



Trust Performance and Quality Report

November 2025



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Patient Safety and Experience

There four severe harm and death incidents reported in-month . This incident and harm level is being reviewed in line with PSIRF and internal governance systems

The Trust is meeting the targets set for medication safety and management . There were 3 cases of C.Difficile which have been reported in-month, with a Trust year-to-date total of 34 against a threshold of 33. E.Coli cases are 58 year to date against a threshold of 99, with current performance showing a 12% reduction on last year. A review across the Trust and APC is taking place for the IPC metrics to establish opportunities for learning.

Complaints position has further improved to 95% in-month following targeted improvement work with divisional and corporate teams and on track to maintain performance. Friends and Family response rates and recommendation rates remain above target for inpatient areas and 95.6% adult inpatients report being treated with dignity and respect. ED experience score is below Trust target but is in line with the London position. West Middlesex Hospital deteriorated further due to building improvement work taking place to the waiting area. West London Children's Healthcare Division are working to improve response rates for Children and Young People and are reviewing the survey questions.

VTE assessments are above target at both sites, however further analysis is required on the Hospital Acquired VTE cases between the sites, and the development of an electronic detection and reporting system from the patient record is being explored. Improvement work continues with completion rates of initial assessments for patients, focusing on digital tools to support this. Further data validation is taking place to ensure inpatient areas are reported, and it is expected this will show a compliant position. There were 3 category 3 pressure ulcers and 2 sever harm falls in month which are undergoing a learning review and the improvement plan for falls and Pressure Ulcers is monitored through Patient Safety Group. The time spent on the stroke unit remains above the target of 80% at both sites. The time to theatre for fractured NOF patients is a combined position of 87.1%, with 86.7% compliance at WM and 87.5% at CW. An action plan is in place to support improvement which is monitored through the divisional performance meetings.

Patient Access and Operating Plan

- The Trust reported performance of 78.7% for A&E 4-hour performance, above the 78% standard.
- The NHS England Cancer standards are being met in October 2025(validated) for 28-Day Faster Diagnostics standard and 31-Day standard. Performance against the 62-Day standard is improved at 80.5% although not compliant with the Trust Operating Plan target of 85%.
- Elective Referral to Treatment (RTT) 18-week wait performance continues to improve in line with the Operating Plan trajectory at 61.5% for November 2025. There was a reduction in the overall RTT PTL, a reduction in the 52ww at 1565 (-104) and a decrease in 65ww at 60 (-21). There were no patient waiting over 78ww.
- Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 83.44% against the 95% standard.

Workforce

The Trust's Month 8 performance of staffing position against plan shows a negative variance of 73 WTE with planned staffing levels of 7,929 WTE exceeded by actuals of 8,002 WTE. The trust continues to exceed its PDR target rate (95.0%). Sickness levels increased marginally to 3.87%. Vacancy and Turnover rates at Trust level are below target thresholds, at 5.19% and 7.97%, respectively.

Finance

The adjusted YTD financial position at month 8 is a £0.66m which is £0.05m favourable against plan.

Performance Summary

Trust level



Chelsea and Westminster Hospital
NHS Foundation Trust

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Safety and Experience			
Incidents per 1000 FCE bed days	TBC	49.66	
Patient safety incident investigations	n/a	0	
Never Events	0	0	
Dementia screening %	90%	97.76%	
ED sepsis screening %	90%	86.56%	!
Inpatient sepsis screening %	90%	85.36%	!
C. Difficile cases	n/a	3	
E. coli cases	n/a	7	
Formal complaints received	n/a	70	
Inpatient FFT % good experience	90%	94.39%	
A&E FFT % good experience	90%	78.50%	!
Outpatient FFT % good experience	90%	92.52%	
Maternity FFT % good experience	90%	87.03%	!
Mortality			
Summary Hospital-level Mortality Index	<100	75.28	
Hospital Standardised Mortality Ratio	<100	76.93	

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	78%	78.72%	
LAS handovers 30 mins	n/a	148	
18 week RTT incompletes	60%	61.50%	!
Diagnostic waiting times < 6 weeks	95%	83.44%	!
28 day Faster Diagnosis Standard	77%	78.91%	
31 day diagnosis to first or subsequent treatment	96%	97.30%	
62 day GP referral to first treatment combined	85%	80.37%	!
Operating Plan and Capacity			
Theatre utilisation (uncapped)	85%	84.92%	
PIFU rate	5%	9.36%	
Workforce			
Medical PDR compliance	90%	83.5%	
Non-medical PDR compliance	45%	95.0%	
Core skills compliance	90%	91.8%	



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

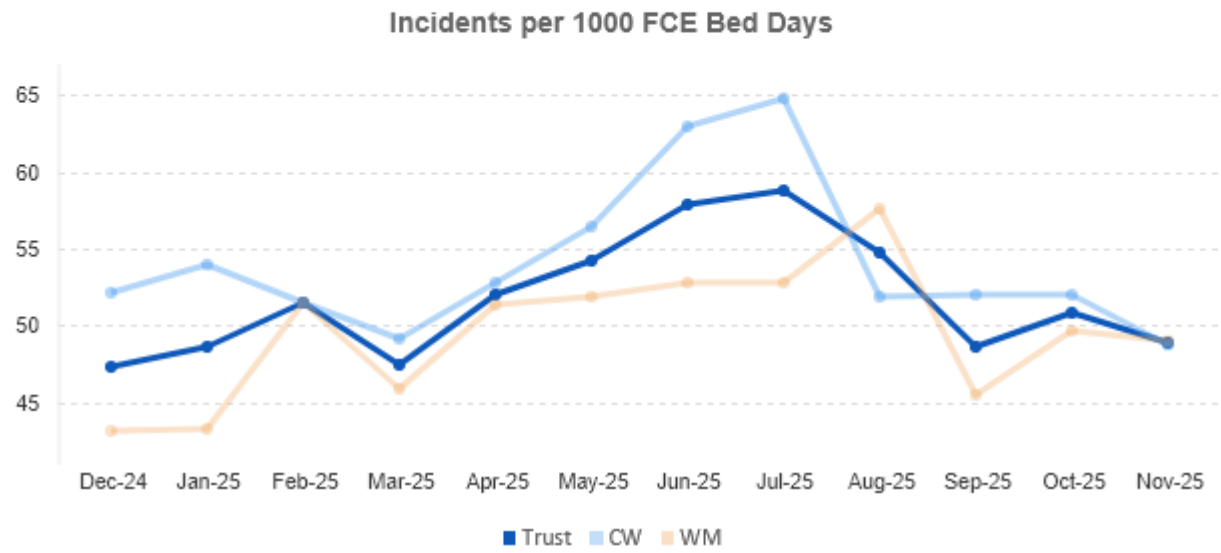


Patient Safety and Experience

Patient Safety Incidents

Safe

Trend



Narrative

Performance: Incident reporting is a recognised indicator of an organisation’s safety culture. Higher reporting rates typically reflect a positive culture where staff feel empowered to speak up. While reporting rates have shown variability, there is a clear upward trend. However, we remain slightly below the national benchmark—both for the current month and on a 12-month rolling basis—where the national average is >54.9. In November, a total of 1,464 patient-related incidents were reported—110 fewer than in July, which marked the peak over the past 12months. The 12-month rolling total stands at 17,339. The trust continues to proactively identify areas for improvement in response to recurring themes and trends.

Recovery Plan: The Trust is committed to increasing incident reporting by fostering a culture of openness and psychological safety. Key initiatives include:

- Delivery of national and local training programmes aligned with PSIRF
- Enhanced identification and dissemination of learning from incidents
- Promotion of incident reporting through local team meetings, safety huddles, and Quality & Safety Committees

Improvements: The implementation of a new incident management system, expected in 2026, will support the standardisation of processes and improve usability. Staff have consistently reported that the current system presents barriers to reporting, and this upgrade aims to address those concerns.

In-Month Performance

	Incidents per 1000 FCE Bed Days	Incidents Resulting in Severe Harm or Death	Incidents Resulting in Death	Incidents Resulting in Death per 1000 FCE Bed Days
CW	48.72	4	1	0.07
WM	49.05	3	1	0.07
Trust	48.88	7	2	0.07

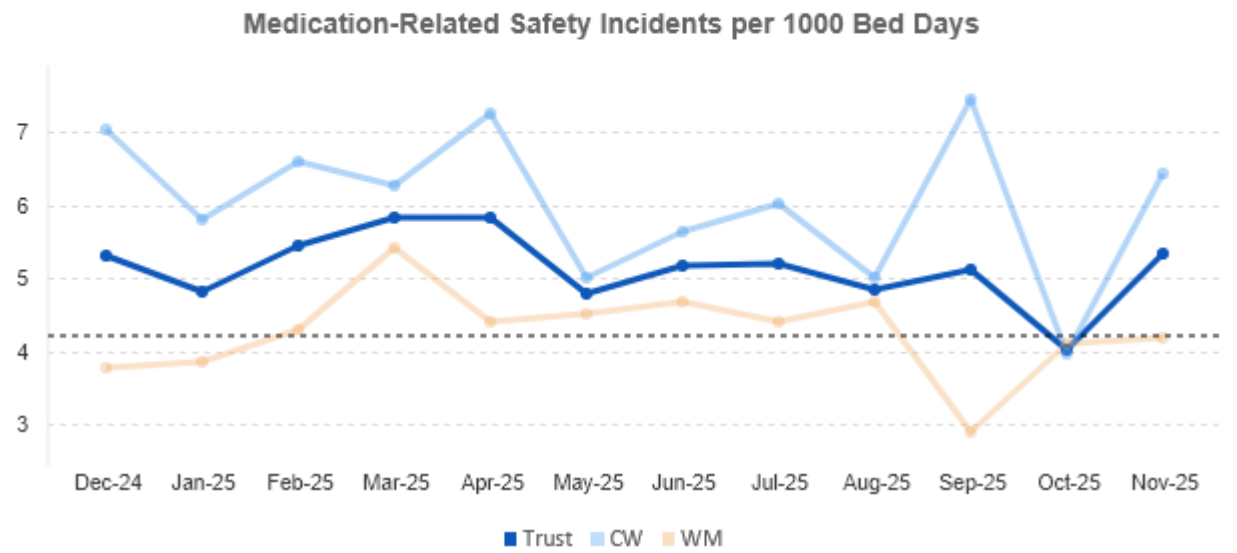
Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Incidents per 1000 FCE Bed Days (Target:)	CW	64.8	51.9	52.0	52.0	48.7	55.0
	WM	52.8	57.6	45.4	49.7	49.0	51.2
	Trust	58.7	54.7	48.6	50.8	48.9	53.1
Incidents Resulting in Severe Harm or Death (Target:)	CW	1	1	2	1	4	12
	WM	2	2	1	3	3	12
	Trust	3	3	3	4	7	24
Incidents Resulting in Death (Target:)	CW	0	1	1	0	1	4
	WM	1	0	0	1	1	3
	Trust	1	1	1	1	2	7
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.00	0.07	0.07	0.00	0.07	0.03
	WM	0.07	0.00	0.00	0.07	0.07	0.03
	Trust	0.04	0.03	0.03	0.03	0.07	0.03

Medication Safety Incidents

Safe

Trend



Narrative

- Trust targets achieved year to date net
- There was one incident of moderate harm reported at CW site relating to an incorrect dose of local anaesthesia administered in a surgical patient. This incident is currently under investigation.

In-Month Performance

	Medication Related Safety Incidents per 1000 Bed Days	Medication Related Safety Incidents With Moderate or Above Harm
CW	6.43	1.1%
WM	4.17	0.0%
Trust	5.33	0.7%

Year-to-Date Performance

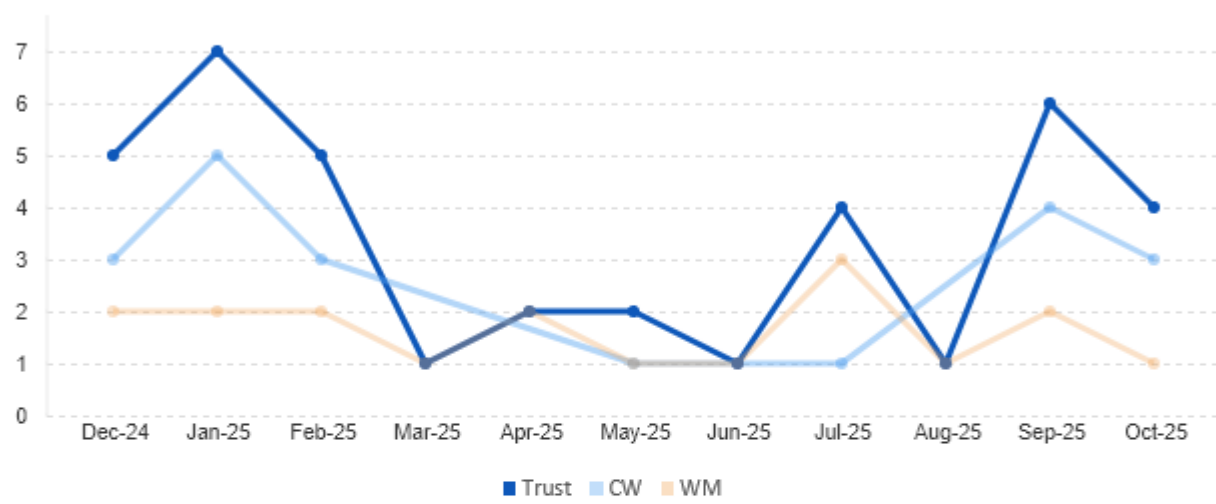
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Medication Related Safety Incidents per 1000 Bed Days (Target: >=4.2)	CW	6.01	5.01	7.46	3.97	6.43	5.83
	WM	4.41	4.68	2.89	4.09	4.17	4.21
	Trust	5.20	4.85	5.11	4.03	5.33	5.02
Medication Related Safety Incidents % Moderate or Above Harm (Target: <1%)	CW	0.0%	1.4%	0.9%	1.6%	1.1%	0.6%
	WM	0.0%	1.5%	0.0%	0.0%	0.0%	0.4%
	Trust	0.0%	1.4%	0.6%	0.8%	0.7%	0.5%

Incidents Reported on STEIS (Sis/PSIIs)

Safe

Trend

Patient Safety Incident Investigations



Narrative

Performance: The trend shows a reduction in the number incidents reported externally on StEIS. This is expected with PSIRF encouraging proportionate responses focused on learning opportunities. Within the 12-month rolling period, the PSII indication was as follows: 58% (19) locally defined incidents requiring local PSII, 39% (13) Nationally defined priority – MNSI and 3% (1) Nationally defined incident – Never events.

There were no PSIIIs declared in November.

Improvements: Themes are regularly reviewed and used to identify local quality and safety priorities and inform our Patient Safety Incident Response Plans (PSIRPs), which have been updated for 2025/26. Work streams continue for priority areas including care of the deteriorating patient and implementation of the new national safety standards for invasive procedures (which supports never event improvement).

Forecast Risks: The Trust is seeing delays in the completion of learning responses which is partly being caused by the learning curve and culture change that PSIRF requires. Local actions are underway with a focus on training and support for staff.

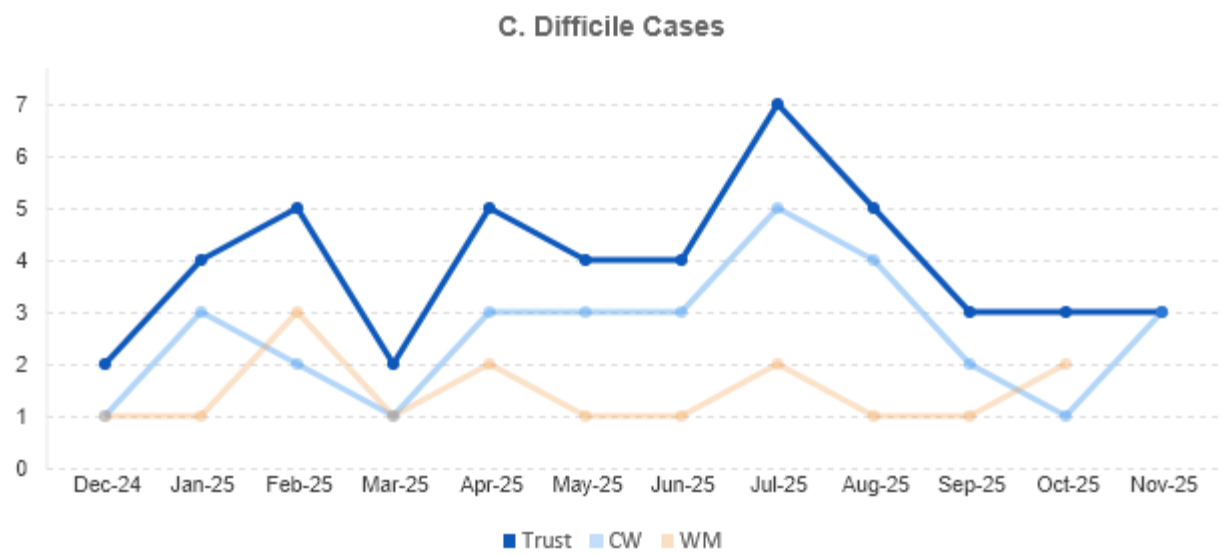
In-Month Performance

	Patient Safety Incident Investigations	Never Events	Learning Resp. Declared (AAR)	Learning Responses Declared (Thematic Review)	Learning Responses Declared (MDT)
CW	0	0	0	2	0
WM	0	0	5	2	0
Trust	0	0	5	4	0

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Patient Safety Incident Investigations	CW	1	0	4	3	0	9
	WM	3	1	2	1	0	11
	Trust	4	1	6	4	0	20
Never Events (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Learning Responses Declared (AAR)	CW	1	3	2	0	0	14
	WM	2	2	2	2	5	16
	Trust	3	5	4	2	5	30
Learning Responses Declared (Thematic Review)	CW	0	0	0	0	2	2
	WM	1	0	0	0	2	3
	Trust	1	0	0	0	4	5
Learning Responses Declared (MDT)	CW	0	0	0	0	0	2
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	2

Trend



In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	3	0
Trust	3	0

Year-to-Date Performance

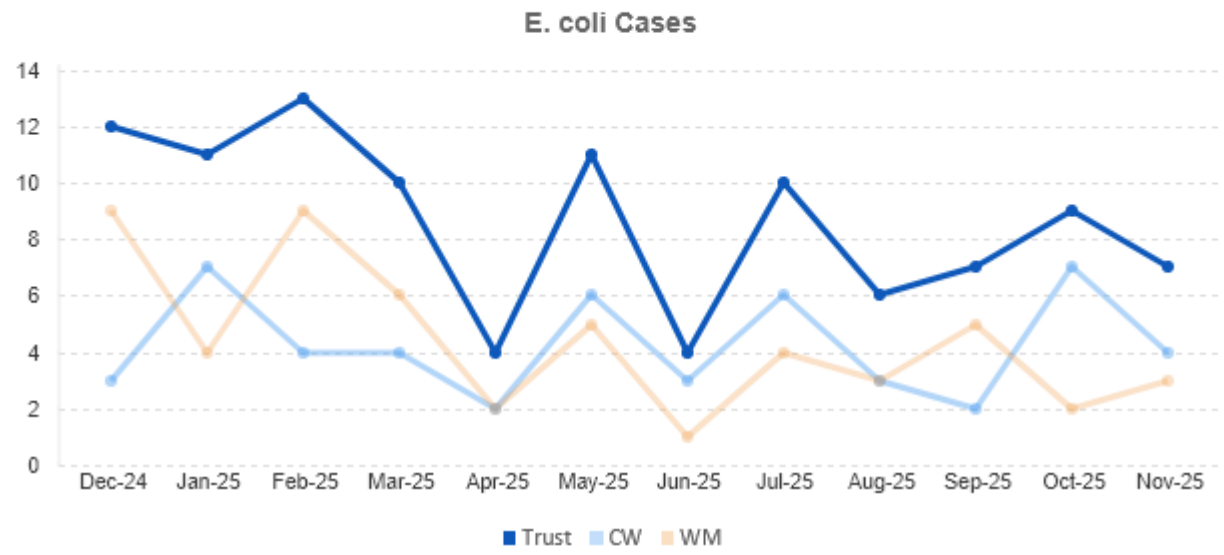
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
C. Difficile Cases (Target: <33)	CW	5	4	2	1	3	24
	WM	2	1	1	2	-	10
	Trust	7	5	3	3	3	34
MRSA Bacteraemia (Target: 0)	CW	1	1	1	0	0	3
	WM	1	0	0	0	-	1
	Trust	2	1	1	0	0	4

Narrative

MRSA
There were 0 MRSA bacteraemia cases in November 2025.

CDI
There were three healthcare associate CDI cases in November 2025. All cases occurred at CWH in the EIC division on AAU (x2) and Nell Gwynne (x1) wards. This breaches the whole year target of 33 cases set by NHS England in the standard contract however demonstrates a 29% reduction in cases in comparison to the same time period in the previous financial year. X2 PSIRF meetings have been held which did not identify any sub-optimal care that contributed to the development of disease, learning surrounding stool chart completion and adherence to IPC policies was discussed with ward teams. The third PSIRF meeting is pending.

Trend



Narrative

E.coli
There were 7 healthcare associated *E.coli* bacteraemias in November. There have been 58 cases this financial year against a whole year target of 99 cases. This is a reduction of 12% on the previous year.

Hand hygiene compliance
Compliance remained above the local 95% target in November 2025 at both hospital sites.

In-Month Performance

	E. Coli Cases	Hand Hygiene Compliance
CW	4	95.8%
WM	3	97.6%
Trust	7	96.6%

Year-to-Date Performance

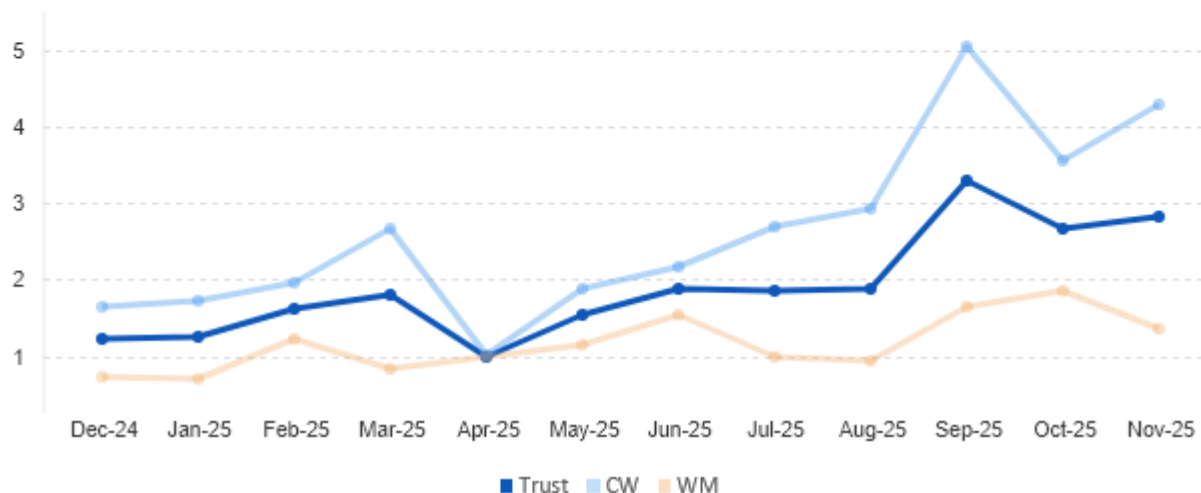
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
E. coli Cases	CW	6	3	2	7	4	33
	WM	4	3	5	2	3	25
	Trust	10	6	7	9	7	58
Hand Hygiene Compliance (Target: >95%)	CW	98.3%	98.9%	96.0%	95.2%	95.8%	96.3%
	WM	98.7%	99.0%	98.0%	96.1%	97.6%	97.7%
	Trust	98.5%	99.0%	96.9%	95.6%	96.6%	96.9%

Formal Complaints

Responsive

Trend

Complaints Received per 1000 Bed Days



Narrative

Complaints Performance – November - New Formal complaints: 59 (↓11% from 66 in October), New Informal (PALS): 229 (↓29% from 324 in October). Formal Complaints by Division - SCD: 27 (46%), EIC: 16 (27%), PC: 11 (19%), CSD: 3 (5%), Corporate: 1 (2%) and WLCH: 1 (2%). *Maternity remains the highest directorate, with concerns mainly around care quality, birthing experience, staff interactions, and clinical aspects. EIC complaints continue to focus on emergency and acute medicine and care provision.*

Response Compliance - Formal complaints - 95% responded within 25 working days in November (↑ from 89% in October and 64% in September). Positive trend driven by daily huddles, clearer escalation processes, and dedicated response writing within the Patient Experience team. Next step: Ensure sustainability as we move into December and the new calendar year.

Learning noted for November:

Imaging: Improved follow-up, second opinions, documentation review. **Trauma & Orthopaedics:** Quicker MRI referrals, analgesia delays addressed. **Gynaecology & Maternity:** Collaborative decisions, documentation standards, medicines management, personalised care. **Emergency Department:** improvement with discharge summaries. **Respiratory & General Surgery:** Improved pre procedure communication, education sessions.

Paediatrics: Compassionate communication reinforced

In-Month Performance

	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	4.3	92.9%	0	1
WM	1.4	100.0%	0	0
Trust	2.8	95.0%	0	1

Year-to-Date Performance

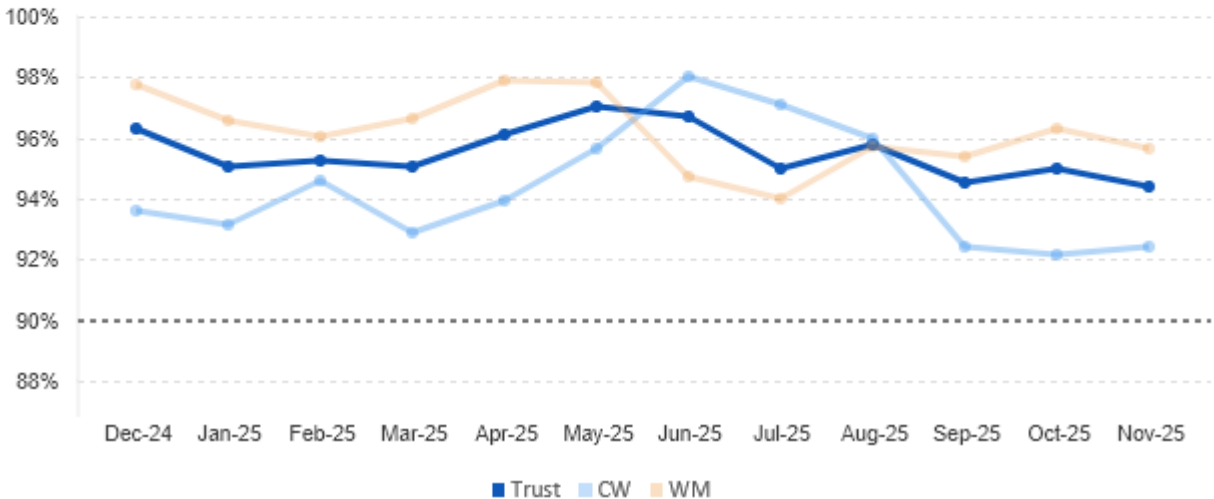
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Complaints Received per 1000 Bed Days	CW	2.7	2.9	5.1	3.5	4.3	2.8
	WM	1.0	0.9	1.6	1.8	1.4	1.3
	Trust	1.8	1.9	3.3	2.7	2.8	2.1
Complaints Responded to <25 Working Days (Target: >90%)	CW	80.0%	48.0%	59.5%	90.9%	92.9%	78.1%
	WM	52.6%	46.7%	100.0%	85.0%	100.0%	75.4%
	Trust	71.2%	47.5%	65.9%	89.3%	95.0%	77.4%
Complaints Responded to <45 Working Days (Target: >90%)	CW	95.0%	100.0%	91.9%	100.0%	Reports a month in arrears	95.6%
	WM	89.5%	86.7%	100.0%	90.0%		91.8%
	Trust	93.2%	95.0%	93.2%	97.3%		94.5%
Complaints Upheld by PHSO	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Complaints Open > 90 Days	CW	0	0	0	1	1	2
	WM	1	0	1	0	0	3
	Trust	1	0	1	1	1	5

Inpatient Friends & Family Test

Caring

Trend

% Good Experience



Narrative

There has been a significant increase in response volumes across both sites, with the most notable improvement at CW, where responses almost doubled compared to October (281 vs 502). Inpatient areas continue to perform strongly, consistently scoring above 90% for overall satisfaction. Positive feedback highlights key aspects of basic care, responsiveness, and attentiveness. While some wards report particularly strong experiences in certain themes, others show more variation. Positive Highlights - Richmond and Day Surgery Unit achieved excellent results across all domains, including respect, communication, and practical support. Syon 1 and AMU also performed well at scale, with strong scores for respect and involvement in care. Marble Hill 1 showed good performance on involvement and reassurance, alongside high overall satisfaction.

Areas for Improvement

- Involvement in care and treatment: Lower scores on Rainsford Mowlem, Nightingale, and David Erskine, indicating a need for better shared decision-making and clearer updates.
- Explaining ward moves: Weakest results on Rainsford Mowlem and David Erskine, with patients reporting insufficient explanation during transfers.
- Talking about worries and fears: Notably lower on Rainsford Mowlem and Nightingale, suggesting the need for structured reassurance and staff prompts.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	502	52.4%	92.4%	95.0%
WM	763	58.1%	95.7%	96.0%
Trust	1,265	55.7%	94.4%	95.6%

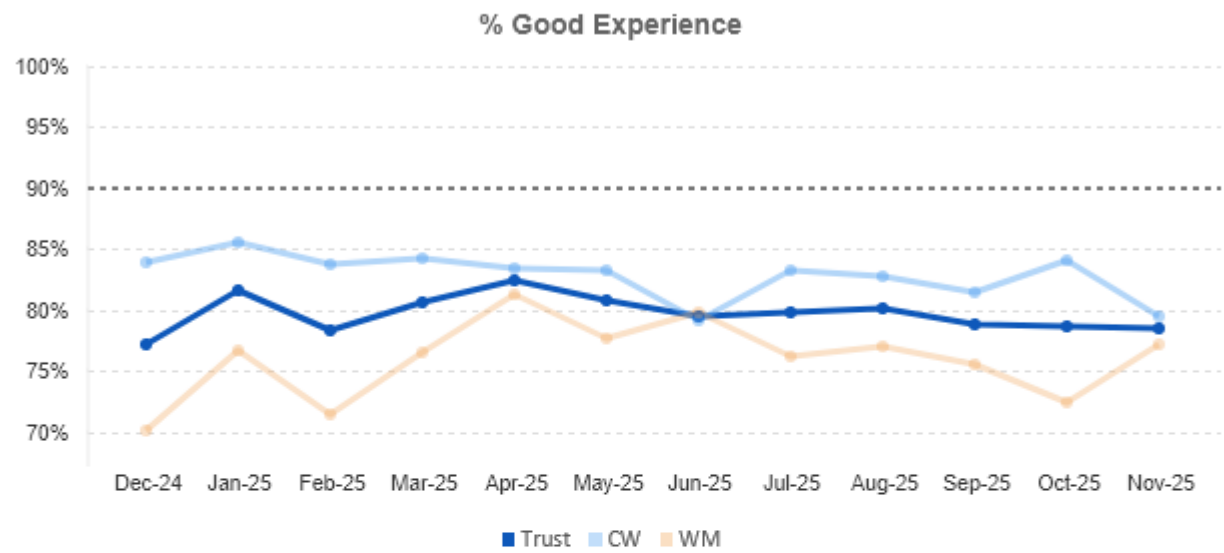
Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Responses	CW	311	273	277	281	502	2,623
	WM	703	513	632	573	763	4,426
	Trust	1,014	786	909	854	1,265	7,049
Response Rate (Target: >10%)	CW	42.7%	36.1%	29.8%	31.9%	52.4%	31.2%
	WM	49.4%	36.8%	51.4%	42.7%	58.1%	44.8%
	Trust	47.1%	36.6%	42.1%	38.4%	55.7%	38.5%
% Good Experience (Target: >90%)	CW	97.1%	96.0%	92.4%	92.2%	92.4%	94.4%
	WM	94.0%	95.7%	95.4%	96.3%	95.7%	96.0%
	Trust	95.0%	95.8%	94.5%	95.0%	94.4%	95.4%
Treated With % Dignity and Respect (Target: >90%)	CW	98.0%	96.0%	96.0%	97.0%	95.0%	95.3%
	WM	96.0%	98.0%	97.0%	100.0%	96.0%	96.3%
	Trust	96.7%	97.3%	96.6%	97.4%	95.6%	95.9%

Emergency Department Friends & Family Test

Caring

Trend



Narrative

At Chelsea and Westminster, Friends and Family Test (FFT) scores dipped slightly, with the combined result for Adults ED, Paediatric ED, and UCC falling to 79%, down from 84% in October. Adults ED remains relatively strong at 83%, indicating that the decline is mainly driven by UCC and Paediatric ED. Information provision continues to be the most common area for improvement.

West Middlesex saw a modest uplift, with overall A&E satisfaction rising from 74% to 77%. Adults ED contributed most to this improvement, achieving 81%, while UCC and Paediatric ED remain lower-scoring and continue to pull down the overall figure. Although refurbishment works at West Middlesex are now complete, any direct link to improved patient experience is unclear, and further data will be needed to confirm impact.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	954	9.0%	79.6%	85.0%
WM	804	7.5%	77.2%	82.0%
Trust	1,758	8.2%	78.5%	83.6%

Year-to-Date Performance

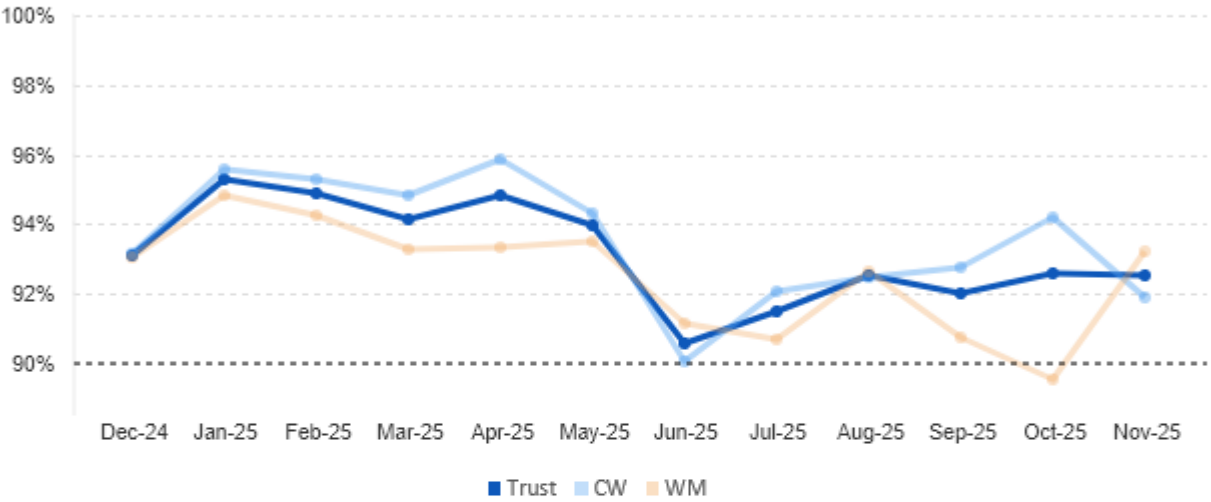
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Responses	CW	881	914	1,009	1,008	954	7,733
	WM	838	797	808	882	804	6,508
	Trust	1,719	1,711	1,817	1,890	1,758	14,241
Response Rate (Target: >10%)	CW	8.9%	9.7%	9.9%	9.3%	9.0%	10.0%
	WM	7.9%	8.5%	8.1%	8.3%	7.5%	8.4%
	Trust	8.4%	9.1%	9.0%	8.8%	8.2%	9.2%
% Good Experience (Target: >90%)	CW	83.2%	82.7%	81.5%	84.1%	79.6%	82.1%
	WM	76.1%	77.0%	75.5%	72.4%	77.2%	77.1%
	Trust	79.8%	80.1%	78.8%	78.7%	78.5%	79.8%
% Treated With Dignity and Respect (Target: >90%)	CW	88.0%	87.0%	86.0%	89.0%	85.0%	86.1%
	WM	82.0%	82.0%	81.0%	81.0%	82.0%	81.0%
	Trust	85.1%	84.7%	83.8%	85.3%	83.6%	83.7%

Outpatient Friends & Family Test

Caring

Trend

% Good Experience



Narrative

Outpatient feedback at CW continues to be challenging to interpret due to low sample sizes across many specialties. For those areas with sufficient responses, positives were noted in Gynaecology, while Rheumatology, General Medicine, and Dermatology continue to show less favourable results. Trauma & Orthopaedics and Vascular Surgery remain the most significant areas of concern, with themes consistent with previous months—long waits, unclear communication, and limited involvement in decision-making.

Outpatient feedback at WM remains challenging to interpret due to low sample sizes across many specialties, making it difficult to draw definitive conclusions. For those areas with more than 80 responses in November, there were encouraging results in Cardiology, Endocrinology, General Medicine, Gynaecology, and Urology. However, Trauma & Orthopaedics and Vascular Surgery continue to present the most significant concerns, with themes consistent with previous months—long waits, unclear communication, and limited involvement in decision-making.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,075	6.4%	91.9%	96.0%
WM	970	8.4%	93.2%	96.0%
Trust	2,045	7.2%	92.5%	96.0%

Year-to-Date Performance

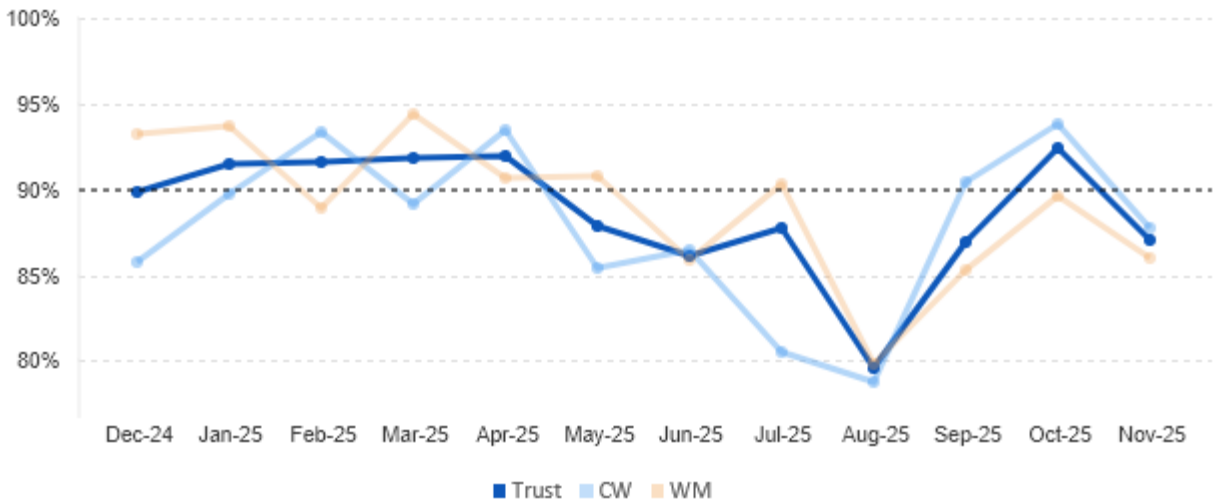
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Responses	CW	1,647	1,060	1,280	1,496	1,075	9,987
	WM	1,128	640	692	804	970	6,865
	Trust	2,775	1,700	1,972	2,300	2,045	16,852
Response Rate (Target: >10%)	CW	10.1%	7.6%	15.1%	15.5%	6.4%	9.5%
	WM	11.1%	7.1%	81.9%	11.9%	8.4%	10.0%
	Trust	10.5%	7.4%	21.1%	14.0%	7.2%	9.7%
% Good Experience (Target: >90%)	CW	92.0%	92.5%	92.7%	94.2%	91.9%	92.7%
	WM	90.7%	92.7%	90.8%	89.6%	93.2%	91.7%
	Trust	91.5%	92.5%	92.0%	92.6%	92.5%	92.3%
% Treated With Dignity and Respect (Target: >90%)	CW	97.0%	96.0%	98.0%	97.0%	96.0%	96.4%
	WM	95.0%	96.0%	96.0%	95.0%	96.0%	95.7%
	Trust	96.2%	96.0%	97.3%	96.3%	96.0%	96.1%

Maternity Friends & Family Test

Caring

Trend

% Good Experience



Narrative

At Chelsea and Westminster, maternity feedback remains broadly unchanged from October, with recurring themes around communication and information provision throughout the care journey. FFT response volumes fell, limiting insight, and satisfaction declined slightly. Complaints highlight areas for improvement including diagnosis accuracy, discharge planning, pain management, feeding support, communication, and confidentiality. Actions taken include reinforcing documentation standards, improving timeliness of pain relief, updating discharge protocols, and introducing a feeding support improvement programme. Bereavement training has also been enhanced to strengthen compassionate care.

At West Middlesex, response volumes remain low across most maternity areas, making interpretation difficult. Postnatal care was the only domain with sufficient responses (over 60), achieving 82%, a slight decline from October despite doubled responses. All other areas recorded fewer than 10 responses, underlining the need to increase engagement to ensure robust data for improvement planning.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	172	31.4%	87.8%	93.0%
WM	121	28.5%	86.0%	90.0%
Trust	293	30.1%	87.0%	91.8%

Year-to-Date Performance

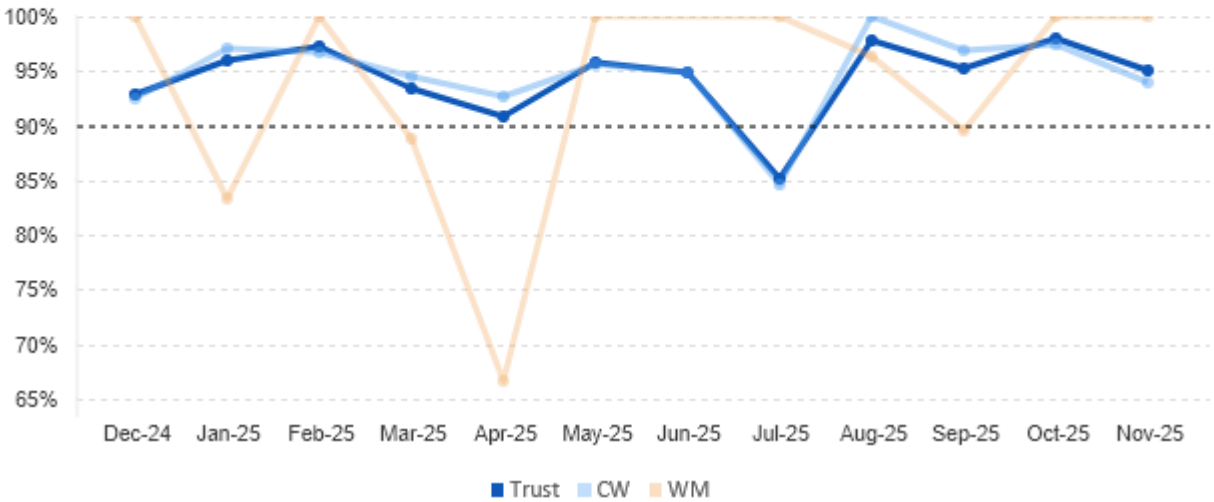
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Responses	CW	36	33	73	193	172	768
	WM	103	104	156	96	121	891
	Trust	139	137	229	289	293	1,659
Response Rate (Target: >10%)	CW	7.5%	7.2%	18.2%	38.4%	31.4%	20.2%
	WM	4.7%	5.4%	5.8%	3.8%	28.5%	7.6%
	Trust	5.2%	5.7%	7.4%	9.6%	30.1%	10.7%
% Good Experience (Target: >90%)	CW	80.6%	78.8%	90.4%	93.8%	87.8%	89.1%
	WM	90.3%	79.8%	85.3%	89.6%	86.0%	87.1%
	Trust	87.8%	79.6%	86.9%	92.4%	87.0%	88.0%
% Treated With Dignity and Respect (Target: >90%)	CW	86.0%	80.0%	90.0%	97.0%	93.0%	92.9%
	WM	94.0%	87.0%	93.0%	87.0%	90.0%	88.9%
	Trust	91.9%	85.2%	92.0%	93.9%	91.8%	90.9%

Children and Young People Friends & Family Test

Caring

Trend

% Good Experience



Narrative

Response rates remain very low across both sites, and even more so at WestMiddlesex, making it difficult to draw reliable conclusions. While satisfaction scores are consistently above 90%, the sample size is too small to be considered representative.

Work to improve engagement is ongoing, with changes to survey questions now at the final approval stage with the division, and launch planned for February/March. However, increasing response volumes remains a priority to ensure meaningful insight and robust improvement planning.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	57	9.5%	93.9%	96.0%
WM	8	2.4%	100.0%	100.0%
Trust	65	7.0%	95.1%	96.7%

Year-to-Date Performance

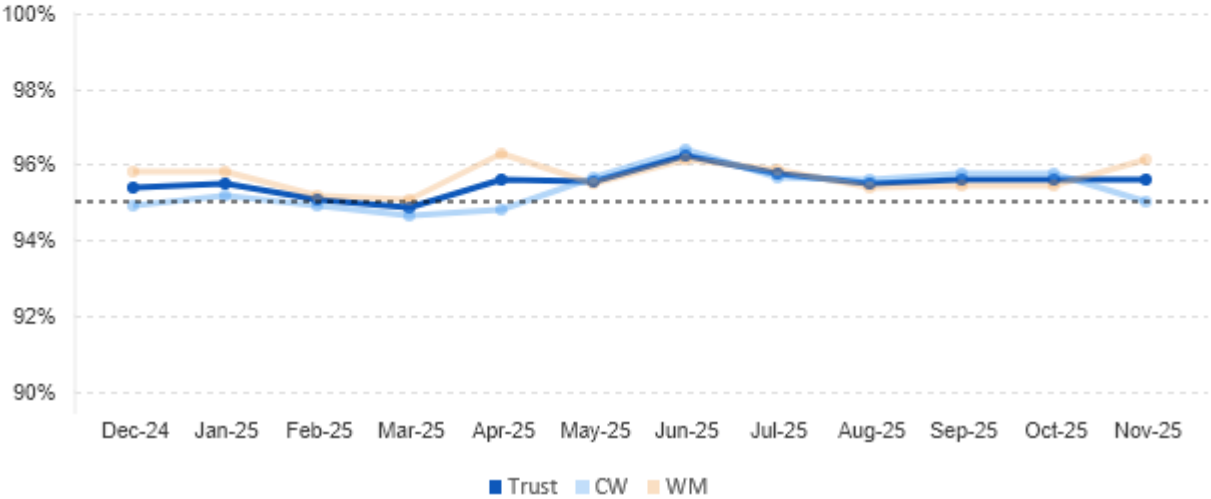
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Responses	CW	26	20	66	39	57	334
	WM	1	27	19	9	8	69
	Trust	27	47	85	48	65	403
Response Rate (Target: >10%)	CW	12.5%	9.9%	11.6%	13.8%	9.5%	13.2%
	WM	100.0%	100.0%	6.2%	2.7%	2.4%	4.3%
	Trust	12.9%	20.4%	9.7%	7.9%	7.0%	9.7%
% Good Experience (Target: >90%)	CW	84.6%	100.0%	97.0%	97.4%	93.9%	94.8%
	WM	100.0%	96.3%	89.5%	100.0%	100.0%	94.2%
	Trust	85.2%	97.9%	95.3%	97.9%	95.1%	94.7%
% Treated With Dignity and Respect (Target: >90%)	CW	90.0%	94.0%	96.0%	97.0%	96.0%	93.0%
	WM	0.0%	94.0%	95.0%	100.0%	100.0%	75.1%
	Trust	81.7%	94.0%	95.8%	97.4%	96.7%	89.5%

VTE Risk Assessments Completed

Safe

Trend

VTE Assessments Completed



Narrative

Hospital Associated VTE (HAT) Events:

- *Cross-Site:* 'VTE alert' included in positive VTE imaging reports for identification of VTE diagnosis.
- *CW Site:* HATs under-reported due to identification. Working with Trust business analyst to develop and implement digital identification and reporting from Cerner patient admission records. This is being monitored through Trust Patient Safety Group
- *Cross-Site:* All reported HATs on Datix undergo investigation with VTE lead clinical review, shared learning and any actions to prevent recurrence. Timely completion of HAT investigation form required by clinical teams.
- Quarterly review of HATs shared at Thrombosis and Thromboprophylaxis Group meeting, with appropriate action/wider dissemination and shared learning.

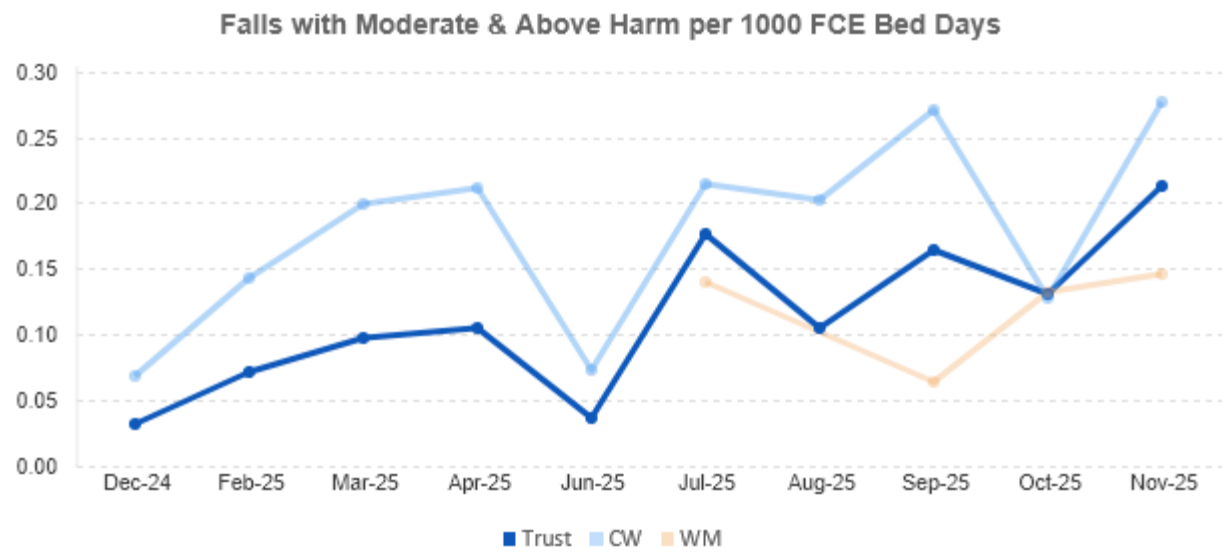
In-Month Performance

	VTE Assessments Completed	Hospital Aquired VTE Cases	Hospital Aquired VTE per 1000 FCE Bed Days
CW	95.0%	0	0.0
WM	96.1%	10	0.7
Trust	95.6%	10	0.4

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
VTE Assessments Completed (Target: >=95%)	CW	95.6%	95.6%	95.8%	95.7%	95.0%	95.6%
	WM	95.9%	95.4%	95.4%	95.4%	96.1%	95.8%
	Trust	95.8%	95.5%	95.6%	95.6%	95.6%	95.7%
Hospital Aquired VTE Cases	CW	1	1	0	0	0	3
	WM	4	2	2	6	10	41
	Trust	5	3	2	6	10	44
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.1	0.1	0.0	0.0	0.0	0.0
	WM	0.3	0.1	0.1	0.4	0.7	0.4
	Trust	0.2	0.1	0.1	0.2	0.4	0.2

Trend



Narrative

Increase in falls with moderate and severe harm at the Chelsea site. A thematic review of all falls with moderate or severe harm will be undertaken. This will be completed and the results available at the end of February. As an immediate response, weekly falls sessions have been updated and will recommence on the 17th December. A relaunch of the bay tagging initiative will occur in January, with members of the wider MDT included in education sessions.

There have been changes made to the Falls risk assessment and the Enhanced care assessment(both of which will be included in weekly sessions. Work is underway on a supporting Enhanced Therapeutic observations Policy, which will be sent to the appropriate governance groups in January 2026.

Compliance with falls risk assessments is currently showing as 66.5% and 75.1% across the Trust. However, our compliance for Adult inpatient wards is CW – 91% and WM – 94.1%, Which gives us a Trust position of 92.55%. The data submission is being reviewed with the information tam.

In-Month Performance

	Inpatient Falls with Moderate & Above Harm	Inpatient Falls Resulting in Severe Harm or Death	Falls with Moderate & Above Harm per 1000 FCE Bed Days	Falls per 1000 FCE Bed Days	Compliance with Falls Risk Assessment
CW	4	2	0.28	4.84	67.2%
WM	2	0	0.15	4.98	72.8%
Trust	6	2	0.21	4.91	69.9%

Year-to-Date Performance

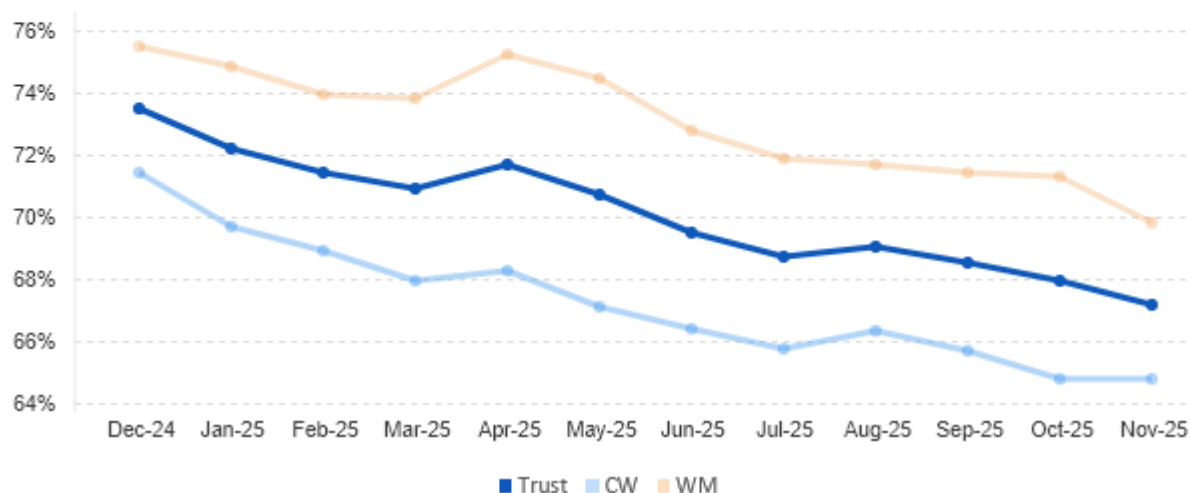
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Inpatient Falls with Moderate & Above Harm	CW	3	3	4	2	4	20
	WM	2	0	1	2	2	7
	Trust	5	3	5	4	6	27
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	1	1	2	1	2	8
	WM	1	0	0	1	0	2
	Trust	2	1	2	2	2	10
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.21	0.20	0.27	0.13	0.28	0.17
	WM	0.14	0.00	0.06	0.13	0.15	0.06
	Trust	0.18	0.10	0.16	0.13	0.21	0.12
Falls per 1000 FCE Bed Days	CW	2.65	4.13	3.19	4.42	4.84	3.99
	WM	4.48	3.60	5.00	3.76	4.98	4.25
	Trust	3.57	3.87	4.12	4.10	4.91	4.12
Compliance with Falls Risk Assessment (Target: >=90%)	CW	68.3%	68.5%	67.9%	67.2%	67.2%	68.5%
	WM	74.7%	74.8%	74.2%	73.6%	72.8%	75.1%
	Trust	71.4%	71.7%	71.0%	70.3%	69.9%	71.7%

Pressure Ulcers

Safe/Effective

Trend

% Compliance with Purpose T Risk Assessment



Narrative

Category 3&4 pressure damage: There are 3 cases of category 3 pressure damage reported in month, with the last incidence of category 3 being in July. All cases will be reviewed as an IIR or an AAR and learning will be brought through the Pressure Ulcer Group for further dissemination and monitoring.

Category 2: There has been 2 category 2 pressure ulcers reported in month which is an increase from the previous month.

MDR pressure damage: There has been 1 reported MDR pressure ulcers in month.

Themes

- Incorrect grading meaning true validation of category is happening later than is ideal.
- A lack of photographs being taken of pressure damage on admission or at the early stages of damage occurring.
- Risk assessments not always taking place on admission or on ward transfer in a timely manner.
- Need for clear and accurate documentation of ongoing wound care prevention and management plans.

Actions

There is a Trust wide action plan in place with regards to reducing hospital acquired pressure damage in addition to local action plans for areas of high prevalence. Targeted training and support will be directed to the areas at WMH where the category 3 damage has occurred. Learning from these incidents will be shared Trust wide.

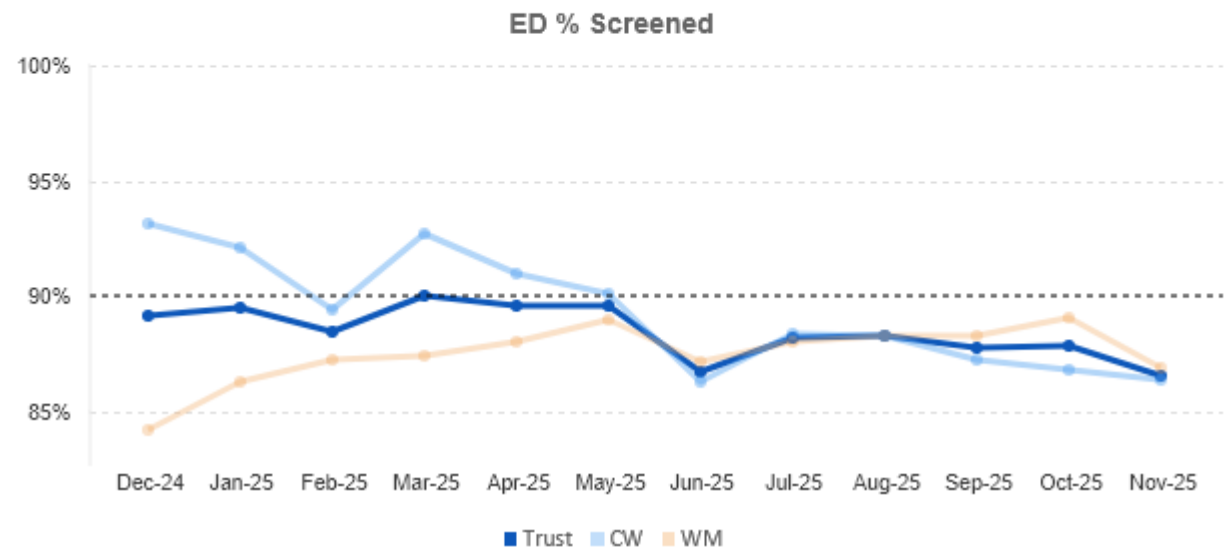
In-Month Performance

	Compliance with Purpose T Risk Assessment	Category 2 Pressure Ulcers	Category 3 Pressure Ulcers	Category 4 Pressure Ulcers	Category 3/4 Pressure Ulcers per 1000 FCE Bed Days
CW	64.8%	1	0	0	-
WM	69.8%	1	3	0	-
Trust	67.2%	2	3	0	-

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Compliance with Purpose T Risk Assessment (Target: >=90%)	CW	65.8%	66.3%	65.7%	64.8%	64.8%	66.1%
	WM	71.9%	71.7%	71.4%	71.3%	69.8%	72.3%
	Trust	68.7%	69.0%	68.5%	67.9%	67.2%	69.1%
Category 2 Pressure Ulcers	CW	2	1	3	0	1	9
	WM	0	3	2	1	1	14
	Trust	2	4	5	1	2	23
Category 3 Pressure Ulcers (Target: 0)	CW	2	0	0	0	0	2
	WM	0	0	0	0	3	7
	Trust	2	0	0	0	3	9
Category 4 Pressure Ulcers (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Medical Device Related Pressure Ulcers	CW	0	0	2	0	1	4
	WM	1	0	0	0	0	4
	Trust	1	0	2	0	1	8

Trend



Narrative

Deterioration in performance in ED across both sites, likely to reflect volume of admissions and higher acuity in presentations. Fall in 'clinical' review at CW driven by seasonal variation of paediatric population not requiring antibiotics

Stable performance across in-patient areas

In-Month Performance

	ED % Screened	ED % Potential Red Flags Reviewed	Ward % Screened	Ward % Potential Red Flags Reviewed
CW	86.3%	67.2%	84.6%	95.3%
WM	86.9%	94.7%	86.2%	96.9%
Trust	86.6%	78.1%	85.3%	96.0%

Year-to-Date Performance

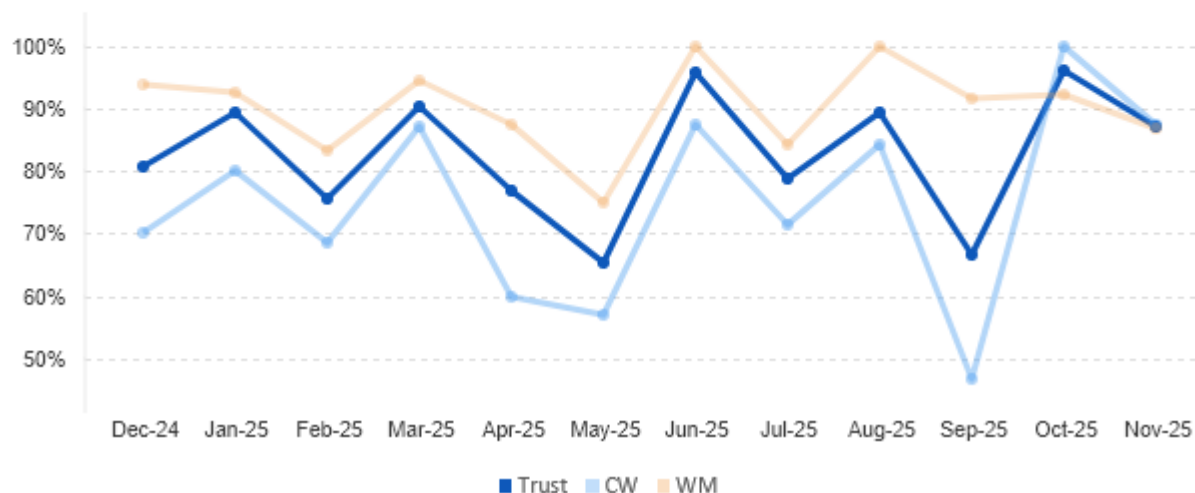
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
ED % Screened (Target: >90%)	CW	88.4%	88.3%	87.2%	86.8%	86.3%	87.9%
	WM	88.0%	88.3%	88.3%	89.0%	86.9%	88.1%
	Trust	88.2%	88.3%	87.7%	87.8%	86.6%	88.0%
ED % Potential Red Flags Reviewed (Target: >90%)	CW	88.6%	90.3%	77.4%	76.5%	67.2%	80.3%
	WM	94.7%	90.6%	94.3%	94.8%	94.7%	93.2%
	Trust	91.5%	90.4%	85.0%	84.9%	78.1%	85.9%
Ward % Screened (Target: >90%)	CW	83.1%	82.8%	85.5%	83.5%	84.6%	84.8%
	WM	88.6%	88.7%	87.9%	88.6%	86.2%	89.2%
	Trust	85.6%	85.5%	86.6%	85.8%	85.3%	86.9%
Ward % Potential Red Flags Reviewed (Target: >90%)	CW	95.5%	97.8%	96.0%	93.1%	95.3%	95.1%
	WM	96.0%	96.6%	96.8%	96.3%	96.9%	96.1%
	Trust	95.7%	97.2%	96.3%	94.7%	96.0%	95.6%

Best Practice

Safe

Trend

NoF Time to Theatre <36hrs for Medically Fit Patients



Narrative

NoF Time to Theatre: Compliance across both sites has remained positive for two consecutive months. At WM, 13 out of 16 medically fit patients underwent surgery within 36 hours. Of the three who did not, one required further pre-operative investigations with delays in results, while two were affected by theatre availability due to complex case overruns. At CW, 14 out of 16 medically fit patients received surgery within 36 hours, with delays attributed to additional investigations and complex cases in theatre. The improvement action plan continues to be implemented which is monitored through the divisional performance meeting.

Same sex accommodation: There were 29 breaches in month at the West Middlesex site all due to delayed discharges from ICU. The team continue to work with the site team on a winter plan for timely discharges

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

Dementia Screening: compliance has improved from last month and remains above target

In-Month Performance

	NoF Time to Theatre <36hrs for Medically Fit Patients	Breach of Same Sex Accommodation	Time Spent on Dedicated Stroke Unit	Dementia Screening Case Finding
CW	87.5%	0	94.1%	97.4%
WM	86.7%	29	92.9%	98.0%
Trust	87.1%	29	93.3%	97.8%

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
NoF Time to Theatre <36hrs for Medically Fit Patients (Target: 100%)	CW	71.4%	84.2%	46.7%	100.0%	87.5%	74.1%
	WM	84.2%	100.0%	91.7%	92.3%	86.7%	89.2%
	Trust	78.8%	89.3%	66.7%	96.0%	87.1%	81.7%
Breach of Same Sex Accommodation	CW	0	0	0	0	0	0
	WM	31	32	28	27	29	248
	Trust	31	32	28	27	29	248
Time Spent on Dedicated Stroke Unit (Target: >80%)	CW	61.5%	84.6%	83.3%	95.5%	94.1%	87.6%
	WM	88.9%	100.0%	87.0%	93.1%	92.9%	92.2%
	Trust	77.4%	92.3%	85.7%	94.1%	93.3%	90.3%
Dementia Screening Case Finding (Target: >90%)	CW	93.6%	87.6%	94.5%	93.4%	97.4%	93.8%
	WM	90.8%	68.5%	93.5%	95.3%	98.0%	90.9%
	Trust	92.1%	76.6%	94.0%	94.5%	97.8%	92.2%



Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-25	Oct-25	Nov-25	2025-2026	Sep-25	Oct-25	Nov-25	2025-2026	Sep-25	Oct-25	Nov-25	2025-2026 Q3	2025-2026	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:22	1:21	1:22	1:22	1:26	1:31	1:26	1:26	1:24	1:26	1:24	1:24	1:24	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	-
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	408	487	404	3456	378	363	339	2936	786	850	743	1593	6392	-
	Total number of bookings (Target:> CW 580 WM 478)	578	622	532	4612	489	441	401	3550	1067	1063	933	1996	8162	-
	Maternity 1:1 care in established labour (Target: >95%)	97.0%	97.0%	95.0%	97.9%	97.0%	99.0%	99.0%	97.9%	97.0%	98.0%	97.0%	97.5%	97.9%	-
Safety	Admissions >37/40 to NICU/SCBU	0	22	0	93	16	15	15	188	16	37	15	22	93	-
	Number of reported Serious Incidents	2	2	4	28	1	2	1	16	3	4	5	9	44	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	1	1	0	0	0	1	0	0	1	1	2	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	6.0%	5.0%	10.0%	6.4%	7.0%	8.0%	7.0%	6.3%	6.5%	6.5%	8.5%	7.5%	6.3%	-
	Number of stillbirths	2	2	2	12	0	2	1	8	2	4	3	7	20	-
	Number of Infant deaths	0	1	0	5	1	1	1	13	1	2	1	3	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	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-
	Spontaneous unassisted vaginal births	19.0%	26.0%	24.0%	23.9%	30.0%	27.0%	31.0%	28.7%	24.5%	26.5%	27.5%	27.0%	26.3%	-
	Vaginal Births - spontaneous & induced	36.0%	40.0%	39.0%	38.3%	41.0%	42.0%	47.0%	42.4%	38.5%	41.0%	43.0%	42.0%	40.3%	-
	Instrumental deliveries	50	71	58	471	34	40	37	339	84	111	95	206	810	-
	Pre-labour elective caesarean sections	85	92	84	686	59	56	46	439	144	148	130	278	1125	-
	Emergency caesarean sections in labour	125	120	96	935	129	114	97	908	254	234	193	427	1843	-



Please note that some of the metrics require full validation and will be updated in the following months report.
The above dashboard metrics covers workforce, birth indicators, safety and clinical outcomes.

Workforce

In November, the midwifery staffing ratios were reported as 1:26 at the Chelsea site and 1:22 at West Middlesex. The latest *Birthrate Plus* (2024) recommendations advise revised staffing ratios of 1:23 at Chelsea (previously 1:26) and 1:21 at West Middlesex (previously 1:22), reflecting current levels of acuity and activity. While the national birth rate continues to decline, local data indicates an increase in acuity particularly among women categorised as levels 4 and 5 (high risk) with a corresponding reduction in low-risk (category 1) cases. This evolving case mix has important implications for workforce planning and the delivery of safe maternity care. Despite significant investment a staffing shortfall of 33 WTE remains. In response, the Executive Management Board has approved demand management measures to maintain safety across both sites. These include reducing births at the Chelsea site by 509 (from 700 annual bookings) and at the West Middlesex site by 336 (from 400 annual bookings), enabling alignment with the revised staffing ratios. The service implemented the demand management initiative from 6th October 2025, with an expected reduction in AN activity from December 2025 and births in late Spring 2026.

The maternity team is currently reviewing all incoming and outgoing referrals within North West London and have implemented a tiered triage process to ensure equitable access. Collaborative planning has begun with neighbouring hospitals expected to see increased activity due to these changes. Importantly, women with high-risk pregnancies or those who book later in pregnancy will not be disadvantaged by the demand management strategy.

Red flags and Birthrate Plus Compliance

All red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input.

West Middlesex Site

- **Labour Ward:** Compliance decreased to 82% from 90% in October, with 3 red flags reported (a increase – 1 in October)
 - Delayed or cancelled time critical activity (n=1)
 - Delay in providing pain relief (n=2)
- **Birth Centre:** Compliance remained stable at 67% from 65% in October with no red flags reported (stable – 0 in October)
- **Antenatal Ward:** Compliance increased to 81% from 72% in October with 4 red flags reported (an increase – 1 in October)
 - Delayed or cancelled time critical activity (n=1)
 - Delay between admission for induction and start of process (n=3)
- **Postnatal Ward:** Compliance increased to 95% from 87% in September with no red flags reported (a decrease - 1 in October)

Summary

Overall, red flag incidents showed an increase in November. Compliance in completion of the acuity app showed a marked increase, particularly on the Chelsea site. The senior leadership team continues to review incidents to identify causes and ensure sustained compliance. While WMUH reporting has been consistently good, the Chelsea site has historically demonstrated fluctuations in Birthrate Plus Acuity App reporting, which impacts confidence.

Chelsea and Westminster Site

- **Labour Ward:** Compliance increased to 72% from 61% in October, with 6 red flags reported (a increase – 1 in October)
 - Delayed or cancelled time critical activity (n=1)
 - Delay in providing pain relief (n=2)
 - Delay between admission for induction and beginning of process (n=1)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman in established labour (n=1)
 - Co-ordinator unable to maintain supernumerary status: NOT providing 1:1 care (n=1)
- **Birth Centre:** Compliance increased to 53% from 47% in October with 3 red flags reported (stable - 3 in October)
 - Delay in providing pain relief (n=1)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman in established labour (n=1)
 - No additional support MW available (No second MW for birth) (n=1).
- **Simpson Unit (Recovery & HDU):** Compliance increased to 65% from 56% in October, with 1 red flag reported (stable - 1 in October)
 - Delayed/cancelled time-critical activity (n=1)
- **Antenatal Ward:** Compliance increased to 59% from 35% in October, with 4 red flags reported (and increase - 3 in October)
 - Delayed or cancelled time critical activity (n=1)
 - Delay between admission for induction and beginning of process (n=2)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman in established labour (n=1)
- **Postnatal Ward:** Compliance increased to 79% from in 76% October, with no red flags reported (a decrease – 2 in October)



Neonatal Staffing

The neonatal leadership team continue to strengthen the local QIS programme to optimise skill mix. At the Chelsea site, QIS compliance remains the same at 39%, which is expected to improve in Spring 2026, when 7 nurses complete their consolidation of practice in ITU. Recruitment under Phase 1 and 2 of the neonatal business case has been completed, increasing establishment by 16 WTE above budgeted levels, reinforcing the Trust's commitment to achieving BAPM compliance. WMUH rates declined from 64% to 56%, which is mainly due to QIS dilution secondary to increase in total number of staff for the LNU re-designation. There is a plan in place to send a large cohort to QIS program in February 2026, which will boost QIS rate just in time for the expansion.

Both sites remain compliant with 98 hours of dedicated consultant labour ward presence and twice-daily ward rounds. As part of MIS Year 7, Safety Action 4, the service continues to demonstrate an effective clinical workforce in line with the RCOG 'Roles and Responsibilities of the Consultant' framework. Since February 2023, all short-term locums (<2 weeks) have been required to meet RCOG and GMC certification compliance, with details reported in the Q Maternity and Neonatal Staffing Report.

At WMUH, additional paediatric locum cover is being utilised to maintain BAPM standards for a Level 2 unit. The Trust has now received ICB approval to progress with re-designating the SCBU to a Level 2 Local Neonatal Unit (LNU). Task-and-finish groups will be established to oversee project delivery, supported by guidance from a neighbouring Trust that has recently completed a successful SCBU-to-LNU transition. In October 2025, the BAPM guidance changed requiring more dedicated Tier 2 cover and Consultant cover than what is planned for in the Level 2 business case. We have a separate work stream to work towards the updated BAPM guidance.

Safety:

WM site: There was 1 patient safety incidents:

IIR – Neonatal death in A&E (escalated for review)

Datix reporting system: There were 137 Datix incidents reported on Datix (an increase – 107 in October)

- 24 Access to care/admissions
- 18 Communication
- 7 Unexpected admissions to SCBU

Incidents not yet closed over 3 months old x156 (an increase from October)

CWH site: There were 4 patient safety incidents:

- IIR – Neonatal death at 26/40 (escalated for review)
- IIR – Neonatal death at 40/40 (escalated for review/MNSI referral)
- IIR – Therapeutic hypothermia (MNSI referral)
- IIR – Delay in diagnosis HSV (escalated for review)

Datix reporting system: There were 108 Datix incidents reported (a decrease – 174 in October)

- 18 Delay in access to care/hospital
- 14 Transfusion policy – x29 BT was not informed when the MOH/PPH event was stood down; x6 Traceability
- 9 Medication errors
- 8 MOH

Incidents not yet closed over 3 months old x10 (an increase from October)

Neonatal Service:

- Number of Datix: 89 (45 CW + 44 WM)



Currently CW site have the oldest incident from 06/06/25, and the team reviewed and closed 145 incidents in August 2025.

1. **PMRT (Cross site):** CW site reported 5 cases (SB @ 26+3, SB @ 28+2, NND @ 36+0 – 2 days of life, NND @ 26+2 – 6 days of life, NND @ 40+0 – 2 days of life). WMUH reported 2 cases (IUD @ 31+6, NND @ 39+0 24 days of life).
2. **ATAIN (Cross site):** WMUH, 14 term admissions with a term admission rate of 4.16% awaiting full review. CW data was not available at the time of publication.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. 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. **Saving Babies Lives Care Bundle v.3.2:** There has been an increase in compliance to 96% of interventions at the close of Q2 (Pending LMNS verification of evidence – 90% at close of Q1). Improvements were noted in Element 1 and Element 2. LMNS assessment of all related evidence is still pending for Q2, however it is pertinent to note that the LMNS are assessing metrics as compliant when practice is embedded and improvements are being seen, even if targets are not yet being met.

Element 1: Reducing smoking: Compliance within this element has improved significantly, with challenges remaining in CO monitoring, smoking status documentation and individuals setting quit dates. Notably the cross site Tobacco dependency service will not be continuing into the next quarter, and this is predicated to have an impact on both the service provided and the access to data related to smoking cessation. **Compliant with 9/10 interventions**

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction: A drop in detection rates of growth restricted babies has been noted across Q2, prompting a multidisciplinary action plan to commence. **Compliant with 20/20 interventions.**

Element 3: Raising awareness of reduced fetal movements: Element 3 compliance is at 100%, however induction of labour rates have been noted to increase above the target threshold (particularly on the Chelsea site) for those reporting reduced fetal movements prior to 39 weeks gestation, prompting . **Compliant with 2/2 interventions.**

Element 4: Effective fetal monitoring during labour: The service has now fully implemented physiological CTG interpretation which has been seen to have an anecdotally positive impact on outcomes. Data will be collected to monitor this on an ongoing basis. Hourly risk assessments in labour remain below the target threshold, however improvements continue to be made. **Compliant with 5/5 interventions.**

Element 5: Reducing Pre-term Birth: Element 5 compliance is being strengthened through updates to the preterm birth risk assessment, integration into the K2 system, and actions in response to declines in Actim Partus testing, neonatal counselling documentation, delayed cord clamping and temperature monitoring. These measures, supported by updated guidance, parent information resources, and staff communications, are expected to achieve full compliance across interventions by the end of Q3 2025. **Compliant with 25/27 interventions.**

Element 6: Management of Pre-existing Diabetes in pregnancy: No concerns noted in this element. **Compliant with 6/6 interventions.**

Perinatal Quality Surveillance Model



Chelsea and Westminster Hospital
NHS Foundation Trust

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Sep-25	Oct-25	Nov-25	2025-2026	Sep-25	Oct-25	Nov-25	2025-2026	Sep-25	Oct-25	Nov-25	2025-2026 Q3	2025-2026
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	90.0%	94.0%	97.0%	91.3%	93.0%	96.0%	97.0%	92.3%	91.5%	95.0%	97.0%	96.0%	91.8%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	94.0%	91.0%	98.0%	93.9%	97.0%	95.0%	95.0%	94.0%	95.5%	93.0%	96.5%	94.8%	93.9%
	Service User Feedback FFT	90.4%	93.8%	87.8%	89.1%	85.3%	89.6%	86.0%	87.1%	86.9%	92.4%	87.0%	89.7%	88.0%
	Staff Feedback from board safety champion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0	0
	Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	9	0	0	0	0	9
	Progress in achievements of NHSR MIS (10 safety actions) Green									9	9	9	18	55
	Progress in achievements of NHSR MIS (10 safety actions) Amber									1	1	1	2	10.5
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	10
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

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

Perinatal Quality Surveillance Model



NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Perinatal Quality Surveillance Model

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

Multi-professional mandatory training and fetal monitoring training: In November, overall multi-disciplinary training compliance increased slightly to 97% (WM) and 97% (CW). Fetal monitoring training continues to exceed the 90% compliance target, at 95% (WM) and 98% (CW). All newly appointed staff have been scheduled to attend mandatory training within the next three months. While training compliance naturally varies depending on individual staff training cycles, the Practice Development and Fetal Monitoring teams have a clear, structured plan to ensure all staff complete both training components within a rolling 12-month period. There was no impact demonstrated as a result of the planned resident doctor strikes in November.

The training needs analysis is aligned with the Core Competency Framework, and the new training year has commenced with revised content. This includes the introduction of 'Trauma-Informed Care' as a key component. Cultural safety training, which formed part of last year's curriculum, remains embedded within the current programme, reflecting the department's ongoing commitment to fostering diversity, inclusion, and culturally responsive care for both staff and service users.

Service user feedback: The maternity service collects monthly feedback via the Friends and Family Test (FFT). At the Chelsea site, positive feedback decreased from 94% in October to 87% in November. Respondents were predominantly White Other (37%), White-British (32%), and Black-Black British (5%), with most aged 25–34 years (49%) and 87% English-speaking. The lowest-scoring areas remained involvement in decision-making (85%) and whether concerns were taken seriously (76%) with the same results seen in October. In contrast, 97% felt they were treated with respect and dignity.

At the West Middlesex site, positive feedback decreased from 88% in October to 83% in November. Respondents included Asian/Asian British-Indian (32%), White British (26%), and White-Other (10%), with most aged 25–34 years (51%). Lowest scores remained consistent with September related to concerns being taken seriously (68%) and involvement in decision-making (84%), however the latter saw significant improvement from 75% in October. In contrast, although 92% reported having the opportunity to ask questions.

Across both sites, recurring negative themes focus on staff attitude and behaviour, communication, discharge processes and delays in care (mainly induction of labour and caesarean section). At Chelsea, environmental issues such as temperature, space, and meals were also highlighted. These findings identify clear priorities for service improvement which are captured in the services patient experience action plan.

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

Maternity (Perinatal) incentive Scheme year 7: MIS Year 7, Version 1.0, published on 2 April 2025, marks the start of a new reporting period with revisions to parts of the technical guidance. The service is currently reporting compliance with 9 of the 10 Safety Actions and partial compliance with 1, (Safety Action 1). Action plans remain in progress for Safety Action 3 (Transitional Care at WMUH) and Safety Action 4 (Neonatal Nursing at CW), and the service is on track to achieve full compliance within the reporting period.

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.



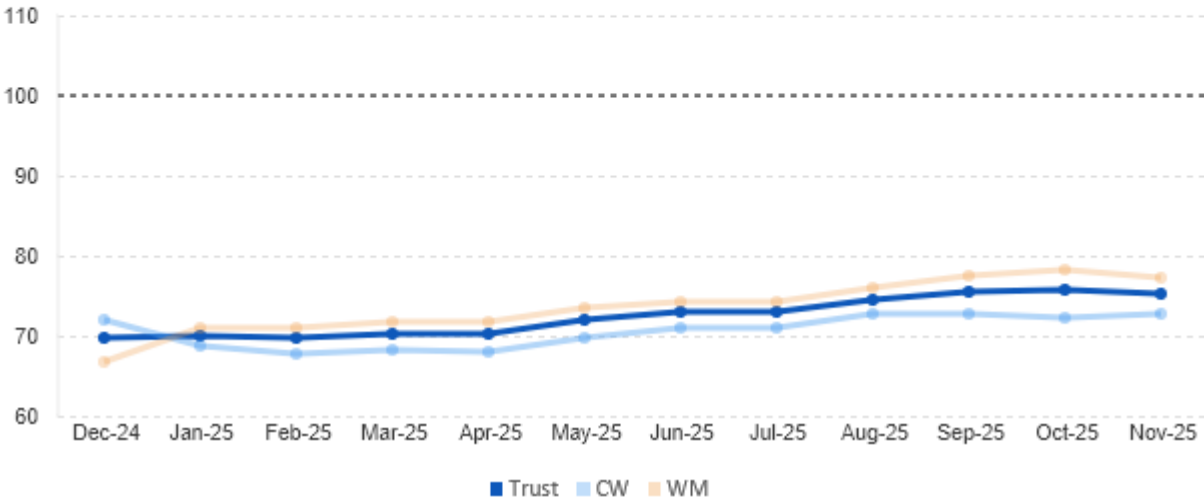
Mortality

Summary Hospital-level Mortality Index

Effective

Trend

Summary Hospital-level Mortality Index



Narrative

Stable mortality indicaes across both sites since the change in coding of low risk SDEC patients out of the in-patient database to ECDS activity.

Crude mortality rates (not pictured in the graph) also remain stable across each site.

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	72.8	69.5
WM	77.1	82.3
Trust	75.3	76.9

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
SHMI (Target: <100)	CW	71.0	72.6	72.8	72.3	72.8	71.3
	WM	74.3	76.0	77.5	78.2	77.1	75.3
	Trust	72.9	74.6	75.5	75.7	75.3	73.6
HSMR (Target: <100)	CW	78.3	78.6	78.4	68.2	69.5	74.6
	WM	84.2	81.0	84.3	83.7	82.3	84.0
	Trust	80.5	79.5	80.6	77.3	76.9	79.1



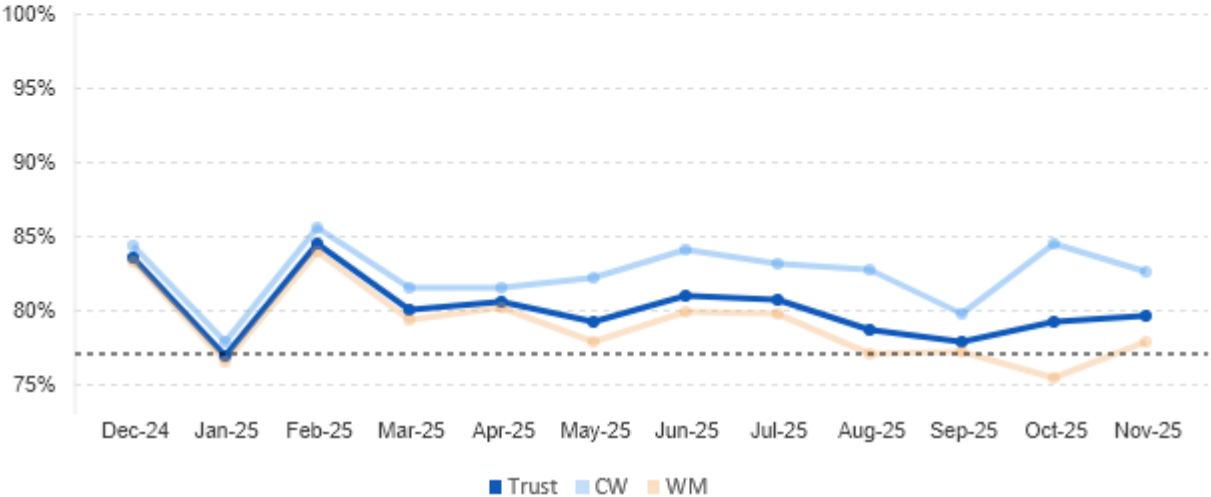
Patient Access

Access to Cancer Care (Diagnosis)

Responsive – Operating Plan

Trend

28 Day Faster Diagnosis Standard



Narrative

The Trust continues to meet the National KPI for 28 Day FDS (77%) in October 25 (validated) and is on track in November at 79.6 % unvalidated.

Some services remain challenged services presenting a risk to compliance of our internal 80% target, however this is moving in the right direction. Particularly challenged specialties include Sarcoma due to capacity, as well as Skin, Urology, Head and Neck and Haematology. Assurance meetings remain in place for all specialty areas.

Our 2ww pathways continue to remain above the national compliance metrics despite a slight drop in performance. Compliance has been primarily driven by Skin, Sarcoma and Breast pathways.

In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	82.6%	93.4%
WM	77.9%	95.8%
Trust	79.7%	94.8%

Year-to-Date Performance

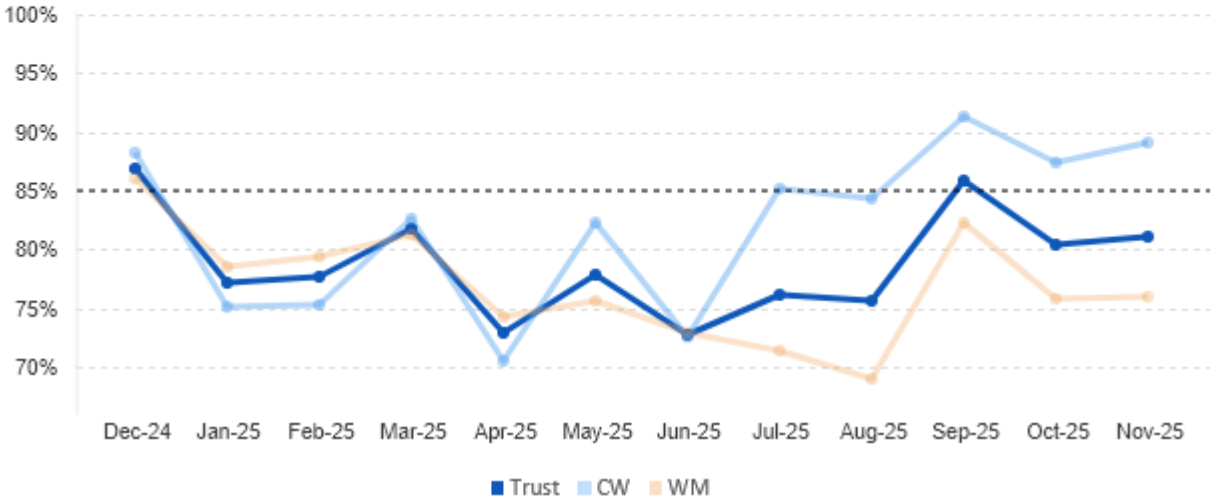
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
28 Day Faster Diagnosis Standard (Target: >=77%)	CW	83.1%	82.7%	79.8%	84.5%	82.6%	82.7%
	WM	79.8%	77.1%	77.2%	75.5%	77.9%	78.2%
	Trust	80.7%	78.6%	77.9%	79.2%	79.7%	79.6%
2 Weeks from Referral to First Seen (All Urgent Referrals) (Target: >=96%)	CW	88.0%	95.6%	97.3%	95.1%	93.4%	94.4%
	WM	95.8%	97.7%	95.9%	94.3%	95.8%	96.1%
	Trust	92.7%	96.8%	96.5%	94.7%	94.8%	95.4%

Access to Cancer Care (Treatment)

Responsive – Operating Plan

Trend

62 Day GP Referral to First Treatment Combined



Narrative

The Trust continues to see an overall strong 62D performance, with the uploaded and validated performance for October meeting the National KPI compliance of over 80.4%. This is a reduction from our September performance, there were several services with complex pathways coming through that unfortunately impacted overarching performance.

The current unvalidated position for November, is 80.7%, with stronger performances in a lot of areas. Urology, whilst non-compliant is maintaining performance despite the high level of ITRs with shared breaches falling in-month.

The Trusts 31D position remains strong and above the National KPIs of 96% with a validated October position of 97.3% and an unvalidated position for November being 99.4%

In-Month Performance

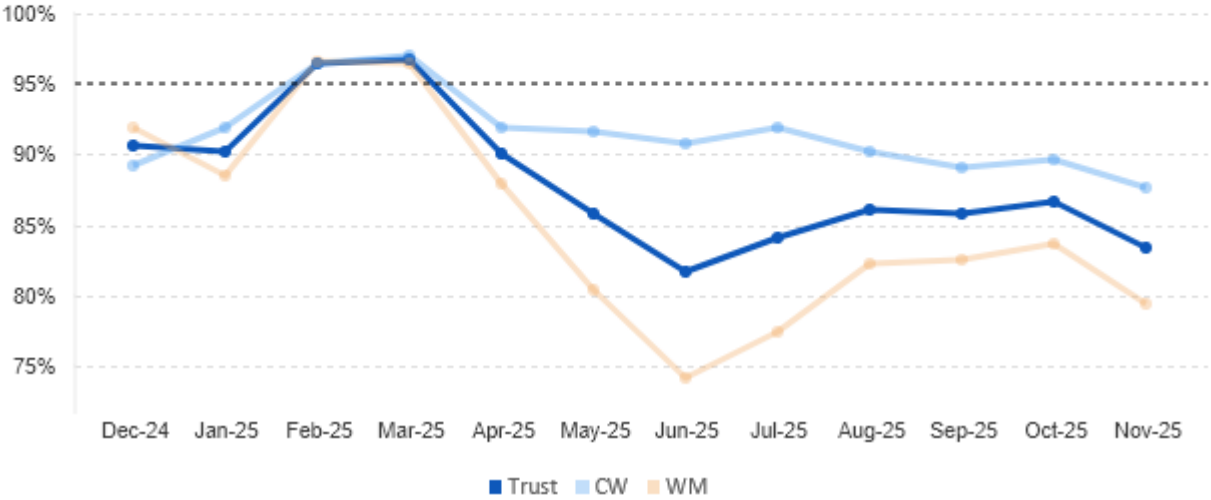
	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	89.2%	100.0%	
WM	75.9%	100.0%	
Trust	81.1%	100.0%	75

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	85.2%	84.3%	91.2%	87.4%	89.2%	82.6%
	WM	71.4%	69.0%	82.3%	75.8%	75.9%	74.7%
	Trust	76.2%	75.5%	85.8%	80.4%	81.1%	77.8%
31 Day Diagnosis to First or Subsequent Treatment (Target: >=96%)	CW	98.6%	98.7%	97.4%	96.5%	100.0%	97.8%
	WM	100.0%	98.9%	97.3%	97.3%	100.0%	98.7%
	Trust	99.5%	98.8%	97.4%	97.0%	100.0%	98.4%
62+ Day Backlog (Target: 100)	CW						
	WM						
	Trust	94	108	109	110	75	75

Trend

Diagnostic Waiting Times < 6 Weeks



Narrative

Performance has declined in November; with overall activity has increasing in-month. The overall PTL size has reduced by 338 patients which is positive as trend towards waiting list stabilization and recovery.

The modality that has contributed the most to waiting list reduction was Non-Obstetric ultrasound. The main pressure points , Echocardiography, Sleep Studies and Endoscopy, remain challenged with sustained increase in waiting list size and waiting times.

Recovery plans in place with interventions due to start end of December and January for Echocardiography and Endoscopy respectively.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	87.7%	757	0
WM	79.4%	1,329	0
Trust	83.4%	2,086	0

Year-to-Date Performance

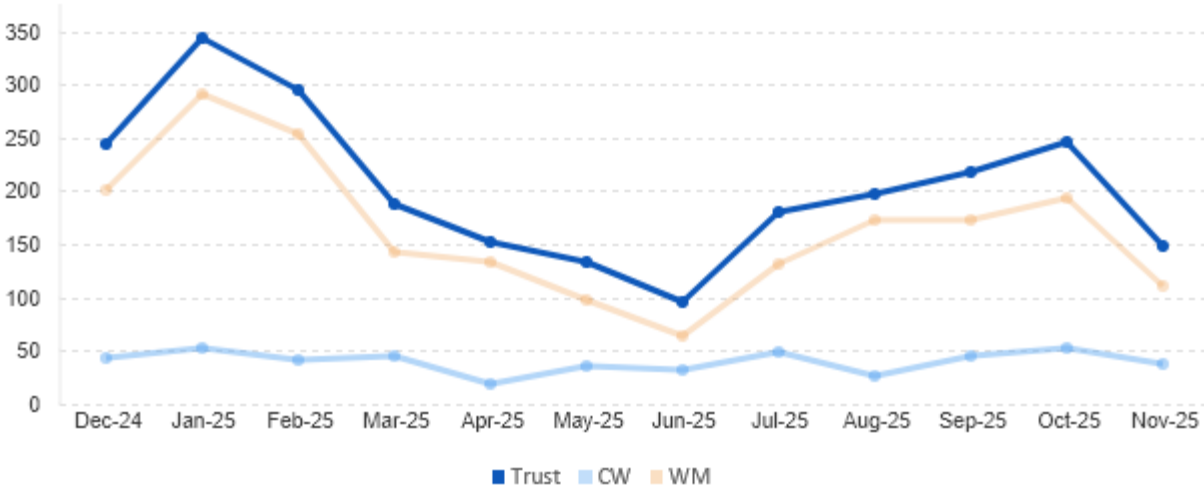
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	91.8%	90.2%	89.1%	89.7%	87.7%	90.3%
	WM	77.4%	82.3%	82.6%	83.7%	79.4%	80.8%
	Trust	84.1%	86.1%	85.8%	86.6%	83.4%	85.4%
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	459	532	633	658	757	757
	WM	1,471	1,059	1,022	1,072	1,329	1,329
	Trust	1,930	1,591	1,655	1,730	2,086	2,086
Diagnostic Waiters 13+ Weeks	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0

Ambulance Handover Waits

Safe

Trend

LAS Handover 30 Mins



Narrative

Performance

The Trust's overall performance for ambulance handovers remains strong. In the month of October 2025, the Trust reported two 60-minute LAS handover delays, with an improved performance on the Chelsea site. The 15-minute handover was non-compliant across both sites. The Trust is working towards reducing the number of breaches against this target.

Improvement

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

Risk

Cubicle capacity in the department.

In-Month Performance

	LAS 15 Min Breach Performance	LAS Time Lost (Hours)	LAS Handovers 30 Mins	LAS Handovers 60 Mins
CW	704	73.2	37	0
WM	969	124.2	111	2
Trust	1,673	197.4	148	2

Year-to-Date Performance

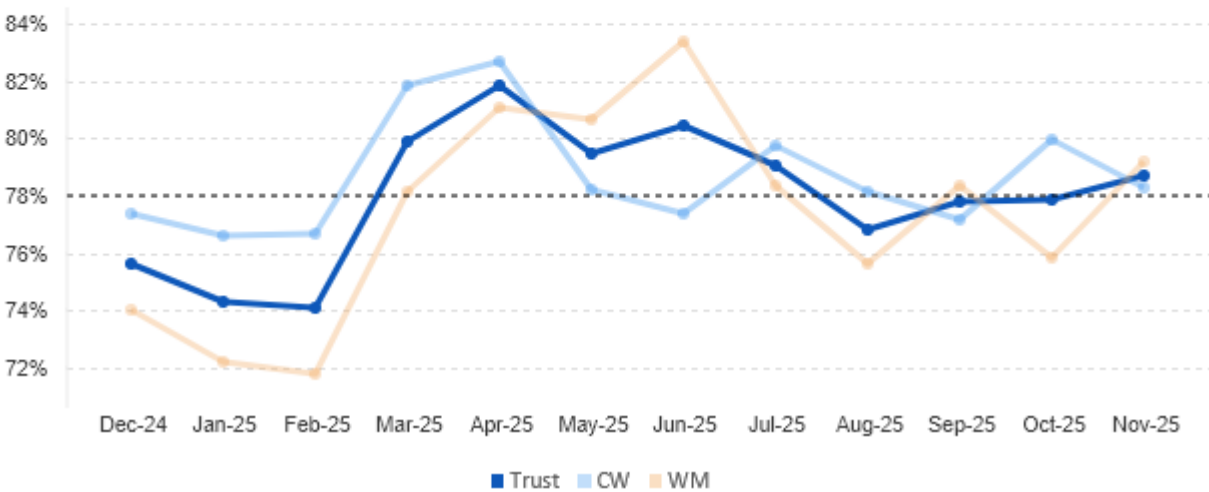
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
LAS 15 Min Breach Performance	CW	805	734	764	758	704	5,927
	WM	924	924	993	1,078	969	7,474
	Trust	1,729	1,658	1,757	1,836	1,673	13,401
LAS Time Lost (Hrs)	CW	81.7	69.8	79.8	80.4	73.2	595.5
	WM	128.4	143.1	154.1	165.3	124.2	1,042.8
	Trust	210.1	212.9	233.9	245.7	197.4	1,638.3
LAS Handovers 30 Mins	CW	49	26	45	53	37	296
	WM	131	172	172	193	111	1,073
	Trust	180	198	217	246	148	1,369
LAS Handovers 60 Mins	CW	0	0	0	0	0	1
	WM	2	0	4	3	2	15
	Trust	2	0	4	3	2	16

Urgent & Emergency Department Waits

Safe/Responsive – Operating Plan

Trend

A&E Waiting Times - Type 1&3 (4 Hours)



Narrative

Performance

Performance against the 4-hour standard in November 2025 was 78.7%. West Middlesex achieved 79.2% with 14,065 attendances and the Chelsea site 78.3% with 13, 440 attendances.

The 12-hour performance is 1.8% against our operating plan trajectory target of 2.8%.

Improvement

There has been an ongoing focus on A&E time to triage, in November, West Middlesex achieved an average time to triage of 6 minutes, at the Chelsea site 16 minutes and a Trust position of 11 minutes. An increase in Type 1 performance on the WestMiddlesex Site from 56.3% to 64.3% which is an 8% increase. This is down to the introduction of the Fit2Sit pilot.

Risk

Increased mental health presentation (MH) and long length of stay patients who have a decision to admit(DTA).

In-Month Performance

	A&E Waiting Times Type 1&3 (4 Hrs)	A&E Waiting Times Type 1&3 (12 Hrs)	A&E Time to Triage	Total Attendances Type 1&3	Referrals to SDEC	12hr Trolley Waits
CW	78.3%	1.9%	00:16	13,440	703	32
WM	79.2%	1.7%	00:06	14,064	767	27
Trust	78.7%	1.8%	00:11	27,504	1,470	59

Year-to-Date Performance

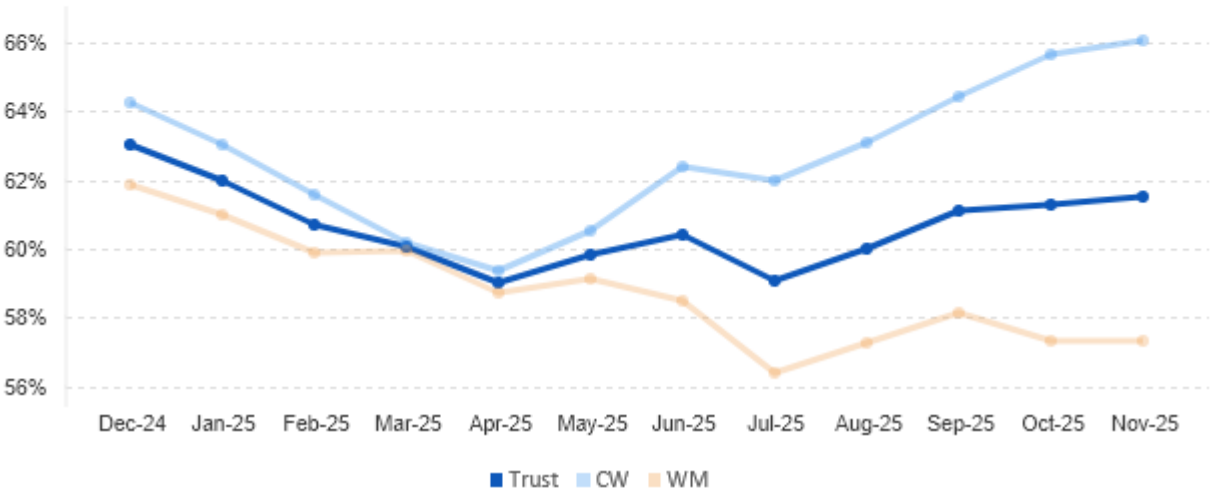
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
A&E Waiting Times Type 1&3 (4 Hrs) Target: >78%	CW	79.8%	78.1%	77.1%	80.0%	78.3%	78.9%
	WM	78.4%	75.6%	78.4%	75.8%	79.2%	79.1%
	Trust	79.0%	76.8%	77.8%	77.8%	78.7%	79.0%
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	1.8%	1.2%	2.8%	2.3%	1.9%	1.8%
	WM	2.3%	3.2%	2.8%	3.2%	1.7%	2.3%
	Trust	2.1%	2.2%	2.8%	2.8%	1.8%	2.1%
A&E Time to Triage (Target: 15mins)	CW	00:15	00:14	00:16	00:16	00:16	00:15
	WM	00:07	00:06	00:07	00:07	00:06	00:08
	Trust	00:10	00:10	00:11	00:11	00:11	00:11
Total Attendances Type 1&3	CW	12,694	11,874	12,814	13,347	13,440	102,926
	WM	13,902	12,803	13,453	14,077	14,064	109,132
	Trust	26,596	24,677	26,267	27,424	27,504	212,058
Referrals to SDEC (Target as Per Op Plan)	CW	757	691	784	827	703	5,834
	WM	958	841	898	892	767	7,188
	Trust	1,715	1,532	1,682	1,719	1,470	13,022

Referral to Treatment Waits

Responsive – Operating Plan

Trend

18 Week RTT Incompletes



Narrative

Performance: Elective Referral to Treatment (RTT) 18-Week Wait performance was reported at 61.5%, ahead of our revised NHSE trajectory. The number of patients waiting over 52ww reduced from 1669 to 1565, with 65ww reducing from 81 to 60.

Enhanced assurance is in place for at-risk areas with routine monitoring of RTT backlogs. A note that ERF cap within the current year's operating plans has led to reduction in activity in H1 and consequently fewer clock-stops.

Improvement : Recovery plans have been tailored for each specialty, with those not meeting compliance subject to weekly assurance reviews. Clinic templates have been revised implemented with additional surgical and outpatient capacity drives commencing in Q3 to accommodate these patient cohorts. Significant additional capacity is in place across all Divisions to support improvement.

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

In-Month Performance

	18 Week RTT Incompletes	18 Week RTT Incompletes Paeds	52 Week RTT Incompletes	52 Week Waiters	65 Week Waiters
CW	66.1%	71.0%	1.8%	637	29
WM	57.3%	45.6%	2.4%	928	31
Trust	61.5%	57.8%	2.1%	1,565	60

Year-to-Date Performance

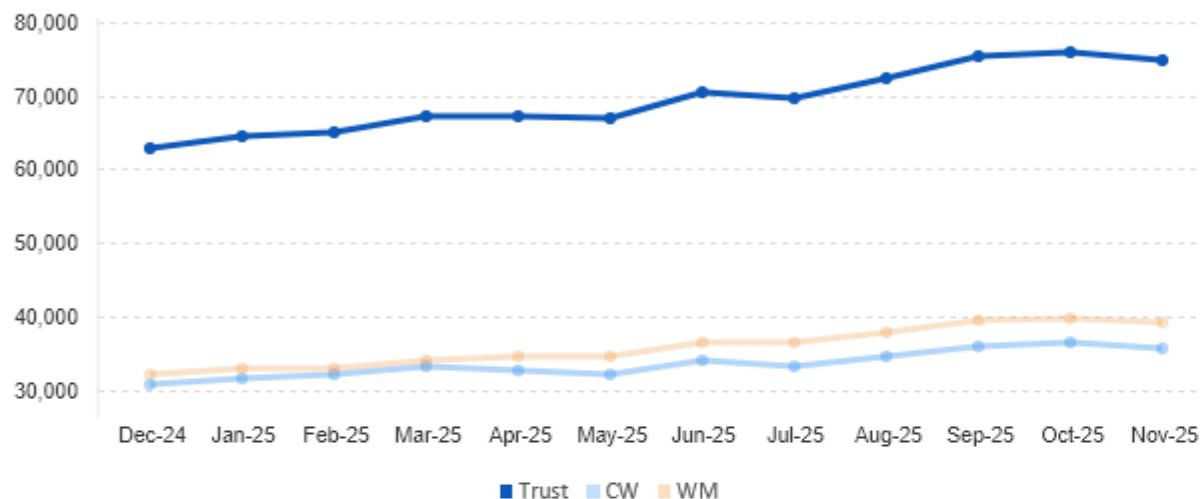
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
18 Week RTT Incompletes (Target: >60%)	CW	62.0%	63.1%	64.4%	65.7%	66.1%	66.1%
	WM	56.4%	57.2%	58.1%	57.3%	57.3%	57.3%
	Trust	59.0%	60.0%	61.1%	61.3%	61.5%	61.5%
18 Week RTT Incompletes Paeds	CW	70.0%	69.5%	70.6%	69.4%	71.0%	71.0%
	WM	48.6%	46.8%	45.0%	43.7%	45.6%	45.6%
	Trust	57.9%	57.0%	56.9%	56.0%	57.8%	57.8%
52 Week RTT Incompletes (Target: <1%)	CW	1.4%	1.6%	2.0%	1.8%	1.8%	1.8%
	WM	2.1%	2.1%	2.6%	2.5%	2.4%	2.4%
	Trust	1.8%	1.8%	2.3%	2.2%	2.1%	2.1%
52 Week Waiters	CW	466	540	700	666	637	637
	WM	771	797	1,045	1,003	928	928
	Trust	1,237	1,337	1,745	1,669	1,565	1,565
65 Week Waiters	CW	6	23	29	34	29	29
	WM	7	16	33	47	31	31
	Trust	13	39	62	81	60	60

Referral to Treatment Waits

Responsive – Operating Plan

Trend

Total Waiting List (PTL)



Narrative

Performance: In Month 8 the total RTT Patient Treatment List (PTL) was reported as 74,721 which is a reduction from 75,966 in M7. The focus remains on ensuring fewer patients are awaiting first appointments and continually addressing chronological booking for the backlog cohorts as enhanced oversight and targeted interventions continue for at-risk specialities.

Improvement : The Trust continues to contact patient via routine administrative validation leveraging digital technologies to engage with patients and confirm the identification of those requiring treatment. Capacity drive across surgical and outpatient areas underway in Q3, focused on prioritising patients in the backlog cohorts.

Specialty level monitoring in place with set trajectories to address recovery. These are highlighted in weekly meetings focusing on at-risk specialties. These include Vascular Surgery, Urology, ENT, Paediatrics ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

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

In-Month Performance

	Total Waiting List (PTL)	Total Waiting List (PTL) Paeds	Patients Waiting < 18 Weeks for First Appointment	RTT Clearance Time: Size of Waiting List
CW	35,663	5,430	65.1%	5.8
WM	39,058	5,868	57.7%	6.9
Trust	74,721	11,298	61.0%	6.3

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Total Waiting List (PTL)	CW	33,115	34,454	35,789	36,369	35,663	35,663
	WM	36,372	37,873	39,501	39,597	39,058	39,058
	Trust	69,487	72,327	75,290	75,966	74,721	74,721
Total Waiting List (PTL) Paeds	CW	4,472	4,764	5,220	5,479	5,430	5,430
	WM	5,832	5,853	6,008	5,966	5,868	5,868
	Trust	10,304	10,617	11,228	11,445	11,298	11,298
Patients Waiting < 18 Weeks for First Appointment	CW	66.3%	65.3%	65.1%	66.2%	65.1%	65.1%
	WM	58.6%	58.5%	58.4%	57.2%	57.7%	57.7%
	Trust	62.1%	61.6%	61.4%	61.3%	61.0%	61.0%
RTT Clearance Time: Size of Waiting List	CW	5.3	6.9	6.1	5.6	5.8	5.8
	WM	6.3	8.0	7.2	6.5	6.9	6.9
	Trust	5.8	7.4	6.7	6.1	6.3	6.3



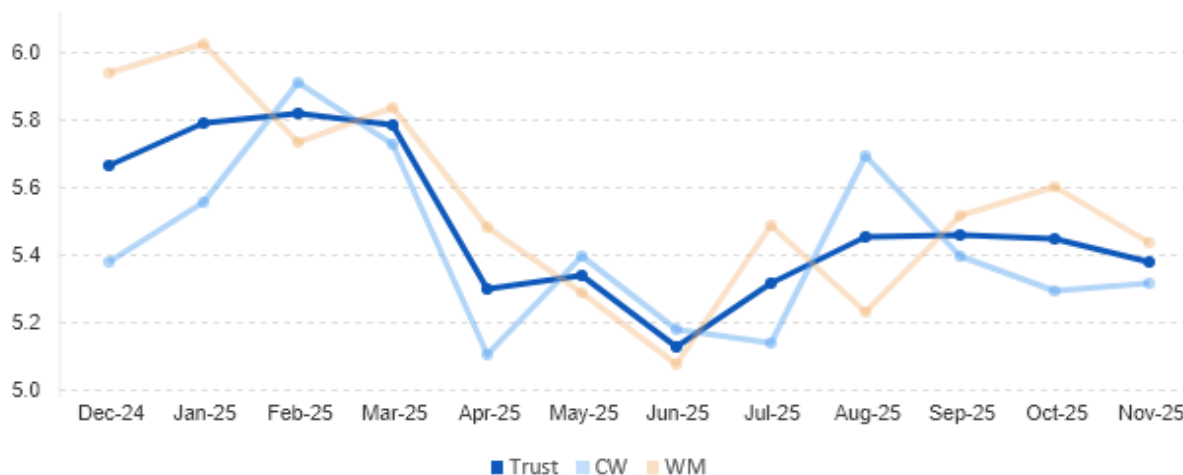
Operating Plan and Capacity

Flow & Discharge – Admitted Care

Responsive/Effective

Trend

Non-Elective LoS



Narrative

Elective LoS is compliant with the standard year to date.

Non-Elective LOS is non-compliant across both sites, with some improvement. Overall Non-Elective long stayers for >7days have decreased and >21 days have remained the same. There is continued focus through long length of stay, the Trust Flow Board and Stage 3 escalation meetings with community partners.

Critical Care occupancy continues to track above the recommended 85%, with CWH site at 96.0% and WM at 102.3%. This higher occupancy continues to be linked to delays in stepping patients down to appropriate inpatient beds, with the potential impact of delaying admissions. These two measures continue to be monitored via ICNARC submission and patient safety incidents reports as required. An escalation process for delayed stepdown is now in place.

In-Month Performance

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy	Average days between the DRD and DD
CW	2.2	5.3	414	124	96.0%	6.5
WM	2.2	5.4	502	150	102.3%	6.9
Trust	2.2	5.4	916	274	99.2%	6.7

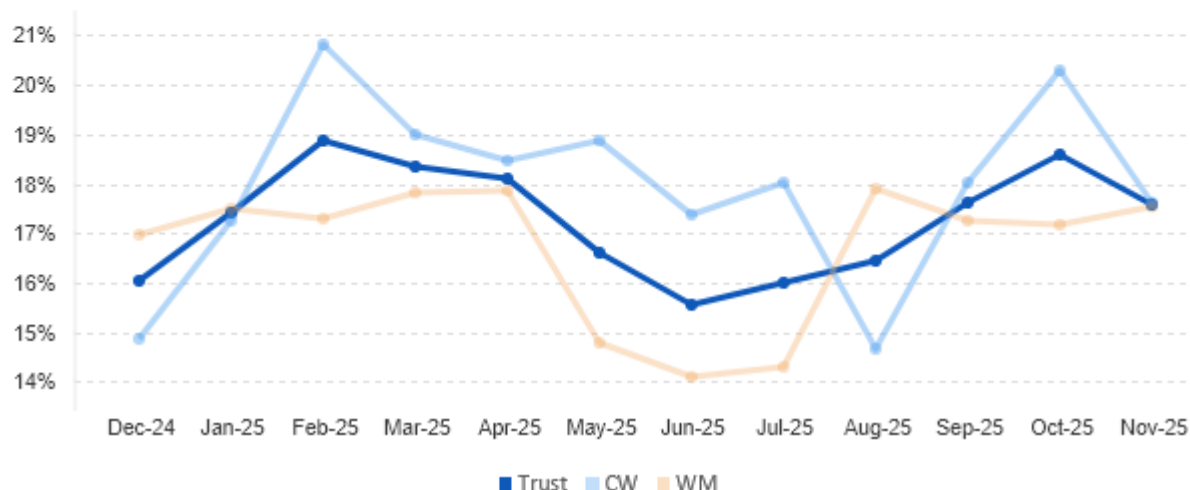
Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Elective LoS (Target: <2.9)	CW	2.5	3.0	2.7	2.8	2.2	2.8
	WM	2.8	2.0	2.1	2.7	2.2	2.4
	Trust	2.6	2.7	2.5	2.8	2.2	2.7
Non-Elective LoS (Target: <3.95)	CW	5.1	5.7	5.4	5.3	5.3	5.3
	WM	5.5	5.2	5.5	5.6	5.4	5.4
	Trust	5.3	5.5	5.5	5.4	5.4	5.4
Non-Elective Long Stays (>=7 days)	CW	427	432	471	510	414	3,545
	WM	511	526	560	595	502	4,246
	Trust	938	958	1,031	1,105	916	7,791
Non-Elective Long Stays (>=21 Days)	CW	101	121	115	131	124	941
	WM	132	136	144	144	150	1,092
	Trust	233	257	259	275	274	2,033
Critical Care Occupancy (Target: <85%)	CW	86.8%	96.8%	85.0%	88.7%	96.0%	83.2%
	WM	93.9%	107.2%	111.1%	117.9%	102.3%	102.2%
	Trust	90.2%	101.7%	97.4%	102.5%	99.2%	92.3%
Average days between the DRD and DD	CW	6.8	7.0	5.2	8.0	6.5	6.6
	WM	5.7	5.8	6.9	6.8	6.9	6.3
	Trust	6.2	6.2	6.2	7.3	6.7	6.5

Responsive

Trend

Patient Not Meeting CTR by Trust of Pathway



Narrative

Percentage of discharges on discharge ready date remains stable. The percentage of patients with nCTR is above the trust target of 14%. Readmission rates remain below the Trust target.

Work with boroughs continues to support a reduction in percentage of nCTR and timescales for pathway discharges to align with the NWL target for 25/26. Work internally to improve and sustain time scales of EDN / ADD completion, sustained improvement across both sites. Focus to continue on patients with nCTR and LOS. Monitoring to continue via the weekly discharge improvement meetings.

Identified risk remains equipment provision. New arrangements are being embedded, these arrangements continue to be monitored via weekly or fortnightly meetings and the impact reported via an internal weekly escalation.

In-Month Performance

	Patients Not Meeting CTR Daily Average	Discharges Before 12	Discharge Date Same as Discharge Ready Date	Discharge Date After Discharge Ready Date	Emergency Re-admissions < 30 Days of Discharge
CW	17.6%	14.7%	89.8%	10.2%	5.3%
WM	17.5%	15.3%	85.0%	15.0%	6.2%
Trust	17.6%	15.0%	87.5%	12.5%	5.7%

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Patient Not Meeting CTR Daily Average	CW	18.0%	14.6%	18.0%	20.3%	17.6%	17.9%
	WM	14.3%	17.9%	17.2%	17.2%	17.5%	16.4%
	Trust	16.0%	16.4%	17.6%	18.6%	17.6%	17.1%
Discharges Before 12	CW	13%	14%	14%	16%	15%	14%
	WM	14%	13%	12%	15%	15%	14%
	Trust	13%	13%	13%	15%	15%	14%
Discharge Date Same as Discharge Ready Date	CW	89.8%	89.7%	89.0%	88.4%	89.8%	89.3%
	WM	87.3%	85.7%	86.2%	85.9%	85.0%	86.0%
	Trust	88.5%	87.6%	87.6%	87.1%	87.5%	87.6%
Discharge Date After Discharge Ready Date	CW	10.2%	10.3%	11.0%	11.6%	10.2%	n/a
	WM	12.7%	14.3%	13.8%	14.1%	15.0%	n/a
	Trust	11.5%	12.4%	12.4%	12.9%	12.5%	n/a
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	5.1%	5.1%	4.6%	4.0%	5.3%	4.9%
	WM	5.0%	6.4%	5.9%	6.4%	6.2%	6.1%
	Trust	5.1%	5.8%	5.2%	5.2%	5.7%	5.5%

Operating Plan Performance

Responsive – Operating Plan

NHS

Chelsea and Westminster Hospital

NHS Foundation Trust

Trend

Elective Day Case

Month	Trust	CW	WM
Dec-24	5,200	2,800	2,500
Jan-25	6,200	3,400	2,800
Feb-25	5,800	3,000	2,800
Mar-25	6,200	3,300	2,900
Apr-25	5,400	3,000	2,400
May-25	5,600	3,100	2,500
Jun-25	5,900	3,200	2,600
Jul-25	6,300	3,400	2,900
Aug-25	5,400	2,700	2,700
Sep-25	5,500	2,800	2,700
Oct-25	5,600	3,000	2,600
Nov-25	5,000	2,800	2,200

Narrative

The Trust continues to meet its Operating plans for elective activity despite the planned reduction inactivity in 2025/26 due to the ERF cap.

Whilst at an aggregate level outpatient activity is on plan, further work is being undertaken to reduce the level of follow up activity in order to increase capacity for new patients. This includes a review of clinic templates to address this balance.

Risk to achieving plans include Industrial action and ERF cap.

In-Month Performance

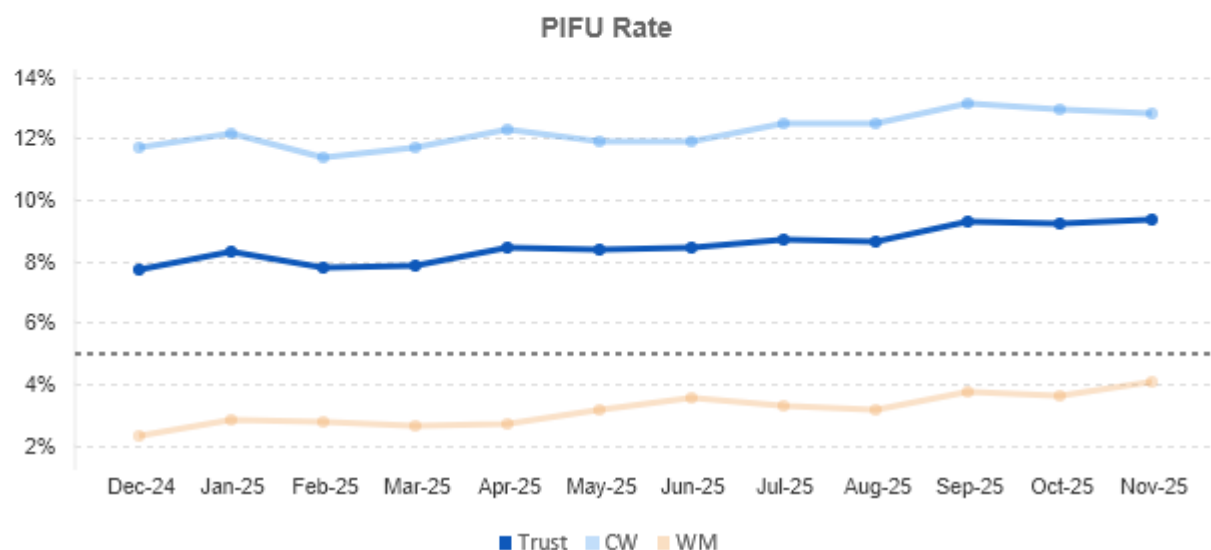
	Elective Day Cases	Elective Ordinary Admissions	OP Procedures	OP First Attendance Without Procedure	OP FUp Attendance Without Procedure
CW	2,776	503	5,220	10,280	19,066
WM	2,173	182	3,274	8,065	9,594
Trust	4,949	685	8,494	18,345	28,660

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Plan YTD	2025-2026
Elective Day Cases	CW	2,697	2,801	2,967	2,776	23,381	23,973
	WM	2,709	2,693	2,601	2,173	21,178	20,588
	Trust	5,406	5,494	5,568	4,949	44,559	44,561
Elective Ordinary Admissions	CW	409	422	463	503	3,007	3,395
	WM	230	214	205	182	1,182	1,562
	Trust	639	636	668	685	4,189	4,957
OP Procedures	CW	4,845	5,237	5,609	5,220	37,195	42,447
	WM	2,937	3,337	3,414	3,274	23,939	25,905
	Trust	7,782	8,574	9,023	8,494	61,134	68,352
OP First Attendance Without Procedure	CW	8,573	10,732	11,534	10,280	84,231	80,625
	WM	7,498	8,805	9,366	8,065	65,795	66,722
	Trust	16,071	19,537	20,900	18,345	150,025	147,347
OP FUp Attendance Without Procedure	CW	15,624	18,894	20,327	19,066	134,928	146,917
	WM	8,943	10,669	10,753	9,594	95,019	82,648
	Trust	24,567	29,563	31,080	28,660	229,948	229,565

Responsive

Trend



Narrative

PIFU improved in November and our 9.4% of patients moved to PIFU pathways is the strongest performance the Trust has seen to date. PIFU continues to be a key indicator to enable a shift in our new-to-follow up ratio, and encouragingly the WMUH site has made significant progress in this in recent months.

In November we also saw an improvement in **DNA rate** overall with both sites seeing gains against the follow up DNA rate. New appointments were more mixed with an improvement at the Chelsea site balanced out by a deterioration at West Middlesex.

We continue to focus on ways to improve DNA rates, including Patient Led Validation, and our volunteers are kindly helping with phone calls in some areas.

In-Month Performance

	PIFU Rate	DNA Rates - First Appointment	DNA Rates - Follow Up Appointment	Virtual Contacts
CW	12.8%	10.5%	8.0%	4,192
WM	4.1%	11.8%	7.2%	3,587
Trust	9.4%	11.1%	7.7%	7,779

Year-to-Date Performance

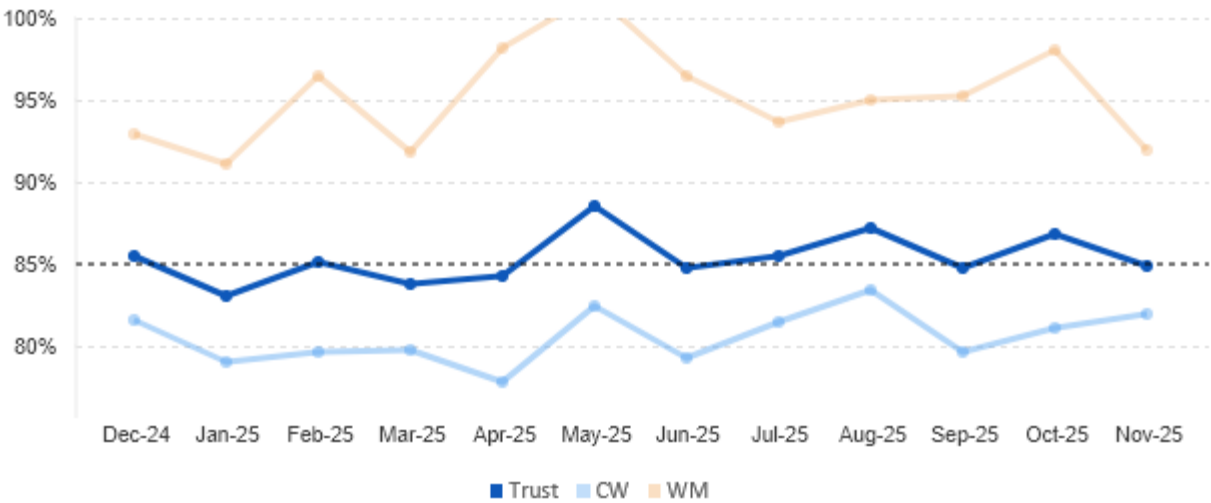
	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
PIFU Rate (Target: 5%)	CW	12.4%	12.5%	13.1%	12.9%	12.8%	12.5%
	WM	3.3%	3.1%	3.7%	3.6%	4.1%	3.4%
	Trust	8.7%	8.6%	9.3%	9.2%	9.4%	8.8%
DNA Rates - First Appointment	CW	10.7%	10.6%	11.0%	10.7%	10.5%	10.7%
	WM	10.0%	10.9%	10.5%	11.4%	11.8%	10.6%
	Trust	10.4%	10.8%	10.7%	11.0%	11.1%	10.6%
DNA Rates - Follow Up Appointment	CW	8.8%	8.6%	8.7%	8.2%	8.0%	8.4%
	WM	7.5%	6.8%	6.8%	7.3%	7.2%	7.1%
	Trust	8.3%	7.9%	7.9%	7.9%	7.7%	7.9%
Virtual Contacts	CW	4,460	3,620	4,269	4,721	4,192	33,810
	WM	4,163	3,460	3,964	4,200	3,587	30,344
	Trust	8,623	7,080	8,233	8,921	7,779	64,154

Theatre Utilisation

Responsive

Trend

Theatre Utilisation (Uncapped)



Narrative

Trust-Wide utilisation saw a slight decrease in November 2025, at 84.9% from 86.8%. This was driven by a decrease at the WM site. The WM site remains above the 85% target. The CW did see a slight improvement, but remain below the 85%, at 81.9% in November. Lower utilisation is driven by the Day Surgery Unit, and Paediatric theatres due to an increase in cancellations on the day (largely patient unwell and DNA). Focused work is being done through the Theatres Improvement Programme, with a focus on consultant productivity data to drive improvement.

Day case rates remained improved in November at 91%. Both sites increased in-month and both remain well above the 85% target.

OTD cancellations there was a slight increase on cancellations on the day. The on the day cancellation rate remains a focus on improvement work streams, and working closely with operational teams to identify capacity to rebook. All patients cancelled on the day were rebooked within 28 days.

In-Month Performance

	Basket Procedures Carried Out as Daycases	OTD Non-Clinical Cancellations as % Elective Admissions	OTD Cancellations Not Re-booked < 28 Days	Theatre Utilisation (Uncapped)
CW	84.5%	1.0%	0	81.9%
WM	95.2%	0.2%	0	92.0%
Trust	87.1%	0.6%	0	84.9%

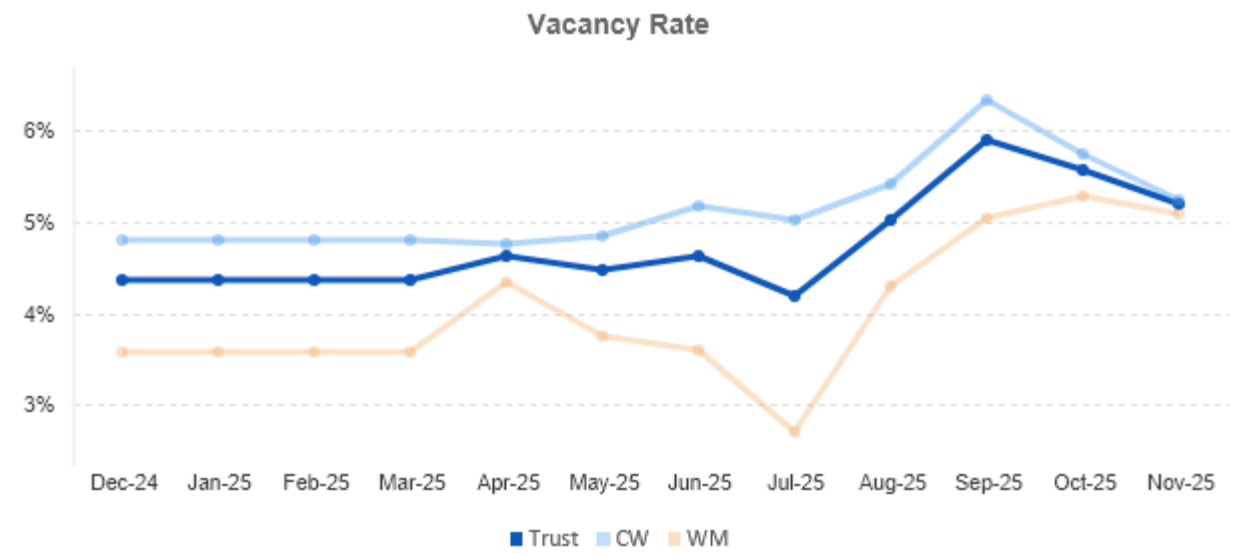
Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	89.9%	85.9%	87.8%	84.2%	84.5%	86.1%
	WM	85.7%	80.7%	89.1%	88.2%	95.2%	87.2%
	Trust	88.6%	84.0%	88.2%	85.6%	87.1%	86.4%
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	0.9%	0.5%	0.8%	0.4%	1.0%	0.7%
	WM	0.5%	0.4%	0.4%	0.6%	0.2%	0.5%
	Trust	0.7%	0.5%	0.6%	0.5%	0.6%	0.6%
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	2	0	1	0	0	9
	WM	1	0	0	1	0	6
	Trust	3	0	1	1	0	15
Theatre Utilisation (Uncapped) (Target: >85%)	CW	81.5%	83.4%	79.7%	81.1%	81.9%	80.9%
	WM	93.7%	95.0%	95.3%	98.0%	92.0%	96.2%
	Trust	85.4%	87.3%	84.8%	86.8%	84.9%	85.8%



Workforce

Trend



Narrative

The Trust’s Month 08 position exceeded the operating plan target level for total staffing (73WTE). Substantive and agency staffing continue to be within the operating plan target however; bank staffing exceed the target for the fifth consecutive month (212.10 WTE / 42%). CSD, EIC, PCD and WLCH exceeded their operating target levels for total staffing.

Agency Spend remains within the targeted reductions for 2025/26; bank spend however has exceeded its trajectory in month and year to date.

The vacancy (5.19%) and voluntary turnover rates (7.97%) are within the target level. Voluntary Turnover has two outliers in CSD and WLCH. The key marker for concern regarding pressure remains the sickness levels which increased marginally on last month with pressure in CSD and SCD which are above 4% for in-month sickness. CSD, PCD and SCD both exceeding the 4% threshold for rolling sickness rates. The Divisions supported by Business Partners and the ER Team are proactively intervening and providing managers support but we need to continue to acknowledged that the team is stretched with current holds on A&C posts.

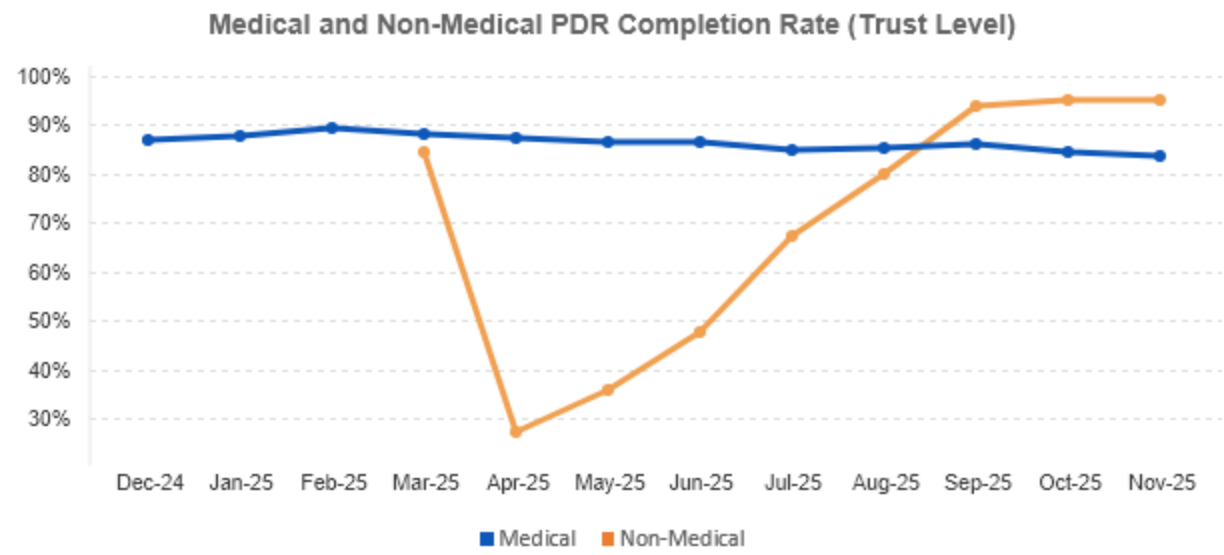
In-Month Performance

	Vacancy Rate	Voluntary Turnover	Sickness Absence	Agency Usage	Bank Usage
CW	5.24%	8.6%	4.3%	0.2%	7.8%
WM	5.09%	6.8%	4.1%	0.1%	10.8%
Trust	5.19%	8.0%	4.2%	0.2%	8.9%

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Vacancy Rate	CW	5.0%	5.4%	6.3%	5.7%	5.2%	5.2%
	WM	2.7%	4.3%	5.1%	5.3%	5.1%	5.1%
	Trust	4.2%	5.0%	5.9%	5.6%	5.2%	5.2%
Voluntary Turnover	CW	9.4%	9.4%	8.9%	8.9%	8.6%	8.6%
	WM	7.8%	7.7%	7.4%	7.1%	6.8%	6.8%
	Trust	8.8%	8.8%	8.4%	8.3%	8.0%	8.0%
Sickness Absence	CW	3.6%	3.8%	4.2%	4.4%	4.3%	4.3%
	WM	4.4%	4.2%	4.7%	4.5%	4.1%	4.1%
	Trust	3.9%	3.9%	4.3%	4.5%	4.2%	4.2%
% Agency Usage	CW	0.5%	0.4%	0.3%	0.3%	0.2%	0.2%
	WM	0.1%	0.2%	0.2%	0.1%	0.1%	0.1%
	Trust	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%
% Bank Usage	CW	7.5%	7.3%	7.0%	7.5%	7.8%	7.8%
	WM	9.5%	10.2%	9.8%	10.6%	10.8%	10.8%
	Trust	8.2%	8.3%	8.0%	8.6%	8.9%	8.9%

Trend



Narrative

The introduction of a PDR window has been a success with the PDR rate for Month 08 being 95.05%.

EIC (96.02%) and CSD (96.12%) have the highest rates across the divisions. In addition, the staff groups excluding Medical have exceed the target with Qualified Nursing (96.32%) and AHPs (96.07%) having the highest rate.

In-Month Performance

	Medical PDR Completion Rate (Trust Only)	Non-Medical PDR Completion Rate	Core Skills Completion Rate
CW	-	94.6%	91.1%
WM	-	95.8%	93.0%
Trust	83.5%	95.0%	91.8%

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2025-2026
Medical PDR Completion Rate (Trust Only)	CW						
	WM						
	Trust	84.9%	85.2%	86.1%	84.3%	83.5%	83.5%
Non-Medical PDR Completion Rate	CW	64.1%	77.9%	93.1%	94.6%	94.6%	94.6%
	WM	72.4%	84.1%	95.3%	95.9%	95.8%	95.8%
	Trust	67.0%	80.0%	93.9%	95.1%	95.0%	95.0%
Core Skills Completion Rate	CW	92.1%	92.2%	90.9%	90.8%	91.1%	91.1%
	WM	93.8%	93.6%	92.8%	92.4%	93.0%	93.0%
	Trust	92.8%	92.7%	91.6%	91.4%	91.8%	91.8%

Safe Staffing & Patient Quality Indicators – Chelsea & Westminster Site



Chelsea and Westminster Hospital
NHS Foundation Trust



	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
																		1 & 2		3, 4 & nonstage									
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Maternity	93%	89%	96%	89%	6.6	2.0	0.0	0.0	8.67	12.79	-7.16%	6.05%	8.44%	0	2	0	0	0	0	0	0	7	75	0	0	10	61	87.67%	
Annie Zunz	99%	97%	100%	100%	5.7	2.3	0.0	0.0	7.99	8.73	0.02%	7.69%	0.00%	1	11	0	0	0	0	0	0	1	9	0	0	0	2	98.41%	
Apollo	93%	-	90%	-	19.9	0.0	0.0	0.0	19.86	N/A	-5.46%	6.70%	0.00%	0	0	0	0	0	0	0	0	0	22	0	0	0	1		
Mercury	106%	-	100%	-	7.8	0.0	0.0	0.0	7.79	9.94	6.33%	10.35%	0.00%	0	3	0	0	0	0	0	0	3	77	0	0	0	1	100.00%	
Neptune	108%	-	125%	-	7.6	0.0	0.0	0.2	7.75	13.06	5.25%	8.37%	0.00%	0	1	0	0	0	0	0	0	2	33	0	0	0	0	91.67%	
NICU	102%	-	101%	-	16.2	0.0	0.2	0.0	16.41	26.91	-18.60%	7.56%	0.00%	0	0	0	0	0	0	0	0	9	74	0	0	0	5		
AAU	103%	84%	99%	131%	6.3	1.7	0.0	0.0	8.04	8.4	4.79%	2.86%	25.19%	6	108	1	2	0	2	0	0	9	75	0	0	1	16	93.04%	
Nell Gwynne	98%	67%	121%	88%	3.9	3.1	0.0	0.0	6.99	7.82	1.26%	4.92%	16.75%	6	53	0	2	0	1	0	1	1	11	0	0	1	3	94.29%	
David Erskine	100%	85%	130%	109%	3.7	2.7	0.0	0.3	6.68	7.14	-1.78%	8.47%	10.74%	9	54	0	1	0	0	0	0	2	31	0	0	0	6	88.10%	
Edgar Horne	126%	87%	137%	100%	4.1	2.8	0.0	0.0	6.89	6.78	2.31%	5.00%	5.71%	2	67	0	3	0	3	0	0	3	25	0	0	1	10	96.72%	
Lord Wigram	89%	76%	98%	92%	3.6	2.7	0.3	0.0	6.59	7.81	12.25%	4.66%	22.51%	4	31	1	0	1	3	0	1	2	26	1	0	2	4	100.00%	
St Mary Abbots	100%	106%	100%	102%	3.6	3.1	0.0	0.0	6.73	7.55	23.61%	15.63%	34.67%	1	32	0	1	1	2	0	0	2	44	0	0	2	10	94.12%	
David Evans	89%	90%	81%	107%	4.6	3.3	0.0	0.1	8.04	7.55	3.81%	0.00%	0.00%	8	16	0	1	0	0	0	0	1	22	0	1	1	10	91.67%	
Chelsea Wing	131%	104%	98%	88%	10.2	5.4	0.0	0.0	15.66	7.55	27.48%	12.81%	22.50%	0	5	0	0	0	0	0	0	2	17	0	0	0	6		
Burns Unit	111%	103%	187%	110%	34.6	5.2	0.0	0.0	39.85	N/A	10.74%	7.45%	0.00%	0	6	0	0	0	0	0	0	1	10	0	0	0	3		
Ron Johnson	91%	105%	100%	108%	4.3	2.6	0.0	0.0	6.98	5.51	7.66%	0.00%	11.11%	3	37	0	0	0	1	0	0	5	34	0	0	0	3	100.00%	
ICU	97%	-	100%	-	28.4	0.0	0.7	0.0	29.09	26.91	2.88%	8.24%	22.22%	1	11	0	0	0	4	0	1	5	44	0	0	0	2		
Rainsford Mowlem	108%	94%	99%	111%	3.2	3.0	0.1	0.1	6.39	7.5	1.61%	6.41%	8.33%	6	67	1	1	0	3	0	0	2	43	0	1	0	5	84.62%	
Nightingale	102%	94%	101%	133%	3.0	3.1	0.0	0.0	6.16	7.5	19.06%	0.00%	6.49%	6	81	0	1	0	2	0	0	8	32	0	0	0	4	85.37%	
Emergency Department	104%	85%	111%	97%	-	-	-	-	-	N/A	3.72%	9.39%	8.30%	2	60	0	1	0	0	0	0	8	77	0	0	5	51	79.87%	
DSU	84%	53%	95%	81%	-	-	-	-	-	N/A	16.13%	4.82%	0.00%	1	3	0	0	0	0	0	0	0	13	1	0	0	6	88.71%	
Theatres	101%	90%	102%	90%	-	-	-	-	-	N/A	-10.82%	9.17%	24.40%	0	0	0	0	0	0	0	0	1	7	0	0	1	5		
OPD	82%	70%	-	-	-	-	-	-	-	N/A	10.00%	0.00%	0.00%	0	4	0	1	0	0	0	0	1	14	0	0	5	75	92.21%	
Averages /Totals	101%	88%	108%	102%	9.3	2.3	0.1	0.0	11.7		5.00%	6.37%	9.89%	56	652	3	14	2	21	0	3	75	815	2	2	29	289	92.14%	0

Safe Staffing & Patient Quality Indicators – West Middlesex



Chelsea and Westminster Hospital
NHS Foundation Trust

	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
																		1 & 2		3, 4 & non stage									
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Lampton FU	103%	93%	106%	94%	3.5	3.3	0.0	0.0	6.84	7.5	8.30%	0.00%	5.80%	7	58	0	0	2	7	0	2	4	39	0	0	0	3	100.00%	
Richmond	101%	76%	99%	69%	4.3	2.6	0.3	0.0	7.20	7.55	-5.63%	0.00%	17.51%	4	19	0	1	0	0	0	0	0	13	0	0	1	5	100.00%	1
Syon 1 cardiology	96%	88%	100%	94%	4.1	1.7	0.0	0.1	5.84	7.93	5.42%	0.00%	36.77%	4	42	0	1	0	1	0	1	1	15	0	0	0	2	97.78%	1
Syon 2	111%	91%	111%	103%	4.0	3.2	0.2	0.0	7.41	7.14	4.07%	0.00%	0.00%	5	49	0	0	0	3	0	2	6	47	0	0	0	5	95.12%	
Starlight	124%	-	101%	-	8.1	0.0	0.0	0.0	8.13	13.06	21.97%	14.52%	200.00%	0	2	0	0	0	1	0	0	5	29	0	0	0	3	100.00%	
Kew (Lampton)	121%	132%	117%	197%	3.8	4.3	0.1	0.2	8.37	7.5	3.69%	5.23%	0.00%	5	42	0	0	0	3	0	1	2	28	0	0	0	2	100.00%	
DRU (Crane)	100%	82%	100%	64%	3.1	3.1	0.2	0.0	6.43	7.5	5.38%	0.00%	16.29%	4	54	0	1	0	1	0	1	2	35	0	0	0	0	100.00%	
Osterley 1	102%	94%	101%	104%	4.1	2.6	0.1	0.1	6.88	7.81	5.40%	0.00%	11.51%	4	57	0	0	3	15	0	1	4	55	0	0	0	8	100.00%	
Osterley 2	117%	94%	123%	103%	4.5	3.4	0.3	0.0	8.31	7.55	0.87%	2.66%	0.00%	4	28	0	0	0	1	0	0	1	28	0	0	0	4	87.50%	
MAU	101%	74%	107%	101%	7.0	2.5	0.0	0.1	9.56	8.4	11.56%	3.14%	0.00%	6	106	0	0	2	7	0	0	3	82	0	0	1	11	92.07%	
Maternity	105%	97%	107%	96%	8.1	2.2	0.0	0.0	10.28	12.79	-3.52%	5.76%	0.00%	0	1	0	0	0	0	0	0	4	33	0	0	1	10	90.72%	
Special Care Baby Unit	111%	-	114%	-	9.9	0.0	0.0	0.0	9.88	13.06	29.35%	7.46%	10.88%	0	0	0	0	0	0	0	0	4	20	0	0	0	2		
Marble Hill 1	116%	104%	112%	126%	4.2	3.0	0.1	0.0	7.37	6.8	0.69%	7.60%	11.40%	13	73	0	0	0	4	0	0	3	112	0	0	0	5	93.75%	
Marble Hill 2	108%	101%	117%	126%	3.6	3.3	0.2	0.0	7.08	6.78	5.87%	0.00%	5.36%	4	60	0	0	0	0	0	1	8	42	0	0	0	5	88.89%	
ITU	91%	-	93%	-	23.4	0.0	0.0	0.0	23.36	26.91	0.24%	10.50%	33.33%	0	4	0	0	0	9	0	0	3	56	0	0	0	0		
Redbles (Kew)	101%	87%	100%	121%	3.6	3.45	0.2	0.37	7.65	7.82	-0.15%	0.00%	0.00%	1	49	0	0	0	0	0	0	0	18	0	0	0	2	100.00%	
Emergency Department	102%	96%	106%	71%	-	-	-	-	-	N/A	11.12%	8.33%	0.00%	4	43	1	0	0	1	0	0	7	49	0	1	3	29	78.66%	
DSU	94%	121%	-	-	-	-	-	-	-	N/A	-13.64%	0.00%	0.00%	1	8	0	0	0	0	0	0	0	4	0	0	0	9	88.71%	
Theatres	95%	54%	107%	100%	-	-	-	-	-	N/A	5.99%	3.17%	11.38%	0	0	0	0	0	0	0	0	0	8	0	0	0	5		
OPD	97%	79%	-	-	-	-	-	-	-	N/A	-0.55%	14.52%	13.13%	0	4	0	0	0	0	0	0	0	13	0	0	2	28	90.58%	
Averages /Totals	105%	92%	107%	104%	6.2	2.4	0.1	0.0	8.8		4.82%	4.14%	18.67%	66	699	1	3	7	53	0	9	57	726	0	1	8	138	94.34%	2



The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours per Patient Day (CHPPD) and NICE red flag categories with a review of trends in the previous six months. Emergency Departments, Day Surgery Units, Theatres and Out-patient Departments have been added to the report this month in accordance with Developing Workforce Safeguards Guidance. In relation to CHPPD, information has been compared against the national benchmarks and data has been triangulated with associated quality indicators and patient experience for the same month. Overall, key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on patient outcomes and experience. Twice daily nursing safety huddles continue to oversee the deployment of staff, as required, in order to maintain patient safety.

West Middlesex site:

Kew, Marble Hill 1 and Marble Hill 2 reported increased HCA fill rates to support enhanced observation for patients requiring mental health supervision and for those who were confused and at risk of falls. Redlees also had higher HCA fill rates at night to provide enhanced observation for patients who were confused and at risk of falls.

AMU had low daytime HCA fill rates due to sickness and an inability to secure bank cover. DRU and Richmond ward had lower HCA fill rates day and night attributed to changes to the staffing template. CHPPD was not compromised.

Osterley 2 had increased RN fill rates at night due to supernumerary staff. Starlight had increased day RN fill rates due to increased bed utilisation. ED and Theatres reported low HCA fill rates due to sickness and lack of bank cover. Day Surgery Unit (DSU) had increased HCA fill rates to support additional lists, while Outpatient Department (OPD) reported low HCA fill rates due to staff sickness and limited bank availability.

Chelsea and Westminster site:

Chelsea Wing saw increased RN fill rates on days due to changes in current demand and template. AAU had high HCA fill rates at night to support enhanced observation for patients who were confused and at risk of falls, as well as staffing escalation areas. Nell Gwynne had additional RN fill rate at night due to the opening of escalation beds and a low HCA day fill rate day and night due to sickness and inability to fill with bank cover. David Erskine had increased RN fill rates at night to provide care for patients with tracheostomies.

Edgar Horne had increased RN fill rates day and night to provide enhanced observations for patients requiring mental health supervision. Nightingale increased HCA night-time fill rates to provide enhanced observations for patients requiring mental health supervision and to support escalation beds.

Lord Wigram experienced low HCA fill rates during the day due to staff sickness and inability to fill with bank cover. The Burns Unit & Neptune had increased RN fill rates at to support enhanced observation for patients requiring mental health supervision.

Outpatient Department (OPD) HCA fill rates were low due to staff sickness and lack of available bank cover. The area Matron provided support. Day Surgery Unit (DSU) experienced low HCA fill rates during the day due to changes in the staffing template. Patient care and safety was maintained throughout.

Incidents:

In November there were six incidents with harm reported.

Four patient fall incidents were reported across different units. On Lord Wigram Unit, a patient sustained an unwitnessed fall and was found to have a scalp haematoma. The hospital's fall policy was followed. On the Acute Medical Unit (AMU), a patient experienced an unwitnessed fall and was diagnosed with a fractured neck of femur; an Initial Incident Review (IIR) has been completed. On Rainsford Mowlem Unit, a patient sustained a witnessed fall while mobilising with a frame, resulting in a fractured neck of femur, an IIR has been completed. In the Emergency Department (WM), a patient fell during a witnessed seizure; an IIR is in process.

Two medications incidents with moderate harm were reported.

It was identified that a patient on Lord Wigram Unit was prescribed prophylaxis antibiotics. The use of antimicrobial prophylaxis is not recommended and the case is currently under review by the medical team. Additionally, a medication incident in the Day Surgery Unit (CW) is under review following the use of a local anaesthetic at a higher concentration than intended during a planned procedure.

The Friends and Family Test showed 100% scores in three wards at CW and seven wards at WM. Across both sites, emergency departments scored below 80%, with feedback highlighting concerns about waiting times and overall experience in the department.



Nursing, Midwifery and care staff average fill rate November 2025				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
103.46% ↓	96.44% ↓	6.2 ↑	2.4 ↑	8.7 ↑

RN/M Fill Rates (ward areas) decreased from 104.05% in October 2025 to 103.46% in November 2025. The RN vacancy rate (whole trust) in October 2025 was 2.71%.

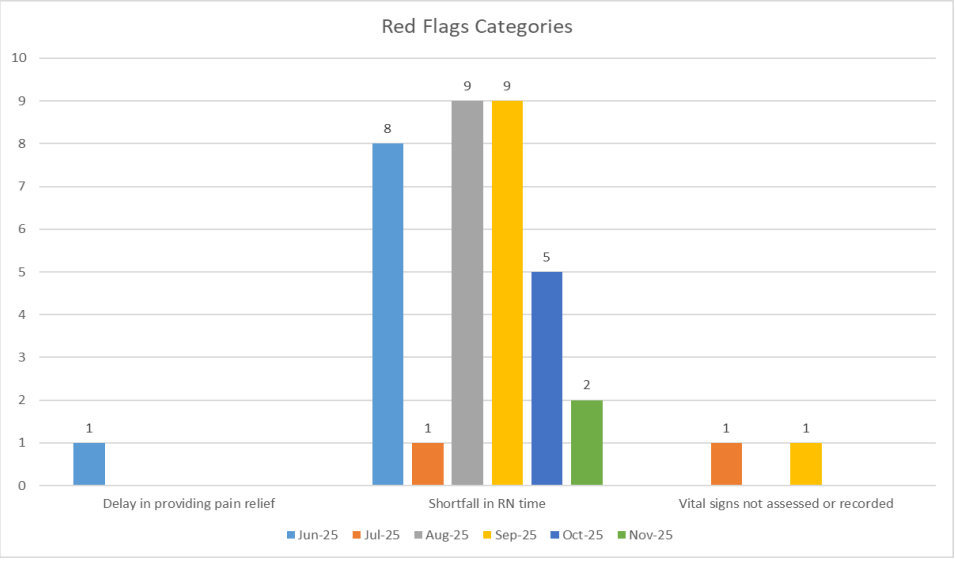
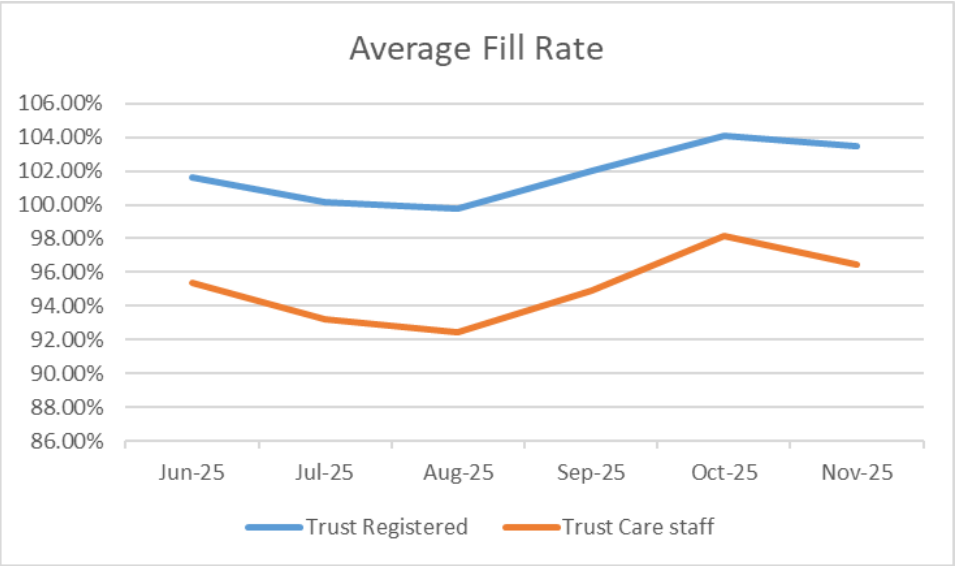
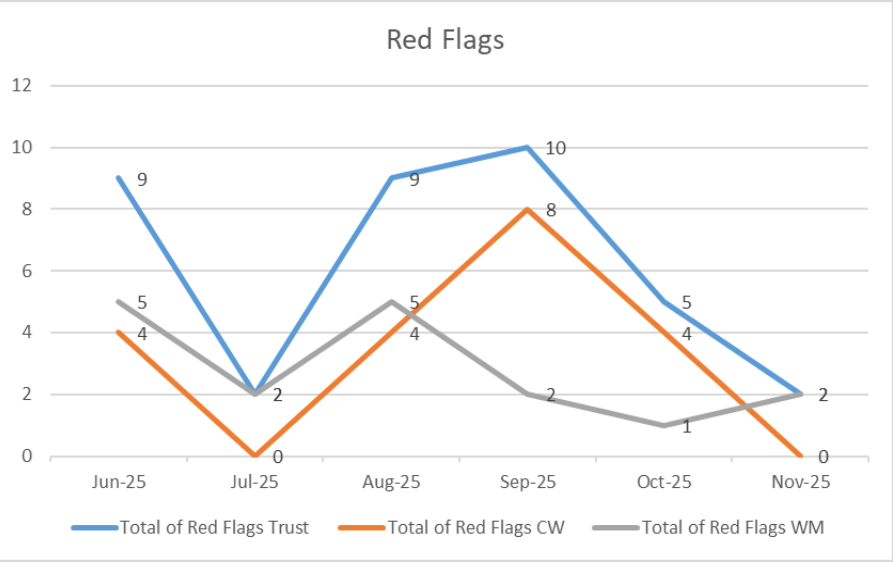
Care Staff Fill Rates (ward areas) decreased from 98.19% in October 2025 to 96.44% in November 2025 . There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in October 2025 was 13.62%.

The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 101.12% in October 2025 to 99.95% in November 2025.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (August 2025) was 8.6. Trust workforce data confirms the CHPPD was 8.7 in November 2025, up from October 2025 – 8.3.

Safe Staffing Red Flags – 2 red flags from the 5 categories (tables below) were reported during November 2025 where majority were Shortfall in RN time.

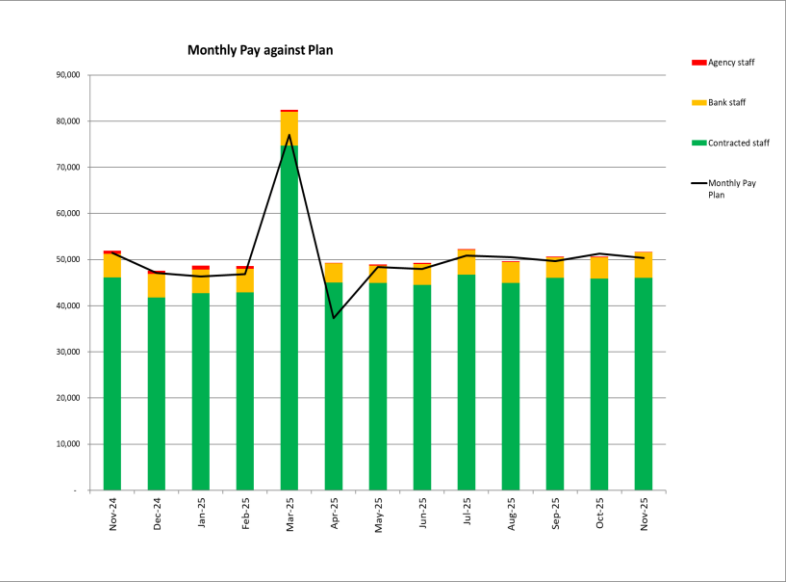
CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Aug 2025
Trust	8.6
Hillingdon Hospital	9.7
London NW	9.1
Imperial	10.6
National Median	9.0





Finance

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	687,253	681,560	(5,693)
Expenditure			
Pay	(395,911)	(402,320)	(6,410)
Non-Pay	(248,421)	(245,347)	3,074
EBITDA	42,922	33,893	(9,029)
EBITDA %	6%	4.97%	-1.3%
Depreciation	(23,304)	(23,624)	(320)
Non-Operational Exp-Inc	(10,195)	(9,219)	976
Surplus/Deficit	9,423	1,049	(8,373)
Control total Adj - Donated asset, Impairment & Other	(10,125)	(2,107)	8,018
PFI Model recalculation		402	402
Adjusted financial performance surplus/(deficit)	(702)	(655)	47



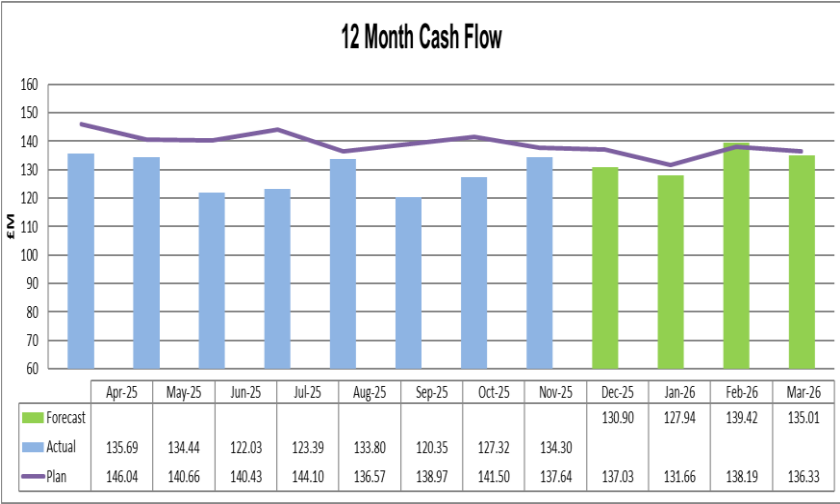
Comment: Mar 25 12 payroll figures include additional spend for 9.4% Pension contribution - £30.79 m a notional figure). In October 24 AFC staff, consultants and SAS doctor received YTD pay awards resulting in the in month spike. July 25 includes £1m spend on industrial action and a YTD increase in the pay award accrual to reflect the latest guidance.

The adjusted YTD financial position at month 8 is a £0.66m which is £0.05m favourable against plan.

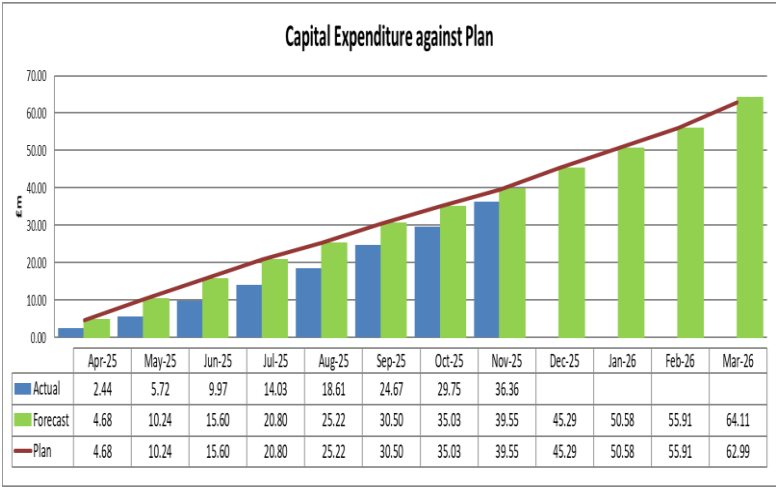
Pay: £6.41m adverse against plan. The adverse variance at Month 8 includes spend on additional clinics, Industrial I Action costs, WLI, and cover for vacancies, sickness, rota gaps, and other forms of leave. As well as unidentified and red & Amber CIPs.

Non-Pay: There is a £3.23m favourable variance which includes adjustment to budget to match NHSi return.

Income: Income performance for the month and YTD is favourable against plan. The positive variance is driven by both, income for WLI (offset by cost) and over performance on the variable elements of the contract (Drugs, Devices, Unbundled imaging). Sexual Health services continue to underperform against planned levels, largely due to demand management measures.



Comment: The negative cash variance to plan in M8 of £3.34m is negative cash variance b/fwd from M7 of £14.18m, higher receipts to plan of £4.06m (ICB & NHS England & FT's £5.02m higher, Local Authority & AR £1.32m lower, Other Income £0.26m Higher, PP Income £0.17m higher, Interest £0.02m Lower) plus lower cash outflows to plan £6.78m (Lower Creditor Payments)



Comment: The original capital programme for 2025/26 was £62.99m, which has been adjusted to £64.11m following the carry forward of the additional grant for the IECCP project from 2024/25, a new grant donation of £272k for the CW Paeds ED waiting room project, the allocation of £7.19m from the ICS reserves/ contingency and the deferral of the Human Challenge Scheme £6.3m and CW+ donation of £2.76m to 2026/27. The capital budget has been allocated to the various departments, with £46.66m for the ADC Project, £0.68m for the Treatment Centre, £2.11m For PFI schemes, £1.97m for Medical Equipment, £1.25m for IT equipment, £3.38m for Estates schemes, £0.22m Central Contingency, £0.71m for IFRS16, £3.50m for IECCP, £0.13m for WM site development and £9.95m for PDC funded projects which will be allocated to support some of the above listed items and other estates works. Individual budgets have been allocated from the available capital budgets and business cases for these projects will be submitted to CPB for approval through the year. The P08 YTD underspend of £3.19m which mainly relates to the PDC funded schemes and will be spent in the upcoming months.



AAR = After Action Review
CW = Chelsea and Westminster Hospital
CTR = Criteria to Reside
DNA = Did not Attend
CQC = Care Quality Commission
ED = Emergency Department
FFT = Friends and Family Test
FCE = Finished Consultant Episode
HSMR = Hospital Standardised Mortality Ratio
LOS = Length of Stay
KPI = Key Performance Indicator
MDT = Multiple Discipline Team
MRSA = Methicillin-Resistant Staphylococcus Aureus
OPFU = Outpatient Follow-up

OPFA = Outpatient First Attendance
OP = Outpatient
PHSO = Parliamentary and Health Service Ombudsman
PDR = Performance Development Review
PIFU = Patient Initiated Follow-up
PSII = Patient Safety Incident Investigations
PTL = Patient Tracking List
PU = Pressure Ulcer
RTT = Referral to Treatment Time
SDEC = Same Day Emergency Care
SHMI = Summary Hospital-level Mortality Index
STEIS = Strategic Executive Information System
VTE = Venous Thromboembolism
WM = West Middlesex Hospital