



TRUST PERFORMANCE & QUALITY REPORT

October 2023



NHSI Reporting

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months |
|--|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|
| | | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 Q3 | 2023-2024 | Trend charts |
| A&E | A&E waiting times - Types 1 & 3 Depts (Target: >95%) | 81.06% | 77.97% | 77.90% | 79.69% | 83.94% | 79.35% | 71.97% | 78.86% | 82.70% | 78.75% | 74.93% | 74.93% | 79.22% | |
| RTT | 18 weeks RTT - Incomplete (Target: >92%) | 65.02% | 63.95% | 62.85% | 64.63% | 57.49% | 56.96% | 58.52% | 57.68% | 60.73% | 59.99% | 60.45% | 60.45% | 60.74% | |
| Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Oct-23) in this report)</small> | 2 weeks from referral to first appointment all urgent referrals (Target: >93%) | 95.00% | 93.34% | 96.25% | 95.43% | 91.80% | 88.66% | 94.65% | 94.59% | 93.03% | 90.45% | 95.30% | n/a | 94.93% | |
| | 2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%) | n/a | n/a | n/a | 100% | 100% | 100% | 100% | 96.34% | 100% | 100% | 100% | n/a | 96.35% | |
| | 31 days diagnosis to first treatment (Target: >96%) | 97.92% | 96.08% | 93.22% | 97.85% | 96.97% | 93.94% | 98.94% | 96.51% | 97.28% | 94.67% | 96.73% | n/a | 97.01% | |
| | 31 days subsequent cancer treatment - Drug (Target: >98%) | n/a | n/a | n/a | n/a | 100% | n/a | n/a | 100% | 100% | n/a | n/a | n/a | 100% | |
| | 31 days subsequent cancer treatment - Surgery (Target: >94%) | 50.00% | n/a | n/a | 50.00% | n/a | 100% | n/a | 100% | 50.00% | 100% | n/a | n/a | 75.00% | |
| | 62 days GP referral to first treatment (Target: >85%) | 71.43% | 73.68% | 86.41% | 70.94% | 87.23% | 75.19% | 85.64% | 77.24% | 82.74% | 74.73% | 85.91% | n/a | 75.00% | |
| Cancer - FDS | Faster Diagnosis Standard (Target: >= 75%) | 85.70% | 82.56% | 83.96% | 82.83% | 70.37% | 73.72% | 77.23% | 73.96% | 76.07% | 76.92% | 79.80% | 79.80% | 77.47% | |
| Patient Safety | Clostridium difficile infections (Year End Target: 26) | 0 | 2 | 3 | 10 | 3 | 2 | 1 | 12 | 3 | 4 | 4 | 4 | 22 | |

A&E 4-hr Waiting Times

The Trust performance was at 74.93% as there was significant challenges with flow reported across both sites. Recovery was hampered by the West Middlesex UTC contract go-live in September 23, which continued to impact performance into early October. Now that system deployments and staff integration within the West Middlesex UTC have started to take hold, the Trust is concentrating on patient flow and winter readiness. The Trust remains one of the highest performers in London, ranking third in the region.

18 Weeks RTT (Incomplete Pathway)

The Trust RTT PTL is showing a slight increase, whilst the 18-week position remains broadly stable. Industrial action in early October by both consultants and junior doctors presented a risk to the backlog positions with the 52ww, 65ww and 78ww backlogs showing slight increases. Despite this, activity remained resilient as the Trust made significant progress on the national drive to book and see backlog patients before the 31st of October. As this initiative continues into November, the focus remains on ensuring patients are booked in order of priority as well as managing demand and productivity in theatres.

Cancer (Final Previous Month, Unvalidated Current month)

2-week Waits: 2ww GP suspected cancer referral performance was non-compliant in September 2023, with a performance of 90.45%. This has been driven by challenged performance in the skin pathway. The Trust saw another very high number of 2ww GP suspected cancer referrals, with 2642 patients' referred in September 2023.

62-Day (GP Referral): The 62-day target was non-compliant in September 2023, with a performance of 74.73%. The new Cancer Waiting standards are set to go live in the next month's reporting.

62-Day (NHS Screening): The 62-day screening target was non-compliant for September 2023, with a performance of 30.77%. Focused work is underway with the Breast and Colorectal service team to understand the patients who have breached and do focused pathway improvement work. The performance standard has improved for October 2023, currently showing a performance of 33.33%.

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

31-Day: The 31-day target was non-compliant in September 2023, with a performance of 94.7%.

Clostridium Difficile

There were 4 Trust-attributed Hospital Onset- Healthcare associated (HOHA) Clostridium difficile cases in October 2023, 3 occurred at the CW site and 1 at the WM site. RCA meetings for all cases are currently in the process of being scheduled (awaiting ward responses). All cases occurred on different wards, 3 in the Planned Care division and 1 in the Emergency and integrated Care division, with no current evidence of cross-transmission and ribotyping pending.

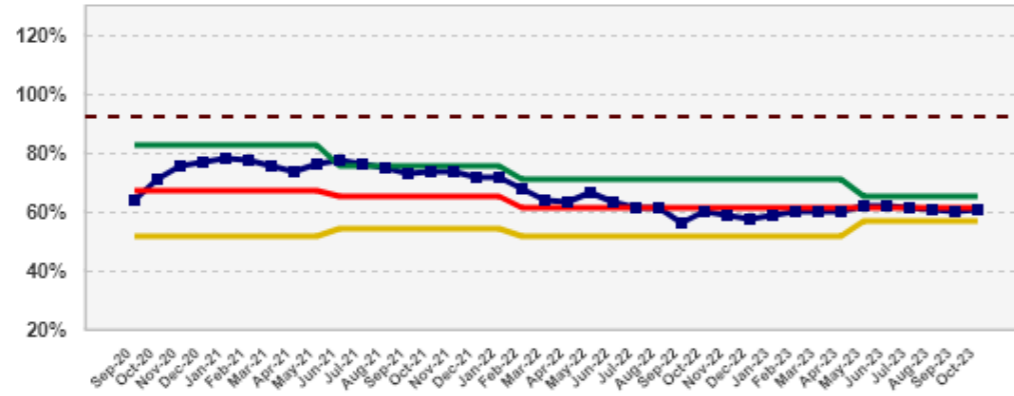


SELECTED BOARD REPORT NHSI INDICATORS

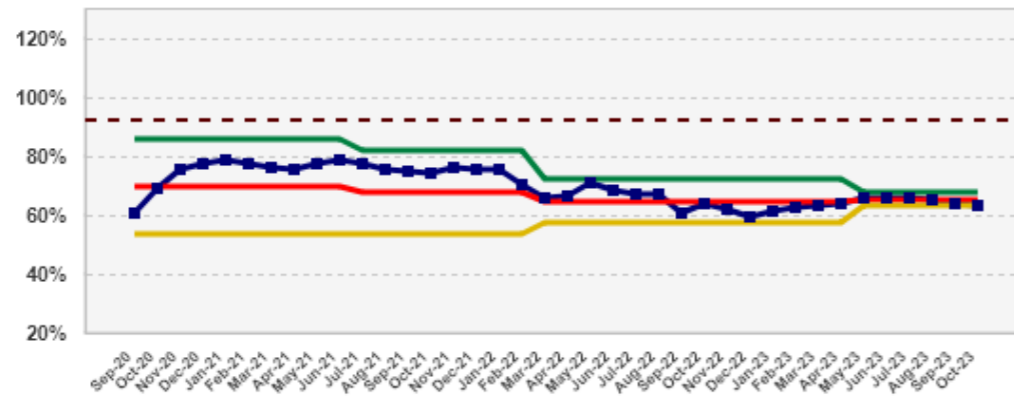
Statistical Process Control Charts for the last 36 months May 2020 to Sep 2023

RTT Incomplete pathways

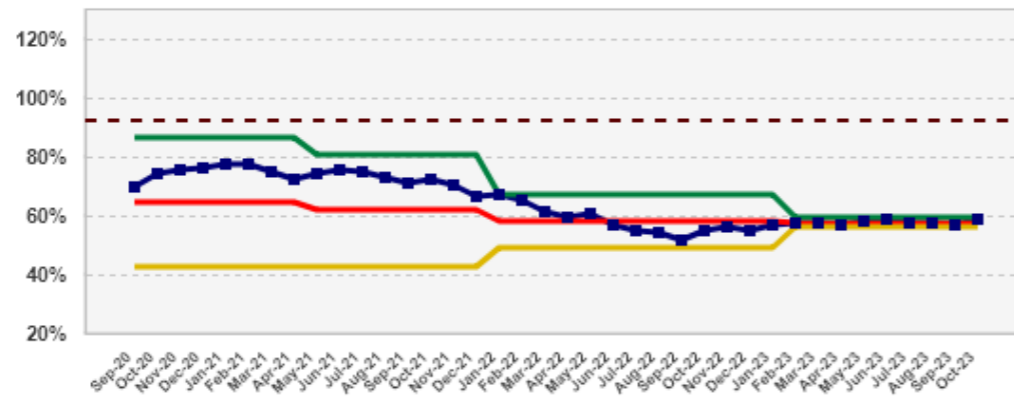
Trust Total



Chelsea and Westminster

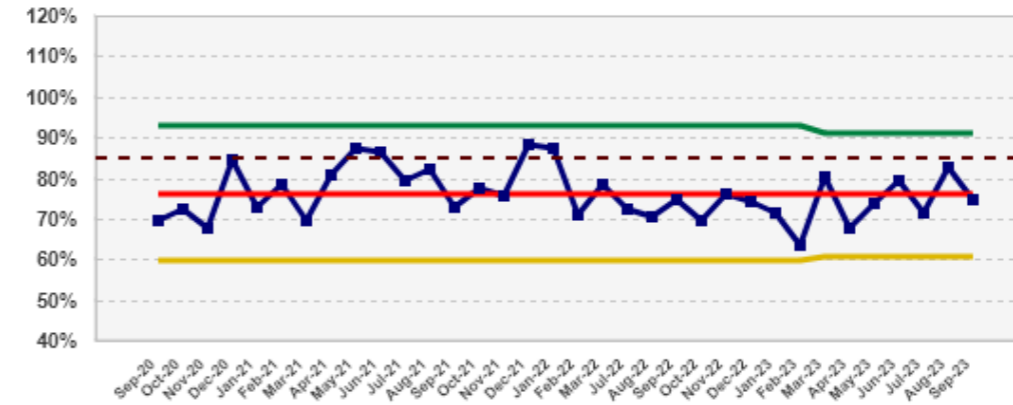


West Middlesex

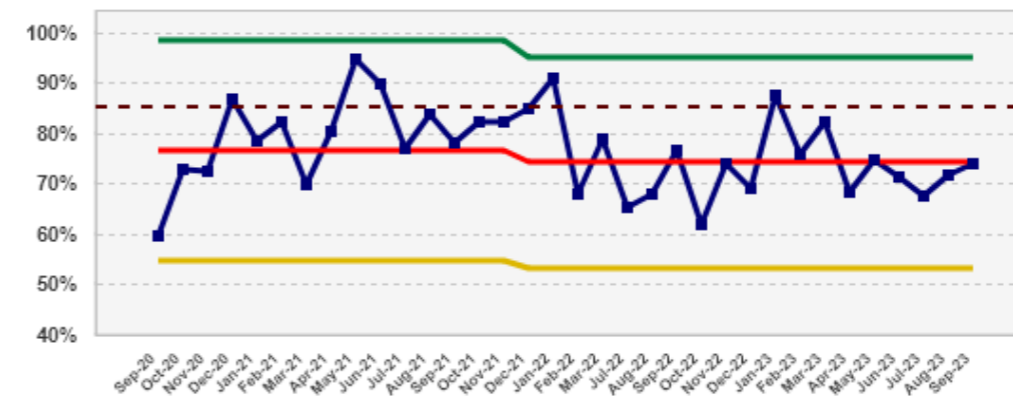


Cancer: 62 day standard

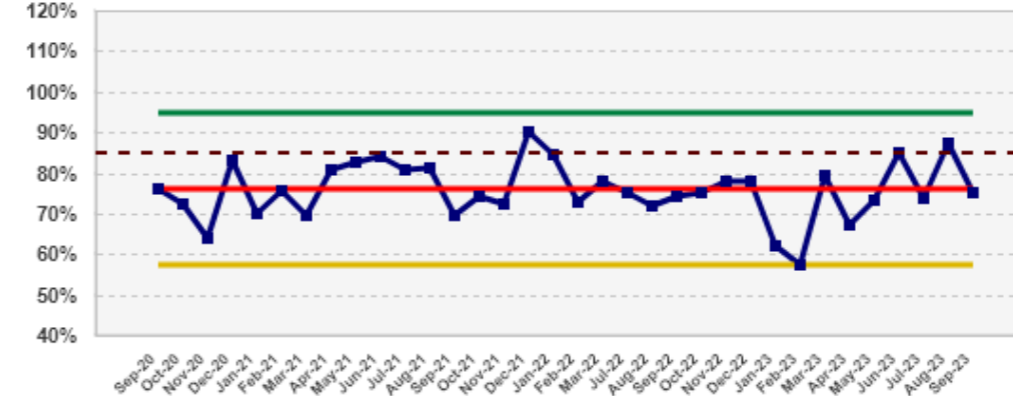
Trust Total



Chelsea and Westminster



West Middlesex

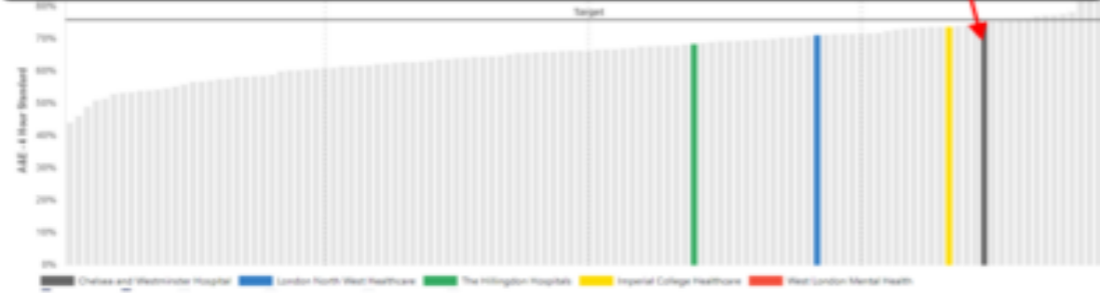




National Benchmarking Against Select Indicators

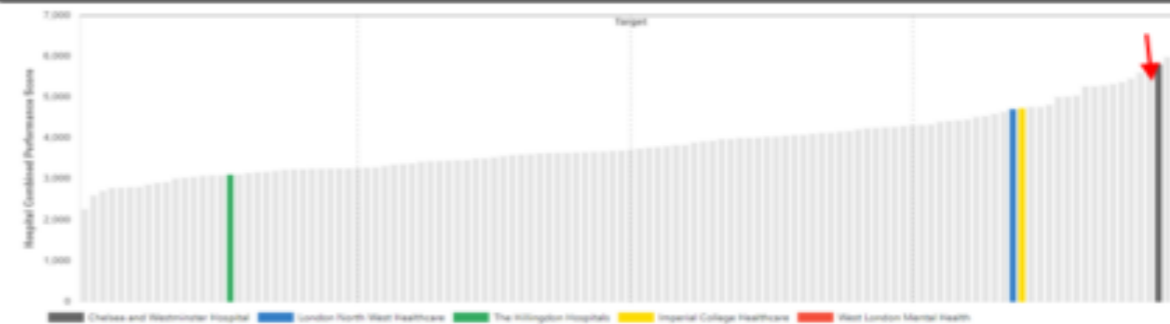
The below has been sourced from PublicView and represents the Trust Performance for September 23, except A&E 4hr/HCS (October). The ranking is based on peers in the same group as the Trust. The Trust ranked 3rd nationally on the HCS, similar ranking when compared to the previous month.

A&E 4-hr Waits | 15th Nationally

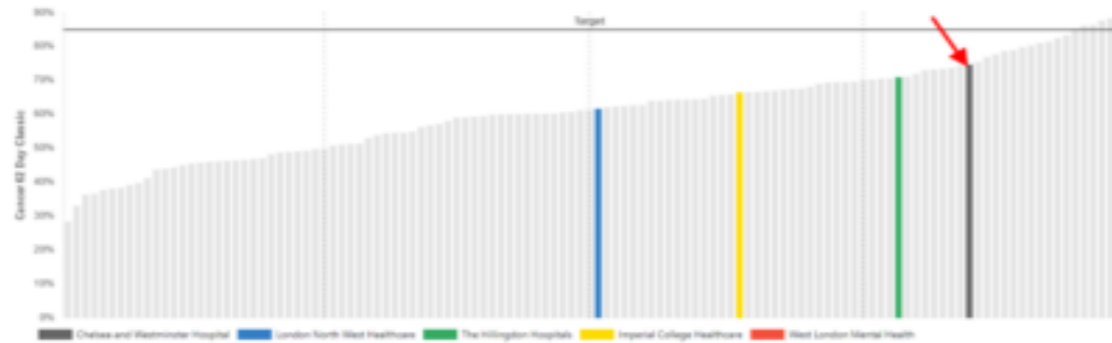


A&E 4-hr waits: The Trust is currently ranked 15th of 119 Trusts, a deterioration in ranking.

Hospital Combined Score | 3rd Nationally

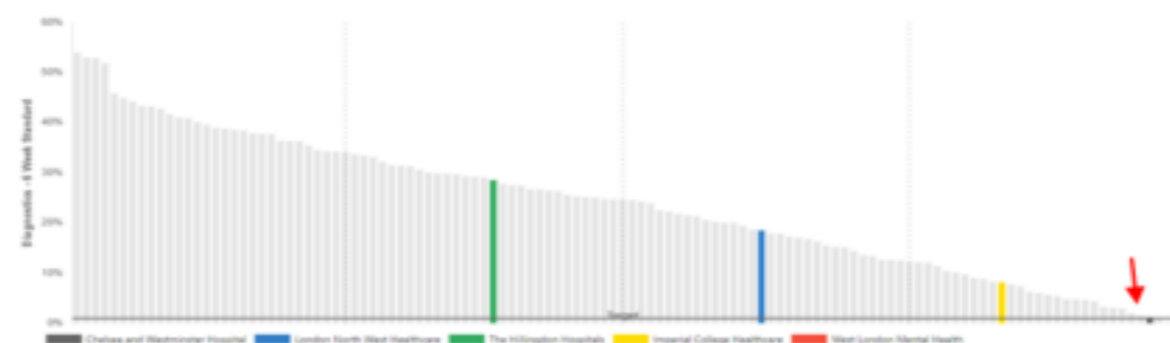


Cancer 62 Days | 21st OF 119



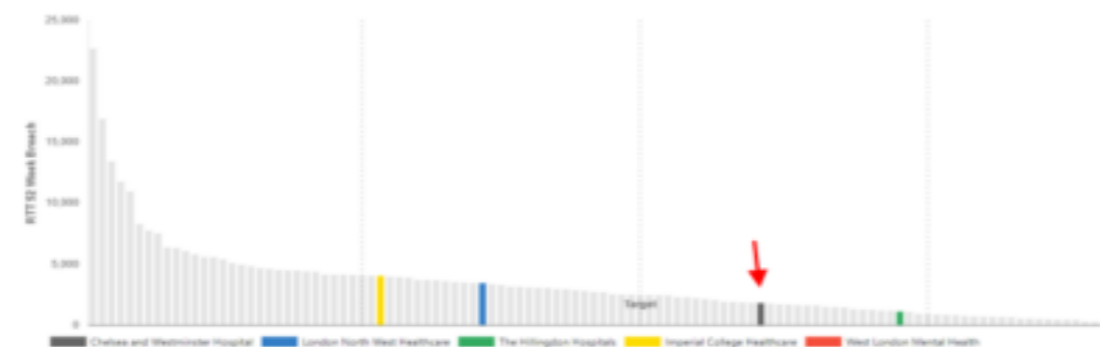
62 Day Cancer Standard: The Trust is currently ranked 21st out of 119 Trusts, a deterioration in ranking.

6 -wk. Diagnostic | 3rd OF 119



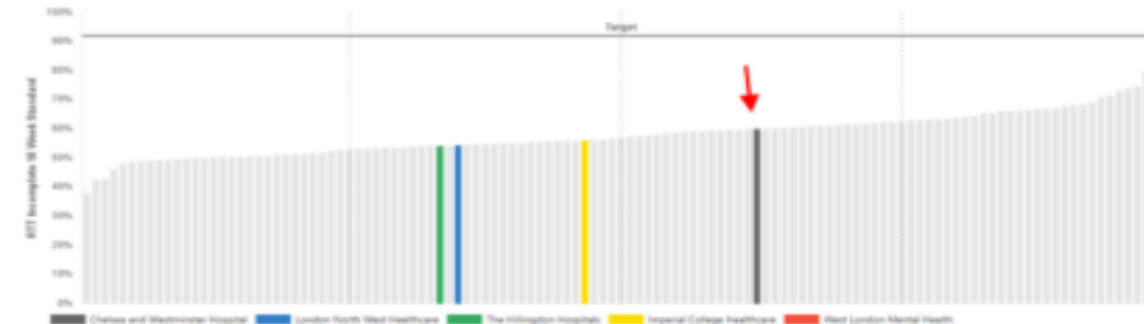
6 Week Diagnostic Standard: The Trust is 3rd position in the league table nationally for diagnostic waits. This is similar ranking when compared to the previous month.

RTT 52 ww | 47th OF 119



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

RTT 18-wk Incomplete Pathway | 45th OF 119



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



Safety

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|------------------------------|---|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|---|
| | | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 Q3 | 2023-2024 | Trend charts | |
| Hospital-acquired infections | MRSA Bacteraemia (Target: 0) | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | | - |
| | Hand hygiene compliance (Target: >90%) | 96.3% | 97.8% | 92.5% | 94.8% | 98.2% | 96.3% | 98.7% | 97.5% | 97.1% | 97.2% | 95.5% | 95.5% | 96.1% | | - |
| Incidents | Number of serious incidents | 3 | 2 | 2 | 11 | 2 | 3 | 0 | 8 | 5 | 5 | 0 | 0 | 17 | | - |
| | Incident reporting rate per 100 admissions (Target: >8.5) | 9.3 | 8.7 | 9.1 | 9.3 | 9.7 | 9.3 | 9.2 | 9.5 | 9.5 | 9.0 | 9.2 | 9.2 | 9.4 | | - |
| | Rate of patient safety incidents resulting in severe harm or death per 100 admissions | 0.06 | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 | 0.06 | 0.02 | 0.03 | 0.01 | 0.03 | 0.03 | 0.01 | | - |
| | Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2) | 4.07 | 4.96 | 5.29 | 4.67 | 4.20 | 4.34 | 4.67 | 4.03 | 4.14 | 4.64 | 4.98 | 4.98 | 4.35 | | - |
| | Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%) | 0.0% | 0.0% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | | - |
| Harm | Never Events (Target: 0) | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | | - |
| | Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6) | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | | - |
| | Safeguarding adults - number of referrals | 51 | 30 | 41 | 246 | 22 | 48 | 27 | 229 | 73 | 78 | 68 | 68 | 475 | | - |
| | Safeguarding children - number of referrals | 95 | 85 | 83 | 386 | 74 | 94 | 121 | 686 | 169 | 179 | 204 | 204 | 1072 | | - |
| Mortality | Summary Hospital Mortality Indicator (SHMI) (Target: <100) | 69 | 68 | 68 | 68 | 74 | 74 | 73 | 73 | 72 | 71 | 71 | 71 | 71 | | - |
| | Number of hospital deaths - Adult | 32 | 39 | 39 | 253 | 72 | 60 | 59 | 428 | 104 | 99 | 98 | 98 | 681 | | - |
| | Number of hospital deaths - Paediatric | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 3 | | - |
| | Number of hospital deaths - Neonatal | 1 | 1 | 2 | 9 | 0 | 1 | 1 | 3 | 1 | 2 | 3 | 3 | 12 | | - |
| | Number of deaths in A&E - Adult | 1 | 0 | 0 | 6 | 3 | 4 | 0 | 21 | 4 | 4 | 0 | 0 | 27 | | - |
| | Number of deaths in A&E - Paediatric | 1 | 1 | 0 | 2 | 1 | 0 | 0 | 2 | 2 | 1 | 0 | 0 | 4 | | - |

Incidents

There were five External SIs reported in October 2023; two Maternity/Obstetric incidents reported to HSIB, one unexpected child death, one unexpected neonatal death, and one infusion injury / extravasation incident. The investigations into these events will seek to identify any care or service delivery challenges that impacted the outcome and establish actions required to reduce the risk or consequence of the event reoccurring. During the target month (October 2023) the target rate of patient safety incidents per 100 admissions was exceeded by both sites. It is anticipated that reporting rates will remain positive following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE); staff training will be an integral part of the rollout.

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

The number of reported medication-related incidents year-to-date falls within the Trust target, with an increase in the number of reported incidents at both CW and WM sites in October, in comparison to September.

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

There were no incidents of moderate harm or above reported in October, thus meeting Trust target.

Safeguarding

For adults, the numbers of referrals at West Middlesex Hospital site have reduced following a peak in September. Cases on both sites continue to be very complex. For the children, West Middlesex Hospital referrals are extremely high in September. CW had 83 referrals; referrals remain fairly static at this site. As with adults these cases are mostly complex cases, with many involving CAMHS services and long stays for children awaiting social care placements.

MRSA

There were 0 Trust-attributed MRSA cases in October 2023, to-date there have been a total of 2 cases this financial year. Both cases occurred at the CW Neonatal unit during a period of increased MRSA incidents. Incident/ review meetings have been held and progress on actions identified are frequently reviewed. The IPC team continues to support the Neonatal unit with increased surveillance and auditing.



Patient Experience

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|-----------------------|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|---|
| | | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 Q3 | 2023-2024 | Trend charts | |
| Friends & Family Test | FFT: Inpatient satisfaction % (Target: >90%) | 95.3% | 96.1% | 96.3% | 95.6% | 94.1% | 95.4% | 95.4% | 96.3% | 94.7% | 95.7% | 95.8% | 95.8% | 96.0% | | - |
| | FFT: Inpatient not satisfaction % (Target: <10%) | 2.0% | 1.8% | 1.0% | 1.6% | 1.81% | 1.82% | 2.32% | 1.4% | 1.9% | 1.8% | 1.7% | 1.7% | 1.5% | | - |
| | FFT: Inpatient response rate (Target: >15%) | 36.0% | 35.1% | 34.5% | 33.4% | 52.5% | 45.7% | 40.9% | 46.7% | 42.2% | 40.3% | 37.5% | 37.5% | 39.5% | | - |
| | FFT: A&E satisfaction % (Target: >90%) | 87.0% | 83.9% | 85.0% | 84.3% | 81.5% | 74.0% | 77.4% | 78.1% | 85.3% | 80.7% | 81.6% | 81.6% | 82.2% | | ! |
| | FFT: A&E not satisfaction % (Target: <10%) | 8.6% | 10.1% | 9.5% | 9.8% | 10.5% | 17.5% | 15.1% | 14.3% | 9.2% | 12.5% | 12.0% | 12.0% | 11.3% | | ! |
| | FFT: A&E response rate (Target: >15%) | 27.5% | 27.2% | 27.2% | 27.2% | 25.7% | 24.6% | 23.2% | 24.9% | 26.9% | 26.3% | 25.3% | 25.3% | 26.4% | | ! |
| | FFT: Maternity satisfaction % (Target: >90%) | 92.1% | 89.5% | 91.2% | 90.4% | 93.1% | 87.7% | 87.3% | 88.6% | 92.5% | 88.9% | 89.8% | 89.8% | 89.7% | | - |
| | FFT: Maternity not satisfaction % (Target: <10%) | 5.7% | 6.7% | 4.6% | 6.2% | 5.6% | 8.7% | 9.3% | 8.4% | 5.6% | 7.4% | 6.3% | 6.3% | 7.0% | | - |
| | FFT: Maternity response rate (Target: >15%) | 39.9% | 49.4% | 46.3% | 43.5% | 31.0% | 30.7% | 32.3% | 31.1% | 35.9% | 40.9% | 40.0% | 40.0% | 37.9% | | - |
| Experience | Breach of same sex accommodation (Target: 0) | 0 | 0 | 0 | 0 | 20 | 17 | 19 | 144 | 20 | 17 | 19 | 19 | 144 | | ! |
| Complaints | Complaints (informal) through PALS | 22 | 18 | 12 | 153 | 27 | 42 | 47 | 274 | 49 | 60 | 59 | 59 | 427 | | - |
| | Complaints formal: No of complaints due for response | 31 | 26 | 22 | 195 | 21 | 19 | 15 | 116 | 52 | 45 | 37 | 37 | 311 | | - |
| | Complaints formal: Number responded to < 25 days | 31 | 23 | 20 | 165 | 15 | 18 | 11 | 116 | 46 | 41 | 31 | 31 | 281 | | - |
| | Complaints sent through to the Ombudsman | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | | - |
| | Complaints upheld by the Ombudsman (Target: 0) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | - |

MSA (Mixed Sex Accommodation)

The “Guidelines for the Provision of Intensive Care Services” requires that “discharge from critical care to a general ward must occur within four hours of the decision” and where this does not occur and the patient remains in a shared bay or room, this would be classified as a mixed-sex breach. West Middlesex site had 19 breaches for October. We also ran at a 90% occupancy rate based on our funded bed establishment. October saw 7 of our patients waiting for ward beds longer than 10hrs, 3 of which waited for more than 30hrs. West Middlesex site handles a large volume of admitted patients and the ICU configuration has two open bays and limited side rooms. Delayed discharges that breach mixed sex accommodation continue to be addressed with the site management team at each bed meeting. These delays are due to external bed pressures within the hospital. The Trust continues to ensure that our patients are well cared for and their dignity and cultural considerations are maintained.

Complaints

84% of complaints were responded to within the 25-day KPI (target 95%) during October 2023. Six were not responded to within the timeframe (3 for PC, 2 for EIC and 1 for Specialist Care) due to delays in receiving the investigation outcome/draft response. Compliance with responding to PALS concerns within 5 working days was 96% (KPI 90%).

Friends and Family Test

Response rates have been maintained in October for all areas, highlighting the ongoing work managing the FFT contract and ensuring there is awareness of this Trust-wide. Positives and negatives are being identified and shared, where appropriate, with local leads. Despite the rag ratings, the Trust’s A&E satisfaction score still exceeds the national average. Maternity (WM) and Maternity (Trust) continues to not meet the 90% satisfaction rate and the themes of this have been discussed in conjunction with the national CQC maternity survey results on 6th November with site leads. One of the main focus areas for FFT and national surveys is the postnatal patient experience. A postnatal working group has been created to ensure improvement actions are initiated for these themes. Actions include review of current patient information available for feeding/induced labour, kindness campaign and pain management.



Efficiency and Productivity

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|-----------------------|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|---|
| | | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 Q3 | 2023-2024 | Trend charts | |
| Admitted Patient Care | Average length of stay - elective (Target: <2.9) | 2.52 | 2.45 | 2.33 | 2.79 | 2.61 | 2.69 | 2.94 | 3.65 | 2.55 | 2.52 | 2.50 | 2.50 | 3.01 | | - |
| | Average length of stay - non-elective (Target: <3.95) | 3.99 | 3.40 | 3.54 | 3.93 | 3.83 | 3.50 | 3.15 | 3.62 | 3.90 | 3.46 | 3.33 | 3.33 | 3.76 | | - |
| | Emergency care pathway - average LoS (Target: <4.5) | 4.40 | 3.60 | 3.63 | 4.17 | 4.31 | 3.88 | 3.31 | 4.01 | 4.35 | 3.76 | 3.45 | 3.45 | 4.08 | | - |
| | Emergency care pathway - discharges | 271 | 288 | 304 | 1924 | 346 | 384 | 414 | 2574 | 618 | 672 | 718 | 718 | 4499 | | - |
| | Emergency re-admissions within 30 days of discharge (Target: <7.6%) | 5.47% | 4.33% | 4.60% | 4.96% | 6.05% | 6.06% | 6.30% | 6.39% | 5.75% | 5.17% | 5.42% | 5.42% | 5.65% | | - |
| | Non-elective long-stayers | 433 | 416 | 425 | 3076 | 426 | 429 | 334 | 2854 | 859 | 845 | 759 | 759 | 5930 | | - |
| Theatres | Daycase rate (basket of 25 procedures) (Target: >85%) | 89.1% | 88.7% | 88.2% | 87.2% | 87.6% | 86.4% | 84.9% | 84.8% | 88.7% | 88.0% | 87.2% | 87.2% | 86.5% | | - |
| | Operations cancelled on the day for non-clinical reasons: actuals | 24 | 5 | 17 | 97 | 25 | 30 | 21 | 130 | 49 | 35 | 38 | 38 | 227 | | - |
| | Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%) | 0.74% | 0.15% | 0.47% | 0.41% | 0.94% | 1.13% | 0.80% | 0.73% | 0.83% | 0.59% | 0.61% | 0.61% | 0.55% | | - |
| | Operations cancelled the same day and not rebooked within 28 days (Target: 0) | 4 | 2 | 2 | 29 | 7 | 3 | 3 | 19 | 11 | 5 | 5 | 5 | 48 | | ! |
| | Theatre Utilisation Model Hospital (Target > 85%) | 84.1% | 81.3% | 79.3% | 81.3% | 93.0% | 96.3% | 93.9% | 93.4% | 87.2% | 86.2% | 84.2% | 84.2% | 85.2% | | - |
| Outpatients | First to follow-up ratio (Target: <1.5) | 2.39 | 2.28 | 2.20 | 2.36 | 1.75 | 1.66 | 1.70 | 1.74 | 2.09 | 1.99 | 1.97 | 1.97 | 2.08 | | ! |
| | Average wait to first outpatient attendance (Target: <6 wks) | 8.9 | 9.3 | 10.0 | 9.5 | 11.6 | 11.9 | 12.6 | 12.1 | 10.2 | 10.5 | 11.2 | 11.2 | 10.7 | | ! |
| | DNA rate: first appointment | 12.3% | 12.1% | 11.1% | 11.6% | 11.9% | 11.5% | 11.1% | 11.2% | 12.1% | 11.8% | 11.1% | 11.1% | 11.4% | | - |
| | DNA rate: follow-up appointment | 10.5% | 9.8% | 9.3% | 9.9% | 9.0% | 8.7% | 8.0% | 8.8% | 9.9% | 9.4% | 8.8% | 8.8% | 9.5% | | - |
| | PIFU - % of Total Outpatient attendances | 11.3% | 11.6% | 10.8% | 11.1% | 1.5% | 1.6% | 1.9% | 1.5% | 7.3% | 7.5% | 7.2% | 7.2% | 7.2% | | - |

Day-Case Rate

The day-case rate remains above the 85% Trust-Wide and on the Chelsea site in October. The number of day cases conducted remained stable on the Chelsea site, however, there was a drop in the number of day cases conducted on the West Middlesex site. This reduction in the number of cases performed accounts for the drop in performance seen in-month, as there has been no change in the number of elective admissions or failed day cases.

Cancelled Operations

The number of cancelled operations for non-clinical reasons on the day increased Trust-wide in October. There was a month-on-month decrease in the West Middlesex site, whilst the Chelsea site reported an increase. On the West Middlesex site, 12 of the cancellations were due to cases taking longer than planned, while 5 cancellations were due to emergency cases being scheduled. Surgical SDEC lists are being introduced on the West Middlesex site that can mitigate against this in the future. 2 of the remaining cancellations on the West Middlesex site were due to overbooking of the lists and the other 2 were due to the availability of equipment. On the Chelsea and Westminster site 7 cancellations are attributable to earlier cases taking longer than planned, while 6 were due to unavailability of staff. The remaining cancellations were due to emergency cases taking priority, overbooking of the list and an incorrect booking. There were 5 patients who were cancelled on the day who were not rebooked within 28 days in the Chelsea site. This was due to surgeon availability and in West Middlesex this was due to patient choice.

Theatre Utilisation

Trust-Wide utilisation dropped in October to 84.2%. As in previous months, Industrial Action has again caused a significant reduction in the number of elective operating lists conducted in the month. Theatre utilisation remains significantly above the 85% target at 93.9% on the West Middlesex site. The Chelsea Site remains below the 85% target, with a decrease in utilisation from 81.3% in September to 79.3% in October. Looking across the Chelsea and Westminster site, theatre utilisation remains well above the 85% target in Main Theatres, however decreases in utilisation in Treatment Centre and Paediatric Theatres account for the deterioration.

Outpatients

The first-to-follow up ratio is slowly moving towards the 1.5 target, although there remains considerable work to do around this. The average wait-to-first attendance continues to trend upwards with the nationally driven focus on creating capacity for and scheduling 65ww risks before the end of October. The DNA rate is trending down for both new and follow-up appointments across both sites, with the follow-up rate at a 13-month low. PIFU rates are edging up at WMUH but downward at the CW site. There is significant site variation, but that is skewed by the CW site HIV service, which single-handedly pushes the Trust from 2% to 7% overall.



Clinical Effectiveness

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|---------------|---|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|---|
| | | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 Q3 | 2023-2024 | Trend charts | |
| Best Practice | Dementia screening case finding (Target: >90%) | 95.9% | 90.1% | 95.7% | 92.9% | 94.5% | 96.2% | 95.8% | 95.2% | 95.2% | 93.7% | 95.8% | 95.8% | 94.2% | | - |
| | #NoF Time to Theatre <36hrs for medically fit patients (Target: 100%) | 100.0% | 61.1% | 76.9% | 70.5% | 94.1% | 100.0% | 100.0% | 90.4% | 96.2% | 80.6% | 88.9% | 88.9% | 81.8% | | ! |
| | Stroke care: time spent on dedicated Stroke Unit (Target: >80%) | 100.0% | 100.0% | 91.7% | 93.0% | 100.0% | 75.0% | 100.0% | 89.9% | 100.0% | 85.0% | 96.7% | 96.7% | 91.2% | | - |
| VTE | VTE: Hospital acquired | 0 | 0 | 0 | 2 | 9 | 5 | 1 | 22 | 9 | 5 | 1 | 1 | 24 | | - |
| | VTE risk assessment (Target: >95%) | 91.0% | 91.4% | 93.6% | 91.7% | 96.4% | 96.3% | 95.1% | 96.1% | 93.7% | 93.9% | 94.3% | 94.3% | 93.8% | | ! |
| TB Care | TB: Number of active cases identified and notified | 3 | 1 | 1 | 23 | 3 | 4 | 4 | 43 | 6 | 5 | 5 | 5 | 66 | | - |
| Sepsis | ED % Periods Screened (Target >90%) | 92.0% | 92.0% | 93.2% | 91.8% | 91.2% | 90.3% | 82.4% | 86.8% | 91.7% | 91.3% | 88.6% | 88.6% | 89.8% | | - |
| | ED % Potential Red Flag Sepsis Reviewed (Target >90%) | 83.0% | 81.5% | 85.0% | 77.4% | 89.9% | 89.2% | 89.7% | 89.6% | 85.8% | 84.2% | 86.6% | 86.6% | 82.0% | | - |
| | Ward % Periods Screened (Target >90%) | 88.3% | 89.2% | 85.4% | 88.4% | 94.8% | 95.1% | 95.8% | 95.4% | 91.3% | 91.9% | 90.0% | 90.0% | 91.6% | | - |
| | Ward % Potential Red Flag Sepsis Reviewed (Target >90%) | 96.3% | 95.4% | 94.4% | 95.8% | 96.1% | 95.0% | 96.1% | 95.7% | 96.2% | 95.2% | 95.2% | 95.2% | 95.8% | | - |

#NoF (Time to Theatre - Neck of Femur)

There was an increase in performance at 88.9%, owing to improvements at the Chelsea site, while West Mid maintained full compliance for the second consecutive month. There were three patients who were medically fit but were delayed in Chelsea, two of these patients were waiting for space on the trauma list due to a high volume of trauma, while the other was due to the unavailability of surgical resource.

VTE Risk

There has been an improvement in month-on-month performance with West Mid reporting sustained compliance while the Chelsea site though challenged, showing significant improvement. Surgical numbers have improved but work is still ongoing to attain compliance.

Sepsis (Deteriorating Patient)

The decrease in the Trust ED performance over the last month has been due to the decline in WM ED; this is presently under evaluation. After consistent performance over several months, this may represent the volume of admissions. Chelsea ED is reporting compliance with screening. Improved performance is reported across both sites with clinical screening. The Trust continues the work through the REDP project on screening onwards, with particular focus at the Chelsea site.



Access

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|-------------|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|---|
| | | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | Aug-23 | Sep-23 | Oct-23 | 2023-2024 Q3 | 2023-2024 | Trend charts | |
| RTT waits | RTT Incompletes 52 week Patients at month end | 804 | 828 | 892 | 892 | 1051 | 1009 | 973 | 973 | 1855 | 1837 | 1865 | 1865 | 1865 | | ! |
| | Diagnostic waiting times <6 weeks: % (Target: >99%) | 99.09% | 99.40% | 99.02% | 98.99% | 97.90% | 98.19% | 98.05% | 94.48% | 98.50% | 98.78% | 98.51% | 98.51% | 96.63% | | ! |
| | Diagnostic waiting times >6 weeks: breach actuals | 38 | 26 | 48 | 313 | 86 | 82 | 107 | 1870 | 124 | 108 | 155 | 155 | 2183 | | - |
| A&E and LAS | A&E unplanned re-attendances (Target: <5%) | 6.4% | 6.7% | 6.6% | 6.7% | 6.9% | 7.6% | 6.3% | 6.9% | 6.6% | 7.0% | 6.4% | 6.4% | 6.8% | | ! |
| | A&E time to treatment - Median (Target: <60') | 00:22 | 00:22 | 00:24 | 00:24 | 01:07 | 01:05 | 00:39 | 00:59 | 00:42 | 00:39 | 00:32 | 00:32 | 00:38 | | - |
| | London Ambulance Service - patient handover 30' breaches | 28 | 35 | 48 | 206 | 96 | 139 | 180 | 1065 | 124 | 174 | 228 | 228 | 1271 | | - |
| | London Ambulance Service - patient handover 60' breaches | 0 | 0 | 1 | 1 | 0 | 2 | 4 | 95 | 0 | 2 | 5 | 5 | 96 | | - |

Please note the following

| | | | |
|------------|--|---|---|
| blank cell | An empty cell denotes those indicators currently under development | ! | Either Site or Trust overall performance red in each of the past three months |
|------------|--|---|---|

Diagnostic 6-Week Waits

The performance against the national DM01 measure was achieved in October 2023, with a position of 98.51%, against the national 95% standard, however this was slightly below the internal stretch standard of 99%. Work continues to strive towards 99% compliance, however increased demand together with the compounded effect of previous industrial actions have made this challenging over recent months. The Trust continues to focus on improving performance as part of our recovery plan.

Ambulance Handover

The Trust has remained a strong performer for ambulance handovers with 93.83% of handovers completed in under 30 minutes, which is above the NHSE target of 90%.



RTT Positions Dashboard

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | West Middlesex University Hospital Site | | | Combined Trust Performance | | |
|----------------------------|---------------------------------|-------------------------------------|--------|--------|---|--------|--------|----------------------------|--------|--------|
| | | Aug-23 | Sep-23 | Oct-23 | Aug-23 | Sep-23 | Oct-23 | Aug-23 | Sep-23 | Oct-23 |
| RTT waiting list positions | Total RTT waiting list | 25251 | 26041 | 27102 | 33375 | 34052 | 33520 | 58626 | 60093 | 60622 |
| | Total Non-Admitted waiting list | 22099 | 22884 | 23997 | 31280 | 31966 | 31345 | 53379 | 54850 | 55342 |
| | Non-Admitted with a date | 6642 | 9227 | 11676 | 5832 | 7806 | 9666 | 12474 | 17033 | 21342 |
| | Non-Admitted without a date | 15457 | 13657 | 12321 | 25448 | 24160 | 21679 | 40905 | 37817 | 34000 |
| | Total Admitted waiting list | 3152 | 3157 | 3105 | 2095 | 2086 | 2175 | 5247 | 5243 | 5280 |
| | Admitted with a date | 565 | 695 | 905 | 257 | 345 | 618 | 822 | 1040 | 1523 |
| | Admitted without a date | 2587 | 2462 | 2200 | 1838 | 1741 | 1557 | 4425 | 4203 | 3757 |
| | Patients waiting >65 weeks | 248 | 262 | 282 | 238 | 300 | 337 | 486 | 562 | 619 |
| | Patients waiting >78 weeks | 35 | 35 | 42 | 41 | 50 | 48 | 76 | 85 | 90 |
| | Patients waiting >104 weeks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

RTT 52 week waiters Specialty Dashboard

| Specialty Name | Chelsea & Westminster Hospital Site | | | West Middlesex University Hospital Site | | | Combined Trust position | | |
|---------------------------------|-------------------------------------|------------|------------|---|-------------|------------|-------------------------|-------------|-------------|
| | Aug-23 | Sep-23 | Oct-23 | Aug-23 | Sep-23 | Oct-23 | Aug-23 | Sep-23 | Oct-23 |
| Total | 804 | 828 | 892 | 1051 | 1009 | 973 | 1855 | 1837 | 1865 |
| Audiology | | 1 | 1 | | | | | 1 | 1 |
| Breast Surgery | | | | | 1 | 1 | | 1 | 1 |
| Burns Care | 1 | | | | | | 1 | | |
| Cardiology | 1 | | | | | | 1 | | |
| Colorectal Surgery | 15 | 15 | 20 | 201 | 216 | 146 | 216 | 231 | 166 |
| Dermatology | 9 | 5 | 6 | 4 | 5 | 9 | 13 | 10 | 15 |
| Elderly Medicine | | | | 1 | | | 1 | | |
| ENT | 6 | 22 | 25 | 76 | 57 | 59 | 82 | 79 | 84 |
| Gastroenterology | | | | 1 | | | 1 | | |
| General Surgery | 118 | 138 | 152 | 131 | 107 | 144 | 249 | 245 | 296 |
| Gynaecology | 16 | 39 | 11 | 1 | 1 | | 17 | 40 | 11 |
| Hepatology | | | | | 1 | | | 1 | |
| Maxillo-Facial Surgery | 1 | 2 | 3 | 1 | 1 | 1 | 2 | 3 | 4 |
| Medical Endoscopy | | | | 1 | | | 1 | | |
| Neurology | | | | | 2 | | | 2 | |
| Not Stated | | 1 | 1 | | | | | 1 | 1 |
| Ophthalmology | 49 | 31 | 27 | | | | 49 | 31 | 27 |
| Oral Surgery | | | | 17 | 19 | 21 | 17 | 19 | 21 |
| Orthodontics | | 1 | 1 | | | | | 1 | 1 |
| Paediatric Clinical Haematology | | | | | 1 | 3 | | 1 | 3 |
| Paediatric Clinical Immunology | 32 | 26 | 42 | 1 | 1 | 9 | 33 | 27 | 51 |
| Paediatric Dentistry | 14 | 5 | 3 | | | 1 | 14 | 5 | 4 |
| Paediatric Dermatology | | 3 | 3 | 12 | 9 | 4 | 12 | 12 | 7 |
| Paediatric Ear Nose and Throat | 1 | | 3 | 33 | 24 | 21 | 34 | 24 | 24 |
| Paediatric Endocrinology | | | | 3 | 7 | 13 | 3 | 7 | 13 |
| Paediatric Gastroenterology | 4 | 3 | 2 | 15 | 5 | | 19 | 8 | 2 |
| Paediatric Maxillo-Facial Surg | 2 | 1 | | | 1 | | 2 | 2 | |
| Paediatric Neurology | | 1 | | 1 | | 1 | 1 | 1 | 1 |
| Paediatric Plastic Surgery | 23 | 24 | 26 | 2 | 2 | 2 | 25 | 26 | 28 |
| Paediatric Respiratory Medicin | | | | | | 2 | | | 2 |
| Paediatric Rheumatology | 1 | | | | | 1 | 1 | | 1 |
| Paediatric Surgery | 3 | | | 4 | | 2 | 7 | | 2 |
| Paediatric Trauma and Orthopae | 1 | | 1 | 45 | 24 | 2 | 46 | 24 | 3 |
| Paediatric Urology | 1 | 1 | 1 | | 1 | 1 | 1 | 2 | 2 |
| Paediatrics | | | | 8 | 2 | 16 | 8 | 2 | 16 |
| Pain Management | 8 | 9 | | | | | 8 | 9 | |
| Plastic Surgery | 125 | 142 | 166 | 149 | 119 | 64 | 274 | 261 | 230 |
| Podiatric Surgery | | | | 6 | 6 | 7 | 6 | 6 | 7 |
| Respiratory Medicine | | | | 3 | 9 | 1 | 3 | 9 | 1 |
| Rheumatology | | | | 1 | | | 1 | | |
| Trauma & Orth Fracture | | | 2 | | | | | | 2 |
| Trauma & Orthopaedics | 228 | 247 | 276 | 207 | 284 | 340 | 435 | 531 | 616 |
| Trauma and Orthopaedics | | | 10 | | | 23 | | | 33 |
| Urology | 63 | 55 | 70 | 47 | 28 | 23 | 110 | 83 | 93 |
| Vascular Surgery | 82 | 56 | 40 | 80 | 76 | 56 | 162 | 132 | 96 |



Maternity

| Indicator | Chelsea & Westminster Hospital Site | | | | | West Middlesex University Hospital | | | | | Combined Trust Performance | | | | |
|--|-------------------------------------|--------|--------|--------|---------|------------------------------------|--------|--------|--------|---------|----------------------------|--------|--------|--------|---------|
| | Jul-23 | Aug-23 | Sep-23 | Oct-23 | 2023/24 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | 2023/24 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | 2023/24 |
| Midwife to birth ratio (Target: 1:26 CW and 1:22 WM) | 1:27 | 1:27 | 1:29 | 1:29 | 1:27 | 1:25 | 1:25 | 1:25 | 1:25 | 1:27 | 1:26 | 1:26 | 1:26 | | 1:28 |
| Hours dedicated consultant presence on labour ward (Target 1:98) | 1:98 | 1:98 | 1:98 | 0:0 | 1:98 | 1:98 | 1:98 | 1:98 | | 1:98 | 1:98 | 1:98 | 1:98 | | 1:98 |
| Total number of NHS births | 417 | 461 | 427 | 441 | 1746 | 366 | 360 | 371 | 380 | 1477 | 783 | 821 | 798 | 821 | 3223 |
| Total number of bookings | 498 | 539 | 521 | 584 | 2142 | 437 | 473 | 377 | 518 | 1805 | 935 | 1012 | 898 | 1102 | 3947 |
| Maternity 1:1 care in established labour (Target: >95%) | 99.00% | 96.80% | 96.00% | | | 98.10% | 95.60% | 95.00% | | | | | | | |
| Admissions >37/40 to NICU/SCBU | 9 | 11 | 19 | 24 | 97 | 7 | 13 | 13 | 17 | 81 | 16 | 24 | 33 | 41 | 179 |
| Number of reported Serious Incidents | 1 | 2 | 4 | 0 | 7 | 2 | 1 | 1 | 2 | 6 | 3 | 3 | 5 | 2 | 13 |
| Cases of hypoxic-ischemic encephalopathy (HIE) | 0 | 0 | 2 | 1 | 4 | 1 | 1 | 0 | 0 | 2 | 1 | 1 | 2 | 1 | 6 |
| Pre-term (gestation <37 weeks) as % of mothers delivered | 6.47% | 7.80% | 8.10% | 10.20% | | 6.01% | 8.60% | 8.89% | 6.84% | | | | | | |
| Number of stillbirths | 1 | 1 | 0 | 1 | 6 | 1 | 0 | 2 | 0 | 6 | 2 | 1 | 2 | 1 | 12 |
| Number of Infant deaths | 0 | 1 | 1 | 0 | 7 | 1 | 0 | 2 | 0 | 4 | 1 | 1 | 3 | 0 | 11 |
| Number of Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| % of women on a continuity of care pathway | 3.70% | 3.33% | 6.52% | 6.50% | 0.2495 | 7.00% | 4.65% | 7.40% | 7.56% | | | | | | |
| % Spontaneous unassisted vaginal births | 25% | 26% | 23% | 23% | | 29% | 28% | 25% | 26% | | | | | | |
| % Vaginal Births - spontaneous & induced | 41.20% | 40.30% | 38.60% | 36.00% | | 43% | 40% | 43% | 41% | | | | | | |
| Instrumental deliveries | 58 | 62 | 57 | 54 | 325 | 43 | 53 | 51 | 50 | 290 | | | | | |
| Pre-labour elective caesarean sections | 83 | 91 | 84 | 68 | 460 | 53 | 43 | 54 | 54 | 283 | | | | | |
| Emergency caesarean sections in labour | 99 | 111 | 119 | 124 | 672 | 102 | 111 | 92 | 118 | 608 | | | | | |



Workforce

The current midwifery ratios on each site for the month of October are 1:29 at Chelsea and 1:25 at West Middlesex. The midwifery leadership team are focused on recruiting posts that will enable compliance with the ratio's set out by Birthrate plus. Bi-monthly recruitment days the last being in August 23, with 15 successful applicants. There is a recruitment day planned for November on the WM site. Chelsea has 30 newly qualified midwives starting in the refreshed preceptorship programme which has been updated to reflect national recommendations in October/November and West Middlesex has 29. The service continues to support internationally recruited midwives and has agreed to place a further 30 in the next 12-18 months. The senior team continue to monitor red flag events on a daily basis, there was 1 red flag event recorded on the Chelsea site and 7 on the West Mid, all have been reviewed. Staffing is reviewed at least daily and redeployed accordingly, substantive staffing gaps due to vacancy, sickness and maternity leave are backfilled with a combination of bank and agency staff. All temporary staff complete and orientation pack on arrival for their first shift.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice a daily ward rounds. The MIS year 5, safety action 4 indicates that we have to demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology', and we are compliant for the month of September as there were no cases in which a consultant was expected to attend and did not. The workforce review for the WMUH site has started and a recent survey confirmed that the majority of consultants are in favour of a resident rota involving all of the consultants with the consultation process ongoing. All job plans are now uploaded on E-job plan and a workforce/finance review has been completed. Effective February 2023, all short-term locums (less than 2 weeks) will need to be compliant with respect to the RCOG and GMC certificate of eligibility. For October there was no short term locum shift undertaken. To ensure compliance with MIS SA4, a SOP for compensatory rest for consultants and senior SAS doctors following non-resident on-call activity has been approved and discussions are currently being held with the workforce to identify who is opting out. This SOP has been added as an appendix to the maternity escalation policy which was ratified this month. Job plans will be reviewed and any non-compliance with compensatory rest will be reported monthly or any arising serious incidents. There is anticipated 4 gaps in the junior doctors rota at the Chelsea site due to less trainees being allocated from the deanery. Attempts to recruit clinical fellows to fill the gaps has been challenging and only two of the four posts have been filled. There will be a review of the junior doctors workforce across both sites to ensure robust staffing in place to ensure day-day services continue to be covered safely and equally important out of hours senior registrar presence. The College Tutor at the Chelsea site (Claudine Domoney) has just been awarded College Tutor of the year by the North West London Deanery and this has been a really significant achievement for the Directorate.

Safety

WMUH site: 2 reported serious incident in Oct. – (Case 1) IOL for reduced fetal movements – 6 hours after IOL commenced abnormal CTG. transfer to LW and went on to have emergency CS for path CTG baby born in presence of thick meconium. Baby unable to maintain oxygen saturations so transfer to the special care unit where the baby was intubated/ventilated and transferred to a tertiary unit for treatment of meconium aspiration and PPHN. (Case 2)A woman in her first pregnancy with gestational diabetes attended triage with no fetal movements for 12 hours. CTG was pathological and therefore a category 2 CS took place. The baby was initially born in good condition but with abnormal gases and quickly developed RDS intubated/ ventilated and transferred to tertiary unit for treatment of meconium aspiration. Both cases are being investigated and learning identified.

There were 120 reported incidents in Oct. Main themes arising:

- (i) Maternal, fetal and neonatal, n=62. Most reported incident: post-partum haemorrhage >1500mls (n=16), Unexpected admission to SCBU (n=9)
- (ii) Access to care/admissions, n=37. These were largely due to delay in transfer to labour ward for ongoing IOL.
- (iii) Communication: (n= 5) regarding communication between teams/handover of care

CWH site: There has been no confirmed SI's on the CW site in October.

There were 111 reported incidents in Oct. Main themes arising:

- (i) Maternal, fetal and neo-natal –54 most reported incident: post-partum haemorrhage >1500mls (n=15), unexpected term admission to NICU (n=7)
- (ii) Delay in access to hospital care – n=7 (access to recovery beds, delays in IOL and delay in transfer to post-natal ward)
- (iii) Inadequate handover of care – n=4 (incomplete documentation was the common theme)

Perinatal Mortality Review Tool (Cross site): There were a total of 5 deaths reported for the month of Sept. (3 neonatal, 2 stillbirth). 2 of the NND were <24 weeks x1 MTOP born with signs of life and 1 22+4/40, ruptured membrane and maternal sepsis. 1 AN Stillbirth at 31/40, 1 AN Stillbirth at 34/40 with low PAAP-A and x1 NND at 34/40 (WMUH SI as above).

Avoidable Term Admissions Into Neonatal units (Cross site): WHUH site – There were 17 (14 adjusted) term admissions to SCBU for Oct. and the rate was 3.62% (10 for respiratory distress, 2 jaundice, 1 HIE and 1 other), a review of the cases is currently being undertaken to identify those which were avoidable. CW there were 24 term babies admitted, reviews have been completed on all babies born up to 18th Sept. (of the 11 reviewed so far 7 were admitted for respiratory support, 2 bilious vomit, 1 suspected melena, 1 mild HIE and 1 sepsis, 2 were avoidable). -16 resp. distress (14 needing resp. support/2 observations only) 3 observations (symptomatic hypothermia, blue episode on PNW, family hx of met. condition that was not picked up antenatally), 1 jaundice just below exchange line, 1 HIE t/f-d for cooling, 1 birth injury (femur fracture), 1 bilious vomiting, 1 not passing urine. Of the 13 cases reviewed so far by the ATAIN team, only 2 cases were deemed potentially avoidable: they were admitted for observations with one with hypothermia prior to admission and the other with tachypnoea. As above they could have been managed on transitional care.

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

Element 1: Reducing smoking: CO monitoring: compliance with booking CO monitoring across both sites, the service continues to support the data entry for 36 week CO monitoring and an improvement in documented compliance has been seen month on month the service is now fully compliant with CO monitoring at booking across both sites, there remains challenges with 36 week compliance due to the multiple documentations and the service is auditing handheld maternity record to understand the compliance fully. **Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction:** weekly documentation audits to improve compliance with risk assessments at booking, service is undertaking a review of AN appointment times to support compliance with standards and weekly documentation audits to support compliance. **Element 3: Raising awareness of reduced fetal movements:** CWH site: 100% of women presenting with RFM after 26 weeks had a computerised CTG. **Element 4: Effective fetal monitoring during labour:** decline in trainee and consultant compliance due to on-going industrial action, x2 training days scheduled for Sept and 4 additional training days scheduled for Nov. all staff have a date for training booked and some obstetric activity has been rescheduled to facilitate training. **Element 5: Reducing Pre-term Birth:** At CW 100% of women meeting the criteria for MgSo4 received a dose prior to birth and 100% of women received a full course of steroids, 25% received a full course of steroids within 7 days all cases have been reviewed and management was appropriate for the clinical assessment. At WM 100% of women meeting the criteria for MgSo4 was administered this before birth, 59% of women received 2 doses of steroids and almost half of these women gave birth greater than 7 days after steroids **New Element 6: Management of Pre-existing Diabetes in pregnancy:** Fully compliant on both sites.



Perinatal Quality Surveillance Model Board Reporting

| Metric | Target | Chelsea & Westminster Site | | | West Middlesex University Stie | | | Combined Trust Performance | | |
|--|--|----------------------------|--------|--------|--------------------------------|--------|--------|----------------------------|--------|--------|
| | | Jul-23 | Aug-23 | Sep-23 | Jul-23 | Aug-23 | Sep-23 | Jul-23 | Aug-23 | Sep-23 |
| Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) MoMs course | 90% + requirement | 82% | 90% | 91% | 98% | 94% | 88% | 90% | 92% | 90% |
| Training compliance for all staff groups in maternity related to fetal monitoring | 90% + requirement | 73% | 66% | 87% | 72% | 69% | 83% | 73% | 68% | 85% |
| Service User Feedback FFT | feedback Received-yes/no (add narrative each month) | yes | yes | yes | yes | yes | yes | Yes | Yes | Yes |
| Staff Feedback from board safety champion | feedback received-yes/no (add narrative each month) | yes | yes | yes | yes | yes | yes | Yes | Yes | Yes |
| HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Coroner Reg 28 made directly to Trust | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Progress in achievements of NHSR MIS year 4 (10 safety actions) | No of actions green | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| | No of actions amber | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | No of actions red | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ockenden compliance against 7 IEA's (49 compliance questions) | Total of 49 being 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

| | Site | Overall | Well-led | Responsive | Caring | Safe | Effective |
|-------------------------------|------|-------------|-------------|-------------|--------|----------------------|-------------|
| CQC Metric Ratings- Feb. 2023 | WM | Outstanding | Outstanding | Outstanding | Good | Good | Outstanding |
| | CW | Good | Outstanding | Good | Good | Requires Improvement | Good |

| Annual Reports | |
|--|--|
| Staff survey: Proportion of midwives responding with 'Agree or Strongly Agree' on the following: A) would recommend their trust as a place to work B) Receive treatment from the Trust (Reported Annually) | A) (Trust average 65%) Midwives 74% cross-site B) (Trust average 72%) Midwives 83% cross-site April 2022 |
| Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported Annually) | A) (Trust average 65%) Obstetricians 71% cross-site B) (Trust average 72%) Obstetricians 81% cross-site April 2022 |
| Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (Reported Annually) | 2021 Cross-site 89.3% of trainees reported excellent or good |



Perinatal Quality Surveillance Model

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

Multi-professional mandatory training and fetal monitoring training: In October overall multi-disciplinary training compliance is at 90% and 85% for fetal monitoring training compliance this is a significant increase from last month where fetal monitoring compliance was 67.5%. The on-going industrial action is continuing to impact trainee and consultant training compliance alongside turnover within the fetal wellbeing team and the service are currently managing this risk and have escalated to the regional team and NHSR. Updated guidance was issued in October 2023 in response to the challenges of maintaining training compliance due to ongoing IA. 80% + training compliance will be accepted with an associated action plan to meet 90% compliance. All training compliance is closely monitored by the senior leadership team and all staff have a training dates booked. Training compliance fluctuates depending on where staff are in their training cycle. The practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12-month period.

Service user feedback: The service receives monthly friends and family test feedback and for October this was 86.1% for WM which is a decline in positive service user feedback and 87.97% CW which is also a decline from the previous month. The response rate has seen a sustained increase across both sites to 41% on the CW site and 33% on the WM site. The negative scores remain impacted by feedback related to induction of labour at the WM and delays in Category 3 Caesarean Birth on the CW site, this is on the divisional risk register and improvement work is underway to review the demand and capacity for elective caesarean sections across the 2 sites. The teams work effectively across the sites to manage the flow and activity and communicate 7 days a week via the structured Trust processes, the Pan London Maternity Escalation process was implemented on 23rd October 2023 which is aimed at managing activity more effectively across the region. The Post-natal care group has been launched this month and is aimed at improving the experience of service users and staff on the post-natal ward this work will be co-produced with the MNVP. Further co-production working events will commence in December for intrapartum care. We are out to advert to recruit to a neonatal chair for the MNVP and this will support the continued integration of maternity and neonatal and improvements in patient experience in neonatal care.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. Feedback in the last month focused on speaking to women and their families on the postnatal ward at West Middlesex.

Maternity incentive Scheme year 5: The service remains complaint with 6 safety actions and partially complaint with 4. The current safety actions with partial compliance Safety Action 3 which relates to Neonatal Transitional care, the service is developing an action plan to meet compliance with the BAPM TC Framework, Safety Action 4 Work Force, the is an on-going area of partial compliance due to the neonatal nursing workforce, an updated business case will be presented to Divisional Board meeting to close the current staffing gap. Safety Action 6, Saving Babies Lives, currently partial compliance with 3 elements of the care bundle actions plane in place to meet compliance and Safety Action 8 Workforce Training, see above.

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

CQC Inspection (February 2023): The Care Quality Commission inspection in of the Maternity Service took place in February 2023 on both sites and received the final report in May. Both sites have maintained their overall ratings of 'Outstanding' at WM and 'Good' at CW and the service is very proud of the continued quality and safety work that has taken place since the inspection 4 years earlier that has enabled maintaining these results with 6 areas of outstanding practice identified across the sites. The service is now compliant with the 3 must do actions and their continued progress on the 6 'should do's for the CW site and the 7 'should do's' for the WM site. This action plan is being tracked monthly.



Cancer Update

62 day Cancer referrals by tumour site Dashboard

Target of 85%

| Domain | Tumour site | Chelsea & Westminster Hospital Site | | | | | West Middlesex University Hospital Site | | | | | Combined Trust Performance | | | | | Trust data 13 months | | |
|---|-------------------------|-------------------------------------|--------|--------|-----------|--------------|---|--------|--------|-----------|--------------|----------------------------|--------|--------|--------------|-----------|----------------------|--------------|---|
| | | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | YTD breaches | Aug-23 | Sep-23 | Oct-23 | 2023-2024 | YTD breaches | Aug-23 | Sep-23 | Oct-23 | 2023-2024 Q3 | 2023-2024 | YTD breaches | Trend charts | |
| 62 day Cancer referrals by site of tumour | Breast | n/a | n/a | n/a | n/a | | 83.3% | 72.7% | 94.4% | 85.0% | 13 | 83.3% | 72.7% | 94.4% | n/a | 85.0% | 13 | | - |
| | Colorectal / Lower GI | 90.0% | 85.7% | 66.7% | 72.7% | 13.5 | 81.3% | 34.8% | 73.9% | 54.0% | 29 | 84.6% | 54.1% | 71.9% | n/a | 62.1% | 42.5 | | ! |
| | Gynaecological | 100% | 33.3% | 100% | 82.6% | 2 | 66.7% | 100% | 100% | 70.8% | 3.5 | 77.8% | 77.8% | 100% | n/a | 76.6% | 5.5 | | - |
| | Haematological | 100% | 100% | 100% | 92.3% | 0.5 | 100% | 100% | 100% | 96.0% | 0.5 | 100% | 100% | 100% | n/a | 94.7% | 1 | | - |
| | Head and neck | n/a | n/a | 100% | 37.5% | 2.5 | 0.0% | 50.0% | 50.0% | 30.0% | 5.5 | 0.0% | 50.0% | 71.4% | n/a | 33.3% | 8 | | ! |
| | Lung | 0.0% | 0.0% | 92.3% | 36.4% | 8 | 100% | 100% | 77.8% | 89.5% | 3 | 33.3% | 50.0% | 86.4% | n/a | 61.0% | 11 | | - |
| | Sarcoma | n/a | 100% | n/a | 100% | 0 | 100% | n/a | n/a | 100% | 0 | 100% | 100% | n/a | n/a | 100% | 0 | | - |
| | Skin | 100% | 80.0% | 90.3% | 93.3% | 7 | 89.5% | 87.5% | 81.5% | 88.4% | 10 | 94.1% | 84.6% | 86.2% | n/a | 91.3% | 17 | | - |
| | Upper gastrointestinal | 100% | 100% | 100% | 100% | 0 | 100% | 0.0% | 78.9% | 77.8% | 6 | 100% | 33.3% | 81.8% | n/a | 86.7% | 6 | | - |
| | Urological | 37.5% | 77.3% | 63.2% | 49.6% | 40 | 95.5% | 93.5% | 81.3% | 76.7% | 42.5 | 80.0% | 88.2% | 76.1% | n/a | 68.2% | 82.5 | | ! |
| | Urological (Testicular) | n/a | n/a | n/a | n/a | | 100% | 100% | n/a | 100% | 0 | 100% | 100% | n/a | n/a | 100% | 0 | | - |
| | Site not stated | 66.7% | n/a | n/a | 80.0% | 0.5 | n/a | n/a | n/a | 100% | 0 | 66.7% | n/a | n/a | n/a | 83.3% | 0.5 | | - |

September 2023

Trust Commentary

The 62-day target was non-compliant in September 2023, with a performance of 74.73%.

| Tumour Site | Chelsea & Westminster | | West Middlesex | |
|---------------|-----------------------|------------|----------------|-------------|
| | Breaches | Treatments | Breaches | Treatments |
| Breast | | | 3 | 18 |
| Gynaecology | | 1.5 | 1 | 3 |
| Haematology | | 1.5 | | 4.5 |
| Head and Neck | | | 1 | 1 |
| Colorectal | 0.5 | 5 | 1.5 | 8 |
| Lung | 2 | 2 | | 1 |
| Other | | 1.5 | 0.5 | |
| Sarcoma | | | | 1 |
| Skin | | 7.5 | 1 | 9.5 |
| Testicular | | | | 1 |
| Upper GI | 0 | 1 | | 1.5 |
| Urology | 5 | 8 | 1 | 22 |
| Total: | 7.5 | 28 | 9 | 70.5 |



Safer Staffing

Chelsea and Westminster Oct 23

| Ward | Day | | Night | | CHPPD | CHPPD | CHPPD | National Benchmark | Vacancy Rate | Turnover | | Inpatient fall with harm | | | | Trust acquired pressure ulcer 3,4,unstageable | | Medication incidents (moderate and severe) | | FFT |
|------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------|-------|-------|--------------------|--------------|-----------|--------------|--------------------------|-------|---------------------|-------|---|-------|--|-------|--------|
| | Average fill rate - registered | Average fill rate - care staff | Average fill rate - registered | Average fill rate - care staff | Reg | HCA | Total | | | Qualified | Un-qualified | No harm and mild | | Moderate and severe | | | | | | |
| | | | | | | | | | | | | | Month | YTD | Month | YTD | Month | YTD | Month | |
| Maternity | 103% | 85% | 98% | 97% | 7.2 | 2.7 | 9.9 | 13 | 6.47% | 12.81% | 12.75% | 1 | 1 | | 1 | | | 6 | 45 | 94.5% |
| Annie Zunz | 145% | 95% | 102% | 108% | 6.2 | 2.5 | 8.7 | 8 | 13.41% | 28.68% | 12.81% | | 5 | | | | | | 5 | 97.1% |
| Apollo | 98% | - | 98% | - | 20.7 | 0 | 20.7 | N/A | 13.47% | 5.06% | 39.47% | | | | | | | 5 | 17 | |
| Mercury | 101% | - | 100% | - | 8 | 0 | 8 | 9.4 | 12.16% | 16.69% | 0.00% | | 2 | | | | | 7 | 29 | 93.5% |
| Neptune | 121% | - | 127% | - | 10 | 0 | 10 | 11.1 | 4.57% | 30.16% | 40.00% | 1 | 2 | | | | | 1 | 18 | 96.2% |
| NICU | 88% | - | 90% | - | 13.9 | 0 | 13.9 | 26 | 9.07% | 9.54% | 17.49% | | | | | | | | | 100.0% |
| AAU | 111% | 97% | 106% | 131% | 6.5 | 1.8 | 8.3 | 7.7 | 13.93% | 19.61% | 19.03% | 9 | 55 | | | 1 | | 13 | 44 | 100.0% |
| Nell Gwynne | 97% | 69% | 100% | 71% | 3.7 | 3 | 6.7 | 6.9 | -0.37% | 10.24% | 25.47% | 5 | 38 | | | | | | 3 | 100.0% |
| David Erskine | 95% | 73% | 89% | 88% | 3.5 | 2.3 | 5.8 | 6.6 | -0.34% | 17.78% | 20.29% | | | | | | | | | 100.0% |
| Edgar Home | 100% | 67% | 104% | 106% | 3.2 | 2.5 | 5.7 | 6.4 | 6.09% | 0.00% | 26.23% | 3 | 29 | | | 1 | | 3 | 10 | 100.0% |
| Lord Wigram | 82% | 73% | 103% | 122% | 4.4 | 2.8 | 7.2 | 7.5 | 10.99% | 5.49% | 16.54% | 3 | 15 | | | | | 4 | 16 | 97.7% |
| St Mary Abbots | 101% | 112% | 110% | 104% | 3.9 | 2.6 | 6.5 | 7.2 | 12.19% | 36.64% | 13.27% | 3 | 21 | | | | 2 | 4 | 30 | 94.6% |
| David Evans | 93% | 108% | 126% | 300% | 4.9 | 2.8 | 7.7 | 7.2 | -1.79% | 10.40% | 12.85% | 3 | 11 | | | | | 1 | 17 | 96.6% |
| Chelsea Wing | 119% | 93% | 104% | 94% | 8.9 | 4.9 | 13.8 | 7.2 | 21.46% | 14.81% | 13.00% | | 5 | | | | | 3 | 9 | |
| Burns Unit | 110% | 113% | 171% | 142% | 23.2 | 4.5 | 27.7 | N/A | 13.48% | 3.92% | 0.00% | | 2 | | | | | 1 | 8 | 100.0% |
| Ron Johnson | 101% | 192% | 111% | 181% | 5.6 | 5.4 | 11 | 7.6 | 15.15% | 11.96% | 11.76% | 3 | 17 | | | 1 | | 9 | 29 | 100.0% |
| ICU | 100% | - | 102% | - | 23.8 | 0 | 23.8 | 26 | 5.79% | 17.48% | 7.88% | 2 | 4 | | | | | 3 | 21 | |
| Rainsford Mowlem | 87% | 139% | 88% | 209% | 3.3 | 3.1 | 6.4 | 6.9 | 6.11% | 3.03% | 14.14% | 7 | 27 | | | 1 | | 1 | 13 | 92.6% |
| Nightingale | 98% | 103% | 109% | 98% | 3.4 | 2.7 | 6.1 | 7.4 | 24.50% | 0.00% | 18.18% | 5 | 41 | | | 1 | | 2 | 12 | 100.0% |

West Middlesex Site Oct 23

| Ward | Day | | Night | | CHPPD | CHPPD | Total | National Benchmark | Vacancy Rate | Turnover | | Inpatient fall with harm | | | | Trust acquired pressure ulcer 3,4,unstageable | | Medication incidents (moderate & severe) | | FFT |
|------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------|-------|-----------|--------------------|--------------|--------------|----------------|--------------------------|-------------------|-------|-----|---|-----|--|-----|---------|
| | Average fill rate - registered | Average fill rate - care staff | Average fill rate - registered | Average fill rate - care staff | Reg | HCA | Qualified | | | Un-qualified | No Harm & Mild | | Moderate & Severe | | | | | | | |
| | | | | | | | | | | | | Month | YTD | Month | YTD | Month | YTD | Month | YTD | |
| Lampton | 121% | 103% | 131% | 164% | 3.4 | 3 | 6.4 | 6.8 | -11.13% | 10.16% | 11.90% | | 17 | | 1 | | | | | 100.00% |
| Richmond | 122% | 124% | 104% | 216% | 4.2 | 2.5 | 6.7 | 7.2 | 25.39% | 12.39% | 9.73% | 1 | 12 | 1 | 2 | | | | | 96.97% |
| Syon 1 cardiology | 98% | 103% | 99% | 153% | 4 | 2.3 | 6.3 | 8.8 | 2.55% | 3.66% | 0.00% | 4 | 28 | | 2 | | | | | 98% |
| Syon 2 | 114% | 83% | 106% | 94% | 3.9 | 2.8 | 6.7 | 6.6 | 11.22% | 9.56% | 0.00% | 4 | 23 | | | | | | | 100.00% |
| Starlight | 112% | - | 103% | - | 9.9 | 0 | 9.9 | 11.5 | 5.55% | 10.75% | 100.00% | | | | | | | | | 92.50% |
| Kew | 109% | 119% | 120% | 130% | 3.6 | 3.5 | 7.1 | 6.9 | -7.98% | 10.26% | 20.29% | 4 | 33 | | | | | | | 100.00% |
| Crane | 105% | 82% | 101% | 89% | 3.9 | 4.2 | 8.1 | 6.9 | -4.15% | 10.09% | 18.81% | | 33 | | 1 | | | | | 100.00% |
| Osterley 1 | 104% | 50% | 92% | 127% | 3.9 | 2.4 | 6.3 | 7.5 | 2.86% | 15.66% | 20.12% | 4 | 27 | | 1 | | | | | 98.25% |
| Osterley 2 | 110% | 70% | 97% | 116% | 3.8 | 2.6 | 6.4 | 7.2 | 8.61% | 12.04% | 12.07% | 2 | 16 | | | | | | | 84.31% |
| MAU | 90% | 90% | 104% | 101% | 5.8 | 2.4 | 8.2 | 7.7 | 10.64% | 13.85% | 22.11% | 5 | 56 | 1 | 2 | | | | | 97% |
| Maternity | 92% | 71% | 95% | 81% | 7.5 | 1.9 | 9.4 | 13 | 10.04% | 13.34% | 15.09% | | 1 | | | | | | | 95.15% |
| Special Care Baby Unit | 87% | - | 74% | - | 8.4 | 0 | 8.4 | 11.1 | 2.71% | 8.10% | 0.00% | | | | | | | | | 100% |
| Marble Hill 1 | 130% | 124% | 116% | 200% | 4.1 | 3.5 | 7.6 | 6.4 | 11.92% | 4.75% | 14.16% | 8 | 57 | | | | | | | 90.00% |
| Marble Hill 2 | 98% | 100% | 114% | 185% | 3.5 | 3.5 | 7 | 6.5 | 100.00% | 0.00% | 18.69% | 4 | 21 | | | | | | | 95.45% |
| ICU | 97% | - | 97% | - | 29.6 | 0 | 29.6 | 26 | 5.87% | 10.52% | 0.00% | | 2 | | | | | | | |



Staffing & Patient Quality Indicator Report

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

West Middlesex site:

There were high HCA fill rates on Lampton and Marble Hill 2 at night. Extra HCAs were booked for patients requiring one to one for various reasons including mental health issues, high risk of falls, and confused wandering patients. Marble Hill 1 and Kew ward required additional RMNs and HCAs to care for patients with mental health needs.

Lampton had increased RN cover due to the Annex being opened. Syon 1 had a high fill HCA rate at night due to the opening of the annex.

Richmond required additional RNs and HCAs working due to additional beds being opened and a consequent change in template for the winter months. On Osterley 1 & 2 there were low HCA fill rate days due to vacancies, sickness and being unable to cover day HCA shifts with temporary staffing, these shifts were filled by OSCE nurses awaiting pin numbers, CHPPD was not compromised. High fill rate at night on Osterley 1 was due to the Annex remaining open. Low fill rates for MSW in Maternity on days was due to sickness and being unable to cover shifts with bank or agency

Chelsea and Westminster site:

The low HCA fill during the day on Lord Wigram reflects increased staffing establishment and changes to the templates. Additional HCAs at night were required for patients who were confused, had high risk of falls and had mental health needs. Fill rate on nights on David Evans was high due to escalation beds being opened to support the site with bed pressures. Burns high RN and HCA fill rate at night was high due to a mental health patient requiring enhanced supervision. High fill rate on Annie Zunz RN long day was due to additional planned lists with patients admitted via Rainsford Mowlem. High fill rate on Ron Johnson HCA nights was due to a long-term patient requiring enhanced supervision.

On Edgar Horne, David Erskine and Nell Gwynne there were low HCA fill rates on days and on Nell Gwynne, there were low HCA fill rates on nights due to vacancies, sickness and being unable to cover day or night HCA shift with bank or agency. The ward manager supported areas so care was not compromised. AAU ward required additional HCAs at night for patients requiring one to one for various reasons including mental health issues, high risk of falls, and confused wandering patients. Rainsford Mowlem had a high HCA fill rate day and night for patients requiring supervision. Neptune had a high fill rate on days and nights due to patients with mental health issues requiring additional support.

Incidents:

In terms of incidents with harm, there was two falls in total. The patient on Richmond ward sustained a fractured hip post fall. The fall on MAU resulted in a fractured left neck of femur. Both patients were discharged home following reparative surgery.

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

Please note all incident figures are correct at time of extraction from DATIX. There were 14 red flags raised in October, an increase of six since September. Eight were for CW & six for West Mid, mainly related to staffing shortfalls and agency staffing levels. The vacancy rate and turnover are from October



Safe Staffing Analysis | Registered Nurse and Care Staff October 2023

RN Fill Rates (ward areas) increased from 98.56% in September 2023 to 101.28% in October 2023. The RN vacancy rate (whole trust) in October 2023 was 6.36%, down from 7.49% in September 2023.

Care Staff Fill Rates (ward areas) increased from 95.93% in September 2023 to 102.61% in October 2023. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in October 2023 was 9.66% down from 10.89% in September 2023

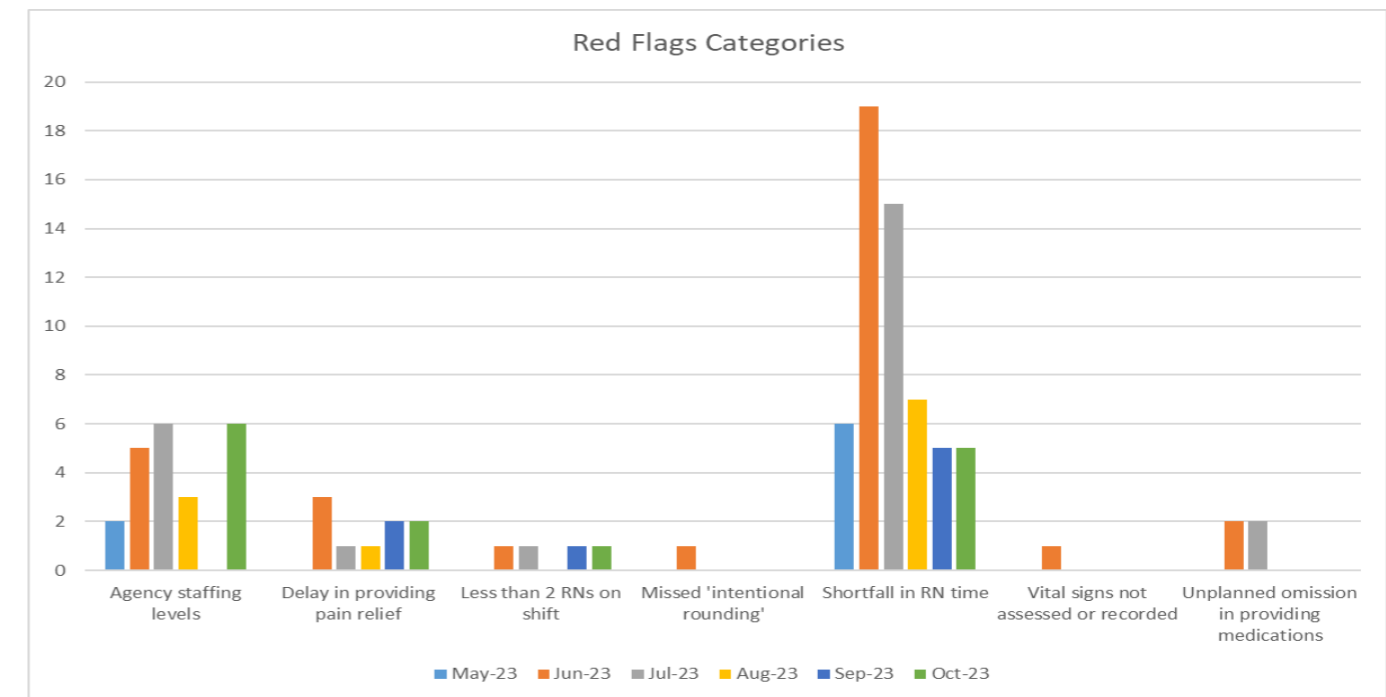
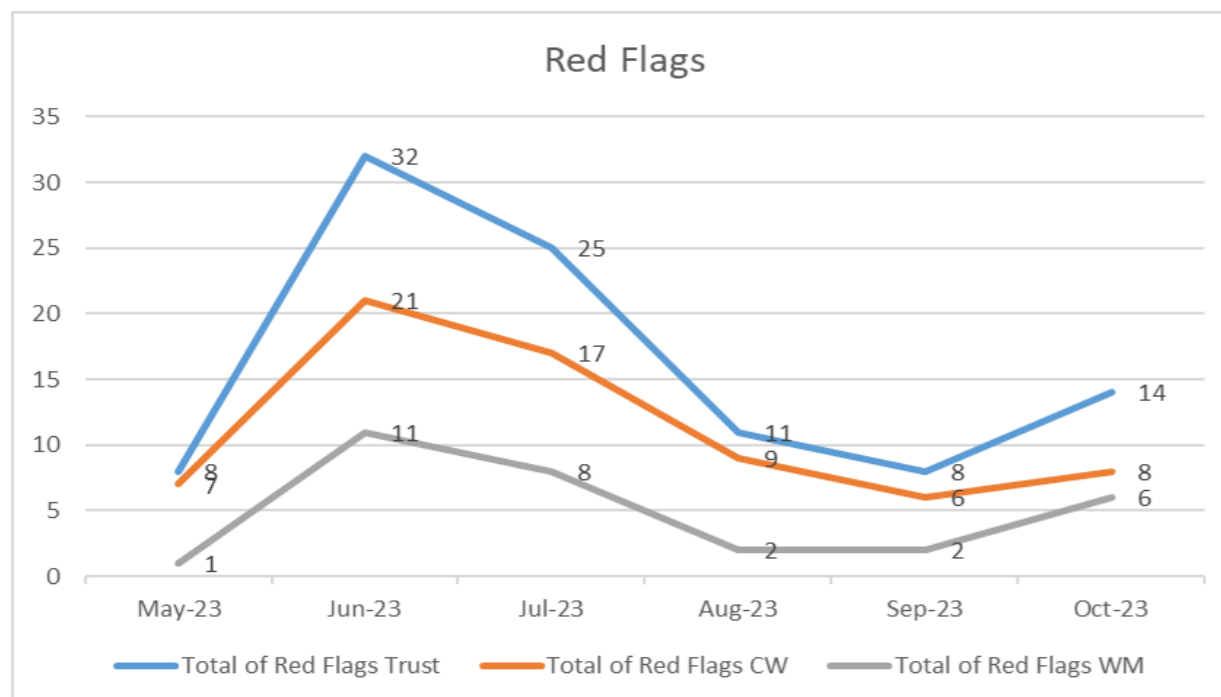
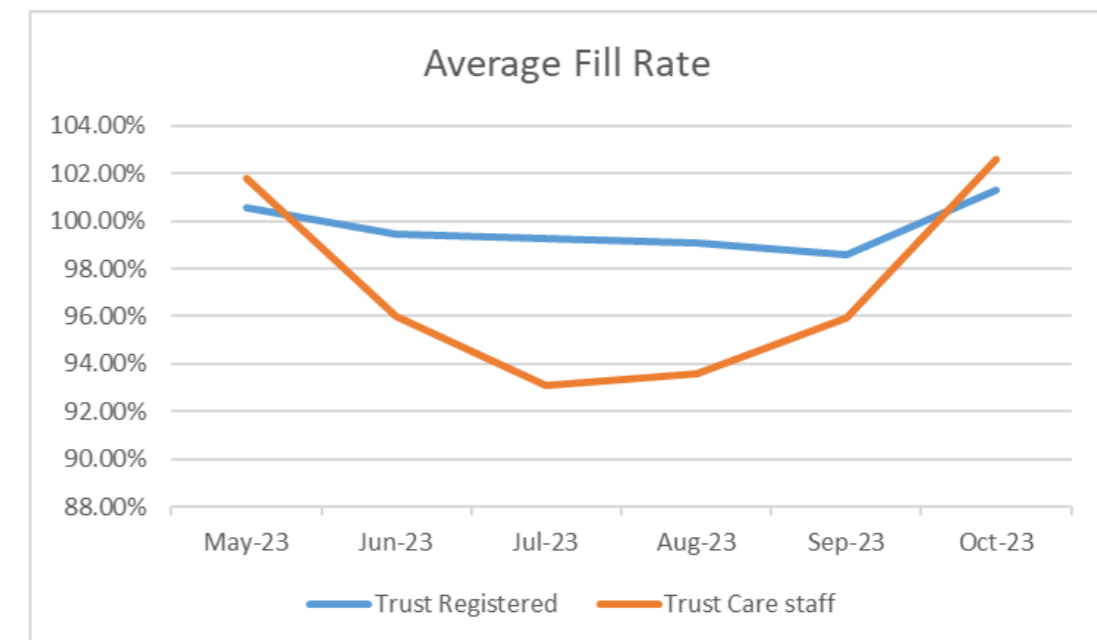
The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 97.24% in September 2023 to 101.94% in October 2023.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (August 2023) was 8.9. Trust workforce data confirms the CHPPD was 8.7 in October 2023, slightly down from September 2023 – 8.8

Safe Staffing Red Flags – 14 red flags from the 5 categories (tables below) were reported during October 2023 where majority of them were 'Agency staffing levels' followed by 'Shortfall in RN time'.

| Nursing, Midwifery and care staff average fill rate October 2023 | | | | |
|--|----------------|--|------------|-------------|
| Day and Night average fill rate | | Monthly trust workforce data: Care hours per patient day (CHPPD) | | |
| Registered (%) | Care staff (%) | Registered | Care staff | Total CHPPD |
| 101.28% ↑ | 102.61% ↑ | 6.2 ↓ | 2.4 ↔ | 8.7 ↓ |

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





Finance M7 (October 2023) 2023/2024

| Type of Spend | Plan to Date £'000 | Actual to Date £'000 | Variance to Date £'000 |
|---|-----------------------|-------------------------|------------------------------|
| Income | 512,513 | 527,235 | 14,722 |
| <i>Expenditure</i> | | | |
| Pay | (285,840) | (300,102) | (14,262) |
| Non-Pay | (202,526) | (203,658) | (1,132) |
| EBITDA | 24,147 | 23,476 | (671) |
| EBITDA % | 4.71% | 4.45% | -0.3% |
| Depreciation | (18,201) | (17,919) | 281 |
| Non-Operational Exp-Inc | (6,362) | (5,103) | 1,259 |
| Surplus/Deficit | (416) | 454 | 870 |
| Control total Adj - Donated asset, Impairment & Other | 566 | (1,097) | (1,663) |
| Adjusted financial performance surplus/(deficit) | 150 | (644) | (794) |

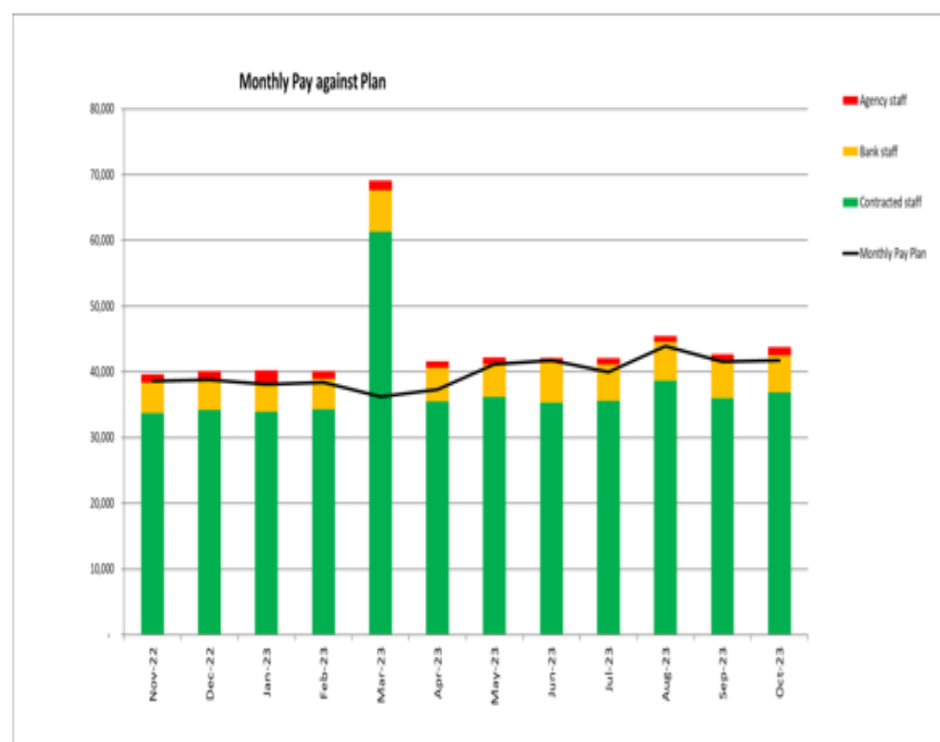
The adjusted financial position at month 7 is a £0.64m deficit which is £0.79m adverse against plan.

Pay: £14.26m adverse against plan. At month 7 the position includes c£4.23m unidentified, red or amber CIPs

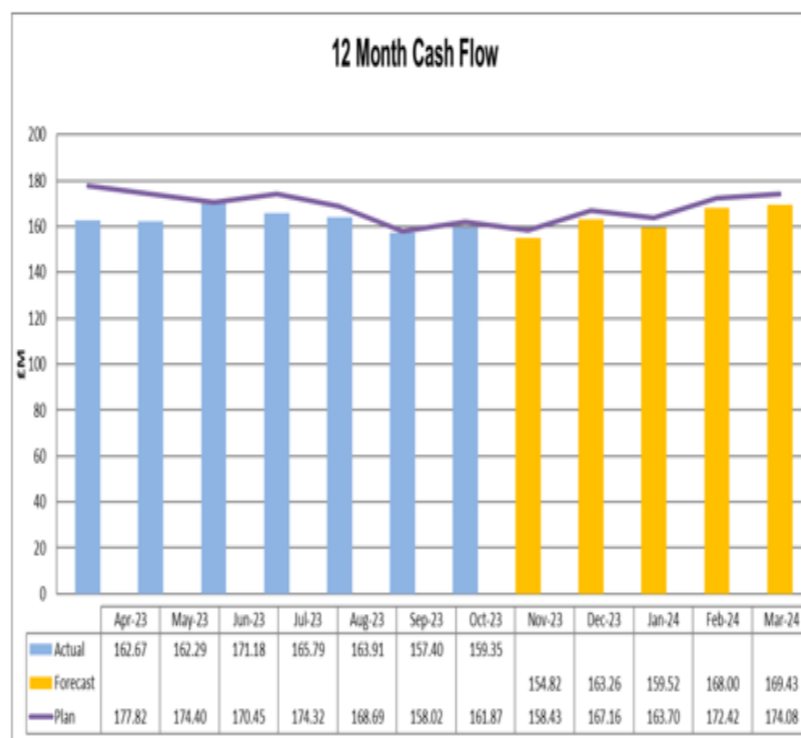
The adverse variance includes spend to cover Industrial action, escalation beds, additional clinics, WLI as well as cover for vacancies, sickness, gaps in rota and other forms of leave.

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

Income: M7 Income position improvement was mainly driven by the variable elements of the API (Aligned Payment and Incentive) contract, which are drugs, devices, unbundled imaging and ERF. Elective activity performance trend saw the highest increase to date, despite industrial action in month. There has been consistent progress around data capture, recording and coding over the last quarter. The position also reflects known risks around performance on the unbundled element of NWL contract. Local Authority income has been accrued based on average activity levels and the element of pay award for this service was covered by NHS England (paid via NWL ICB). Over and under performance income net of industrial action has been devolved to services.

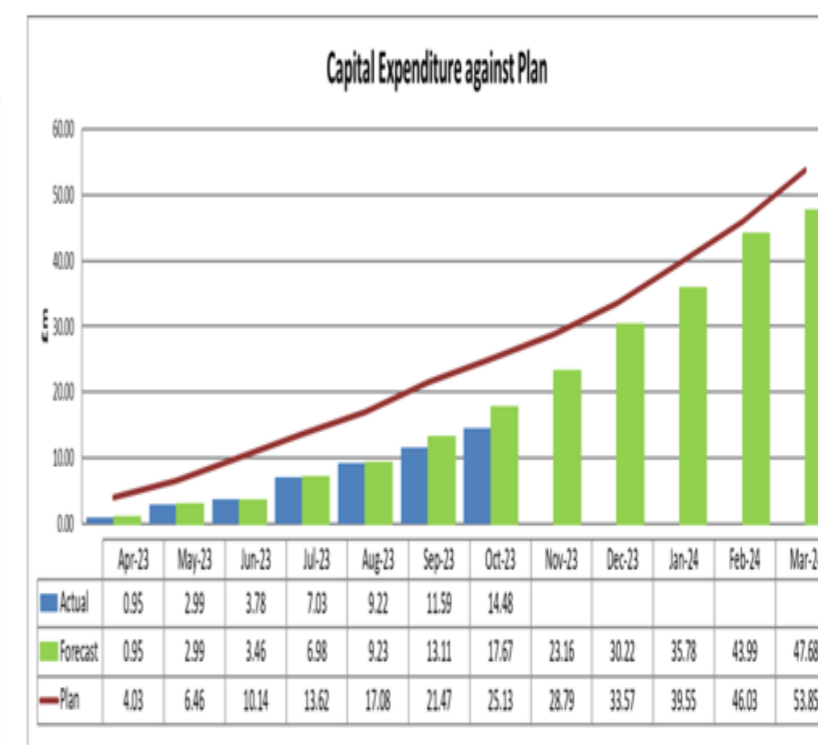


Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution - £16.05m (a notional figure). In August 23 YTD increase for Medical pay awards (from 2.1% to 6) was accrued.



Comment:

The Negative cash variance to plan in M7 of -£2.52m is negative cash variance b/fwd from M6 of -£0.62m, higher receipts to plan of £8.44m (ICB £4.65m higher, Local Authority - £0.01m lower, donations £0.34m higher, NHS England £10.37m higher, AR £0.12m higher, PP Income £0.38m higher, FT's -0.72m lower, Interest Income £0.26m higher, Other Income £0.02m higher, Health Education -£6.97m Lower) offset by Higher cash outflows to plan £10.34m (Higher Creditor payments & Higher Payroll)



Comment:

The original capital programme for 2023/24 was £53.85m, which has been adjusted to £47.28m following the inclusion of the IECPP capital project of £2.66m, new PDC awards of £3.17m, PDC funding for the Treatment Centre of £7.71m being deferred to later years, IFRS16 adjustments and the transfer of £5m CRL funding to LNWH.

Following the review of the capital programme, it has been agreed to transfer funding of £5m to LNWH, which will be transferred back to the Trust in 2024/25, which will help with next year's anticipated financial pressures in the capital programme.

The revised capital budget for 2023/24 for period 7 is £4.55m and the spend incurred is £2.88m resulting in an under spend of £1.67m against forecast. The YTD revised budget is £17.67m and the YTD capital spend is £14.48m, resulting in an under spend of £3.19m.