity levels, ensuring that CHPPD was not compromised.

Lampton FU had additional RN fill rate due to supernumerary time of new staff.

Osterley 1 and Richmond wards had low HCA fill rates during the day due to unfilled bank shifts, but IEN supernumerary staff supported these wards to maintain CHPPD. Osterley 2 had low HCA fill rates for day shifts due to sickness and an inability to cover shifts with bank staff. Osterley 1, Osterley 2 required and Richmond increased HCA fill rates at night due to patients at high risk of falls and those requiring 1:1 care.

### Chelsea and Westminster site:

Saint Mary Abbot's ward had increased HCA fill rates both day and night due to the opening of escalation beds. Lord Wigram ward had high HCA fill rates at night due to high acuity and the need for 1:1 care for confused and at risk patients.

Ron Johnson ward required high HCA fill rates both day and night to support several patients needing 1:1 care. Chelsea Wing had high RN fill rates during the day due to acuity of unit. Annie Zunz had additional HCA fill rate at night due to high acuity. AAU increased HCA fill rates at night to support confused patients and those at risk. Nell Gwynne ward increased RN fill rates at night to care for patients with tracheostomies. David Erskine ward experienced low RN fill rates during the night due to unfilled bank shifts; however, staff were redeployed from other areas to ensure a safe skill mix.

During the day, Edgar Horne ward had additional RN fill rate supported by additional funding, but this increase is not yet reflected in the current roster template. Rainsford Mowlem ward also had additional RN fill rates due to staffing escalation areas.

Nightingale ward had low fill rates for both RN and HCA roles during the day and night, due to bed closures. Staff were reassigned to other wards as needed. David Erskine and Edgar Horne wards had increased HCA fill rates at night to accommodate the needs of confused patients and those at high risk of harm.

Burns ward required additional HCA and RN fill rates both day and night to support a patient requiring 1:1 care. They will be discharged next week.

### Incidents:

In terms of incidents with harm, there was four incidents reported in November.

Two falls with harm were reported. The fall on Richmond Ward resulted in the patient sustaining a subdural hematoma and subsequently dying within 48 hours. The incident is currently going through IIR. The fall on Edgar Horne resulted in the patient requiring surgery to repair a fractured hip.

There was one Trust acquired pressure incident reported this month: A patient on Syon 2 sustained facial pressure damage due to prolonged use of a facemask for NIV. Additional recommendations have been identified, and the Duty of Candour process has been initiated with the patient and their family.

A medication error occurred on Rainsford Mowlem, following a missed dose of medication, which required the patient to receive enhanced care for several hours. The patient was stabilised, and measures were implemented on the unit to address learning from the incident

Friends and Family test showed that five wards at WM and eight at CW scored 100%. In terms of FFT, no specific themes were identified in the feedback from Rainsford Mowlem, which reported a 75% satisfaction rate. However, the Ward Manager noted general dissatisfaction among families regarding patients spending prolonged periods in the discharge lounge

Please note all incident figures are correct at time of extraction



## Safe Staffing Analysis | Registered Nurse and Care Staff November 2024

### Safe Staffing Analysis – Registered Nurse and Care Staff November 2024

**RN Fill Rates (ward areas)** increased from 104.08% in October 2024 to 105.69% in November 2024. The RN vacancy rate (whole trust) in November 2024 was 2.82%, same as in October 2024 - 2.78%

**Care Staff Fill Rates (ward areas)** increased from 95.76% in October 2024 to 100.19% in November 2024. There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in November 2024 was 9.02%, down from 10.10% in October 2024.

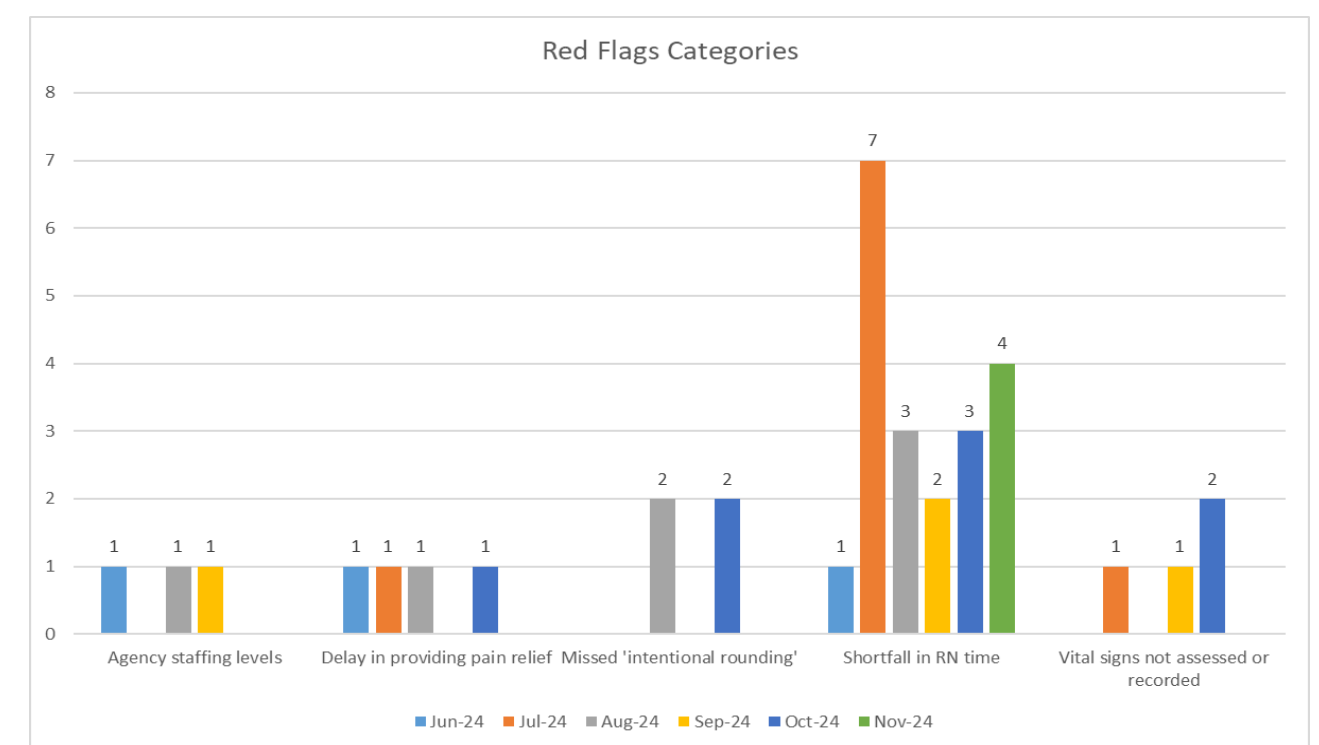
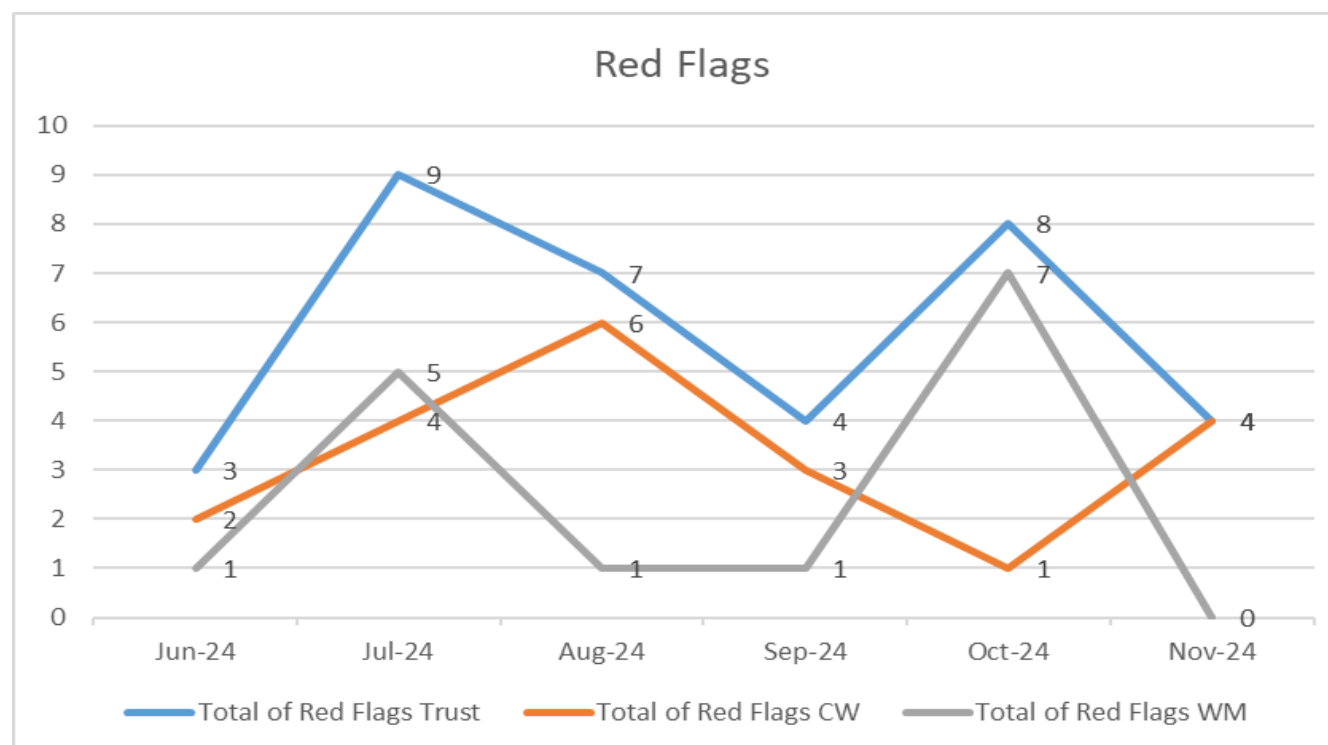
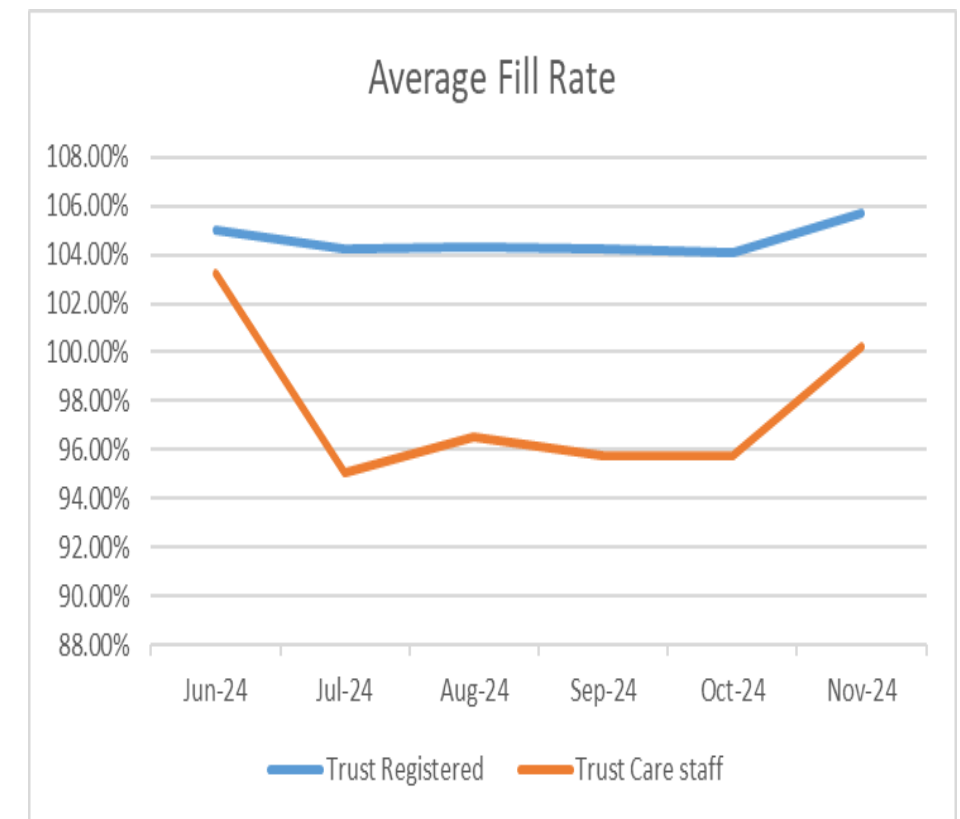
**The Trust overall fill rate (ward areas)** (RN and Care Staff combined) increased from 99.92% in October 2024 to 102.94% in November 2024.

**Care Hours per Patient Day (CHPPD)** continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital\* (May 2024) was 9. Trust workforce data confirms the CHPPD was 8.3 in November 2024, slightly up from 8.2 in October 2024

**Safe Staffing Red Flags** – 4 red flags from the 5 categories (tables below) were reported during November 2024 : where majority were in Shortfall in RN time.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – May 2024
Trust	9
Hillingdon Hospital	9.9
London NW	9.2
Imperial	10.6

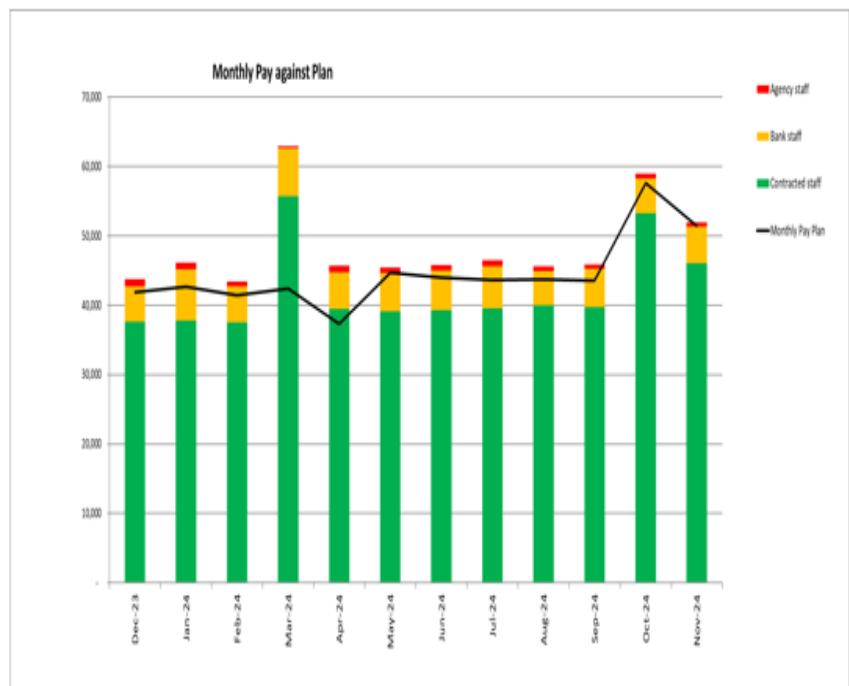
Nursing, Midwifery and care staff average fill rate November 2024				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
105.69% ↑	100.19% ↑	5.9 ↔	2.4 ↑	8.3 ↑





## Finance M8 2024/2025

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	645,476	673,685	28,209
Expenditure			
Pay	(370,708)	(385,739)	(15,031)
Non-Pay	(241,123)	(256,450)	(15,327)
<b>EBITDA</b>	<b>33,645</b>	<b>31,497</b>	<b>(2,148)</b>
EBITDA %	5%	4.68%	-0.5%
Depreciation	(22,374)	(22,660)	(286)
Non-Operational Exp-Inc	(7,937)	(8,157)	(220)
<b>Surplus/Deficit</b>	<b>3,334</b>	<b>680</b>	<b>(2,654)</b>
Control total Adj - Donated asset, Impairment & Other	(4,044)	(1,903)	2,141
PFI Model recalculation		701	702
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(710)</b>	<b>(521)</b>	<b>189</b>



**Comment:** Month 12 payroll figures include additional spend for 6.3% Pension contribution - £18.45m (a notional figure). In October 24 AFC staff, consultants and SAS doctor recieved YTD pay awards resulting in the in month spike.

The adjusted financial position at month 08 is a £0.52m deficit which is £0.19m favourable against plan.

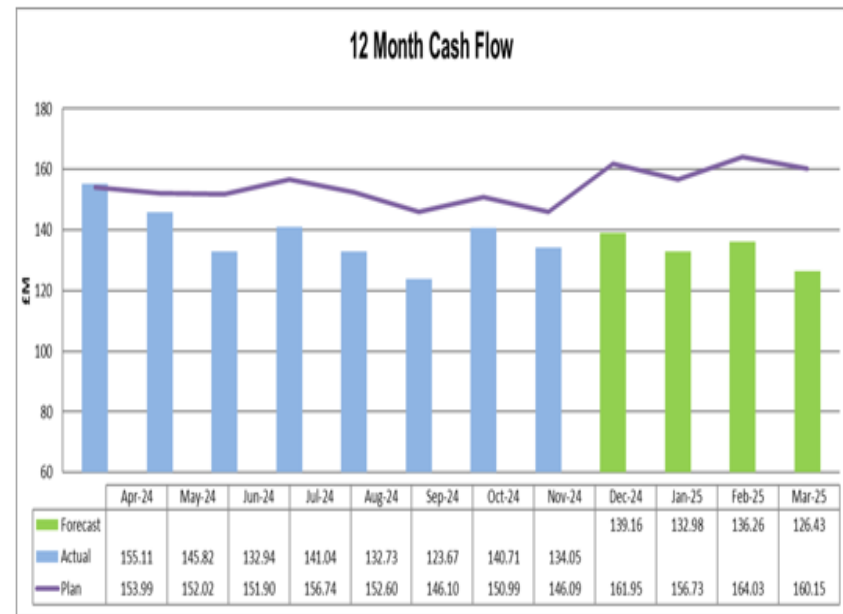
### Expenditure

**Pay:** £15.03m adverse against plan. The adverse variance at Month 8 includes spend to cover Industrial action, additional clinics, WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave. The position includes YTD pay awards received and funded.

**Non-Pay:** There is a £15.33m adverse variance which includes adjustment to budget to match NHSi return addition to inflationary pressure above funded levels and activity related spend.

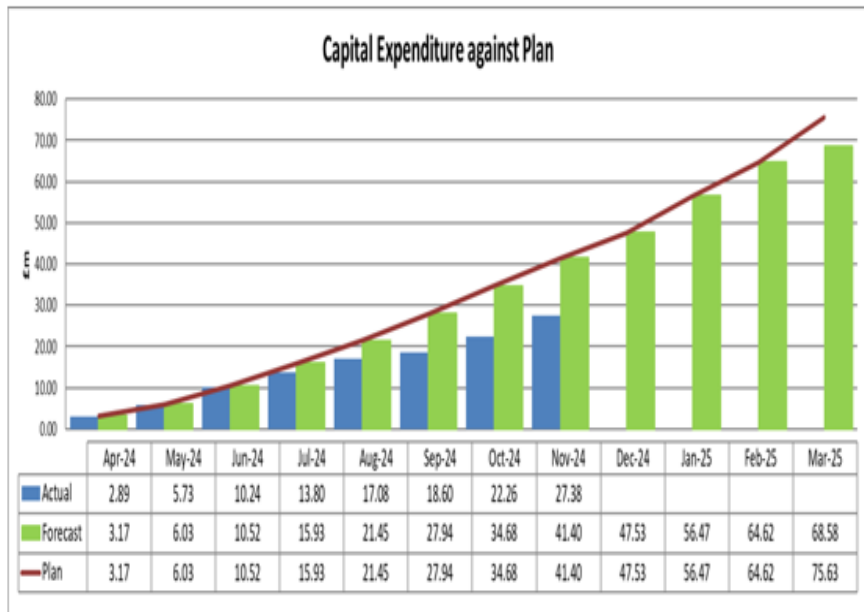
### Income

M08 Income performance and run rate remains strong. Performance continues to be driven by the variable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. The YTD position includes various uplifts to planned income, such as Pay award, Sexual health tariff inflation and 2023/24 ERF final position benefit (proportional 8/12ths). Local authority income includes an accrual for the last two periods based on historic trend and adjusted for marginal rate penalties. Over and under performance income has been devolved to services.



### Comment

The Negative cash variance to plan in M8 of £12.04m is negative cash variance b/fwd from M7 of £10.28m, Higher receipts to plan of £9.25m (ICB & NHS England & FT's £7.93m Higher, Local Authority & AR £0.29m Lower, Other Income £0.043m Higher, PP Income-£1.57m Higher, Donations £0.03m Lower, Interest Income £0.03m Higher) offset by Higher cash outflows to plan £11.01m (Higher Creditor payments & Higher Payroll)



### Comment

The original capital programme for 2024/25 was £65.05m, which has been adjusted to £68.58m following the award of additional funding from the 23/24 UEC Winter Incentive, the inclusion of the additional IECPP project of £0.50m, new CW+ donations of £1.20m and grant funding for a microscope of £0.28m, with £8.38m and £0.85m being deferred to 2025/26 re the ADC and Treatment Centre projects respectively. The capital budget has been allocated to the various departments, with £16.01m for the ADC Project, £20.45m for the Treatment Centre, £4.71m for Medical Equipment, £6.09m for IT equipment, Estates schemes £16.32m, IFRS16 £0.06m and contingency £4.94m. The YTD P08 position is an under spend of £13.72m against the P08 YTD planned budget of £41.10m, actual spend £27.38m. The majority of this underspend relates to the Treatment Centre £7.87m and the ADC project £2.32m, where there is a large difference in the original phasing of capital spend and the latest building programme phased spend. It is currently expected that the revised forecast of £68.58m will be spent by 31st March 2025.