



Trust Performance and Quality Report

October 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 31 against a threshold of 33. A review across the Trust and APC is taking place for IPC metrics to establish opportunities for learning.

Complaints position has improved to 89.3% 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 97.4% 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.

VTE assessments are above target at both sites, however further analysis is required on the Hospital Acquired VTE cases between the sites. Improvement work continues with completion rates of initial assessments for patients, focusing on digital tools to support this. Data validation has taken place which has resulted in an improvement in initial assessment compliance to allow improvement works to take place. The time spent on the stroke unit remains above target of 80% at both sites. The time to theatre for fractured NOF patients was a combined position of 96%, with 100% compliance at WM. An action plan is in place to support improvement on the CW site and reviewed to incorporate actions about surges in attends.

Patient Access and Operating Plan

The Trust reported performance of 77.84 % for A&E 4-hour performance, marginally below the 78% standard.

The NHS England Cancer standards are being met in September 2025 across all areas including 28-Day Faster Diagnostics standard , 31-Day standard and 62-Day standard (validated). Elective Referral to Treatment (RTT) 18-week wait performance achieved the planned trajectory and 60% national target in October 2025 at 61.3%. There was an increase in the RTT Patient Tracking List with a reduction in the 52ww is at 1669 (-76) and an increase in 65ww at 62 (+19). There was no patients waiting over 78ww.

Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 86.62% against the 95% standard, an improvement on the previous month.

Workforce

The Trust's Month 7 performance reflects a total staffing position that has exceeded the trust's establishment (-35.06 WTE / -0.46%) excluding maternity. The trust has exceeded its PDR target rate (95.1%). Sickness levels increased marginally to 3.85%, with CSD and SCD exceeding 4%. Vacancy and turnover rates at Trust level are below thresholds, at 5.58% vacancy and 8.28% turnover.

Finance

The adjusted financial position at Month 7 is a £0.86m deficit which is £0.02m 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	49.36	
Patient safety incident investigations	n/a	4	
Never Events	0	0	
Dementia screening %	90%	94.45%	
ED sepsis screening %	90%	87.82%	!
Inpatient sepsis screening %	90%	85.81%	!
C. Difficile cases	n/a	3	
E. coli cases	n/a	9	
Formal complaints received	n/a	74	
Inpatient FFT % good experience	90%	94.96%	
A&E FFT % good experience	90%	78.68%	!
Outpatient FFT % good experience	90%	92.57%	
Maternity FFT % good experience	90%	92.39%	!
Mortality			
Summary Hospital-level Mortality Index	<100	75.72	
Hospital Standardised Mortality Ratio	<100	77.31	

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	78%	77.84%	!
LAS handovers 30 mins	n/a	246	
18 week RTT incompletes	60%	61.30%	!
Diagnostic waiting times < 6 weeks	95%	86.62%	!
28 day Faster Diagnosis Standard	77%	77.92%	
31 day diagnosis to first or subsequent treatment	96%	97.35%	
62 day GP referral to first treatment combined	85%	85.79%	!
Operating Plan and Capacity			
Theatre utilisation (uncapped)	85%	86.79%	
PIFU rate	5%	9.25%	
Workforce			
Medical PDR compliance	90%	84.3%	
Non-medical PDR compliance	45%	95.1%	
Core skills compliance	90%	91.4%	



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

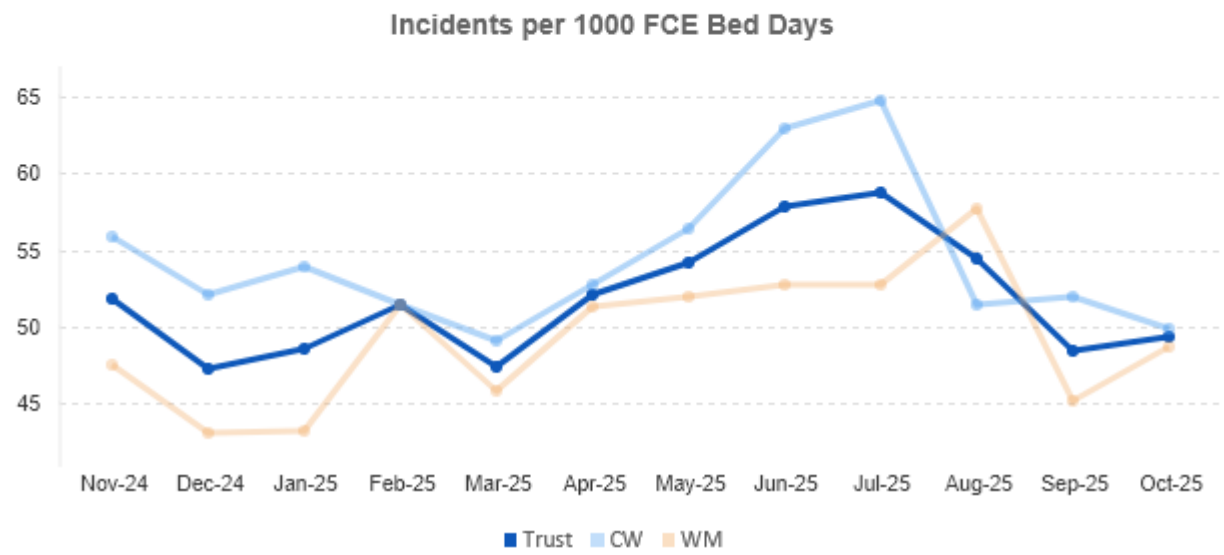


Patient Safety and Experience

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 October, a total of 1,488 patient-related incidents were reported—86 fewer than in July, which marked the peak over the past 12 months. The 12-month rolling total stands at 17,312. 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	49.94	1	0	0.00
WM	48.76	3	1	0.07
Trust	49.36	4	1	0.03

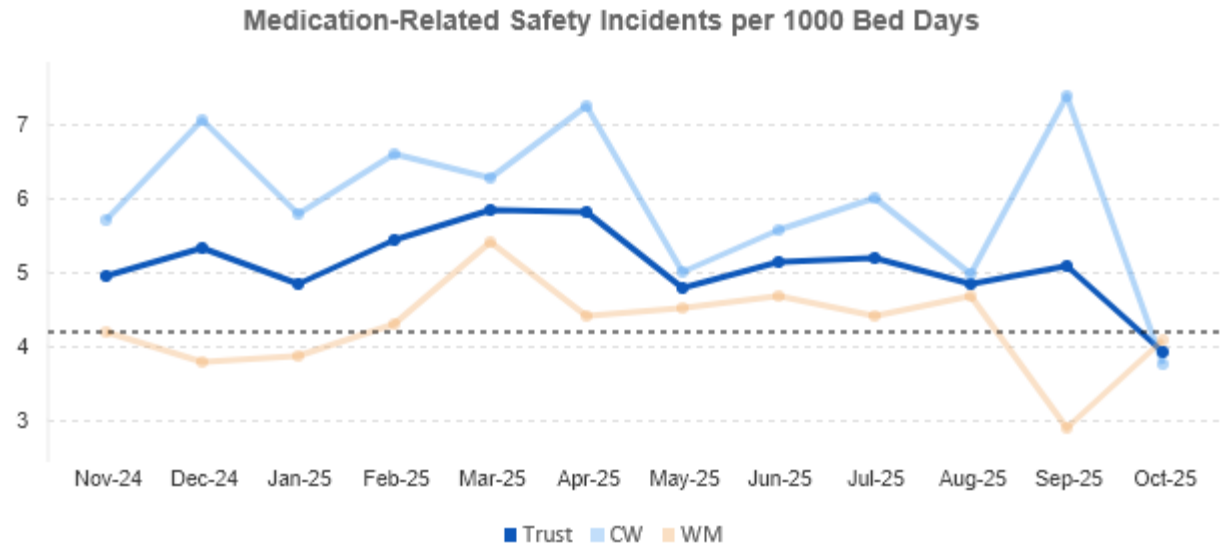
Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Incidents per 1000 FCE Bed Days (Target:)	CW	62.9	64.8	51.4	51.9	49.9	55.5
	WM	52.8	52.8	57.6	45.1	48.8	51.3
	Trust	57.9	58.7	54.4	48.4	49.4	53.4
Incidents Resulting in Severe Harm or Death (Target:)	CW	1	1	1	2	1	8
	WM	1	2	3	2	3	11
	Trust	2	3	4	4	4	19
Incidents Resulting in Death (Target:)	CW	0	0	1	1	0	3
	WM	0	1	1	1	1	4
	Trust	0	1	2	2	1	7
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.00	0.00	0.07	0.07	0.00	0.03
	WM	0.00	0.07	0.07	0.06	0.07	0.04
	Trust	0.00	0.04	0.07	0.07	0.03	0.03

Medication Safety Incidents

Safe

Trend



Narrative

- The metric for medication related safety incidents per 1000 Days falls just below Trust target (≥ 4.2), due to reduced incident reporting across the Trust. This will be monitored closely by the MSG, with appropriate actions under taken to encourage and increase reporting of medication-related incidents cross-site.
- In October, there was one incident of moderate harm reported at CW site relating to the administration of calcium gluconate in a patient, which resulted in an elevated heart rate, chest pain, and MET call. 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	3.76	1.7%
WM	4.09	0.0%
Trust	3.92	0.8%

Year-to-Date Performance

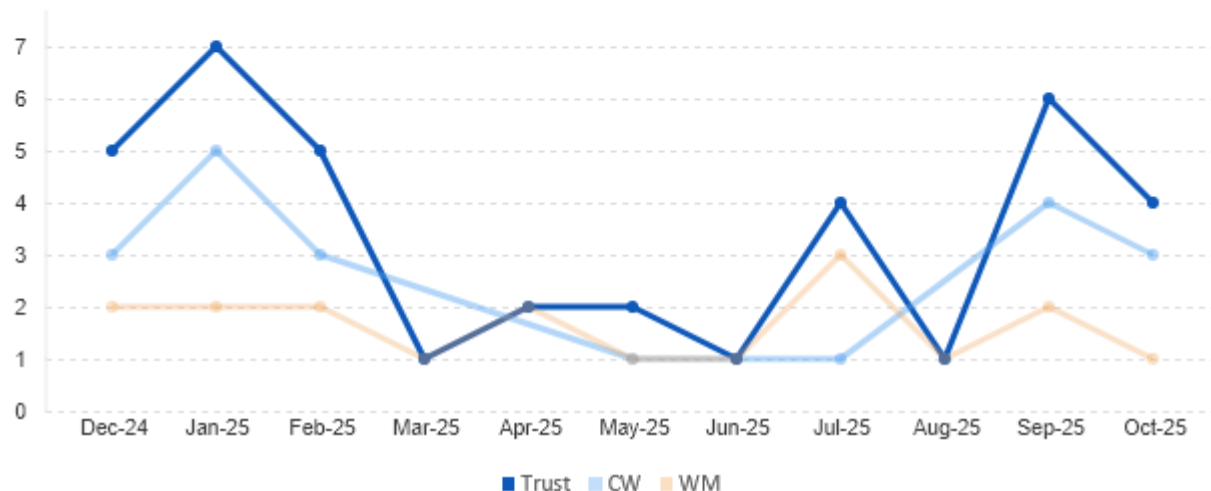
	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Medication Related Safety Incidents per 1000 Bed Days (Target: ≥ 4.2)	CW	5.57	6.01	4.97	7.39	3.76	5.68
	WM	4.68	4.41	4.68	2.89	4.09	4.21
	Trust	5.13	5.20	4.83	5.08	3.92	4.95
Medication Related Safety Incidents % Moderate or Above Harm (Target: $< 1\%$)	CW	0.0%	0.0%	1.4%	0.9%	1.7%	0.5%
	WM	1.6%	0.0%	1.5%	0.0%	0.0%	0.5%
	Trust	0.7%	0.0%	1.4%	0.6%	0.8%	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: 60% (22) locally defined incidents requiring local PSII, 35% (13) Nationally defined priority – MNSI and 5% (2) Nationally defined incident – Never events.

In October, four PSIIs were declared for incidents occurring between August-October. Incidents included, one MNSI case - an unplanned admission to NICU, an unexpected neonatal death, a delayed diagnosis of slipped femoral epiphysis and, and treatment delay for Malrotation volvulus.

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.

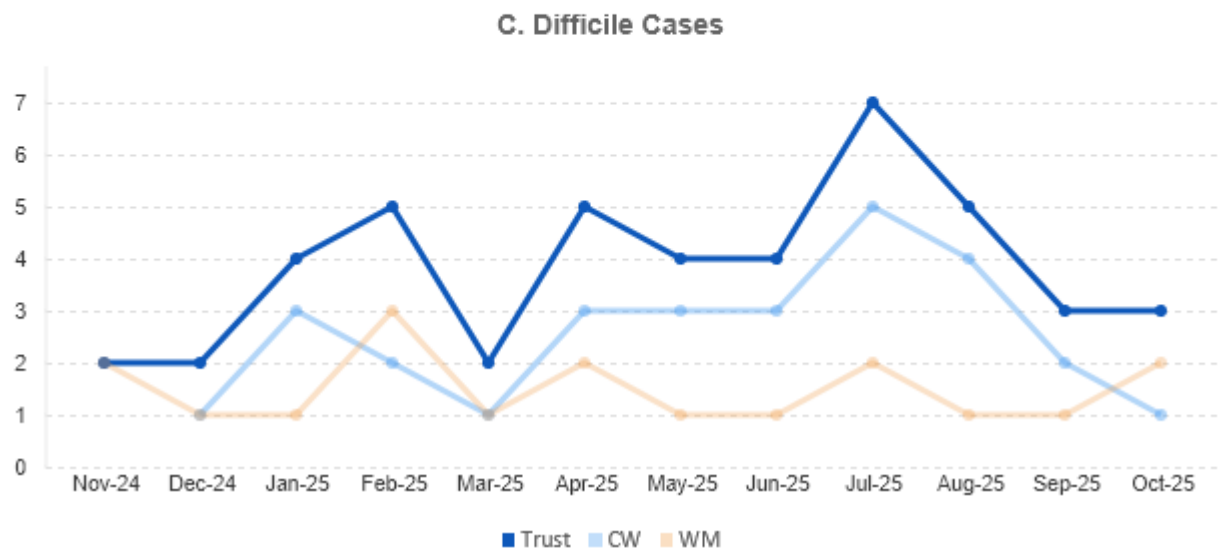
In-Month Performance

	Patient Safety Incident Investigations	Never Events	Learning Resp. Declared (AAR)	Learning Responses Declared (Thematic Review)	Learning Responses Declared (MDT)
CW	3	0	0	0	0
WM	1	0	2	0	0
Trust	4	0	2	0	0

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Patient Safety Incident Investigations	CW	0	1	0	4	3	9
	WM	1	3	1	2	1	11
	Trust	1	4	1	6	4	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	2	1	3	2	0	14
	WM	1	2	2	2	2	11
	Trust	3	3	5	4	2	25
Learning Responses Declared (Thematic Review)	CW	0	0	0	0	0	0
	WM	0	1	0	0	0	1
	Trust	0	1	0	0	0	1
Learning Responses Declared (MDT)	CW	1	0	0	0	0	2
	WM	0	0	0	0	0	0
	Trust	1	0	0	0	0	2

Trend



Narrative

CDI
There were 3 healthcare associated CDI cases in October 2025, 2 occurred at WM in EIC and PC and 1 at CWH in EIC.

This is a YTD total of 31 cases which is a 33% decrease in comparison to the same 24/25 time period (n = 46). PSIRF meetings continue to be held for all cases with learning shared across divisions.

MRSA
0 healthcare associated MRSA bacteraemia cases in October 2025, PSIRF action plans for previous cases continued to be monitored for progress/completion.

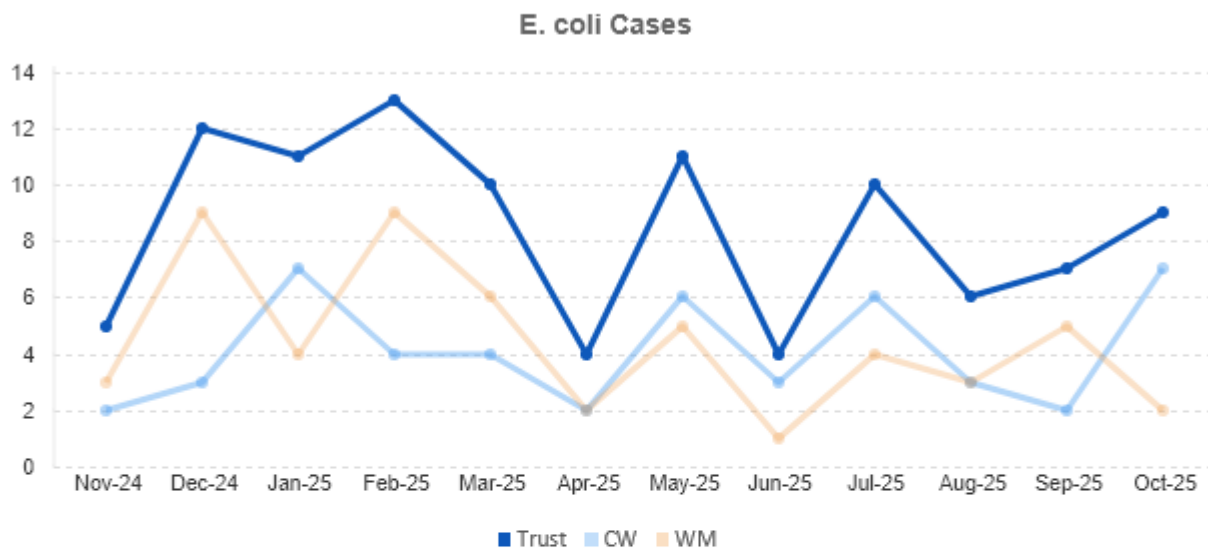
In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	1	0
WM	2	0
Trust	3	0

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
C. Difficile Cases (Target: <33)	CW	3	5	4	2	1	21
	WM	1	2	1	1	2	10
	Trust	4	7	5	3	3	31
MRSA Bacteraemia (Target: 0)	CW	0	1	1	1	0	3
	WM	0	1	0	0	0	1
	Trust	0	2	1	1	0	4

Trend



Narrative

E.coli

There were 9 healthcare associated *E.coli* bacteraemias in October 2025. 7 occurred at CWH and 2 at WMH across EIC, PC and SC divisions. Of the 9 cases, 5 were HOHA and 4 were COHA cases. 3 of the HOHA cases were attributed as Trust attributed though this is due to delayed sampling or due to the time of admission and UK HSA admission algorithm rather than genuine HAI association.

On review by the IPC and Microbiology teams, all cases were classified as 'modifiable – non preventable' meaning that though the case was healthcare related, care was optimised and necessary.

There has been a total of 51 healthcare associated bacteraemias this FY, this is a reduction of 23% in comparison to the same 24/25 period.

In-Month Performance

	E. Coli Cases	Hand Hygiene Compliance
CW	7	95.2%
WM	2	96.1%
Trust	9	95.6%

Year-to-Date Performance

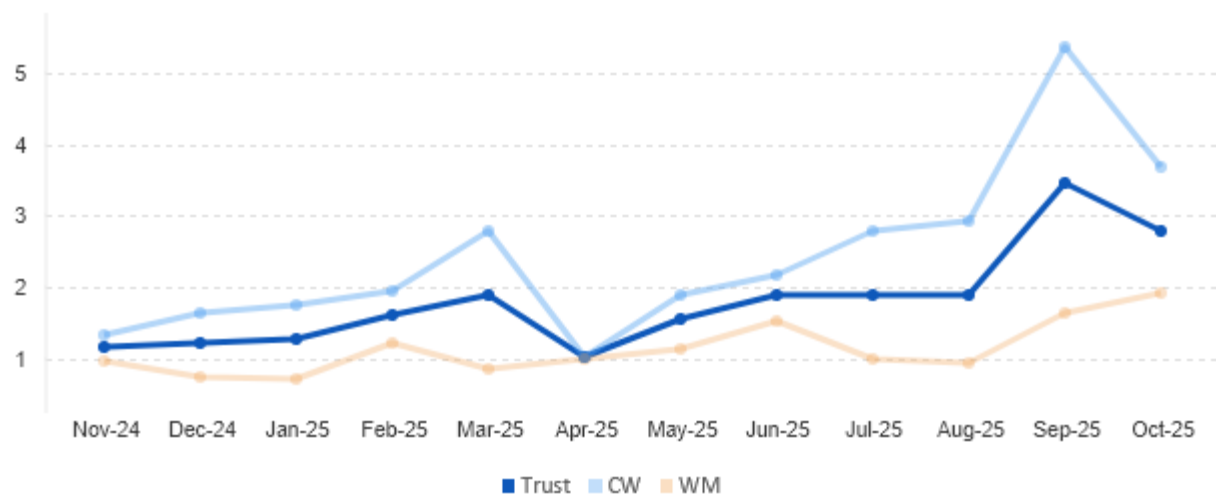
	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
E. coli Cases	CW	3	6	3	2	7	29
	WM	1	4	3	5	2	22
	Trust	4	10	6	7	9	51
Hand Hygiene Compliance (Target: >95%)	CW	95.8%	98.3%	98.9%	96.0%	95.2%	96.4%
	WM	97.5%	98.7%	99.0%	98.0%	96.1%	97.7%
	Trust	96.5%	98.5%	99.0%	96.9%	95.6%	97.0%

Formal Complaints

Responsive

Trend

Complaints Received per 1000 Bed Days



Narrative

We received 66 complaints during October, 10 fewer than September but representing a sustained increase on previous months. Maternity again received the highest number of complaints (13), followed by Emergency Department (9) and 4 were received each for Gynaecology and General Surgery. Divisional breakdown - SCD: 24 (36%), EIC: 22 (33%), PC: 9 (14%), WLCH:3 (5%), CSD: 7(10%), Corporate: 1 (1%)

Our response compliance improved from 64%in September to 89% in October. This was achieved due to close monitoring of progress, a new member of staff joined the team, daily huddles and effective escalation processes. Chelsea site recorded the highest number of complaints, consistent with survey feedback, particularly in inpatient and maternity services.

96 formal complaints were closed in October (up from 56 in September). Of these, 6 were fully upheld and 50 partially upheld.

Key learning points:

- Maternity:** A “Welcome to the Ward” pack has been produced providing information to women about their stay on the postnatal ward.
- Paediatrics:** Teaching for clinicians taken place regarding the timing of inguinal hernia repair in neonates.
- Specialist Medicine:** Ward staff proficient in locating and updating next of kin information on Cerner to ensure correct contact details.
- Surgery:** Ward training to be undertaken to improve Gender Affirmation Surgery awareness and post-operative care.

263 informal concerns were closed in October, an increase from 143 in September. 145 were resolved within 5 working days(55%), showing a slight improvement from September’s 47%.

In-Month Performance

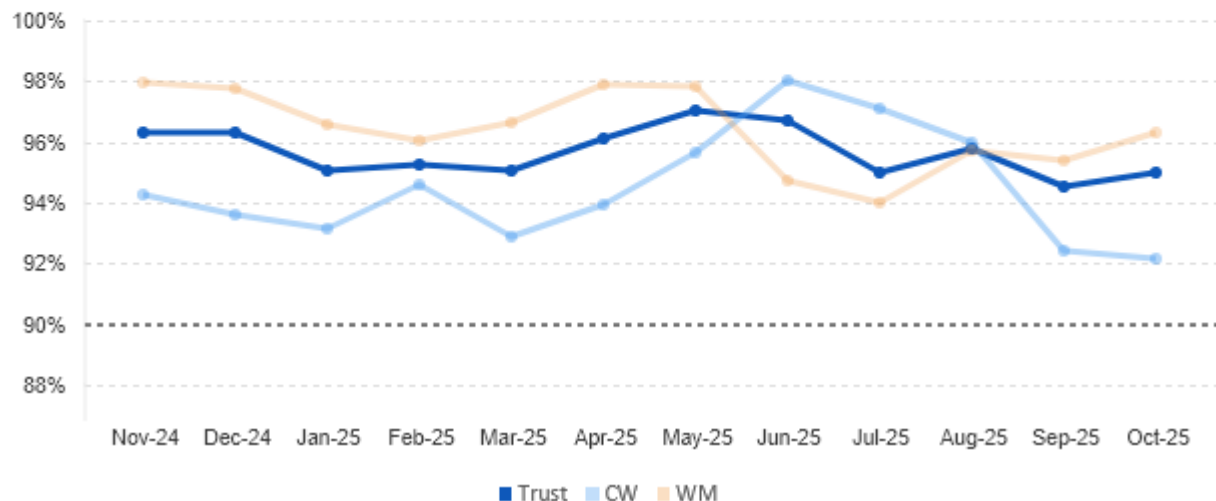
	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	3.7	90.9%	0	1
WM	1.9	85.0%	0	0
Trust	2.8	89.3%	0	1

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Complaints Received per 1000 Bed Days	CW	2.2	2.8	2.9	5.4	3.7	2.7
	WM	1.5	1.0	0.9	1.6	1.9	1.3
	Trust	1.9	1.9	1.9	3.5	2.8	2.0
Complaints Responded to <25 Working Days (Target: >90%)	CW	68.2%	80.0%	48.0%	59.5%	90.9%	75.5%
	WM	85.7%	52.6%	46.7%	100.0%	85.0%	70.8%
	Trust	75.0%	71.2%	47.5%	65.9%	89.3%	74.2%
Complaints Responded to <45 Working Days (Target: >90%)	CW	100.0%	95.0%	100.0%	91.9%	Reports a month in arrears	94.0%
	WM	100.0%	89.5%	86.7%	100.0%		92.3%
	Trust	100.0%	93.2%	95.0%	93.2%		93.5%
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	0	1	1
	WM	1	1	0	1	0	3
	Trust	1	1	0	1	1	4

Caring

In-Month Performance



Response Totals and Operational Support

- A slight decrease in response totals for October, with West Middlesex receiving the most responses.
- Ongoing efforts to engage ward clerks in the survey inputting process at Chelsea continue to face challenges. However an additional volunteer has been introduced at Chelsea to support data entry and help improve response rates.

Themes

- Inpatient experience scores saw a slight increase in October and remained above the 90% target.
- Positive feedback continues to centre around basic care provision, respectful treatment, food and clear, consistent communication.
- Chelsea site continues to show lower patient experience scores compared to West Middlesex, with themes similar to that of ward accreditation and complaints. Local improvement work is being undertaken through the shared decision making councils.

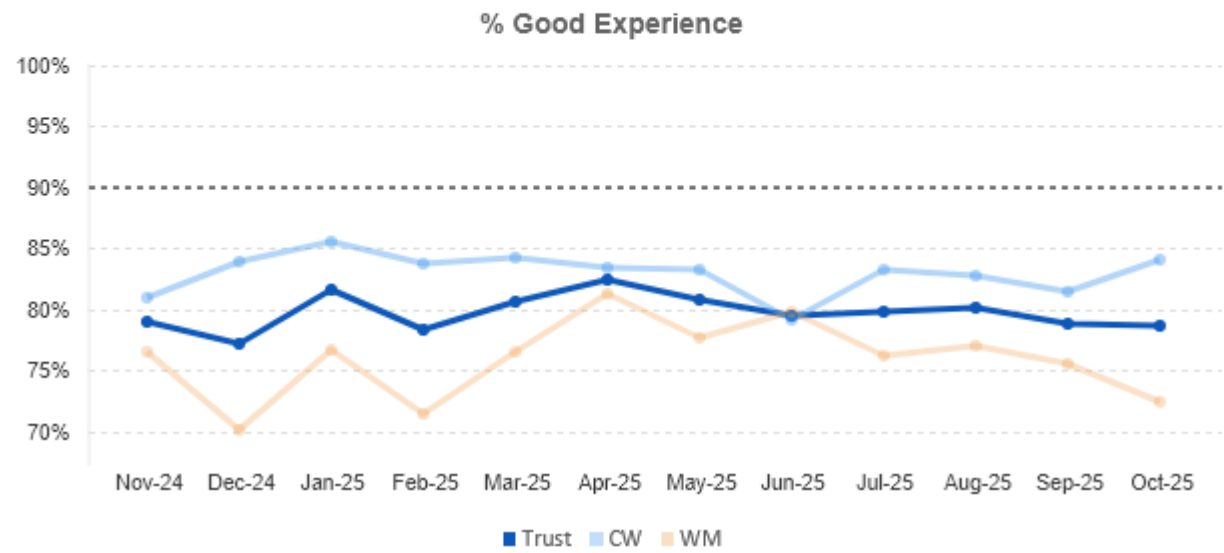
	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	281	31.9%	92.2%	97.0%
WM	573	42.7%	96.3%	100.0%
Trust	854	38.4%	95.0%	97.4%

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Responses	CW	203	311	273	277	281	2,121
	WM	132	703	513	632	573	3,663
	Trust	335	1,014	786	909	854	5,784
Response Rate (Target: >10%)	CW	24.4%	42.7%	36.1%	29.8%	31.9%	28.5%
	WM	75.0%	49.4%	36.8%	51.4%	42.7%	42.7%
	Trust	33.2%	47.1%	36.6%	42.1%	38.4%	36.1%
% Good Experience (Target: >90%)	CW	98.0%	97.1%	96.0%	92.4%	92.2%	94.9%
	WM	94.7%	94.0%	95.7%	95.4%	96.3%	96.0%
	Trust	96.7%	95.0%	95.8%	94.5%	95.0%	95.6%
Treated With % Dignity and Respect (Target: >90%)	CW	92.0%	98.0%	96.0%	96.0%	97.0%	95.4%
	WM	96.0%	96.0%	98.0%	97.0%	100.0%	96.4%
	Trust	94.6%	96.7%	97.3%	96.6%	97.4%	96.0%

Emergency Department Friends & Family Test

Caring

Trend



Narrative

Response Totals and Themes

- WM site saw a increase in response totals during the period with a stable response rate at Chelsea.
- Patient experience percentages remained below the 90% target, with recurring themes around wait times, communication and inconsistent information provision. However, the Trust’s average score compares well nationally and more specifically, across London.
- Waiting times and communication about waits continue to be a basis of feedback on both sites, dignity and respect scores show a slight increase at Chelsea during October.

Improvement Planning and Engagement

- The Patient Experience Team will be discussing feedback themes at upcoming A&E team away days, UTC management meetings, and A&E Clinical Governance meetings.
- These sessions aim to acknowledge positive feedback and explore improvement initiatives, particularly around the provision of clear and consistent information.
- It is hoped following the refurbishments of West Middlesex’s waiting area, scores around waiting experience will improve over the coming months.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,008	9.3%	84.1%	89.0%
WM	882	8.3%	72.4%	81.0%
Trust	1,890	8.8%	78.7%	85.3%

Year-to-Date Performance

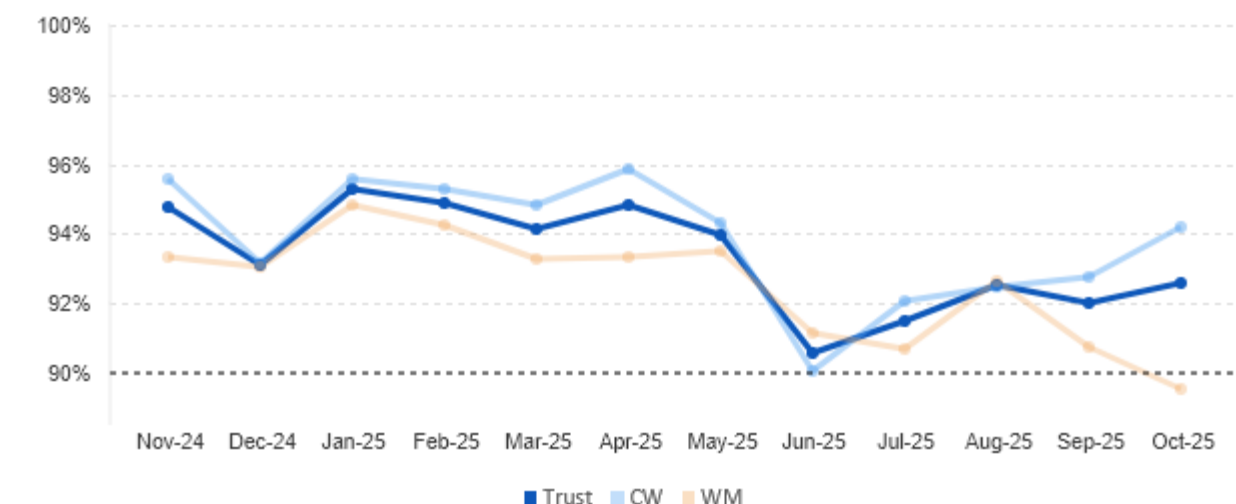
	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Responses	CW	950	881	914	1,009	1,008	6,779
	WM	768	838	797	808	882	5,704
	Trust	1,718	1,719	1,711	1,817	1,890	12,483
Response Rate (Target: >10%)	CW	15.8%	8.9%	9.7%	9.9%	9.3%	10.2%
	WM	13.2%	7.9%	8.5%	8.1%	8.3%	8.5%
	Trust	14.5%	8.4%	9.1%	9.0%	8.8%	9.4%
% Good Experience (Target: >90%)	CW	79.2%	83.2%	82.7%	81.5%	84.1%	82.5%
	WM	79.8%	76.1%	77.0%	75.5%	72.4%	77.1%
	Trust	79.5%	79.8%	80.1%	78.8%	78.7%	80.0%
% Treated With Dignity and Respect (Target: >90%)	CW	86.0%	88.0%	87.0%	86.0%	89.0%	86.2%
	WM	84.0%	82.0%	82.0%	81.0%	81.0%	80.8%
	Trust	85.1%	85.1%	84.7%	83.8%	85.3%	83.8%

Outpatient Friends & Family Test

Caring

Trend

% Good Experience



Narrative

Survey Response and Performance

Survey responses increased further during October and a slight increase in the good experience score at Chelsea.

Site-Specific Feedback

- At Chelsea, patients gave consistently positive feedback in Phlebotomy, Burns, Treatment Centre, and Gynaecology.
- Lower satisfaction was reported in the Pain Clinic, Eye Clinic and Dermatology appointments.
- At West Middlesex, Cath Lab and Gynaecology scored well.
- Areas with more negative feedback included Haematology/Oncology Day unit, antenatal ward and Neurology.

Comparative Insights

- Chelsea patients reported more positive experiences overall, particularly regarding environment and provision of information.
- On both sites performance was below the benchmark for waiting times and information about who to contact after appointment if a patient is concerned.

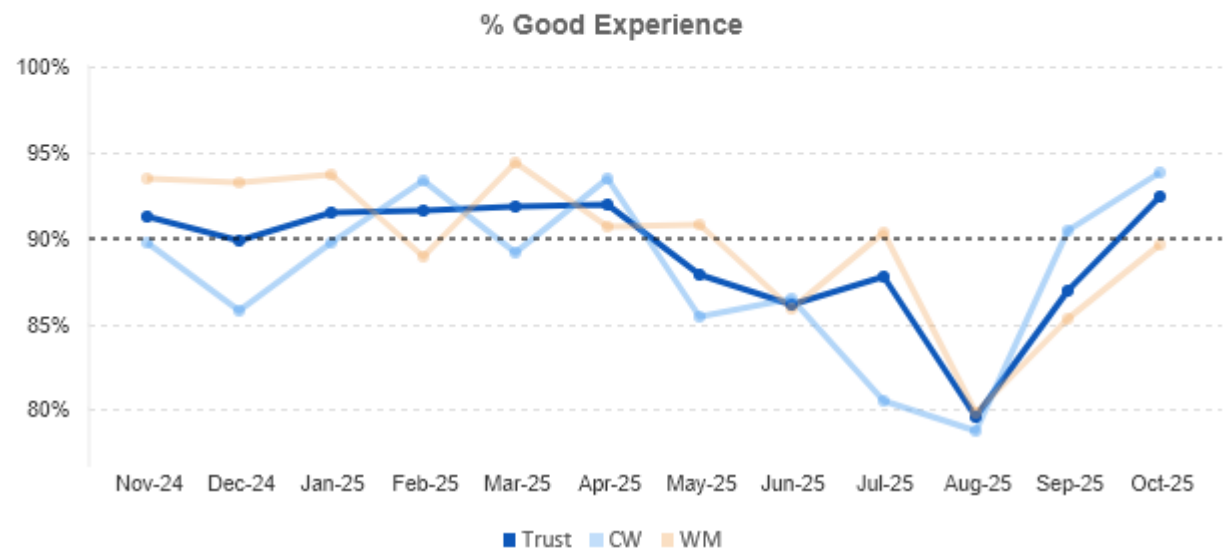
In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,496	15.5%	94.2%	97.0%
WM	804	11.9%	89.6%	95.0%
Trust	2,300	14.0%	92.6%	96.3%

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Responses	CW	1,602	1,647	1,060	1,280	1,496	8,912
	WM	1,399	1,128	640	692	804	5,895
	Trust	3,001	2,775	1,700	1,972	2,300	14,807
Response Rate (Target: >10%)	CW	19.8%	10.1%	7.6%	15.1%	15.5%	10.1%
	WM	25.8%	11.1%	7.1%	81.9%	11.9%	10.3%
	Trust	22.2%	10.5%	7.4%	21.1%	14.0%	10.2%
% Good Experience (Target: >90%)	CW	90.1%	92.0%	92.5%	92.7%	94.2%	92.8%
	WM	91.1%	90.7%	92.7%	90.8%	89.6%	91.4%
	Trust	90.6%	91.5%	92.5%	92.0%	92.6%	92.3%
% Treated With Dignity and Respect (Target: >90%)	CW	95.0%	97.0%	96.0%	98.0%	97.0%	96.5%
	WM	96.0%	95.0%	96.0%	96.0%	95.0%	95.6%
	Trust	95.5%	96.2%	96.0%	97.3%	96.3%	96.2%

Trend



Narrative

- Survey response**
- An increase in the number of responses was seen during October at Chelsea, compared with West Middlesex which saw a decrease.
 - During October, Maternity services met the good experience of care target at Chelsea, but fell short at West Mid.
- Improvements in Feedback and Experience**
- Positive trends were noted in the experience of women accessing maternity care overall.
 - In particular women have stated that they have been treated with kindness and compassion and good communication in feedback received.
- Rise in Maternity Complaints**
- October saw a similar increase in maternity complaints seen in September, despite improvements in survey feedback.
 - Women continue to report a worse experience at Chelsea, particularly in relation to communication and responsiveness.
 - When the CQC publish the national report later this month, full triangulation of feedback data will be undertaken to identify meaningful actions.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	193	38.4%	93.8%	97.0%
WM	96	3.8%	89.6%	87.0%
Trust	289	9.6%	92.4%	93.9%

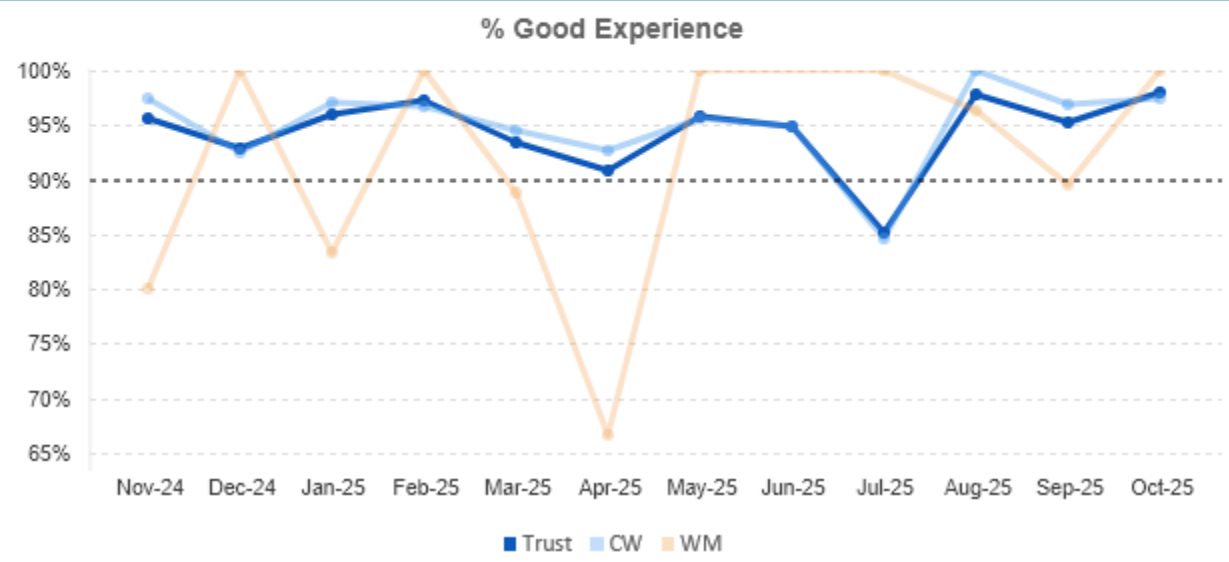
Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Responses	CW	59	36	33	73	193	596
	WM	106	103	104	156	96	770
	Trust	165	139	137	229	289	1,366
Response Rate (Target: >10%)	CW	18.2%	7.5%	7.2%	18.2%	38.4%	18.3%
	WM	10.0%	4.7%	5.4%	5.8%	3.8%	6.9%
	Trust	11.9%	5.2%	5.7%	7.4%	9.6%	9.4%
% Good Experience (Target: >90%)	CW	86.4%	80.6%	78.8%	90.4%	93.8%	89.4%
	WM	85.8%	90.3%	79.8%	85.3%	89.6%	87.3%
	Trust	86.1%	87.8%	79.6%	86.9%	92.4%	88.2%
% Treated With Dignity and Respect (Target: >90%)	CW	91.0%	86.0%	80.0%	90.0%	97.0%	92.9%
	WM	88.0%	94.0%	87.0%	93.0%	87.0%	88.8%
	Trust	89.1%	91.9%	85.2%	92.0%	93.9%	90.7%

Children and Young People Friends & Family Test

Caring

Trend



In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	39	13.8%	97.4%	97.0%
WM	9	2.7%	100.0%	100.0%
Trust	48	7.9%	97.9%	97.4%

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Responses	CW	39	26	20	66	39	277
	WM	-	1	27	19	9	61
	Trust	39	27	47	85	48	338
Response Rate (Target: >10%)	CW	30.5%	12.5%	9.9%	11.6%	13.8%	14.4%
	WM	-	100.0%	100.0%	6.2%	2.7%	4.8%
	Trust	24.5%	12.9%	20.4%	9.7%	7.9%	10.6%
% Good Experience (Target: >90%)	CW	94.9%	84.6%	100.0%	97.0%	97.4%	94.9%
	WM	-	100.0%	96.3%	89.5%	100.0%	93.4%
	Trust	94.9%	85.2%	97.9%	95.3%	97.9%	94.7%
% Treated With Dignity and Respect (Target: >90%)	CW	92.0%	90.0%	94.0%	96.0%	97.0%	92.6%
	WM	-	0.0%	94.0%	95.0%	100.0%	72.4%
	Trust	80.7%	81.7%	94.0%	95.8%	97.4%	88.7%

Narrative

CYP Experience and Survey Uptake

- Decrease in number of surveys returned across both sites, target met at CW but not WM and response rates remain low.
- There is high satisfaction in all areas apart from the provision of information once a patient leaves the hospital at CW.
- Outpatient experience is excluded due to how submissions are separated in the data warehouse. Work is underway to develop a more inclusive score across all CYP areas, in line with expected reporting standards.

Survey Refresh and Accessibility

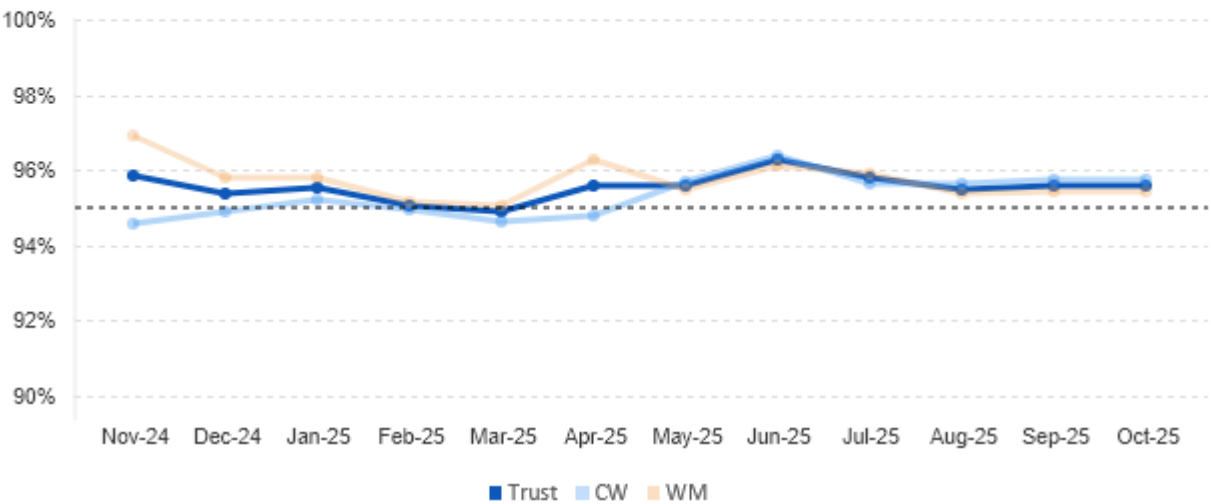
- WLCH is finalising a refreshed, age-appropriate survey for children and young people, developed in collaboration with Imperial, Chelsea and Westminster, and WLCH leadership.
- Children and parents have directly contributed to the design, with launch expected in late November – we are just working through the wording on demographic questions to ensure child friendly.
- Accessibility remains a barrier across surveys, particularly for CYP. This is being addressed with CIVICA, as per contractual agreement.

VTE Risk Assessments Completed

Safe

Trend

VTE Assessments Completed



Narrative

VTE Risk Assessment: Target achieved. Monthly VTE risk assessment performance by site, division, speciality and ward disseminated for leads to review and action as appropriate.

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. **Awaiting Business Analyst team resource to develop and implement digital identification with auto-reporting of HATs** from Cerner patient admission records (*challenge highlighted at 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	95.7%	0	0.0
WM	95.4%	6	0.4
Trust	95.6%	6	0.2

Year-to-Date Performance

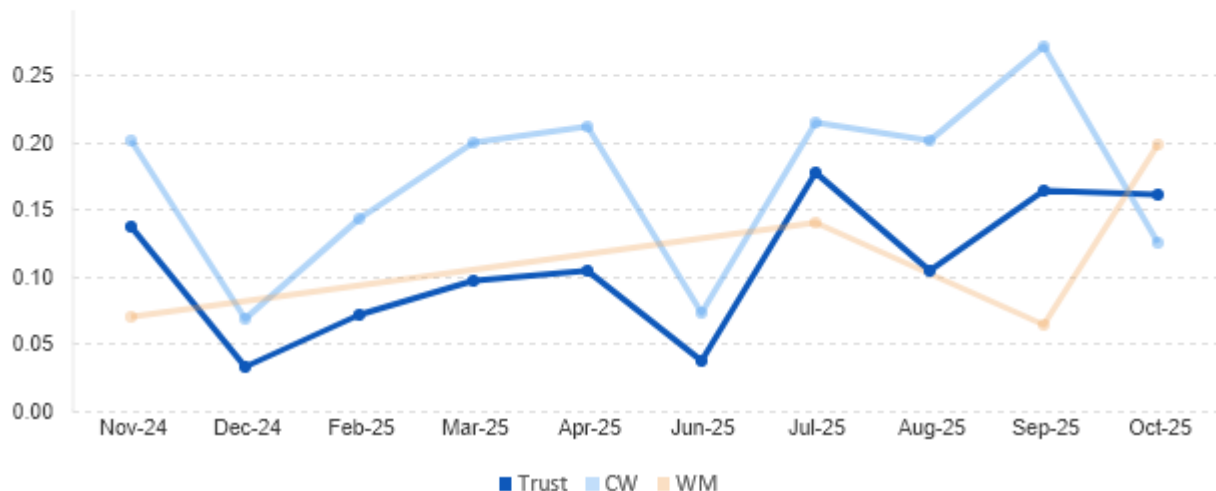
	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
VTE Assessments Completed (Target: >=95%)	CW	96.4%	95.6%	95.6%	95.8%	95.7%	95.7%
	WM	96.1%	95.9%	95.4%	95.4%	95.4%	95.7%
	Trust	96.2%	95.8%	95.5%	95.6%	95.6%	95.7%
Hospital Aquired VTE Cases	CW	0	1	1	0	0	3
	WM	5	4	2	2	6	31
	Trust	5	5	3	2	6	34
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.0	0.1	0.1	0.0	0.0	0.0
	WM	0.4	0.3	0.1	0.1	0.4	0.3
	Trust	0.2	0.2	0.1	0.1	0.2	0.2

Patient Falls

Safe/Effective

Trend

Falls with Moderate & Above Harm per 1000 FCE Bed Days



Narrative

We have seen an increase in both falls with moderate and severe harm this financial year. Work is ongoing with weekly falls education sessions, focused on pro active falls prevention interventions. Changes to the falls risk assessment across NWL will be implemented within the next month and education, will reflect these changes. The weekly 30 minute sessions will be moved to a recorded online session (content being adapted) to ensure we are reaching a wider audience, with the new falls risk assessment and introduction of the new enhanced care assessment being a significant focus.

Current falls risk assessment compliance has remained relatively static, however, trust wide adult inpatient ward compliance (excluding maternity and paediatrics) for October is; CW –90.3% and WM - 94%

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	2	1	0.13	4.32	67.1%
WM	3	1	0.20	3.76	73.6%
Trust	5	2	0.16	4.05	70.2%

Year-to-Date Performance

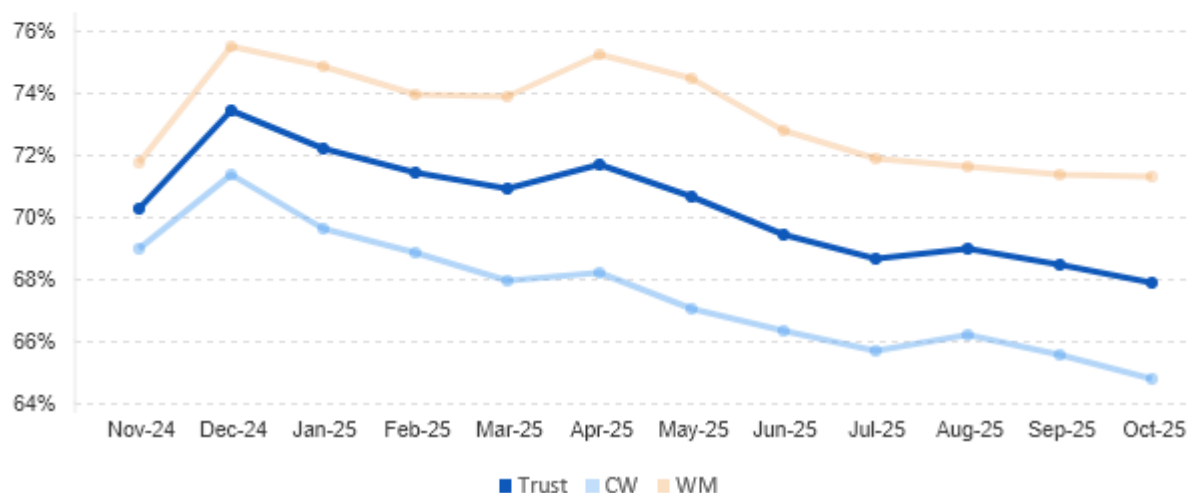
	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Inpatient Falls with Moderate & Above Harm	CW	1	3	3	4	2	16
	WM	0	2	0	1	3	6
	Trust	1	5	3	5	5	22
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	0	1	1	2	1	6
	WM	0	1	0	0	1	2
	Trust	0	2	1	2	2	8
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.07	0.21	0.20	0.27	0.13	0.16
	WM	0.00	0.14	0.00	0.06	0.20	0.06
	Trust	0.04	0.18	0.10	0.16	0.16	0.11
Falls per 1000 FCE Bed Days	CW	4.33	2.65	4.10	3.19	4.32	3.85
	WM	3.12	4.48	3.60	5.00	3.76	4.16
	Trust	3.72	3.57	3.86	4.12	4.05	4.00
Compliance with Falls Risk Assessment (Target: >=90%)	CW	68.9%	68.1%	68.4%	67.7%	67.1%	68.6%
	WM	75.7%	74.7%	74.8%	74.2%	73.6%	75.4%
	Trust	72.2%	71.3%	71.6%	70.9%	70.2%	71.9%

Pressure Ulcers

Safe/Effective

Trend

% Compliance with Purpose T Risk Assessment



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	64.7%	0	0	0	-
WM	71.2%	1	0	0	-
Trust	67.9%	1	0	0	-

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Compliance with Purpose T Risk Assessment (Target: >=90%)	CW	66.3%	65.7%	66.2%	65.5%	64.7%	66.2%
	WM	72.7%	71.9%	71.6%	71.4%	71.2%	72.6%
	Trust	69.4%	68.6%	68.9%	68.4%	67.9%	69.3%
Category 2 Pressure Ulcers	CW	1	2	1	3	0	8
	WM	4	0	3	2	1	13
	Trust	5	2	4	5	1	21
Category 3 Pressure Ulcers (Target: 0)	CW	0	2	0	0	0	2
	WM	0	0	0	0	0	4
	Trust	0	2	0	0	0	6
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	1	0	0	2	0	3
	WM	2	1	0	0	0	4
	Trust	3	1	0	2	0	7

Narrative

Category 3&4 pressure damage: There have been no cases of category 3 or 4 pressure damage reported in month, with the last incidence of category 3 being in July. YTD the Trust has had 6 category 3 pressure ulcers, all have been reviewed as an IIR or an AAR and learning is being brought through the Pressure Ulcer Group for further dissemination and monitoring. A key theme across all reviews is the need for thorough and accurate assessment and documentation both on admission and during the patients hospital stay.

Category 2: There has been 1 category 2 pressure ulcer reported in month which is less than previous months.

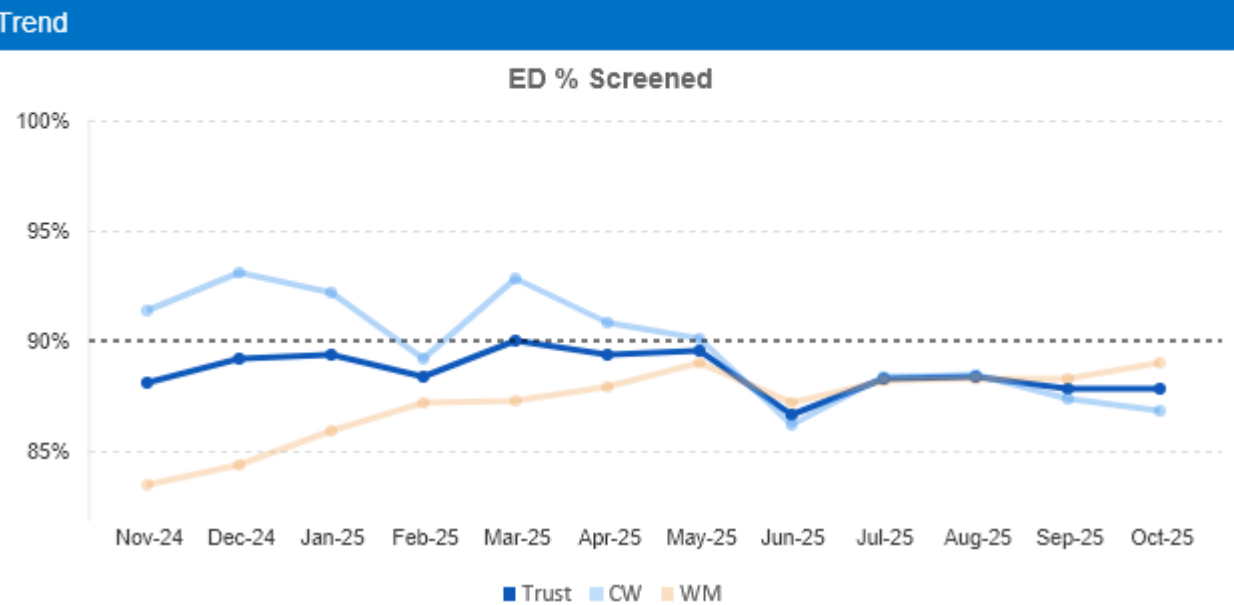
MDR pressure damage: There have been no reported MDR pressure ulcers in month.

Themes

- Incorrect and sometimes late or inconsistent grading of pressure ulcer category meaning true validation of category is happening later than is ideal.
- 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. This will continue to be monitored and disseminated across our clinical areas.



Narrative

Emergency Department:

Chelsea: Screening in adults is bringing down overall performance and clinical review in paed is doing the same.

WMUH: Screening in adults is bringing down overall performance. Strong performance in paed

Wards:

Screening requires improvement at Chelsea site. Clinical reviews strong on both sites

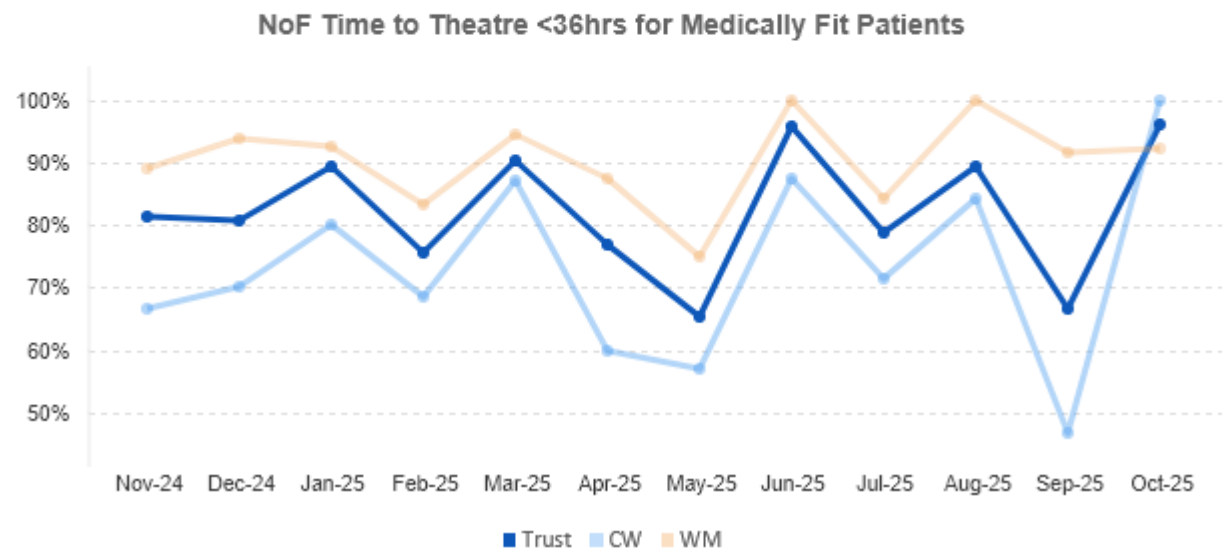
In-Month Performance

	ED % Screened	ED % Potential Red Flags Reviewed	Ward % Screened	Ward % Potential Red Flags Reviewed
CW	86.8%	76.5%	83.6%	93.1%
WM	89.0%	94.9%	88.4%	96.3%
Trust	87.8%	85.0%	85.8%	94.7%

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
ED % Screened (Target: >90%)	CW	86.2%	88.4%	88.5%	87.4%	86.8%	88.3%
	WM	87.2%	88.2%	88.3%	88.3%	89.0%	88.3%
	Trust	86.7%	88.3%	88.4%	87.8%	87.8%	88.3%
ED % Potential Red Flags Reviewed (Target: >90%)	CW	82.7%	88.7%	90.3%	77.4%	76.5%	83.3%
	WM	92.5%	94.7%	90.6%	94.3%	94.9%	93.0%
	Trust	86.7%	91.6%	90.5%	85.0%	85.0%	87.6%
Ward % Screened (Target: >90%)	CW	87.1%	82.9%	83.0%	85.5%	83.6%	84.9%
	WM	88.6%	88.5%	88.8%	87.8%	88.4%	89.6%
	Trust	87.8%	85.5%	85.6%	86.5%	85.8%	87.1%
Ward % Potential Red Flags Reviewed (Target: >90%)	CW	94.0%	95.6%	97.7%	95.9%	93.1%	95.1%
	WM	95.6%	96.0%	96.5%	96.8%	96.3%	96.0%
	Trust	94.9%	95.8%	97.2%	96.3%	94.7%	95.6%

Trend



Narrative

NoF Time to Theatre: improvements seen on both sites with combined time to theatre increasing to 96% from 66.7%

Breach of Same Sex Accommodation: there were 27 breaches in month at the WestMiddlesex site all due to delayed discharges from ICU. The team continue to work with the site team to facilitate timely step downs

Stroke: compliance with time spent on a stroke unit has improved from September and is above target

Dementia Screening: Dementia screening has met the target for 90% following the dip in compliance in August. A QI project is to be undertaken, focusing on the completion of the 4AT for all patients 65 and over within 24 hours of admission to support sustainability of the assessment process

In-Month Performance

	NoF Time to Theatre <36hrs for Medically Fit Patients	Breach of Same Sex Accomodation	Time Spent on Dedicated Stroke Unit	Dementia Screening Case Finding
CW	100.0%	0	95.5%	93.4%
WM	92.3%	27	93.1%	95.3%
Trust	96.0%	27	94.1%	94.5%

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
NoF Time to Theatre <36hrs for Medically Fit Patients (Target: 100%)	CW	87.5%	71.4%	84.2%	46.7%	100.0%	71.7%
	WM	100.0%	84.2%	100.0%	91.7%	92.3%	89.6%
	Trust	95.7%	78.8%	89.3%	66.7%	96.0%	80.9%
Breach of Same Sex Accomodation	CW	0	0	0	0	0	0
	WM	47	31	32	28	27	219
	Trust	47	31	32	28	27	219
Time Spent on Dedicated Stroke Unit (Target: >80%)	CW	95.2%	61.5%	84.6%	83.3%	95.5%	86.5%
	WM	94.7%	88.9%	100.0%	87.0%	93.1%	92.1%
	Trust	95.0%	77.4%	92.3%	85.7%	94.1%	89.8%
Dementia Screening Case Finding (Target: >90%)	CW	93.6%	93.6%	87.6%	94.5%	93.4%	93.3%
	WM	90.8%	90.8%	68.5%	93.5%	95.3%	89.9%
	Trust	92.1%	92.1%	76.6%	94.0%	94.5%	91.4%



Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-25	Sep-25	Oct-25	2025-2026	Aug-25	Sep-25	Oct-25	2025-2026	Aug-25	Sep-25	Oct-25	2025-2026 Q3	2025-2026	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:23	1:22	1:21	1:21	1:27	1:26	1:31	1:31	1:25	1:24	1:26	1:26	1:26	-
	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)	433	408	487	3052	390	378	363	2597	823	786	850	850	5649	-
	Total number of bookings (Target:> CW 580 WM 478)	544	578	622	4080	412	489	441	3149	956	1067	1063	1063	7229	-
	Maternity 1:1 care in established labour (Target: >95%)	99.0%	97.0%	97.0%	98.3%	99.0%	97.0%	99.0%	97.7%	99.0%	97.0%	98.0%	98.0%	98.0%	-
Safety	Admissions >37/40 to NICU/SCBU	0	0	22	93	14	16	15	173	14	16	37	22	93	-
	Number of reported Serious Incidents	3	2	2	24	1	1	2	15	4	3	4	4	39	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	0	0	0	1	0	0	0	0	1	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	5.0%	6.0%	5.0%	5.9%	6.0%	7.0%	8.0%	6.1%	5.5%	6.5%	6.5%	6.5%	6.0%	-
	Number of stillbirths	2	2	2	10	0	0	2	7	2	2	4	4	17	-
	Number of Infant deaths	1	0	1	5	1	1	1	12	2	1	2	2	17	-
	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	24.0%	19.0%	26.0%	23.9%	31.0%	30.0%	27.0%	28.4%	27.5%	24.5%	26.5%	26.5%	26.1%	-
	Vaginal Births - spontaneous & induced	39.0%	36.0%	40.0%	38.1%	43.0%	41.0%	42.0%	41.7%	41.0%	38.5%	41.0%	41.0%	39.9%	!
	Instrumental deliveries	53	50	71	413	47	34	40	302	100	84	111	111	715	-
	Pre-labour elective caesarean sections	78	85	92	602	55	59	56	393	133	144	148	148	995	-
	Emergency caesarean sections in labour	129	125	120	839	121	129	114	811	250	254	234	234	1650	-



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 October, the midwifery staffing ratios were reported as 1:31 at the Chelsea site and 1:21 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 32.77 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 increased to 90% from 83% in September, with 1 red flag reported (a decrease – 5 in September)
 - Delay between presentation and triage (n=1)
- **Birth Centre:** Compliance remained stable at 65% from 67% in September with no red flags reported (a decrease – 2 in September)
- **Antenatal Ward:** Compliance remained stable at 72% with 73% in September with 1 red flag reported (a decrease – 6 in September)
 - Delay between admission for induction and start of process (n=1)
- **Postnatal Ward:** Compliance decreased to 87% from 93% in September with 1 red flag reported (stable - 1 in September)
 - Delayed or cancelled time critical activity (n=1)

Chelsea and Westminster Site

- **Labour Ward:** Compliance declined to 61% from 74% in September, with 1 red flag reported (a decrease - 4 in September),
 - relating to a delay or cancellation of a time-critical activity (n=1)
- **Birth Centre:** Compliance increased to 47% from 31% in September with 3 red flags reported (stable - 3 in September)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)
 - Delay in providing pain relief (n=1)
 - No additional support MW available (No second MW for birth) (n=1).
- **Simpson Unit (Recovery & HDU):** Compliance declined to 56% from 58% in September, with 1 red flags reported (a decrease - 2 in September)
 - Delayed/cancelled time-critical activity (n=1)
- **Antenatal Ward:** Compliance increased to 35% from 27% in September, with 3 red flags reported (and increase - 1 in September)
 - Delay between admission for induction and beginning of process (n=3)
- **Postnatal Ward:** Compliance increased to 76% from in 68% September to 68%, with 2 red flags reported (a decrease – 3 in September)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)
 - Delay in providing pain relief (n=1)

Summary

Overall, red flag incidents continued to decrease in October, particularly at WMUH. The senior leadership team continues to review incidents to identify causes and ensure sustained compliance. While WMUH reporting is improving in consistency, the Chelsea site continues to experience fluctuations in Birthrate Plus Acuity App reporting, which impacts confidence.

Neonatal Staffing

The neonatal leadership team continue to strengthen the local QIS programme to optimise skill mix. At the Chelsea site, QIS compliance increased slightly this month to 39%, while at WMUH rates declined from 78% to 64%. Several nurses are currently undertaking QIS training, with completion expected by Spring 2026. Based on current trajectories, WMUH is predicted to be above 70% in November 2025, with Chelsea reaching this threshold by February 2026. Recruitment under Phase 1 and 2 of the neonatal business case has been completed, increasing establishment by 23 WTE above budgeted levels, reinforcing the Trust's commitment to achieving BAPM compliance.

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.

Safety:

WM site: There were 2 patient safety incidents:

1. IIR – maternal death (escalated for review)
2. IIR – neonatal death (closed for maternity, escalated for neonates)

Datix reporting system: There were 107 Datix incidents reported on Datix (stable – 108 in September)

- 16 Transfusion policy - BT was not informed when the MOH/PPH event was stood down
- 10 Communication
- 9 Access to care/admissions

Incidents not yet closed over 3 months old x132

Neonatal Service:

- Number of Datix: 20 CW + 26 WM

CWH site: There were 5 patient safety incidents:

1. IIR – bladder injury (closed)
2. IIR – birth injury to baby (escalated for review)
3. IIR – Pulmonary embolism (closed)
4. IIR - Wound haematoma (escalated for review)
5. IIR - Baby readmitted with suspected sepsis (closed)

Datix reporting system: There were 174 Datix incidents reported (an increase – 98 in September)

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

Incidents not yet closed over 3 months old x7



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 3 cases (NND @ 25+0, IUD @ 35+6. IUD @32+0). WMUH reported 3 cases (IUD @ 32+2, IUD @ 25+6, NND @ 39+0).
2. **ATAIN (Cross site):** WMUH, 15 term admissions with a term admission rate of 4.13% awaiting full review. CW 22 term admissions, 13 were unexpected, a term admission rate of 4.8%, 3 admissions were deemed as potentially unavoidable.
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 (90% compliance assessed by the LMNS at the 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				
		Aug-25	Sep-25	Oct-25	2025-2026	Aug-25	Sep-25	Oct-25	2025-2026	Aug-25	Sep-25	Oct-25	2025-2026 Q3	2025-2026
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	96.0%	90.0%	94.0%	90.4%	94.0%	93.0%	96.0%	91.6%	95.0%	91.5%	95.0%	95.0%	91.0%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	94.0%	94.0%	91.0%	93.3%	96.0%	97.0%	95.0%	93.9%	95.0%	95.5%	93.0%	93.0%	93.6%
	Service User Feedback FFT	78.8%	90.4%	93.8%	89.4%	79.8%	85.3%	89.6%	87.3%	79.6%	86.9%	92.4%	92.4%	88.2%
	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									7	9	9	9	46
	Progress in achievements of NHSR MIS (10 safety actions) Amber									3	1	1	1	9.5
	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

Multi-professional mandatory training and fetal monitoring training: In October, overall multi-disciplinary training compliance increased slightly to 96% (WM) and 94% (CW). Fetal monitoring training continues to exceed the 90% compliance target, at 95% (WM) and 91% (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 is no anticipated impact 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 improved from 91% in September to 94% in October. Respondents were predominantly White British (42%), White-Other (28%), and Black-Black British (5%), with most aged 25–34 years (53%) and 49% English-speaking. The lowest-scoring areas remained involvement in decision-making (85%) significantly increased from 60% in September some improvement was also seen in whether concerns were taken seriously (75%), improvement from 70% in September issues also reflected in complaints. In contrast, 96% felt able to ask questions.

At the West Middlesex site, positive feedback saw some improvement from 87% in September to 88% in October. Respondents included Asian/Asian British-Indian (33%), White British (27%), and White-Other (17%), with most aged 25–34 years (51%) and 35–44 years (36%). Lowest scores remained consistent with September related to concerns being taken seriously (63%) and involvement in decision-making (75%), although 924% reported having the opportunity to ask questions.

Across both sites, recurring negative themes focus on staff attitude and behaviour, communication, and delays in care. 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.

Single Delivery Plan: The Single Delivery Plan (SDP) for maternity and neonates guides safer, more personalised, and equitable care. It aligns national priorities such as *Ockenden*, *Better Births*, and *Saving Babies' Lives* with local improvements in safety, digital innovation, workforce resilience, and health inequalities. The service is currently compliant with 27 actions and partially compliant with 16. The Trust's focus is on continuity of care, staff wellbeing, and patient experience to achieve consistently excellent outcomes for women, birthing people, babies, and families.

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 2023. 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 all must-do and should-do actions. The CQC have recently published 16 maternity recommendations, of which 7 are specifically relevant to all NHS maternity Trusts. A benchmarking piece has been undertaken to review our compliance and to demonstrate we are able to meet these standards, and as such we do not have any concerns in our ability to do so. Work is underway across both units in anticipation of a repeat inspection imminently.

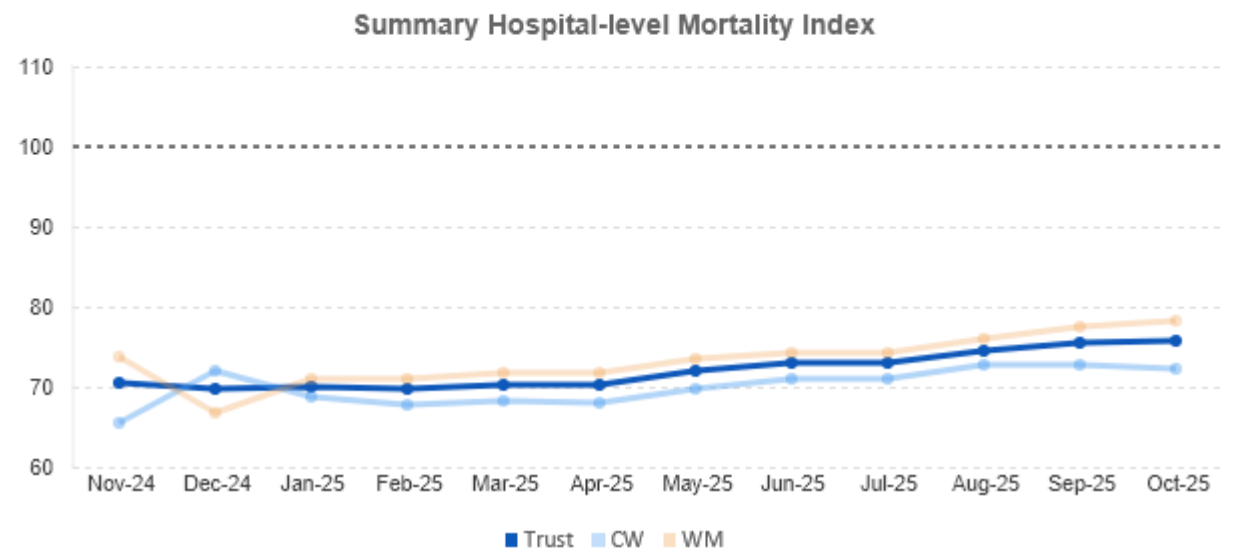


Mortality

Summary Hospital-level Mortality Index

Effective

Trend



Narrative

Modest increase in SHMI – remains well below national average and performing well in London. There has been a change in coding since 1st August 2024. Prior to this date, SDEC attendances were recorded as an emergency admission. It is not recorded as a SDEC attendance. This reduces the denominator. As the number of attendances to SDEC increase, this will impact SHMI.

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	72.3	68.2
WM	78.2	83.7
Trust	75.7	77.3

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
SHMI (Target: <100)	CW	71.0	71.0	72.6	72.8	72.3	71.0
	WM	74.3	74.3	76.0	77.5	78.2	75.0
	Trust	72.9	72.9	74.6	75.5	75.7	73.4
HSMR (Target: <100)	CW	69.7	78.3	78.6	78.4	68.2	75.1
	WM	82.0	84.2	81.0	84.3	83.7	84.2
	Trust	76.9	80.5	79.5	80.6	77.3	79.4



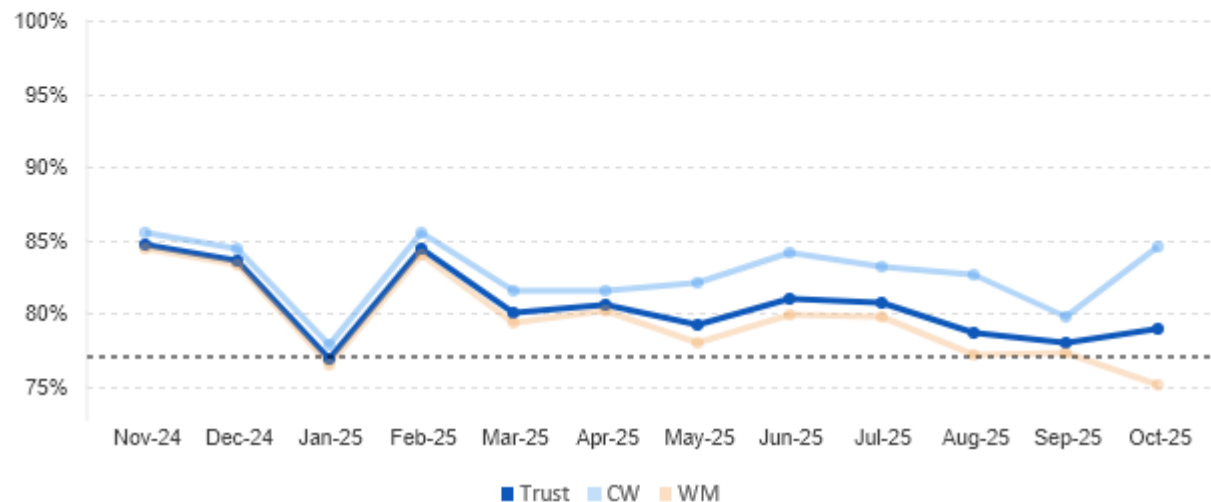
Patient Access

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%) with 78.9% as the unvalidated current performance for the month of October. This is an improvement from our September performance of 77.9%.

The Trust does have some challenged services which is at present meaning we are non-compliant on our internal 80% target. Particularly challenged specialities include Sarcoma due to capacity, as well as Skin, Urology, Lung and Haematology. All services are in the enhanced assurance process, with pathway work being reviewed and capacity challenges being escalated.

Further improvement work of shared learning with the sector for Sarcoma, dedicated resource and pathway mapping for Urology are key areas being focussed on to support with recovery for FDS.

In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	84.5%	95.0%
WM	75.1%	94.4%
Trust	78.9%	94.6%

Year-to-Date Performance

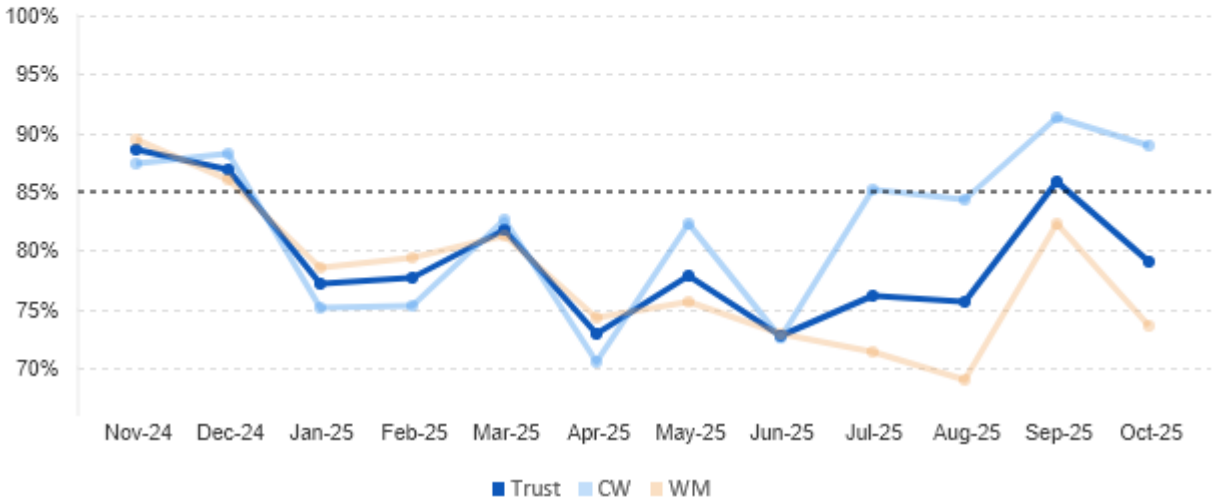
	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
28 Day Faster Diagnosis Standard (Target: >=77%)	CW	84.1%	83.1%	82.7%	79.8%	84.5%	82.7%
	WM	79.9%	79.8%	77.1%	77.2%	75.1%	78.3%
	Trust	81.0%	80.7%	78.6%	77.9%	78.9%	79.6%
2 Weeks from Referral to First Seen (All Urgent Referrals) (Target: >=96%)	CW	95.9%	88.0%	95.6%	97.3%	95.0%	94.5%
	WM	93.6%	95.8%	97.7%	95.9%	94.4%	96.1%
	Trust	94.5%	92.7%	96.8%	96.5%	94.6%	95.4%

Access to Cancer Care (Treatment)

Responsive – Operating Plan

Trend

62 Day GP Referral to First Treatment Combined



Narrative

The Trust saw significant improvement in its 62D uploaded and validated performance for September meeting the National KPI compliance of over 85%. This is in part due to the improvement work being seen within Urology with a reduction in breaches in month.

The current unvalidated position for October, is not compliant with the 85% standard with scapacity challenges and complexity within the pathways across Upper GI, Lower GI and Gynaecology. Urology, though non-compliant is still maintaining a higher level of performance showing the improvement work is sustainable and showing within the pathway.

The Trusts 31 Day position remains strong and above the National KPIs of 96% with an unvalidated October position of 97.7%.

In-Month Performance

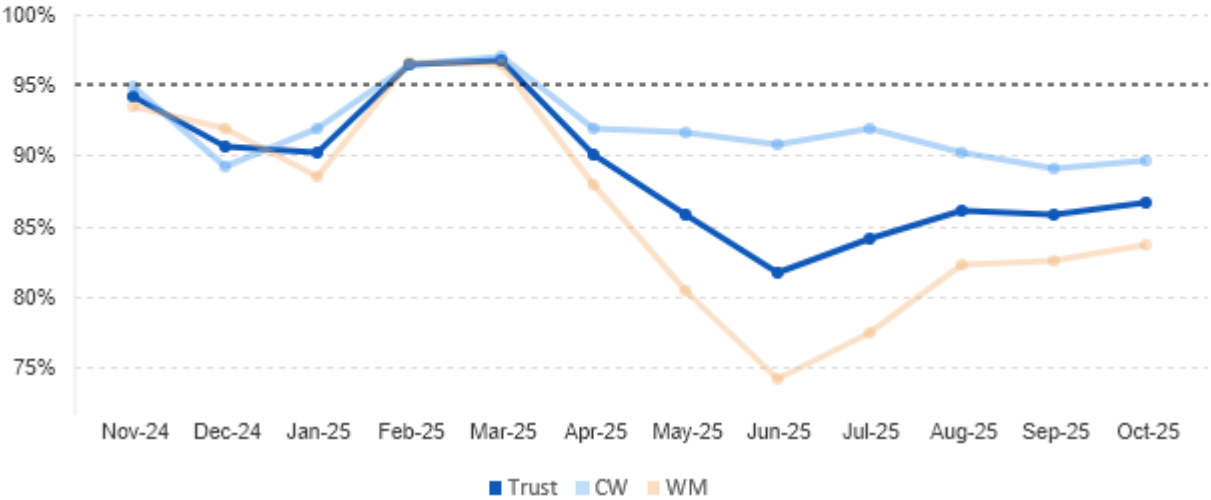
	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	88.9%	98.7%	
WM	73.5%	97.2%	
Trust	79.1%	97.8%	110

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	72.5%	85.2%	84.3%	91.2%	88.9%	82.0%
	WM	72.8%	71.4%	69.0%	82.3%	73.5%	74.2%
	Trust	72.7%	76.2%	75.5%	85.8%	79.1%	77.2%
31 Day Diagnosis to First or Subsequent Treatment (Target: >=96%)	CW	97.7%	98.6%	98.7%	97.4%	98.7%	97.9%
	WM	99.0%	100.0%	98.9%	97.3%	97.2%	98.6%
	Trust	98.4%	99.5%	98.8%	97.4%	97.8%	98.3%
62+ Day Backlog (Target: 100)	CW						
	WM						
	Trust	95	94	108	109	110	110

Trend

Diagnostic Waiting Times < 6 Weeks



Narrative

October’s performance is the highest since April 2025 at 86.62%. This represents a 0.79% improvement when compared to September. Areas under and over performing remain largely the same with endoscopy being the main modality influencing monthly variations. This is linked to the 2ww lists and the ability of adding routine patients to existing capacity.

Diagnostic physiology remains the main pressure point with echocardiography remaining the most challenged area. Radiology remains stable with over 95% performance mainly driven by CW site.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	89.7%	658	0
WM	83.7%	1,072	0
Trust	86.6%	1,730	0

Year-to-Date Performance

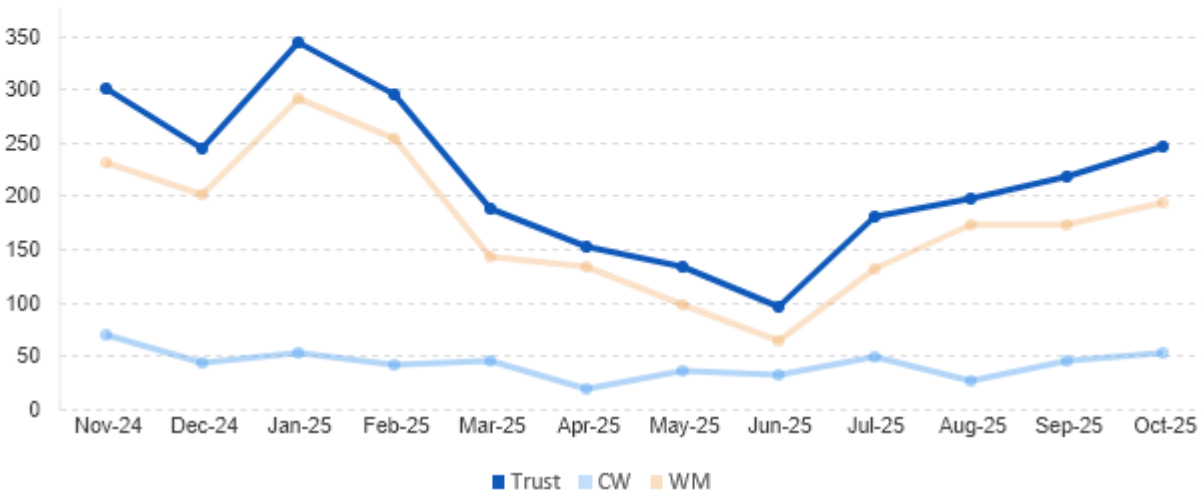
	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	90.8%	91.8%	90.2%	89.1%	89.7%	90.7%
	WM	74.2%	77.4%	82.3%	82.6%	83.7%	81.0%
	Trust	81.6%	84.1%	86.1%	85.8%	86.6%	85.7%
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	489	459	532	633	658	658
	WM	1,680	1,471	1,059	1,022	1,072	1,072
	Trust	2,169	1,930	1,591	1,655	1,730	1,730
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 3 60-minute LAS handover delays, with a slight deterioration against the 30-minute handover delays on the Chelsea site and the WestMiddlesex site with a medium handover of 16:47. 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	758	80.4	53	0
WM	1,078	165.3	193	3
Trust	1,836	245.7	246	3

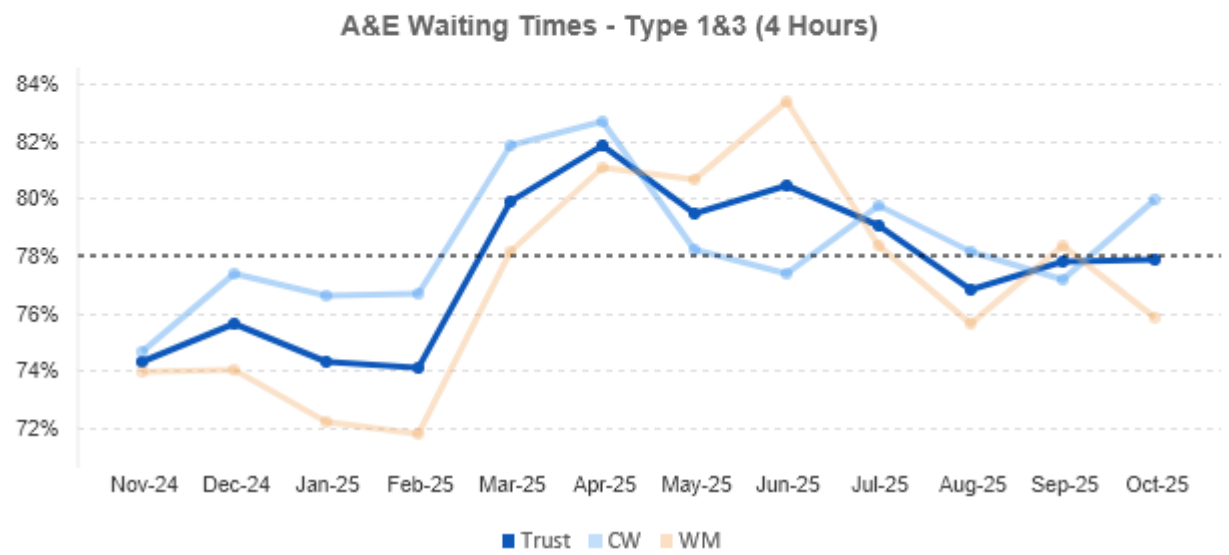
Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
LAS 15 Min Breach Performance	CW	707	805	734	764	758	5,223
	WM	772	924	924	993	1,078	6,505
	Trust	1,479	1,729	1,658	1,757	1,836	11,728
LAS Time Lost (Hrs)	CW	73.1	81.7	69.8	79.8	80.4	522.3
	WM	89.8	128.4	143.1	154.1	165.3	918.6
	Trust	162.9	210.1	212.9	233.9	245.7	1,440.9
LAS Handovers 30 Mins	CW	31	49	26	45	53	259
	WM	64	131	172	172	193	962
	Trust	95	180	198	217	246	1,221
LAS Handovers 60 Mins	CW	0	0	0	0	0	1
	WM	0	2	0	4	3	13
	Trust	0	2	0	4	3	14

Urgent & Emergency Department Waits

Safe/Responsive – Operating Plan

Trend



Narrative

Performance
Performance against the 4-hour standard in October 2025 was 77.8%. West Middlesex achieved 75.8% with 14,078 attendances and the Chelsea site 80% with 13,346 attendances.

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

Improvement
There has been an ongoing focus on A&E time to triage, in October, West Middlesex achieved an average time to triage of 7 minutes, at the Chelsea site 20 minutes. Ongoing focus on Type 3 performance on the Chelsea site, 83.6% in September to 87.5% in October, which was a 3.9% improvement in performance.

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	80.0%	2.3%	00:16	13,347	827	18
WM	75.8%	3.2%	00:07	14,077	892	27
Trust	77.8%	2.8%	00:11	27,424	1,719	45

Year-to-Date Performance

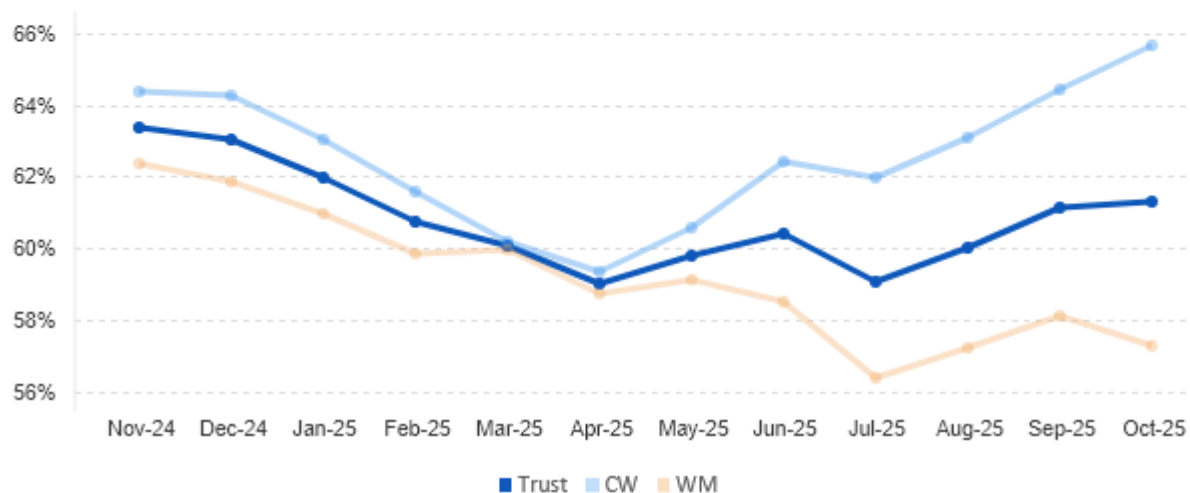
	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
A&E Waiting Times Type 1&3 (4 Hrs) Target: >78%)	CW	77.3%	79.8%	78.1%	77.1%	80.0%	79.0%
	WM	83.4%	78.4%	75.6%	78.4%	75.8%	79.0%
	Trust	80.4%	79.0%	76.8%	77.8%	77.8%	79.0%
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	1.7%	1.8%	1.2%	2.8%	2.3%	1.8%
	WM	1.1%	2.3%	3.2%	2.8%	3.2%	2.3%
	Trust	1.4%	2.1%	2.2%	2.8%	2.8%	2.1%
A&E Time to Triage (Target: 15mins)	CW	00:16	00:15	00:14	00:16	00:16	00:15
	WM	00:06	00:07	00:06	00:07	00:07	00:08
	Trust	00:11	00:10	00:10	00:11	00:11	00:11
Total Attendances Type 1&3	CW	13,151	12,694	11,874	12,814	13,347	89,486
	WM	13,537	13,902	12,803	13,453	14,077	95,068
	Trust	26,688	26,596	24,677	26,267	27,424	184,554
Referrals to SDEC (Target as Per Op Plan)	CW	702	757	691	784	827	5,131
	WM	923	959	841	898	892	6,424
	Trust	1,625	1,716	1,532	1,682	1,719	11,555

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 61.3%, above ahead of our revised NHSE trajectory of 59.5%.

The number of patients waiting over 52ww reduced from 1745 to 1669 however, the 65ww is at 81 which was an increase from 62 in September .

Enhanced assurance is in place for at-risk areas with routine monitoring of RTT backlogs. ERF cap within the current year's operating plans, which is leading to reduced activity levels and consequently fewer clock-stop.

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.

Risk : Potential further Industrial action, reduced WLI activity 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	65.7%	69.4%	1.8%	666	34
WM	57.3%	43.7%	2.5%	1,003	47
Trust	61.3%	56.0%	2.2%	1,669	81

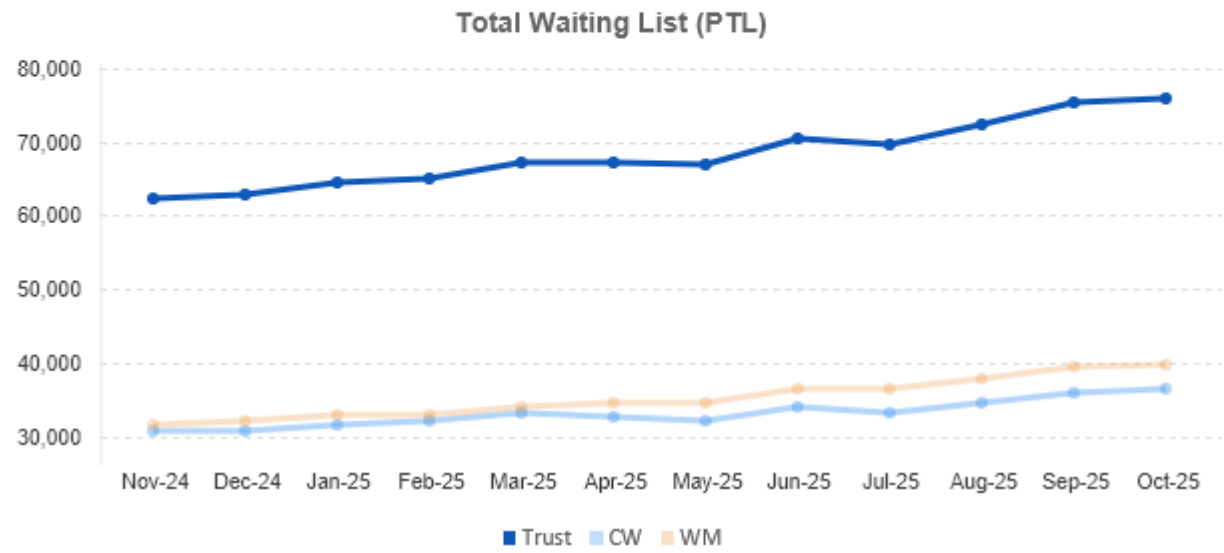
Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
18 Week RTT Incompletes (Target: >60%)	CW	62.4%	62.0%	63.1%	64.4%	65.7%	65.7%
	WM	58.5%	56.4%	57.2%	58.1%	57.3%	57.3%
	Trust	60.4%	59.0%	60.0%	61.1%	61.3%	61.3%
18 Week RTT Incompletes Paeds	CW	72.0%	70.0%	69.5%	70.6%	69.4%	69.4%
	WM	52.7%	48.6%	46.8%	45.0%	43.7%	43.7%
	Trust	61.3%	57.9%	57.0%	56.9%	56.0%	56.0%
52 Week RTT Incompletes (Target: <1%)	CW	1.3%	1.4%	1.6%	2.0%	1.8%	1.8%
	WM	1.7%	2.1%	2.1%	2.6%	2.5%	2.5%
	Trust	1.5%	1.8%	1.8%	2.3%	2.2%	2.2%
52 Week Waiters	CW	432	466	540	700	666	666
	WM	606	771	797	1,045	1,003	1,003
	Trust	1,038	1,237	1,337	1,745	1,669	1,669
65 Week Waiters	CW	8	6	23	29	34	34
	WM	3	7	16	33	47	47
	Trust	11	13	39	62	81	81

Referral to Treatment Waits

Responsive – Operating Plan

Trend



Narrative

Performance: In Month 7 the total RTT Patient Treatment List (PTL) was reported as 75,966. Whilst still growing we have seen a deceleration across October. The focus remains on ensuring fewer patients area waiting 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/outourcing 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	36,369	5,479	66.2%	5.6
WM	39,597	5,966	57.2%	6.5
Trust	75,966	11,445	61.3%	6.1

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Total Waiting List (PTL)	CW	33,960	33,115	34,454	35,789	36,369	36,369
	WM	36,363	36,372	37,873	39,501	39,597	39,597
	Trust	70,323	69,487	72,327	75,290	75,966	75,966
Total Waiting List (PTL) Paeds	CW	4,611	4,472	4,764	5,220	5,479	5,479
	WM	5,727	5,832	5,853	6,008	5,966	5,966
	Trust	10,338	10,304	10,617	11,228	11,445	11,445
Patients Waiting < 18 Weeks for First Appointment	CW	67.6%	66.3%	65.3%	65.1%	66.2%	66.2%
	WM	61.9%	58.6%	58.5%	58.4%	57.2%	57.2%
	Trust	64.5%	62.1%	61.6%	61.4%	61.3%	61.3%
RTT Clearance Time: Size of Waiting List	CW	6.4	5.3	6.9	6.1	5.6	5.6
	WM	7.3	6.3	8.0	7.2	6.5	6.5
	Trust	6.8	5.8	7.4	6.7	6.1	6.1



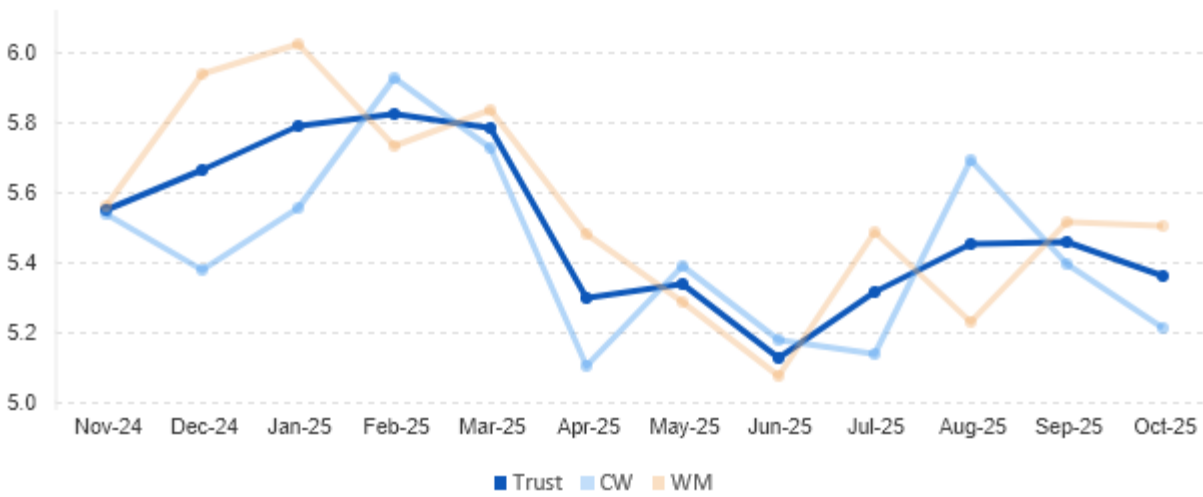
Operating Plan and Capacity

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 >7 and >21 days have increased. Continued focus through long length of stay, the Trust Flow Board and Stage 3 escalation meetings with community partners.

For the fourth consecutive month Critical Care occupancy continues to track above the recommended 85%, with CWH site at 90.3% and WM at 119.4%. 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.

In-Month Performance

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy
CW	2.9	5.2	514	131	90.0%
WM	2.7	5.5	598	144	119.4%
Trust	2.9	5.4	1,112	275	103.9%

Year-to-Date Performance

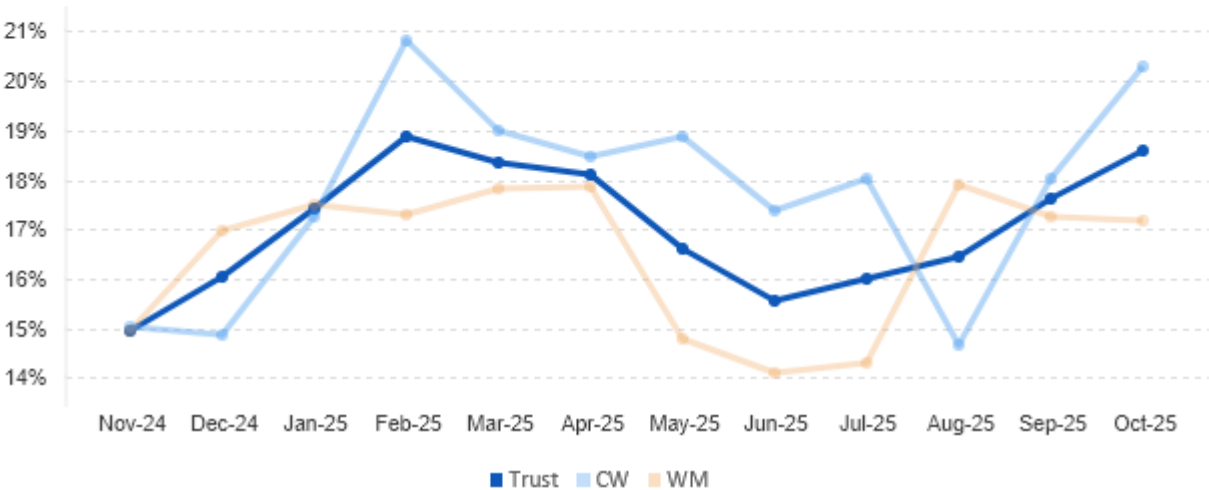
	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Elective LoS (Target: <2.9)	CW	2.7	2.5	3.0	2.7	2.9	2.9
	WM	2.9	2.8	2.0	2.1	2.7	2.5
	Trust	2.7	2.6	2.7	2.5	2.9	2.8
Non-Elective LoS (Target: <3.95)	CW	5.2	5.1	5.7	5.4	5.2	5.3
	WM	5.1	5.5	5.2	5.5	5.5	5.4
	Trust	5.1	5.3	5.5	5.5	5.4	5.3
Non-Elective Long Stays (>=7 days)	CW	416	427	432	471	514	3,135
	WM	484	511	526	560	598	3,747
	Trust	900	938	958	1,031	1,112	6,882
Non-Elective Long Stays (>=21 Days)	CW	121	101	121	115	131	817
	WM	110	132	136	144	144	942
	Trust	231	233	257	259	275	1,759
Critical Care Occupancy (Target: <85%)	CW	68.3%	86.8%	96.8%	85.0%	90.0%	81.5%
	WM	98.1%	93.9%	107.2%	111.1%	119.4%	102.4%
	Trust	82.5%	90.2%	101.7%	97.4%	103.9%	91.5%

Flow & Discharge – Discharges

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	20.3%	16.0%	88.6%	11.4%	4.1%
WM	17.2%	15.0%	86.0%	14.0%	6.4%
Trust	18.6%	15.5%	87.2%	12.8%	5.2%

Year-to-Date Performance

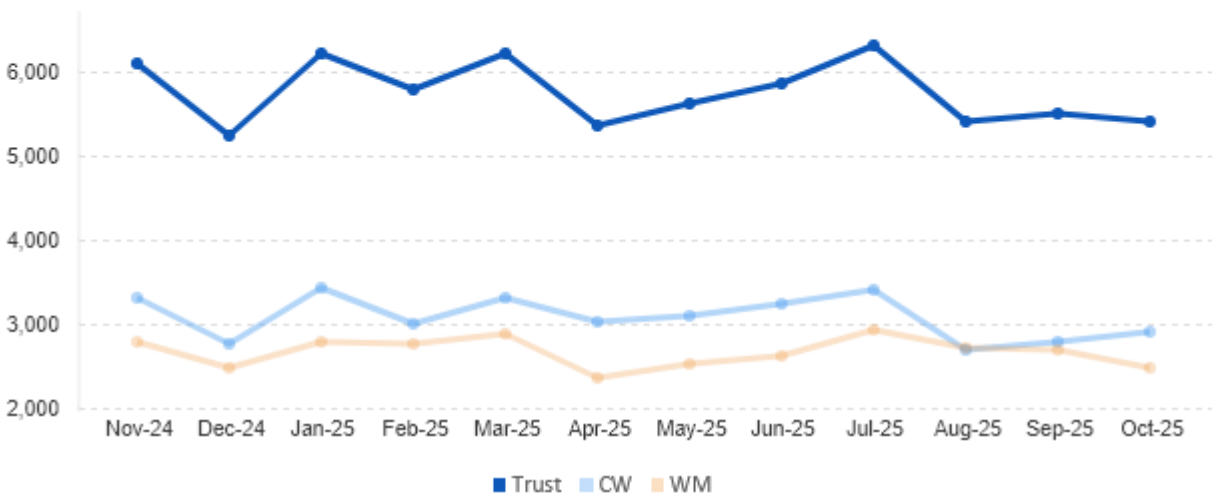
	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Patient Not Meeting CTR Daily Average	CW	17.4%	18.0%	14.6%	18.0%	20.3%	18.0%
	WM	14.1%	14.3%	17.9%	17.2%	17.2%	16.2%
	Trust	15.5%	16.0%	16.4%	17.6%	18.6%	17.0%
Discharges Before 12	CW	13%	13%	14%	14%	16%	14%
	WM	13%	14%	13%	12%	15%	14%
	Trust	13%	13%	13%	13%	15%	14%
Discharge Date Same as Discharge Ready Date	CW	89.9%	89.8%	89.7%	89.0%	88.6%	89.2%
	WM	87.5%	87.3%	85.7%	86.2%	86.0%	86.2%
	Trust	88.7%	88.5%	87.6%	87.6%	87.2%	87.6%
Discharge Date After Discharge Ready Date	CW	10.1%	10.2%	10.3%	11.0%	11.4%	n/a
	WM	12.5%	12.7%	14.3%	13.8%	14.0%	n/a
	Trust	11.3%	11.5%	12.4%	12.4%	12.8%	n/a
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	4.9%	5.1%	5.1%	4.5%	4.1%	4.8%
	WM	6.5%	4.9%	6.4%	5.8%	6.4%	6.1%
	Trust	5.7%	5.0%	5.8%	5.2%	5.2%	5.4%

Operating Plan Performance

Responsive – Operating Plan

Trend

Elective Day Case



Narrative

The Trust continues to meet its Operating plans for elective activity despite the planned reduction in activity 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.

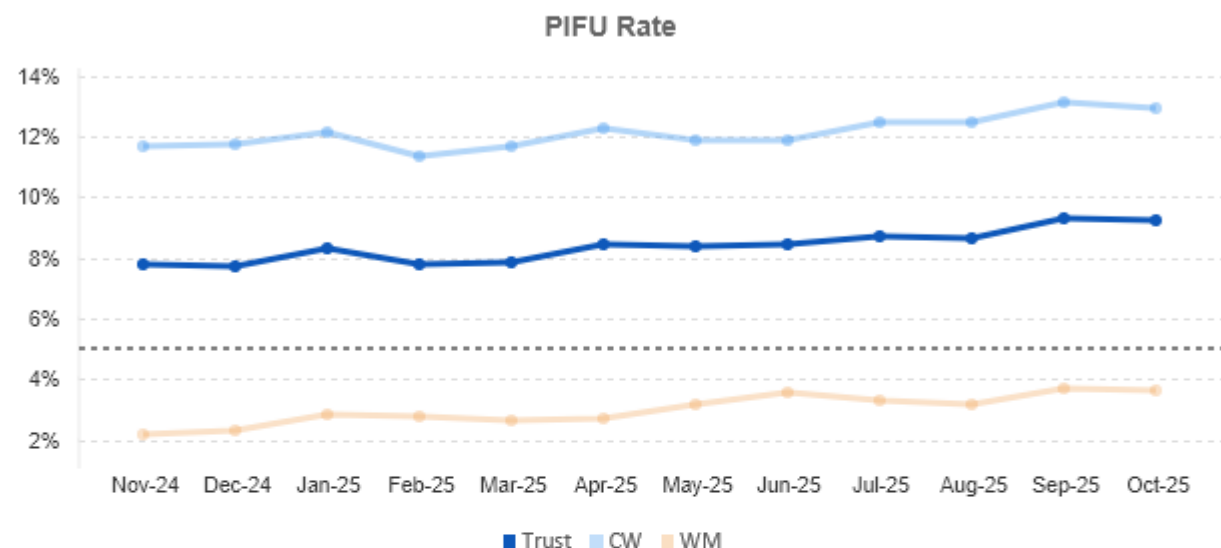
In-Month Performance

	Elective Day Cases	Elective Ordinary Admissions	OP Procedures	OP First Attendance Without Procedure	OP FUP Attendance Without Procedure
CW	2,906	463	5,554	11,529	20,326
WM	2,485	202	3,313	9,416	10,739
Trust	5,391	665	8,867	20,945	31,065

Year-to-Date Performance

	Site	Jul-25	Aug-25	Sep-25	Oct-25	Plan YTD	2025-2026
Elective Day Cases	CW	3,391	2,695	2,793	2,906	20,584	21,117
	WM	2,915	2,709	2,691	2,485	18,645	18,296
	Trust	6,306	5,404	5,484	5,391	39,228	39,413
Elective Ordinary Admissions	CW	418	409	422	463	2,639	2,892
	WM	208	230	214	202	1,038	1,376
	Trust	626	639	636	665	3,677	4,268
OP Procedures	CW	5,734	4,846	5,235	5,554	32,511	37,157
	WM	3,453	2,931	3,332	3,313	20,925	22,518
	Trust	9,187	7,777	8,567	8,867	53,436	59,675
OP First Attendance Without Procedure	CW	10,565	8,573	10,727	11,529	73,947	70,337
	WM	9,072	7,509	8,817	9,416	57,762	58,734
	Trust	19,637	16,082	19,544	20,945	131,708	129,071
OP FUP Attendance Without Procedure	CW	19,270	15,620	18,886	20,326	118,179	127,820
	WM	10,903	8,952	10,664	10,739	83,224	73,039
	Trust	30,173	24,572	29,550	31,065	201,403	200,859

Trend



Narrative

PIFU was static in October, although our 9.3% of patients moved to PIFU pathways is a strong performance overall. This continues to be a key indicator to enable a shift in our new-to-follow up ratio, and there remains scope for improvement at WMUH in particular.

October's **DNA rates** were also very much in line with September, with a very slight improvement overall. Both new and follow ups saw gains at the Chelsea site cancelled out 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	13.0%	10.5%	8.0%	4,707
WM	3.7%	11.2%	7.3%	4,182
Trust	9.2%	10.8%	7.8%	8,889

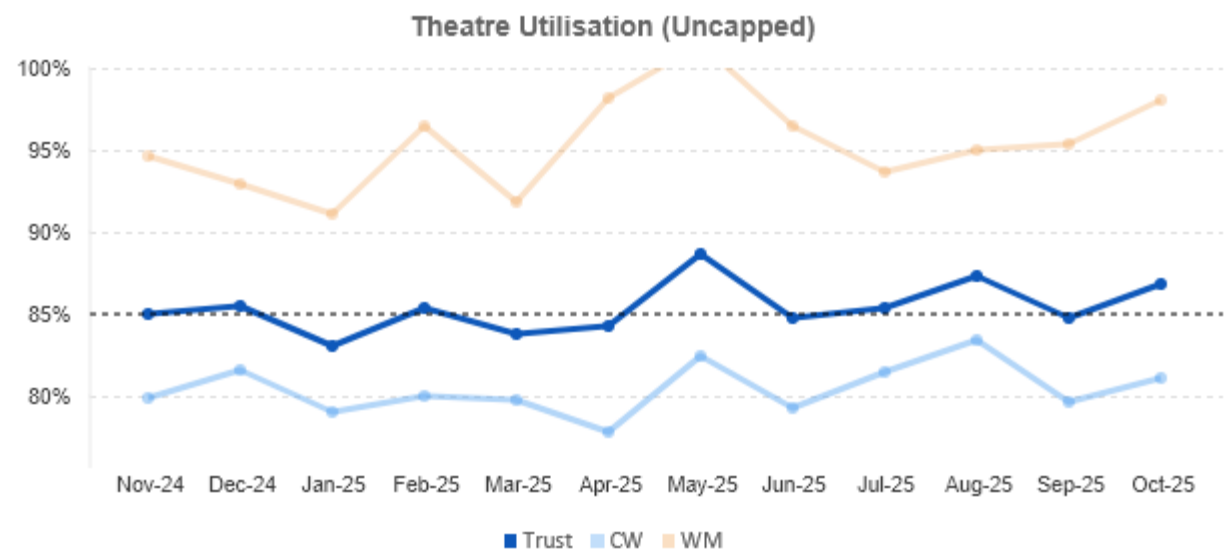
Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
PIFU Rate (Target: 5%)	CW	11.9%	12.4%	12.5%	13.2%	13.0%	12.5%
	WM	3.5%	3.3%	3.1%	3.7%	3.7%	3.3%
	Trust	8.4%	8.7%	8.6%	9.3%	9.2%	8.7%
DNA Rates - First Appointment	CW	11.1%	10.7%	10.6%	11.0%	10.5%	10.7%
	WM	9.8%	10.0%	10.9%	10.4%	11.2%	10.3%
	Trust	10.5%	10.3%	10.8%	10.7%	10.8%	10.5%
DNA Rates - Follow Up Appointment	CW	8.9%	8.8%	8.6%	8.7%	8.0%	8.5%
	WM	7.1%	7.5%	6.8%	6.8%	7.3%	7.1%
	Trust	8.2%	8.3%	7.9%	7.9%	7.8%	8.0%
Virtual Contacts	CW	4,142	4,460	3,620	4,268	4,707	29,602
	WM	3,863	4,163	3,461	3,964	4,182	26,740
	Trust	8,005	8,623	7,081	8,232	8,889	56,342

Theatre Utilisation

Responsive

Trend



Narrative

Trust-Wide utilisation saw an increase in October 2025, at 86.8%. This was driven by a decrease at the CW site, in both the Day Surgery Unit, and Paediatric theatres due to an increase in cancellations on the day (largely patient unwell and DNA). Theatre utilisation remains significantly above the 85% target at 98% on the West Middlesex site. Focused work is being down in the Paediatric and DSU theatres through the Theatres Improvement Programme, with a focus on consultant productivity data to drive improvement.

Day case rates remained static in October at 88.2%. Both sites remain well above the 85%target.

OTD cancellations there were one patient cancelled on the day for non-clinical reasons and rebooked outside of 28 days, meaning the YTD total now stands at 15 in 25/26. The on the day cancellation rate remains a focus on improvement work streams, and working closely with operational teams to identify capacity to rebook.

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	86.6%	0.4%	0	81.0%
WM	90.8%	0.7%	1	98.0%
Trust	87.8%	0.5%	1	86.8%

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	85.5%	89.6%	85.7%	87.7%	86.6%	86.5%
	WM	83.5%	85.8%	80.3%	88.9%	90.8%	86.6%
	Trust	84.9%	88.5%	83.7%	88.1%	87.8%	86.5%
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	0.6%	0.9%	0.5%	0.8%	0.4%	0.6%
	WM	0.5%	0.5%	0.4%	0.4%	0.7%	0.5%
	Trust	0.5%	0.7%	0.5%	0.6%	0.5%	0.6%
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	3	2	0	1	0	9
	WM	0	1	0	0	1	6
	Trust	3	3	0	1	1	15
Theatre Utilisation (Uncapped) (Target: >85%)	CW	79.3%	81.4%	83.4%	79.7%	81.0%	80.7%
	WM	96.5%	93.7%	95.0%	95.3%	98.0%	96.8%
	Trust	84.7%	85.4%	87.3%	84.8%	86.8%	85.9%

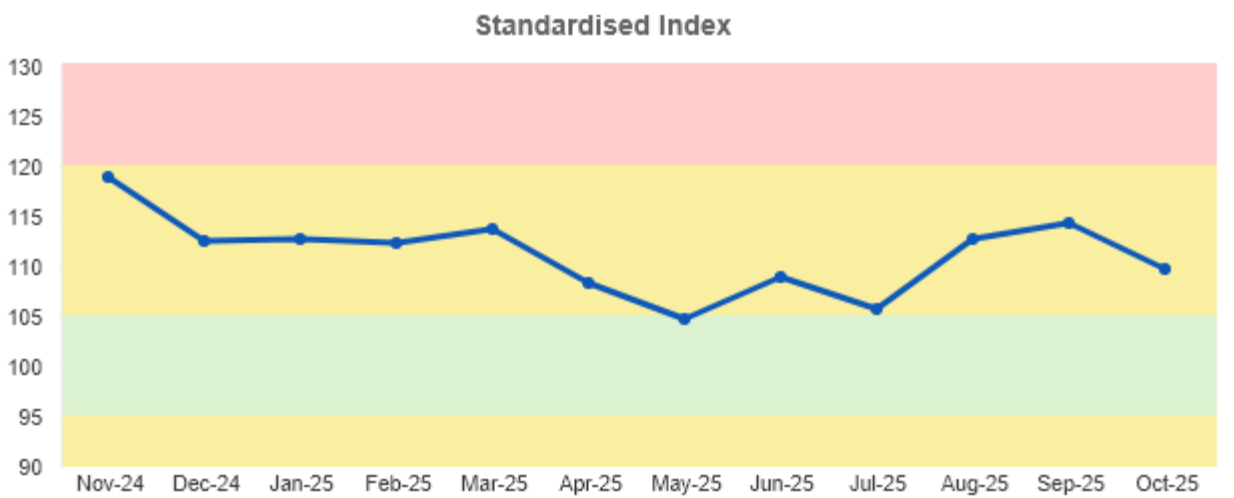


Equality, Diversity and Inclusion

Inequity-RTT Waiting Times

Equality, Diversity and Inclusion

Trend



Narrative

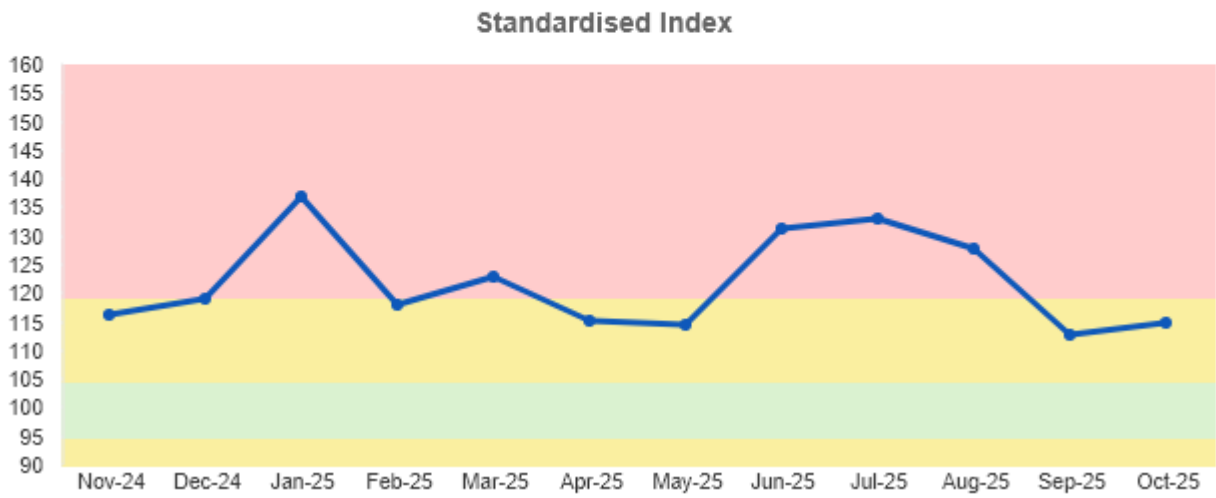
In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	110	9.4%	8.6%	799	5,672

Year-to-Date Performance

Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Standardised Index	109	106	113	114	110	109
Proportion IMDQ1	9.4%	9.6%	10.3%	11.0%	9.4%	9.7%
Proportion IMDQ2-5	8.6%	9.1%	9.1%	9.6%	8.6%	8.9%
IMDQ1 >40wk	744	761	839	922	799	5,430
IMDQ2 - 5 > 40wk	5,236	5,441	5,709	6,258	5,672	38,142

Trend



Narrative

In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	115	15.1%	13.2%	389	3,299

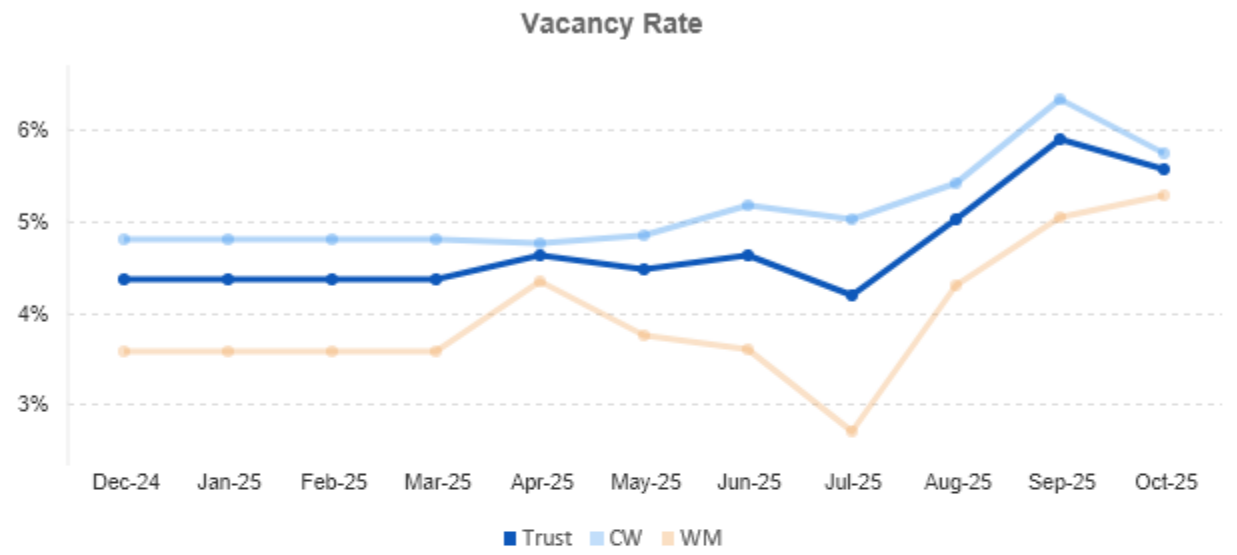
Year-to-Date Performance

Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Standardised Index	131	133	128	113	115	119
Proportion IMDQ1	13.3%	13.2%	15.8%	14.8%	15.1%	13.5%
Proportion IMDQ2-5	10.1%	10.0%	12.4%	13.1%	13.2%	11.3%
IMDQ1 >40wk	385	411	326	363	389	2,519
IMDQ2 - 5 >40wk	2,260	2,375	2,476	3,099	3,299	17,781



Workforce

Trend



Narrative

The Trust's Month 07 position was within the operating plan target level for total staffing (8 WTE / 0.1%). Substantive and agency staffing continue to be within the operating plan target however; bank staffing exceed the target for the fourth consecutive month (133.9 WTE / 24%). EIC and PCD 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 spend. It is notable that Trust YTD remains within target spend.
The vacancy (5.58%) and voluntary turnover rates (8.28%) 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 (0.11%) with pressure in CSD and SCD which are above 5% for in-month sickness. CSD 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.

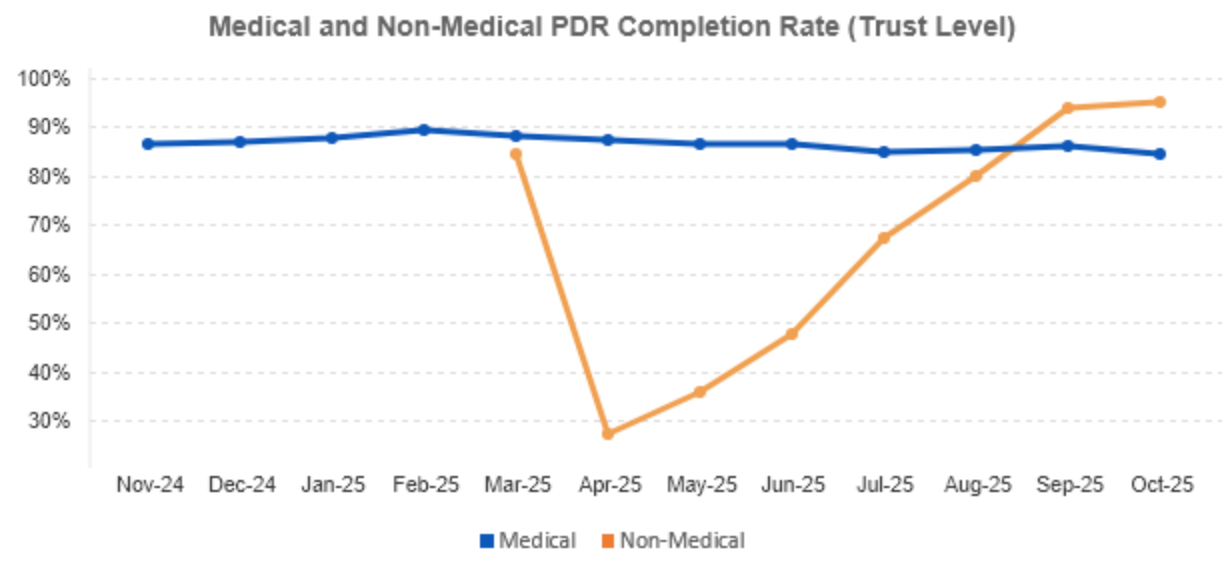
In-Month Performance

Table with 6 columns: Metric, Vacancy Rate, Voluntary Turnover, Sickness Absence, Agency Usage, Bank Usage. Rows include CW, WM, and Trust totals.

Year-to-Date Performance

Table with 8 columns: Metric, Site, Jun-25, Jul-25, Aug-25, Sep-25, Oct-25, 2025-2026. Rows include Vacancy Rate, Voluntary Turnover, Sickness Absence, % Agency Usage, and % Bank Usage for CW, WM, and Trust.

Trend



Narrative

The introduction of a PDR window has been a success with the PDR rate for Month 07 being 95.1%.

EIC (95.76%) and CSD (96.38%) have the highest rates across the divisions. In addition, the staff groups excluding Medical have exceed the target with Qualified Nursing (96.34%) and AHPs (94.18%) 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%	90.8%
WM	-	95.9%	92.4%
Trust	84.3%	95.1%	91.4%

Year-to-Date Performance

	Site	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2025-2026
Medical PDR Completion Rate (Trust Only)	CW						
	WM						
	Trust	86.5%	84.9%	85.2%	86.1%	84.3%	84.3%
Non-Medical PDR Completion Rate	CW	46.0%	64.1%	77.9%	93.1%	94.6%	94.6%
	WM	50.9%	72.4%	84.1%	95.3%	95.9%	95.9%
	Trust	47.7%	67.0%	80.0%	93.9%	95.1%	95.1%
Core Skills Completion Rate	CW	92.0%	92.1%	92.2%	90.9%	90.8%	90.8%
	WM	93.4%	93.8%	93.6%	92.8%	92.4%	92.4%
	Trust	92.5%	92.8%	92.7%	91.6%	91.4%	91.4%

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 presure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
																		1 & 2		3, 4 & nonstage									
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M
Maternity	93%	94%	99%	92%	6.4	2.0	0.0	0.0	8.40	12.79	-9.21%	6.70%	10.97%	0	2	0	0	0	0	0	0	5	81	0	0	10	73	95.51%	
Annie Zunz	102%	100%	100%	100%	6.4	2.5	0.0	0.0	8.90	8.73	0.02%	8.00%	0.00%	1	11	0	0	0	0	0	0	0	9	0	0	1	4	95.71%	
Apollo	107%	\	103%	\	22.0	0.0	0.0	0.0	22.00	N/A	-1.77%	3.42%	0.00%	0	0	0	0	1	0	0	0	1	23	0	0	0	2		
Mercury	100%	\	98%	\	9.1	0.0	0.0	0.0	9.10	9.94	7.70%	13.25%	0.00%	0	3	0	0	0	0	0	0	7	84	0	0	0	4	100.00%	
Neptune	110%	\	116%	\	11.7	0.0	0.0	0.0	11.70	13.06	13.03%	11.16%	0.00%	0	1	0	0	0	0	0	0	1	33	0	0	0	2	96.55%	
NICU	94%	\	95%	\	12.9	0.0	0.0	0.2	13.10	26.91	-19.54%	6.59%	0.00%	0	0	0	0	0	0	0	0	5	78	0	0	0	5	100.00%	
AAU	104%	99%	98%	113%	6.3	1.8	0.0	0.0	8.10	8.4	5.89%	2.86%	24.42%	10	112	0	2	1	2	0	0	9	85	0	0	1	26	94.44%	
Nell Gwynne	96%	91%	100%	122%	3.7	4.3	0.0	0.1	8.10	7.82	1.26%	4.80%	11.16%	3	53	0	1	0	1	0	1	2	12	0	0	1	8	88.89%	
David Erskine	100%	90%	124%	121%	3.7	2.9	0.0	0.2	6.90	7.14	0.63%	8.47%	11.04%	4	52	0	1	1	0	0	0	6	32	0	0	0	3	100.00%	
Edgar Horne	129%	98%	133%	128%	4.3	3.4	0.0	0.0	7.60	6.78	2.31%	4.88%	5.88%	1	67	0	3	0	2	0	0	3	25	0	0	4	19	80.00%	
Lord Wigram	71%	62%	93%	91%	3.7	2.0	0.3	0.3	6.30	7.81	19.97%	4.56%	21.77%	1	32	0	1	0	3	0	1	1	30	0	0	1	5	100.00%	1
St Mary Abbots	102%	94%	97%	94%	4.0	2.5	0.0	0.0	6.50	7.55	32.71%	11.31%	38.70%	1	33	0	1	0	1	0	1	7	38	0	1	2	16	86.05%	7
David Evans	79%	63%	82%	94%	4.4	2.4	0.0	0.2	7.00	7.55	3.13%	0.00%	0.00%	1	22	0	1	0	0	0	0	4	21	1	0	0	17	93.24%	
Chelsea Wing	143%	106%	100%	85%	10.5	5.2	0.0	0.0	15.80	7.55	9.34%	6.02%	14.61%	0	8	1	0	0	0	0	0	1	19	0	0	1	6		
Burns Unit	119%	100%	199%	100%	31.0	4.0	1.0	0.0	36.00	N/A	7.97%	7.40%	0.00%	0	8	0	0	0	0	0	0	1	11	0	0	0	5	100.00%	
Ron Johnson	96%	100%	100%	100%	4.4	2.4	0.0	0.0	6.80	5.51	7.66%	5.96%	11.11%	3	47	0	0	1	2	0	0	4	34	0	0	1	4	100.00%	
ICU	101%	\	102%	\	24.2	0.0	1.0	0.0	25.20	26.91	3.53%	8.27%	22.22%	1	6	0	0	0	5	0	0	3	46	0	0	0	5		
Rainsford Mowlem	101%	80%	84%	93%	3.3	3.0	0.1	0.0	6.50	7.5	0.81%	6.41%	8.21%	2	67	0	1	0	3	0	0	1	48	0	1	1	18	100.00%	
Nightingale	99%	102%	99%	141%	3.4	3.9	0.0	0.0	7.30	7.5	19.06%	0.00%	6.49%	1	83	0	1	0	2	0	0	4	25	0	0	2	6	75.00%	
Emergency Department	100%	93%	108%	105%	-	-	-	-	-	N/A	4.64%	8.20%	7.97%	6	55	0	1	0	0	0	0	12	79	0	0	22	167	90.39%	
DSU	80%	56%	102%	60%	-	-	-	-	-	N/A	15.63%	4.82%	0.00%	1	2	0	0	0	0	0	0	1	15	0	0	3	11	93.48%	
Theatres	95%	90%	100%	100%	-	-	-	-	-	N/A	-28.43%	6.02%	24.40%	0	0	0	0	0	0	0	0	1	7	0	0	1	8		
OPD	78%	86%	-	-	-	-	-	-	-	N/A	4.00%	0.00%	0.00%	1	4	0	1	0	0	0	0	1	14	0	0	24	324	92.02%	
Averages /Totals	100%	89%	106%	102%	9.2	2.2	0.1	0.1	11.6		4.36%	6.05%	9.52%	37	668	1	14	4	21	0	3	80	849	1	2	75	738	93.75%	8

Safe Staffing & Patient Quality Indicators – West Middlesex



	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
																		1 & 2		3, 4 & nonstage									
	RN	HCA	RN	HCA									M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M			
Lampton FU	111%	76%	119%	93%	3.5	2.7	0.0	0.0	6.10	7.5	8.30%	0.00%	6.16%	3	59	0	1	6	12	0	3	3	32	0	0	1	11	96.43%	
Richmond	105%	37%	97%	63%	4.0	1.7	0.0	0.2	5.90	7.55	9.71%	0.00%	17.51%	1	19	0	1	0	1	0	0	0	17	0	0	1	15	94.12%	1
Syon 1 cardiology	100%	103%	104%	117%	4.3	2.1	0.0	0.1	6.50	7.93	5.42%	0.00%	36.66%	2	37	1	0	0	1	0	1	3	19	0	0	2	13	93.33%	
Syon 2	101%	91%	98%	99%	3.5	3.1	0.3	0.0	6.80	7.14	0.92%	4.28%	0.00%	9	44	0	0	0	4	0	2	6	49	0	1	4	17	89.66%	
Starlight	116%	\	102%	\	9.4	0.0	0.0	0.0	9.40	13.06	30.90%	16.01%	200.00%	0	3	0	0	0	1	0	0	1	30	0	0	0	7	100.00%	
Kew (Lampton)	107%	112%	113%	156%	3.5	3.6	0.0	0.1	7.20	7.5	8.92%	5.34%	0.00%	3	44	0	0	0	3	0	1	3	27	0	0	1	10	100.00%	
DRU (Crane)	93%	81%	100%	68%	3.0	3.1	0.0	0.2	6.20	7.5	2.91%	0.00%	15.93%	3	54	0	0	0	1	0	1	1	38	0	0	3	14	100.00%	
Osterley 1	102%	83%	105%	115%	3.9	2.3	0.0	0.0	6.30	7.81	6.51%	0.00%	15.95%	1	56	0	0	4	14	0	1	5	55	0	0	4	23	97.14%	
Osterley 2	100%	87%	98%	101%	3.6	2.7	0.2	0.0	6.50	7.55	5.20%	2.66%	0.00%	5	27	0	0	0	1	0	0	0	37	0	0	1	20	100.00%	
MAU	102%	79%	109%	107%	6.3	2.4	0.0	0.0	8.60	8.4	9.59%	1.55%	0.00%	14	96	0	0	2	8	0	0	5	85	0	0	1	26	93.58%	
Maternity	98%	85%	107%	93%	7.0	1.8	0.0	0.0	8.80	12.79	-4.53%	5.30%	0.00%	0	1	0	0	0	0	0	0	2	39	0	0	3	22	89.70%	
Special Care Baby Unit	102%	\	95%	\	8.3	0.0	0.0	0.0	8.30	13.06	-0.29%	7.45%	10.88%	0	0	0	0	0	0	0	0	0	24	0	0	1	2		
Marble Hill 1	118%	88%	130%	100%	4.4	2.4	0.1	0.0	6.80	6.8	-3.82%	7.33%	11.09%	7	68	0	0	0	4	0	0	2	130	0	0	2	16	92.31%	1
Marble Hill 2	111%	119%	116%	151%	3.3	3.5	0.2	0.0	7.00	6.78	5.87%	0.00%	10.45%	5	60	0	0	2	3	0	1	3	39	0	0	2	14	100.00%	
ITU	93%	\	92%	\	24.2	0.0	0.0	0.0	24.20	26.91	0.24%	10.32%	33.33%	1	2	0	0	2	10	0	0	4	58	0	0	1	6		
Redlees (Kew)	108%	100%	100%	83%	3.8	2.9	0.2	0.5	7.40	7.82	-0.15%	4.74%	0.00%	4	46	0	0	0	0	0	0	0	18	0	0	0	4	100.00%	
Emergency Department	99%	100%	111%	80%	-	-	-	-	-	N/A	12.06%	9.26%	0.00%	4	43	0	0	0	0	0	0	5	47	0	1	17	119	78.00%	
DSU	95%	109%	-	-	-	-	-	-	-	N/A	-13.64%	0.00%	0.00%	1	7	0	1	0	0	0	0	0	4	0	0	2	17	93.48%	
Theatres	94%	79%	100%	100%	-	-	-	-	-	N/A	6.21%	4.75%	5.38%	0	0	0	0	0	0	0	0	2	7	0	0	0	7		
OPD	95%	85%	-	-	-	-	-	-	-	N/A	3.38%	14.52%	12.91%	1	4	0	0	0	0	0	0	0	14	0	0	54	381	91.09%	
Averages /Totals	102%	89%	105%	102%	6.0	2.1	0.1	0.1	8.3		4.69%	4.67%	18.81%	64	670	1	3	16	63	0	10	45	769	0	2	100	744	94.64%	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 nurse staffing meetings continue to deploy staff as required in order to maintain patient safety.

West Middlesex site:

Kew, Marble Hill 1 & 2 all had increased HCA fill rates to support enhanced observation for patients requiring mental health supervision. AMU and Lampton Frailty Unit had low daytime HCA fill rates due to sickness and an inability to secure bank cover. DRU Ward had lower HCA fill rates day and night attributed to reduced patient acuity and changes to the staffing template. Richmond Ward reported low HCA fill rates due to staff sickness and a lack of bank cover. To maintain safe staffing levels, supernumerary staff and the ward manager supported the provision of clinical care. Theatres had low HCSW fill during the day due to sickness and inability to cover with bank staff.

Chelsea and Westminster site:

Chelsea Wing saw increased RN fill rates on days due to staff on long term sickness. Nell Gwynne and David Erskine had higher HCA fill rates at night to support enhanced observation for patients who were confused and at risk of falls. Additionally, David Erskine had increased RN fill rates at night to support patients requiring tracheostomy care. Edgar Horne and Nightingale had increased RMN and/or HCA fill rates to provide enhanced observations for patients requiring mental health supervision and those at risk of falls due to confusion. Rainsford Mowlem had reduced RN fill rates at night and reduced HCA fill rate during the day due to bed closures. Staff were redeployed to support other areas. Lord Wigram experienced low RN and HCA fill rates during the day due to staff sickness and inability to fill with bank cover. Staff were redeployed from other units to support area. Fill rates for both RN and HCA were reduced on David Evans Ward both day and night due to reduced elective activity, staff were redeployed to other planned care areas. The Burns Unit had increased RN fill rates at night due to the acuity in Burns ITU and sickness in the unit. Outpatient Department (OPD) RN 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 RN and HCA fill rates (day and night) due to changes in the staffing template. Patient care and safety was maintained throughout.

Incidents:

In September there were three incidents with harm reported. The patient on Chelsea Wing sustained an unwitnessed fall and reported a headache during post fall examination. They were assessed in accordance with the falls protocol and later transferred to the Intensive Care Unit (ICU) for further management. A patient sustained an unwitnessed fall on Syon 1 ward, resulting in a laceration to the right elbow. The patient was assessed in line with the falls protocol. An Initial Incident Review (IIR) was completed following the incident. A medication error occurred involving the incorrect dilution of an infusion prescribed for an elective patient on David Evans. This resulted in the administration of an incorrect dosage and a delay to the patient's planned theatre session.

The Friends and Family Test showed six wards at WM and seven wards at CW scoring 100%. FFT response rates on Nightingale were below average at 75%, due to limited staff engagement and many patients being unable to complete forms independently. No themes were identified in the feedback. The issue was raised during Feedback Fridays, and staff are now actively distributing FFTs to improve uptake. The Emergency department at WM scored 78% with feedback regarding the waiting times in the department.

Please note all incident figures are correct at time of extraction from DATIX. There were ten red flags raised in September, two at the WM site and eight at CW. All were related to staffing shortfalls and inability to assess patient's vitals. The vacancy rate and turnover are from September 2025.

Nursing, Midwifery and care staff average fill rate September 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
101.99% ↑	94.94% ↑	6.0 ↓	2.4 ↔	8.3 ↓

RN/M Fill Rates (ward areas) increased from 99.80% in August 2025 to 101.99% in September 025. The RN vacancy rate (whole trust) August 2025 was 2.92%

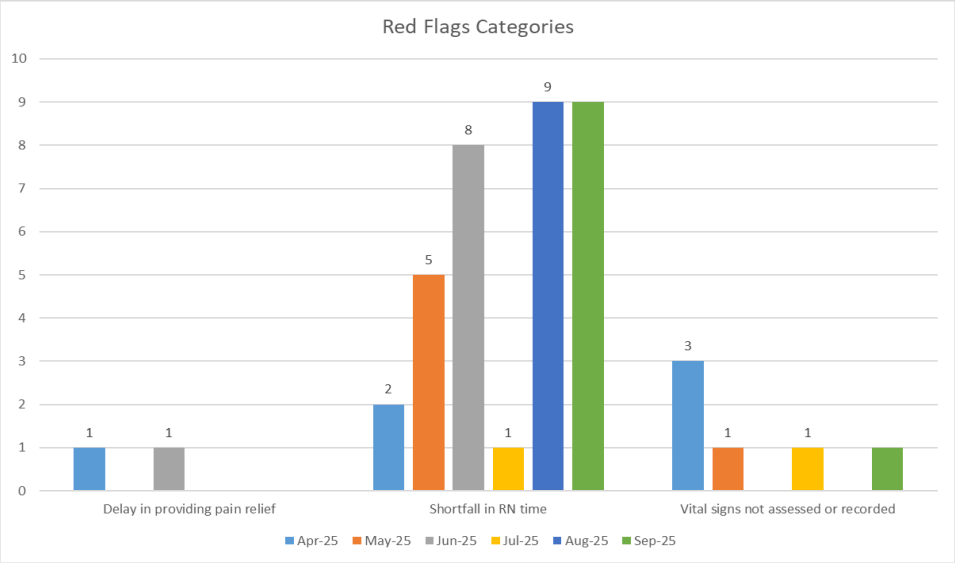
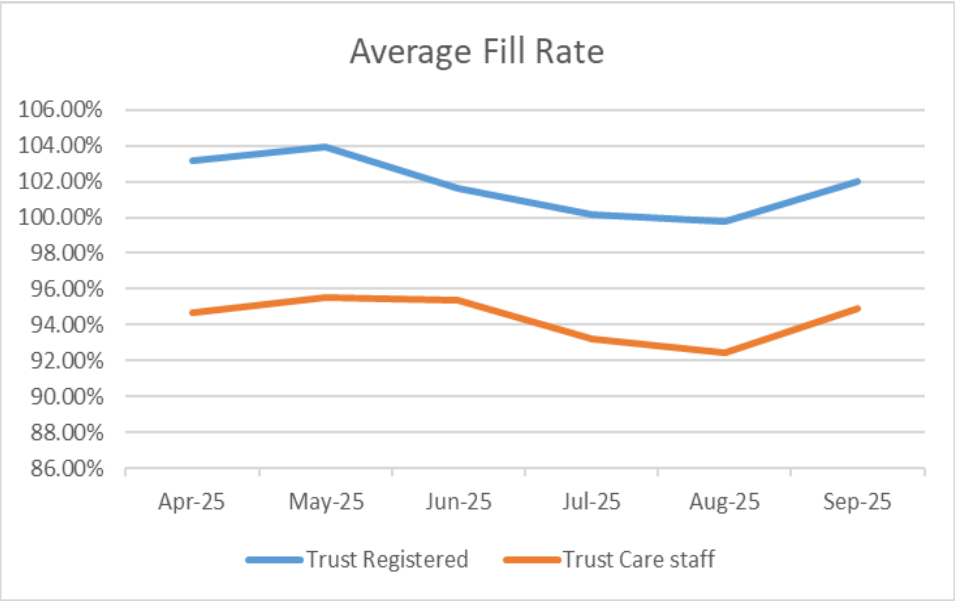
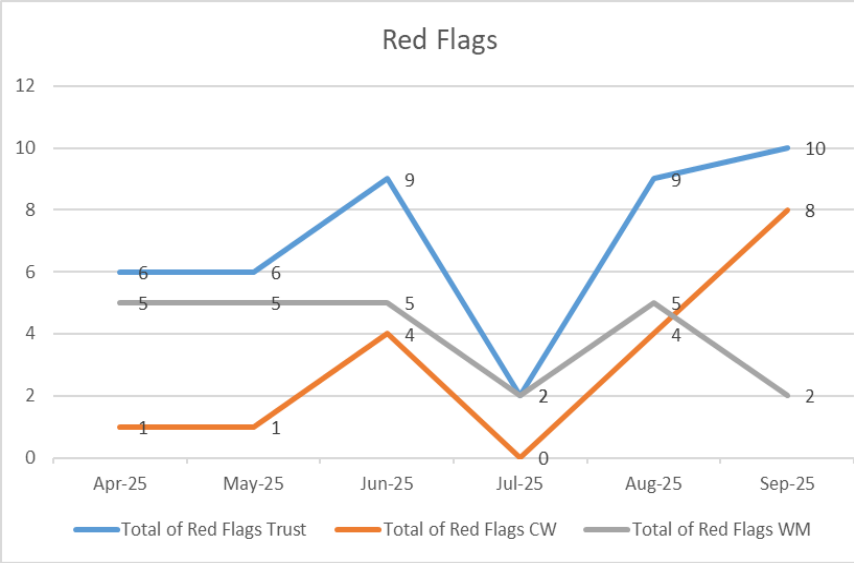
Care Staff Fill Rates (ward areas) increased from 92.44% in August 2025 to 94.94% in September 2025 There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in August 2025 was 11.34% .

The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 96.12% in August 2025 to 98.46% in September 2025.

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

Safe Staffing Red Flags – 10 red flags from the 5 categories (tables below) were reported during September 2025 where majority were Shortfall in RN time.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – July 2025
Trust	8.7
Hillingdon Hospital	9.8
London NW	9.4
Imperial	10.1
National Median	9.0

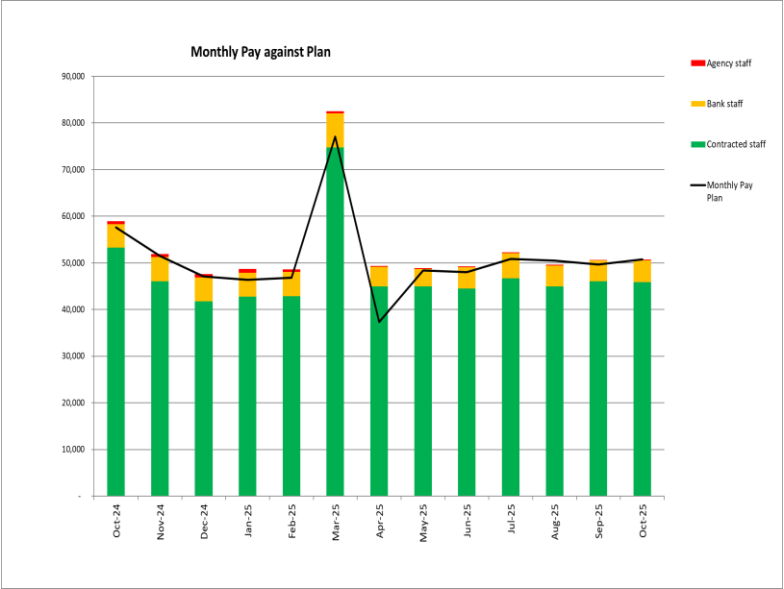




Finance



Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	595,537	594,862	(675)
Expenditure			
Pay	(345,544)	(350,634)	(5,090)
Non-Pay	(212,962)	(214,784)	(1,821)
EBITDA	37,030	29,444	(7,586)
EBITDA %	6%	4.95%	-1.3%
Depreciation	(20,351)	(20,690)	(339)
Non-Operational Exp-Inc	(8,921)	(8,022)	899
Surplus/Deficit	7,758	732	(7,026)
Control total Adj - Donated asset, Impairment & Other	(8,632)	(1,949)	6,684
PFI Model recalculation		358	358
Adjusted financial performance surplus/(deficit)	(874)	(859)	16



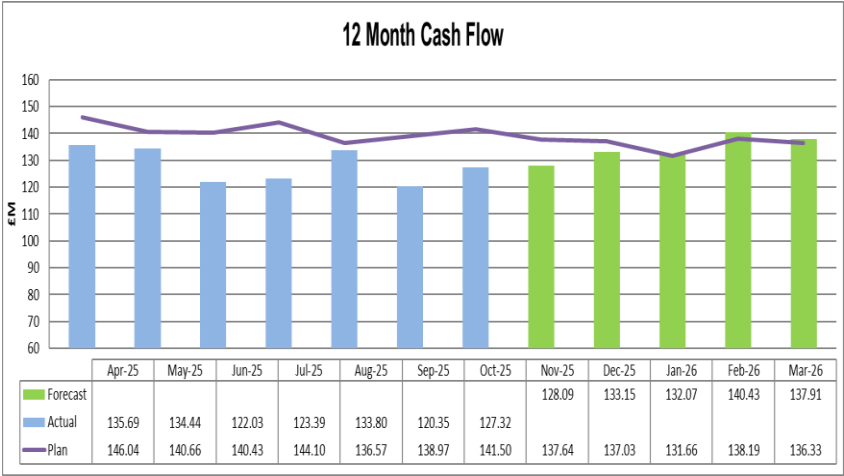
Comment: Mar 25 12 payroll figures include additional spend for 9.4% Pension contribution - £30.79 m a notional figure). In October 24 AFC staff, consultants and SAS doctor received YTD pay awards resulting in the in month spike. July 25 includes £1m spend on industrial action and a YTD increase in the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

The adjusted YTD financial position at month 7 is a £0.86m deficit which is £0.02m favorable against plan.

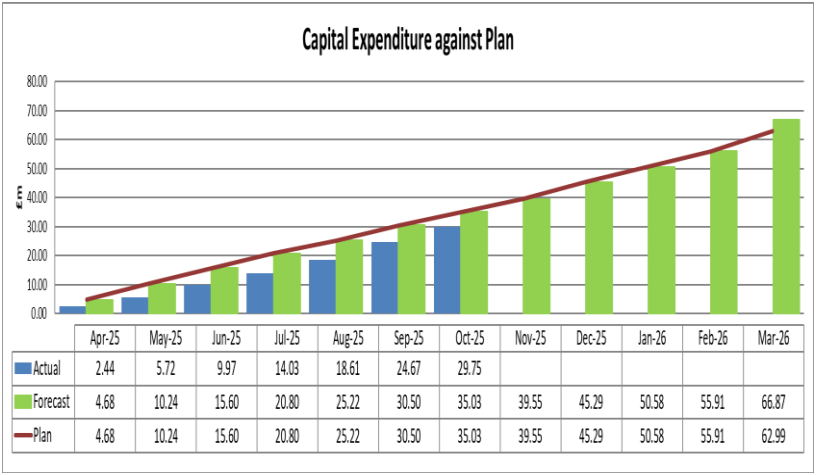
Pay: £5.09m adverse against plan. The adverse variance at Month 7 includes spend on additional clinics, Industrial Action costs, WLI, and cover for vacancies, sickness, rota gaps, and other forms of leave

Non-Pay: There is a £1.82m adverse variance which includes adjustment to budget to match NHSi return.

Income: M07 Income performance for the month is favourable against plan; however, year-to-date results remain adverse. The positive in-month variance is driven by both, income for WLI (offset by cost) and over performance of High Cost Drugs, which fall under the variable components of the contract. Activity within the variable elements of the contract remains minimal and is not financially material. Sexual Health services continue to underperform against planned levels, largely due to demand management measures.



Comment: The negative cash variance to plan in M7 of £14.18m is negative cash variance b/fwd from M6 of £18.62m, Higher receipts to plan of £5.95m (ICB & NHS England & FT's £4.64m Higher, Local Authority & AR £1.17m Higher, Other Income £0.24m Higher, PP Income £0.04m Lower, Interest £0.06m Lower) offset by Higher cash outflows to plan £1.51m (Higher Pension payments)



Comment: The original capital programme for 2025/26 was £62.99m, which has been adjusted to £66.87m 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 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, £2.98m 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 P07 YTD underspend of £5.28m 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