



TRUST PERFORMANCE & QUALITY REPORT

September 2023



NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024 Q2	2023-2024	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	82.79%	81.07%	78.00%	80.03%	79.36%	83.94%	79.37%	79.75%	80.81%	82.70%	78.77%	80.72%	79.87%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	65.49%	65.02%	63.94%	64.95%	57.63%	57.49%	56.95%	57.53%	61.05%	60.73%	59.98%	60.58%	60.79%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Sep-23) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	94.59%	95.00%	94.52%	95.88%	95.11%	91.80%	87.93%	95.95%	94.91%	93.03%	90.43%	93.99%	95.92%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	100%	96.94%	100%	100%	96.01%	96.94%	100%	100%	97.69%	96.02%	
	31 days diagnosis to first treatment (Target: >96%)	100%	97.92%	97.78%	98.18%	93.24%	96.97%	90.63%	97.08%	96.21%	97.28%	92.91%	96.77%	97.50%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	n/a	100%	100%	n/a	100%	100%	100%	n/a	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	50.00%	n/a	50.00%	100%	n/a	n/a	100%	100%	50.00%	n/a	66.67%	66.67%	
	62 days GP referral to first treatment (Target: >85%)	67.61%	71.43%	76.83%	70.51%	73.79%	87.23%	75.61%	77.67%	71.26%	82.74%	75.96%	77.36%	75.05%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	0.00%	n/a	25.00%	100%	0.00%	26.67%	32.65%	100%	0.00%	26.67%	20.83%	32.08%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	86.10%	87.76%	84.41%	83.55%	76.31%	72.13%	74.55%	74.19%	80.18%	77.90%	78.11%	78.75%	77.91%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	0	2	7	2	3	2	11	3	3	4	10	18	

A&E 4-hr Waiting Times

There was a reduction in performance for this measure with significant flow challenges on both sites during the first two weeks of September. Recovery has been hampered by taking on the UTC contract, the embedding of new staff, implementation of new IT systems (Cerner) and new processes. Improvements are anticipated as the WM UTC performance has stabilised during the first weeks of October.

18 Weeks RTT (Incomplete Pathway)

The Trust RTT PTL is showing an increase with the 18-week position remaining broadly stable. September was a challenged month due to industrial action from both junior doctors and consultants, presenting a continued risk to the backlog. There was a reduction in the 52ww cohort, however the 65ww and 78ww pathways were noted to have increased. The focus remains on booking patients in chronological order as well managing demand with additional activity and productivity in theatres. Targeted validation of active RTT patients continues, ensuring that the right cohort of patients are identified and treated with the next steps in place.

Cancer (Final Previous Month, Unvalidated Current month)

2-week Waits- 2ww GP suspected cancer referral performance is sustainably compliant with a performance of 93.03% for August 2023. The Trust saw another very high number of 2ww GP suspected cancer referrals, with 2645 patients' referred in August 2023. The target for September will be non-compliant, driven by difficult performance in the skin pathway.

62-Day (GP Referral): The 62-day target was non-compliant in August 2023, with a performance of 82.74%. While the target is non-compliant, the performance is significantly improved from previous months.

62-Day (NHS Screening): The 62-day screening target was non-compliant for August 2023, with none of the four patients treated receiving their treatment within the target. Focused work is underway with the Breast and Colorectal service team to understand the patients who have breached and do focused pathway improvement work. The performance standard has improved for September 2023, currently showing a performance of 26.67%.

28-Day FDS: The FDS target sustained compliance for August 2023. This has been driven by focused work on first diagnostic within 10 days for key specialities (Colorectal and Urology) and the impact of the new CCS digital tool, allowing quick action against patient pathways. This performance is sustained for September 2023, with a continue improving (unvalidated) performance of 78.11%.

31-Day: The 31-day target was compliant in August 2023, with a performance of 97.28%.

Clostridium Difficile

There were 4 cases of C.difficile. Two cases were identified on RNM ward at CW. Although no lapse in care identified, both cases did not fit with C.difficile clinical infection and lessons learnt included not sending samples whilst on laxatives and isolating patients whilst stool cultures were pending. There were two cases at WM and RCA are currently pending.

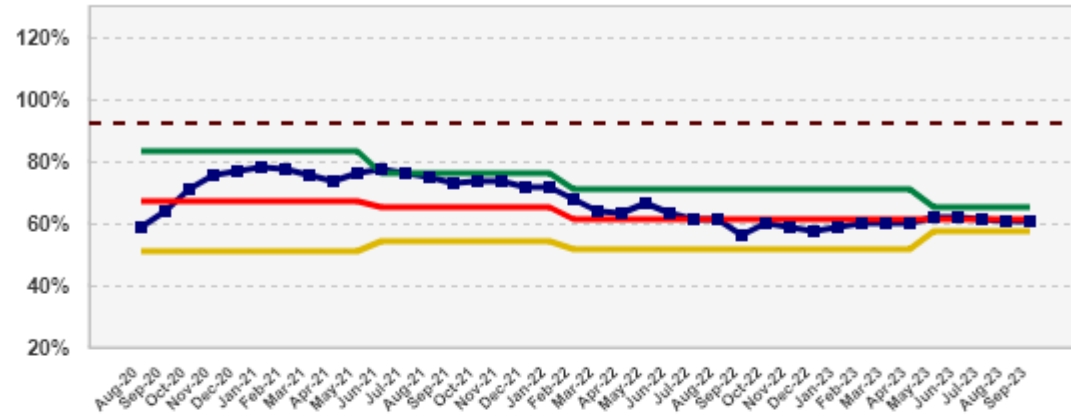


SELECTED BOARD REPORT NHSI INDICATORS

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

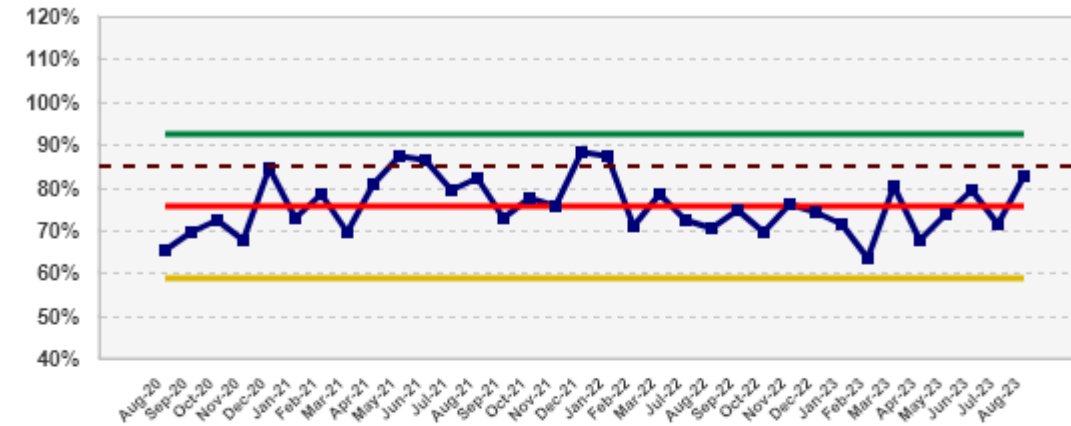
RTT Incomplete pathways

Trust Total

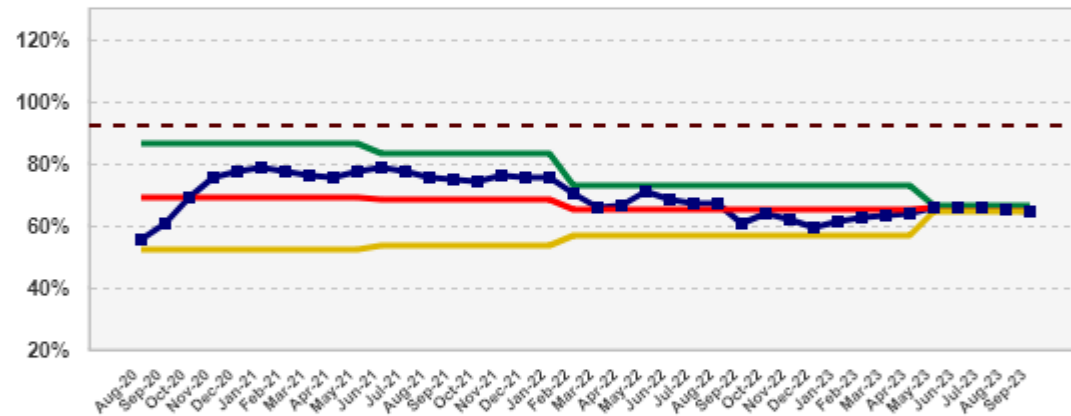


Cancer: 62 day standard

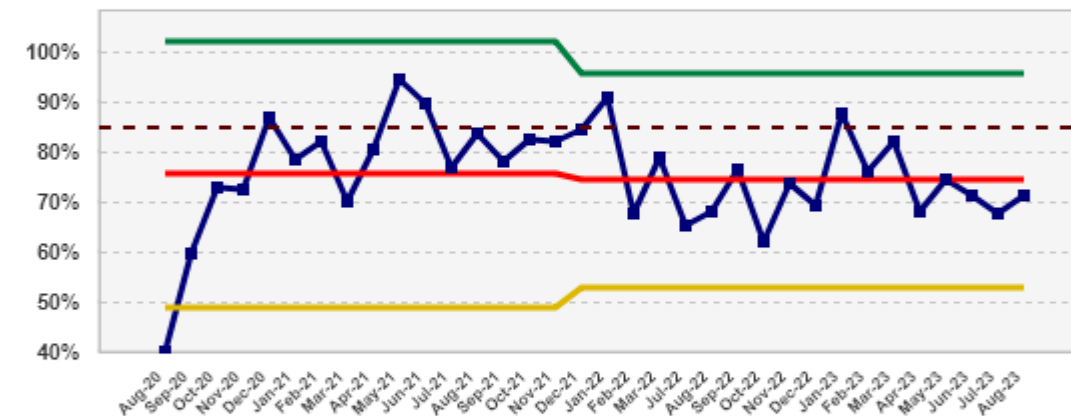
Trust Total



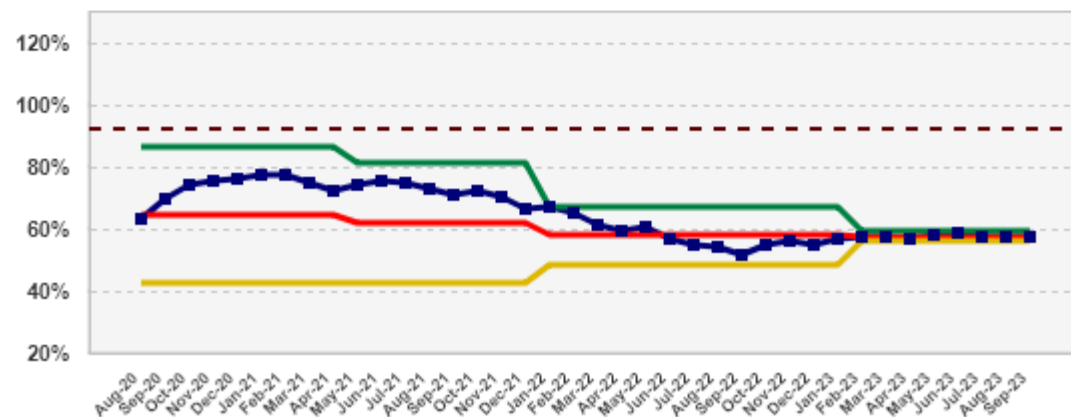
Chelsea and Westminster



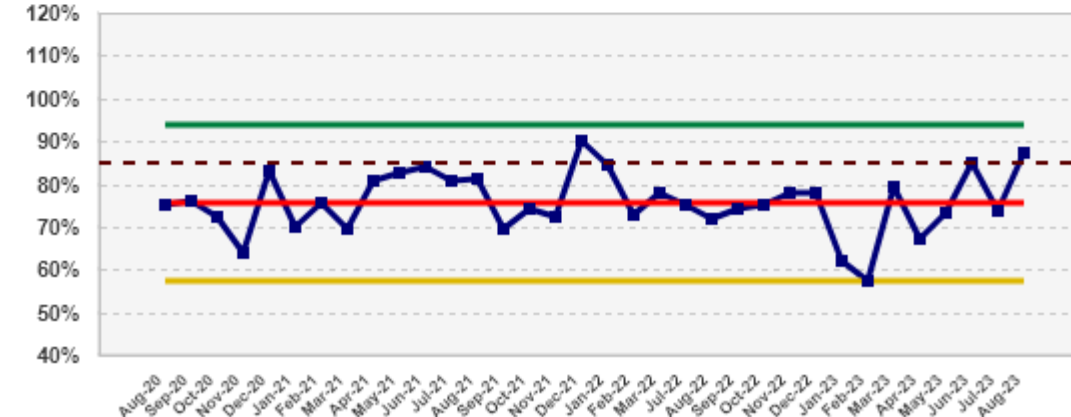
Chelsea and Westminster



West Middlesex



West Middlesex

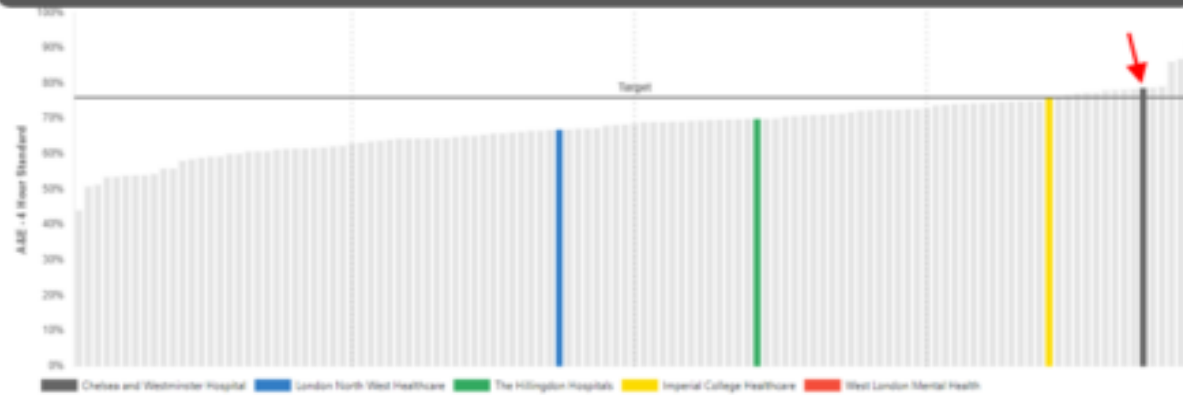




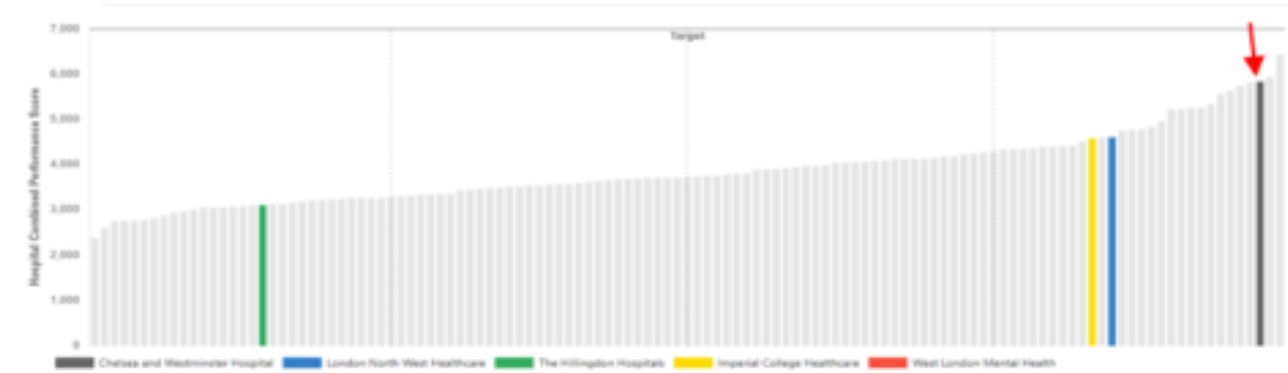
National Benchmarking Against Select Indicators

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

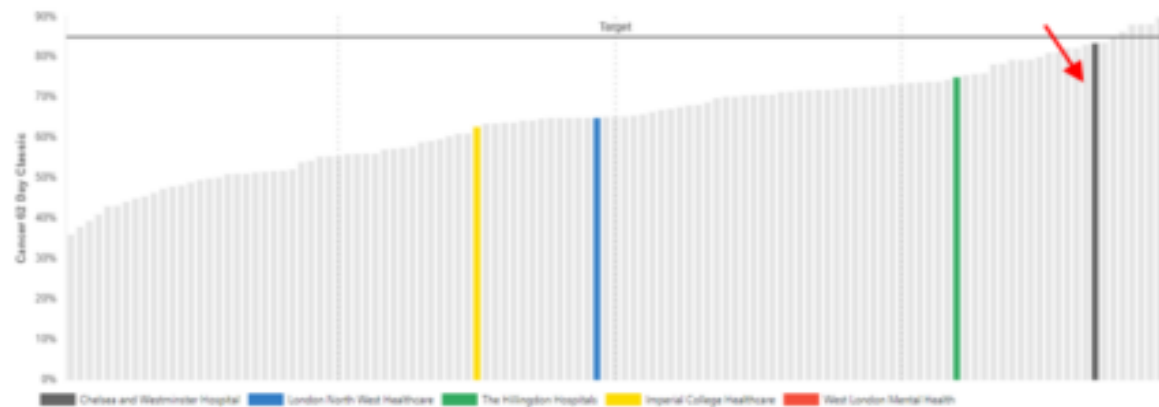
A&E 4-hr Waits | 6th Nationally



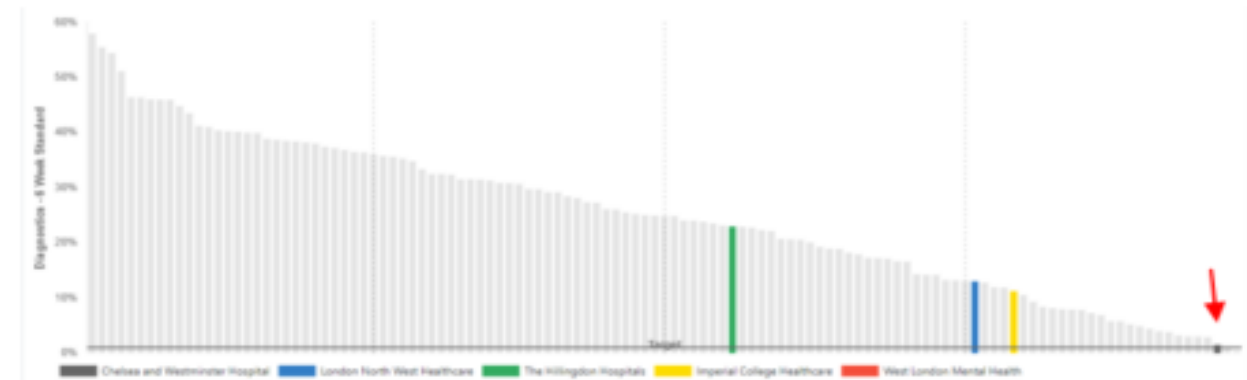
Hospital Combined Score | 3rd Nationally



Cancer 62 Days | 8th OF 119



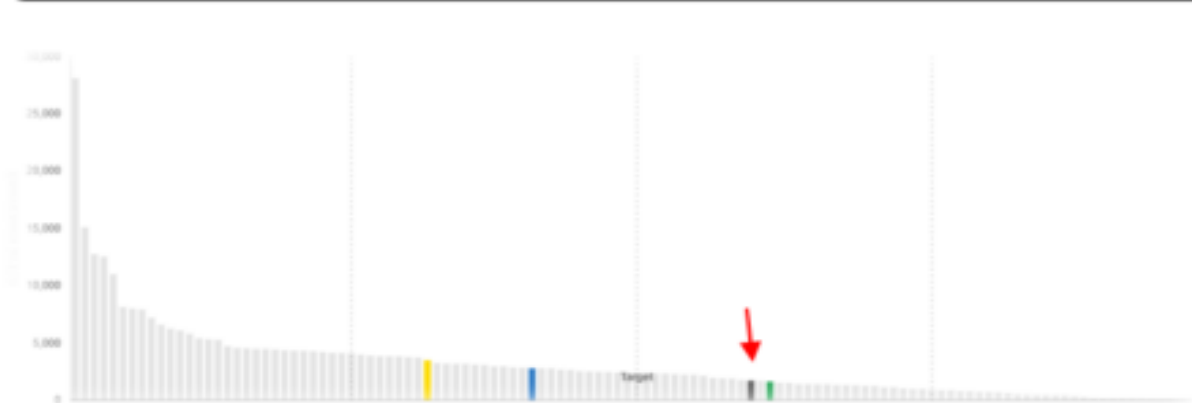
6 -wk. Diagnostic | 3rd OF 119



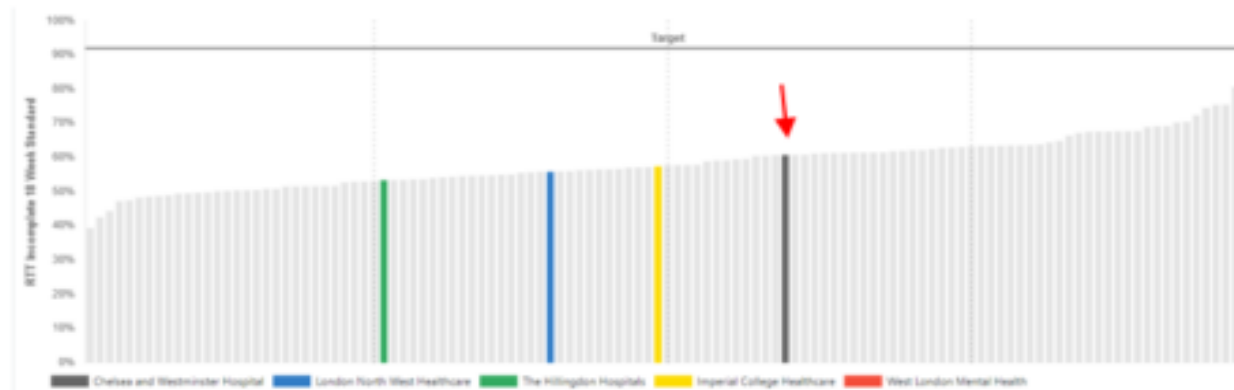
62 Day Cancer Standard: The Trust is currently ranked 8th out of 119 Trusts, a marginal increase in ranking.

6 Week Diagnostic Standard: The Trust is 3rd position in the league table nationally for diagnostic waits. This is an improvement in ranking.

RTT 52 ww | 48th OF 119



RTT 18-wk Incomplete Pathway | 48th OF 119



RTT 52 Week Breaches: The Trust is currently ranked 48th of 119 Trusts.

RTT 18 Week Standard: This position is showing similar ranking when compared to the previous month.



Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months Trend charts
		Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024 Q2	2023-2024	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	1	1	0	2	0	0	0	0	1	1	0	2	2	-
	Hand hygiene compliance (Target: >90%)	95.6%	96.3%	97.8%	95.2%	97.1%	98.2%	96.3%	97.3%	96.2%	97.1%	97.2%	96.8%	96.2%	-
Incidents	Number of serious incidents	1	3	2	9	0	2	3	8	1	5	5	11	17	-
	Incident reporting rate per 100 admissions (Target: >8.5)	9.4	9.2	8.6	9.2	8.9	9.6	9.2	9.5	9.2	9.4	8.9	9.1	9.4	-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.02	0.06	0.01	0.01	0.00	0.00	0.01	0.01	0.01	0.03	0.01	0.02	0.01	-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.54	4.01	4.61	4.49	3.55	4.20	4.10	3.93	4.53	4.10	4.35	4.33	4.21	-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	2.6%	0.0%	1.6%	0.8%	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	0.8%	0.8%	0.4%	-
Harm	Never Events (Target: 0)	1	0	0	2	0	0	0	1	1	0	0	1	3	-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	1	0	1	0	0	0	0	0	1	0	1	1	-
	Safeguarding adults - number of referrals	45	51	30	205	51	22	48	202	96	73	78	247	407	-
	Safeguarding children - number of referrals	76	95	85	303	103	74	94	565	179	169	179	527	868	-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	68	69	68	68	75	74	74	74	72	72	71	72	71	-
	Number of hospital deaths - Adult	35	32	38	213	49	72	59	368	84	104	97	285	581	-
	Number of hospital deaths - Paediatric	0	0	1	2	0	0	0	1	0	0	1	1	3	-
	Number of hospital deaths - Neonatal	0	1	1	7	1	0	1	2	1	1	2	4	9	-
	Number of deaths in A&E - Adult	1	1	0	6	4	3	4	21	5	4	4	13	27	-
	Number of deaths in A&E - Paediatric	0	1	1	2	0	1	0	2	0	2	1	3	4	-

Incidents

There were five External SIs reported in September 2023; three Maternity/Obstetric incidents reported to HSIB, one Maternity/Obstetric incident affecting baby only for local investigation, and a treatment delay in ED. The investigations into these events will seek to identify any care or service delivery challenges that impacted the outcome and establish actions required to reduce the risk or consequence of the event reoccurring.

During the target month (September 2023) the target rate of patient safety incidents per 100 admissions was not met by the Chelwest site and there was a slight reduction on the WestMid site. It is anticipated that reporting rates will remain positive following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE); staff training will be an integral part of the roll out.

Medication Related Safety Incidents

The number of reported medication-related incidents for Q2 has improved compared to Q1. WM site falls just short of the target for September, and will continue to remain a focal area for the MSG to target support and education where required, to encourage the reporting of medication-related incidents.

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

There was 1 incident of moderate harm or above reported in September at the CW site. The overall target has been met cross-site.

Safeguarding

Safeguarding adults and children: The number and type of referrals are monitored by the Trust Safeguarding committee. A number of these referrals are complex cases, and can involve other agencies/providers. There remains higher referrals at West Middlesex, and the safeguarding team work closely with local authority colleagues



Patient Experience

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024 Q2	2023-2024	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	95.7%	95.3%	96.1%	95.5%	95.6%	94.1%	95.4%	96.4%	95.6%	94.7%	95.7%	95.3%	96.0%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	1.5%	2.0%	1.8%	1.7%	1.54%	1.81%	1.82%	1.2%	1.5%	1.9%	1.8%	1.8%	1.5%		-
	FFT: Inpatient response rate (Target: >15%)	35.5%	36.0%	35.1%	33.2%	46.8%	52.5%	45.7%	47.7%	41.0%	42.2%	40.3%	41.2%	39.9%		-
	FFT: A&E satisfaction % (Target: >90%)	85.8%	87.0%	83.9%	84.2%	81.1%	81.5%	74.0%	78.3%	84.3%	85.3%	80.7%	83.4%	82.3%		!
	FFT: A&E not satisfaction % (Target: <10%)	8.5%	8.6%	10.1%	9.9%	13.4%	10.5%	17.5%	14.1%	10.0%	9.2%	12.5%	10.6%	11.2%		!
	FFT: A&E response rate (Target: >15%)	26.8%	27.5%	27.2%	27.2%	25.7%	25.7%	24.6%	25.5%	26.5%	26.9%	26.3%	26.5%	26.6%		!
	FFT: Maternity satisfaction % (Target: >90%)	87.7%	92.1%	89.5%	90.3%	92.8%	93.1%	87.7%	88.8%	89.6%	92.5%	88.9%	90.3%	89.7%		-
	FFT: Maternity not satisfaction % (Target: <10%)	6.4%	5.7%	6.7%	6.6%	5.8%	5.6%	8.7%	8.2%	6.2%	5.6%	7.4%	6.4%	7.2%		-
	FFT: Maternity response rate (Target: >15%)	38.9%	39.9%	49.4%	43.0%	31.0%	31.0%	30.7%	30.9%	35.4%	35.9%	40.9%	37.4%	37.5%		-
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	22	20	17	125	22	20	17	59	125		!
Complaints	Complaints (informal) through PALS	19	23	19	143	32	27	43	230	51	50	62	163	373		-
	Complaints formal: No of complaints due for response	27	31	26	173	12	21	19	101	39	52	45	136	274		-
	Complaints formal: Number responded to < 25 days	10	31	23	145	25	15	18	105	35	46	41	122	250		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	1	0	1	0	1	0	1	1		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-

MSA (Mixed Sex Accommodation)

The "Guidelines for the Provision of Intensive Care Services" require "discharge from critical care to a general ward must occur within four hours of the decision" and where this does not occur and the patient remains in a shared bay or room, this would be classified as a same sex breach. West Middlesex site had 17 breaches for September, 3 less than August. In September, 2 of our patients waited for ward beds longer than 30hrs, however, we have seen a decrease in median delay times overall.

Bed pressures remain within the hospital and a high occupancy rate in AICU for September also reflect operational challenges in terms of bed movement to mitigate mixed sex accommodation.

Complaints

91% of complaints were responded to within the 25 day KPI (target 95%) during September. Four were not responded to within the timeframe (3 for PC and 1 for WCH), due to delays in receiving the investigation outcome in order to draft a response in the timeframe. Compliance with responding to PALS concerns within 5 working days was 97% (KPI 90%).

Friends and Family Test

There has been a reduction in patient satisfaction for those accessing emergency care across the Trust in September when compared to previous months. The leadership team are reviewing the comments and completing a thematic review to develop improvement actions. Maternity has also seen a reduction in satisfaction scores with a number of themes. The Trust has recently received the CQC maternity 2023 survey results, so an analysis of these findings in conjunction with FFT and other feedback data will commence in October to help identify the main areas of focus going forward.



Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024 Q2	2023-2024	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.77	2.49	2.51	2.88	5.50	2.61	2.70	3.38	3.38	2.52	2.56	2.80	3.01		-
	Average length of stay - non-elective (Target: <3.95)	3.98	3.98	3.46	4.01	3.42	3.78	3.62	3.69	3.68	3.88	3.54	3.70	3.83		-
	Emergency care pathway - average LoS (Target: <4.5)	4.32	4.39	3.59	4.26	3.66	4.23	4.04	4.11	3.94	4.30	3.84	4.02	4.18		-
	Emergency care pathway - discharges	268	272	300	1632	357	353	393	2175	625	625	693	1944	3808		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.92%	5.47%	4.49%	5.06%	6.59%	6.00%	6.16%	6.42%	5.75%	5.73%	5.31%	5.59%	5.72%		-
	Non-elective long-stayers	421	428	267	2497	398	426	298	2389	819	854	565	2238	4886		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	84.9%	89.1%	87.5%	86.8%	83.8%	87.6%	86.2%	84.8%	84.5%	88.7%	87.1%	86.9%	86.2%		-
	Operations cancelled on the day for non-clinical reasons: actuals	12	24	5	80	18	25	30	109	30	49	35	114	189		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.38%	0.74%	0.15%	0.40%	0.69%	0.94%	1.18%	0.72%	0.52%	0.83%	0.61%	0.65%	0.54%		!
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	6	4	2	27	1	7	3	16	7	11	5	23	43		-
	Theatre Utilisation Model Hospital (Target > 85%)	83.5%	84.1%	81.3%	81.6%	92.8%	93.0%	96.3%	93.3%	86.6%	87.2%	86.2%	86.7%	85.4%		!
Outpatients	First to follow-up ratio (Target: <1.5)	2.45	2.39	2.27	2.39	1.67	1.75	1.65	1.74	2.08	2.09	1.98	2.05	2.09		!
	Average wait to first outpatient attendance (Target: <6 wks)	8.6	8.9	9.4	9.4	12.1	11.5	11.9	12.0	10.3	10.1	10.6	10.3	10.6		-
	DNA rate: first appointment	11.9%	12.2%	11.3%	11.5%	11.2%	11.8%	11.0%	11.1%	11.6%	12.0%	11.2%	11.6%	11.3%		-
	DNA rate: follow-up appointment	9.7%	10.5%	9.7%	10.0%	8.6%	8.9%	8.5%	8.9%	9.3%	9.8%	9.2%	9.4%	9.6%		-
	PIFU - % of Total Outpatient attendances	10.8%	10.8%	11.0%	10.9%	1.4%	1.5%	1.6%	1.5%	7.0%	7.0%	7.2%	7.0%	7.0%		-

Day Case Rate

The Day Case rate remains above the 85% target on both sites and across the Trust in September. The number of day cases conducted remained stable on the Chelsea site and rose on the West Middlesex site. The number of failed day cases and planned elective admissions for the procedures contained within this metric remain stable.

Cancelled Operations

The number of cancelled operations on the day decreased Trust-Wide and on the Chelsea site in September. On the Chelsea site 3 cancellations on-the-day were as a result of unplanned Anaesthetist absence on the day, 1 cancellation was due to surgeon unavailability on the day and the other due to a higher priority case needing to be completed. On the West Middlesex site earlier cases over-runs and higher priority cases accounted for 21 of the cancellations, whilst 7 cancellations were attributable to equipment issues, availability of prostheses or other theatre requirements for safe operating. There were 5 patients who were cancelled on the day who were not rebooked within 28 days - surgeon availability is the reason on the Chelsea site whilst patient choice is the reason on the West Middlesex site.

Theatre Utilisation

Trust-Wide Utilisation remains above the 85% target, at 86.2% in September. Like previous months, Industrial Action has again caused a significant reduction in the number of elective operating lists conducted in the month. Theatre Utilisation remains significantly above the 85% target on the West Middlesex site, and has increased from 93.0% in August to 96.3% in September. The Chelsea Site remains below the 85% target with a decrease in utilisation from 84.1% in August to 81.3% in September. Looking across the Chelsea site Theatre Utilisation remains well above the 85% target in Main Theatres, and there has been a slight improvement in utilisation in Treatment Centre, however the 7% drop in utilisation in Paediatric Theatres was the driving factor for the overall decline in utilisation seen on the site. Performance in Paediatric and Treatment Centre Theatres remains below 85% and continues to be the focus on ongoing improvement work.

Outpatients

First-to-follow up ratio has improved overall for September, however there was a slight decline in the WM position. The focus on PIFU continues at Outpatient Board plus engagement with Action webinars and cross-London comparisons. The average wait to first attendance continues to trend slightly upwards overall with long waits, although WMUH position improved in month. DNA rate is improved across both sites for both new and follow up appointments



Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024 Q2	2023-2024	
Best Practice	Dementia screening case finding (Target: >90%)	90.8%	95.9%	90.1%	92.3%	92.6%	94.5%	96.2%	95.1%	91.8%	95.2%	93.7%	93.5%	93.9%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	72.7%	100.0%	61.1%	69.3%	100.0%	94.1%	100.0%	89.1%	89.3%	96.2%	80.6%	87.8%	80.7%	!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	93.2%	90.0%	100.0%	75.0%	88.3%	94.6%	100.0%	85.0%	93.8%	90.3%	-
VTE	VTE: Hospital acquired	2	0	0	2	2	9	0	16	4	9	0	13	18	-
	VTE risk assessment (Target: >95%)	90.8%	91.0%	91.4%	91.3%	96.1%	96.4%	96.3%	96.3%	93.4%	93.7%	93.9%	93.7%	93.8%	!
TB Care	TB: Number of active cases identified and notified	1	3	1	22	8	3	4	39	9	6	5	20	61	-
Sepsis	ED % Periods Screened (Target >90%)	91.5%	92.0%	91.9%	91.5%	86.4%	91.3%	90.4%	87.8%	89.3%	91.7%	91.3%	90.7%	90.0%	-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	69.2%	83.0%	81.5%	75.5%	93.2%	90.0%	89.2%	89.5%	78.9%	85.9%	84.2%	82.9%	80.9%	-
	Ward % Periods Screened (Target >90%)	87.1%	88.2%	89.3%	89.0%	96.5%	94.9%	95.2%	95.4%	91.2%	91.3%	92.1%	91.5%	91.9%	-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	96.3%	96.4%	95.4%	96.0%	95.0%	96.1%	94.9%	95.7%	95.6%	96.3%	95.1%	95.6%	95.9%	-

#NoF (Time to Theatre - Neck of Femur)

Trust performance reduced to 80.1% with full compliance in West Middlesex hospital and Chelsea site at 61.1%. There were seven patients who were medically fit but were delayed in Chelsea, six of these patients were waiting for space on the trauma list due to a high volume of trauma, while the other was due to unavailability of surgical resource.

VTE Risk

Performance remains broadly stable with sustained compliance at West Middlesex whilst Chelsea is reporting non-compliance. West Middlesex site remains compliant for VTE risk assessments at 96.3% (target > 95%). RCAs are carried out on all hospital acquired VTE to ensure compliance and learning identified. Chelsea site challenges remain with the majority of the non-compliance being within Planned Care division, more specifically within the elective programme. The division has a plan for tackling the problem which will be monitored in the coming weeks.

Sepsis (Deteriorating Patient)

A current data quality review is underway with the paediatrics team. When reviewed, the adult population is meeting the standard in ED and Wards with screening in ED at 89.6% (0.4% off target) and clinical review at 91.8%. Wards remain compliant with high performance, > 95% for screening and clinical review.



Access

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024	Jul-23	Aug-23	Sep-23	2023-2024 Q2	2023-2024	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	803	804	828	828	959	1051	1009	1009	1762	1855	1837	1837	1837		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	98.09%	99.09%	99.40%	98.98%	93.68%	97.90%	98.19%	93.79%	95.84%	98.50%	98.78%	97.69%	96.27%		!
	Diagnostic waiting times >6 weeks: breach actuals	82	38	26	265	285	86	82	1763	367	124	108	599	2028		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	6.7%	6.4%	6.2%	6.7%	8.0%	8.1%	6.9%	7.7%	7.2%	7.1%	6.5%	6.9%	7.1%		!
	A&E time to treatment - Median (Target: <60')	00:25	00:22	00:22	00:24	01:07	01:07	01:05	01:06	00:41	00:42	00:39	00:41	00:40		!
	London Ambulance Service - patient handover 30' breaches	18	28	35	158	153	96	139	885	171	124	174	469	1043		-
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	13	0	2	91	13	0	2	15	91		-

RTT Incomplete Pathway (52week Waits)

There was a reduction in the 52ww cohort despite a challenged month of industrial strikes. The focus remains on booking patients in chronological order as well managing demand with additional activity and productivity in theatres. Targeted validation of active RTT patients continues, ensuring that the right cohort of patients are identified and treated with the next steps in place.

Diagnostic 6-Week Waits

The performance against the national DM01 measure was achieved in September 2023, with a position of 98.78%. 8,750 patients received their diagnostic test in under six weeks across the 15 key diagnostic areas. The Trust diagnostic recovery plan launched in May 23 continues to be successful. The recovery trajectory projected 99% achievement in September 2023, this however is slightly off plan. The reasons for this under performance relate to the industrial action. Diagnostics continue to increase capacity into October 2023 as they have done since May 2023.

Ambulance Handover

The Trust remains a strong performance in ambulance handovers.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23
RTT waiting list positions	Total RTT waiting list	25336	25251	26041	32812	33375	34052	58148	58626	60093
	Total Non-Admitted waiting list	22021	22099	22884	30733	31280	31966	52754	53379	54850
	Non-Admitted with a date	6131	9234	12365	6834	8543	11007	12965	17777	23372
	Non-Admitted without a date	15890	12865	10519	23899	22737	20959	39789	35602	31478
	Total Admitted waiting list	3315	3152	3157	2079	2095	2086	5394	5247	5243
	Admitted with a date	516	613	850	266	349	575	782	962	1425
	Admitted without a date	2799	2539	2307	1813	1746	1511	4612	4285	3818
	Patients waiting >65 weeks	198	248	262	193	238	300	391	486	562
	Patients waiting >78 weeks	34	35	35	47	41	50	81	76	85
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23
Total	803	804	828	959	1051	1009	1762	1855	1837
Audiology			1						1
Breast Surgery						1			1
Burns Care		1						1	
Cardiology	1	1					1	1	
Colorectal Surgery	11	15	15	171	201	216	182	216	231
Dermatology	5	9	5	9	4	5	14	13	10
Elderly Medicine					1			1	
Endocrine Surgery	1						1		
ENT	6	6	22	75	76	57	81	82	79
Gastroenterology					1			1	
General Surgery	97	118	138	122	131	107	219	249	245
Gynaecology	21	16	39	1	1	1	22	17	40
Hepatology						1			1
Maxillo-Facial Surgery		1	2	1	1	1	1	2	3
Medical Endoscopy				1	1		1	1	
Neurology				1		2	1		2
Not Stated			1						1
Ophthalmology	47	49	31				47	49	31
Oral Surgery				19	17	19	19	17	19
Orthodontics	1		1				1		1
Paediatric Clinical Haematology						1			1
Paediatric Clinical Immunology	41	32	26	1	1	1	42	33	27
Paediatric Dentistry	20	14	5				20	14	5
Paediatric Dermatology			3	5	12	9	5	12	12
Paediatric Ear Nose and Throat	2	1		36	33	24	38	34	24
Paediatric Endocrinology				1	3	7	1	3	7
Paediatric Gastroenterology	2	4	3	1	15	5	3	19	8
Paediatric Maxillo-Facial Surg		2	1			1		2	2
Paediatric Neurology			1	3	1		3	1	1
Paediatric Plastic Surgery	25	23	24	1	2	2	26	25	26
Paediatric Rheumatology		1						1	
Paediatric Surgery		3		2	4		2	7	
Paediatric Trauma and Orthopaedics		1		45	45	24	45	46	24
Paediatric Urology	1	1	1			1	1	1	2
Paediatrics	1			31	8	2	32	8	2
Pain Management	4	8	9				4	8	9
Plastic Surgery	116	125	142	120	149	119	236	274	261
Podiatric Surgery				8	6	6	8	6	6
Podiatry				1			1		
Respiratory Medicine				1	3	9	1	3	9
Rheumatology					1			1	
Trauma & Orthopaedics	205	228	247	184	207	284	389	435	531
Urology	60	63	55	56	47	28	116	110	83
Vascular Surgery	136	82	56	63	80	76	199	162	132



Maternity

Domain	Indicator	Chelsea & Westminster Hospital Site					West Middlesex University Hospital					Combined Trust Performance				
		Jun-23	Jul-23	Aug-23	Sep-23	2023/24	Jun-23	Jul-23	Aug-23	Sep-23	2023/24	Jun-23	Jul-23	Aug-23	Sep-23	2023/24
Workforce	Midwife to birth ratio (Target: 1:26 CW and 1:22 WM)	1:27	1:27	1:27	1:29	1:27	1:25	1:25	1:25	1:25	1:27	1:26	1:26	1:26	1:26	1:28
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	2:38	2:38	0:0	1:98	1:98	2:38	2:38	2:38	1:98	1:98	2:38	2:38	2:38	1:98
Birth Indicators	Total number of NHS births	392	417	461	427	1697	337	366	360	371	1434	729	783	821	798	3131
	Total number of bookings	533	498	539	521	2091	403	437	473	377	1690	936	935	1012	898	3781
	Maternity 1:1 care in established labour (Target: >95%)	95.00%	99.00%	96.80%	96.00%		96.25%	98.10%	95.60%	95.00%						
Safety	Admissions >37/40 to NICU/SCBU	16	9	11	19	89	11	7	13	13	75	27	16	24	33	165
	Number of reported Serious Incidents	4	1	2	4	11	2	2	1	1	6	6	3	3	5	17
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	2	3	1	1	1	0	3	1	1	1	2	6
	Pre-term (gestation <37 weeks) as % of mothers delivered	6.89%	6.47%	7.80%	8.10%		9.50%	6.01%	8.60%	8.89%						
	Number of stillbirths	1	1	1	0	6	0	1	0	2	6	1	2	1	2	12
	Number of Infant deaths	2	0	1	1	9	0	1	0	2	4	2	1	1	3	13
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outcomes	% of women on a continuity of care pathway	3.19%	3.70%	3.33%	6.52%	0.2164	5.21%	7.00%	4.65%	7.40%	33.46%					
	% Spontaneous unassisted vaginal births	22%	25%	26%	23%		25%	29%	28%	25%						
	% Vaginal Births - spontaneous & induced	40.30%	41.20%	40.30%	38.60%		42%	43%	40%	43%						
	Instrumental deliveries	52	58	62	57	323	38	43	53	51	278					
	Pre-labour elective caesarean sections	76	83	91	84	468	44	53	43	54	273					
	Emergency caesarean sections in labour	97	99	111	119	645	96	102	111	92	586					



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

Workforce

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

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice a daily ward rounds. The MIS year 5, safety action 4 indicates that we have to demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology'. We are compliant and for the month of Sept. and there were no cases in which a consultant was expected to attend and did not. The workforce review for the WMUH site has started and a recent survey confirmed that the majority of consultants are in favour of a resident rota involving all of the consultants, consultation process is ongoing. All job plans are now uploaded on E-job plan and a workforce/finance review has been completed. Effective February 2023, all short-term locums (less than 2 weeks) will need to be compliant with respect to the RCOG and GMC certificate of eligibility. For Sept. there was one short term locum shift undertaken, CEL certificate confirmed, practiced only under direct supervision of resident SR and resident consultant. To ensure compliance with MIS SA4, a SOP for compensatory rest for consultants and senior SAS doctors following non-resident on-call activity has been approved and discussions are currently being held with the workforce to identify who is opting out. This SOP will be added as an appendix to the maternity escalation policy which will be signed off in October 23. Job plans will be reviewed and any non-compliance with compensatory rest will be reported monthly or any arising serious incidents.

Safety

(1) SIs: WMUH site: 1 reported serious incident in Sept. an unexpected NND at 34 week. Baby diagnosed with rare chromosomal condition during the antenatal period. The woman had regular follow-ups with the fetal medicine service. The diagnosed syndrome was not thought to be life threatening. Baby born in unexpectedly poor condition and despite attempts to resuscitate died at around 30mins. Baby also found to have cleft palate at birth.

There were 91 reported incidents in Sept. Main themes arising:

- (i) Maternal, fetal and neonatal, n=32. Most reported incident: post-partum haemorrhage >1500mls (n=8)
- (ii) Access to care/admissions, n=16. These were largely due to delay in transfer to labour ward for ongoing IOL.
- (iii) Transfusion Blood/Blood products/Pathology: (n= 6 sample labelling error)

CWH site: **x4 (x3 Level 3 and x1 Level 2): Level 3** 35+2/40 weeks' gestation. The woman admitted in spontaneous labour; good progress in labour. The obstetric SPR asked to review the woman after one hour of active pushing. Manual rotation of baby's head by SPR and SHO in the room (few attempts). The woman transferred to theatre for assisted vaginal birth. In theatre, the decision made for category 1 caesarean birth due to prolonged fetal bradycardia; reviewed by consultant in the theatre. Difficult birth – difficulty in delivering the presenting part. Baby born with Apgar score 1, 3 and 6 at 1, 5 and 10 minutes of life. Baby intubated at 12 minutes of life (3 attempts), and admitted to NICU for further management. CT Head scan showed an extensive haemorrhage; and MRI finding. **HSIB-** Spontaneous labour at 40+2 weeks' gestation. Baby born in poor condition following assisted vaginal birth. The baby admitted to NICU with suspected HIE, then transferred to St Mary's Hospital for active cooling. Awaiting **HSIB** decision -39+1 weeks' gestation with significant APH and pathological CTG trace, assisted vaginal birth (forceps following failed kiwi). The baby was admitted to NICU with suspected HIE. **Level 2**, 28/40 transfer from antenatal ward due to a pathological CTG.

(2) There were 100 reported incidents in Sept. Main themes arising:

- (i) Maternal, fetal and neo-natal –46 most reported incident: post-partum haemorrhage >1500mls (n=6)
- (ii) Delay in access to hospital care – n=6 (access to recovery beds, delays in IOL and delay in transfer to post-natal ward)
- (iii) Staffing – n=7

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

(4) ATAIN (Cross site): WHUH site – There were 10 term admissions to NICU for Sept. and the rate was 3.62% (6 for respiratory distress, 2 hypoglycaemia and 1 jaundice and 1 other), a review of the cases is currently being undertaken to identify those which were avoidable. CW there were 19 term babies admitted, reviews have been completed on all babies born up to 18th Sept. (of the 11 reviewed so far 7 were admitted for respiratory support, 2 bilious vomit, 1 suspected melena, 1 mild HIE and 1 sepsis, 2 were avoidable). None of these were suitable for transitional care.

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

- 1. Element 1: Reducing smoking:** CO monitoring: compliance with booking CO monitoring across both sites, the service continues to support the data entry for 36 week CO monitoring and an improvement in documented compliance has been seen month on month, full compliance is expected in Q3. With the implementation of K2 phase 2 the data entry issues will be resolved. At CWH site 35 babies were born between the 3-10th centile >39 weeks, 97% had smoking status recorded on K2. Of these 26/35; 74% had CO recorded at booking; 6/35 :17% had CO recorded at both booking and 36/40; 8/35: 23% had no CO recorded at both booking or 36/40. WMUH: 45 babies were born between 3-10th centile at >39/40. 35/45: 78% had smoking status recorded on K2. Of these 6/45: 13% had CO recorded on K2 at booking; 20/45 :44% had CO recorded at 36/40; 3/45: 7% had CO recorded both at booking and 36/40; 21/45: 47% had no CO recorded at both booking or 36/40.
- 2. Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction:** weekly documentation audits to improve compliance with risk assessments at booking, service is undertaking a review of AN appointment times to support compliance with standards and weekly documentation audits to support compliance.
- 3. Element 3: Raising awareness of reduced fetal movements:** CWH site: 100% of women presenting with RFM after 26 weeks had a CTG. Audit of handheld records showed: 50% had all elements of raising awareness of RFM ticked off in handheld notes and 28% had these elements partially completed and 22% had none of the elements completed. Additional time has been given to the midwives to complete the booking appointment so that additional elements of the SBL can be completed.
- 4. Element 4: Effective fetal monitoring during labour:** decline in trainee and consultant compliance due to on-going industrial action, x2 training days scheduled for Sept and 4 additional training days scheduled for Nov. all staff have a date for training booked and some obstetric activity has been rescheduled to facilitate training.
- 5. Element 5: Reducing Pre-term Birth:** partial compliance due to women birthing after 7 days of having received a full course of steroids all cases reviewed, and no clinical concerns noted with decision making.
- 6. New Element 6: Management of Pre-existing Diabetes in pregnancy:** Fully compliant on both sites.



Perinatal Quality Surveillance Model Board Reporting

Metric	Target	Chelsea & Westminster Site			West Middlesex University Stie			Combined Trust Performance		
		Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23	Jul-23	Aug-23	Sep-23
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) MoMs	90% + requirement	87%	82%	90%	92%	98%	94%	90%	90%	92%
Training compliance for all staff groups in maternity related to fetal monitoring	90% + requirement	86%	73%	66%	74%	72%	69%	81%	73%	67.5%
Service User Feedback FFT	feedback Received-yes/no (add narrative each month)	yes	yes	yes	yes	yes	yes	Yes	Yes	Yes
Staff Feedback from board safety champion	feedback received-yes/no (add narrative each month)	yes	yes	yes	yes	yes	yes	Yes	Yes	Yes
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0
Progress in achievements of NHSR MIS year 4 (10 safety actions)	No of actions green	5	6	6	5	6	6	5	6	6
	No of actions amber	5	4	4	5	4	4	5	4	4
	No of actions red	0	0	0	0	0	0	0	0	0
Ockenden compliance against 7 IEA's (49 compliance questions)	Total of 49 being 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

	Site	Overall	Safe	Effective	Caring	Well-led	Responsive
CQC ratings February 2023	WM	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
	CW	Good	Requires Improv	Good	Good	Outstanding	Good

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



Perinatal Quality Surveillance Model

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

Multi-professional mandatory training and fetal monitoring training: Backdated to February 2023 the mandatory training is now broken down by site and a separate line has been added for the fetal monitoring training which is also broken down by site. In Sept. overall multi-disciplinary training compliance is at 92% and 67.5% for fetal monitoring training compliance. The on-going industrial action is continuing to impact trainee and consultant training compliance alongside turnover within the fetal wellbeing team and the service are currently managing this risk and have escalated to the regional team and NHSR. Compliance is being closely monitored by the senior leadership team and all staff have a training date booked. Training compliance fluctuates depending on where staff are in their training cycle. The practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12 month period.

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

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. Feedback in the last month has been positive with staff feeling supported and well informed.

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

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

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



Cancer Update

62 day Cancer referrals by tumour site Dashboard
Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months		
		Jul-23	Aug-23	Sep-23	2023-2024	YTD breaches	Jul-23	Aug-23	Sep-23	2023-2024	YTD breaches	Jul-23	Aug-23	Sep-23	2023-2024 Q2	2023-2024		YTD breaches	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		90.0%	83.3%	75.0%	87.0%	15	90.0%	83.3%	75.0%	85.7%	87.0%	15		-
	Colorectal / Lower GI	61.5%	90.0%	73.3%	69.8%	13.5	22.2%	81.3%	39.5%	59.7%	38.5	45.5%	84.6%	49.1%	66.7%	64.3%	52		!
	Gynaecological	100%	100%	33.3%	90.0%	5	0.0%	66.7%	90.9%	61.1%	4.5	83.3%	77.8%	70.6%	80.0%	76.3%	9.5		!
	Haematological	66.7%	100%	100%	91.7%	0.5	66.7%	100%	77.8%	95.8%	2.5	66.7%	100%	86.7%	88.9%	94.4%	3		-
	Head and neck	n/a	n/a	n/a	37.5%	2.5	0.0%	0.0%	20.0%	0.0%	6	0.0%	0.0%	20.0%	0.0%	25.0%	8.5		!
	Lung	50.0%	0.0%	81.8%	44.4%	7	50.0%	100%	73.3%	86.7%	5	50.0%	33.3%	76.9%	40.0%	63.6%	12		!
	Sarcoma	n/a	n/a	n/a	n/a		n/a	100%	0.0%	100%	1	n/a	100%	0.0%	100%	100%	1		-
	Skin	96.2%	100%	88.9%	94.5%	4	78.6%	89.5%	88.9%	88.6%	5	90.0%	94.1%	88.9%	91.9%	92.2%	9		-
	Upper gastrointestinal	100%	100%	100%	100%	0	100%	100%	86.7%	87.5%	3	100%	100%	90.0%	100%	92.6%	3		-
	Urological	21.1%	37.5%	71.4%	44.0%	38.5	78.7%	95.5%	93.1%	73.4%	36	62.1%	80.0%	86.0%	70.6%	64.3%	74.5		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	100%	0		-
	Site not stated	n/a	66.7%	n/a	80.0%	0.5	n/a	n/a	n/a	100%	0	n/a	66.7%	n/a	66.7%	83.3%	0.5		-

Trust Commentary

The 62-day target was non-compliant in August 2023, with a performance of 82.74%. While the target is non-compliant, the performance is significantly improved from previous months.

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



Safer Staffing

Chelsea and Westminster Sep 23

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	No harm and mild		Moderate and severe		Month	YTD	Month	YTD	
												Month	YTD	Month	YTD					
Maternity	105%	83%	96%	102%	7.2	2.7	9.9	13.0	9.81%	16.12%	11.78%				1					80.27%
Annie Zunz	142%	106%	100%	120%	7.7	3.3	11.0	8.0	9.75%	9.56%	0.00%	1	5							97.22%
Apollo	109%	-	108%	-	21.8	0.0	21.8	N/A	8.53%	9.43%	49.18%									100%
Mercury	100%	-	101%	-	7.9	0.0	7.9	9.4	16.87%	15.88%	0.00%		2							90.32%
Neptune	100%	-	113%	-	9.5	0.0	9.5	11.1	12.64%	28.72%	40.00%		1							97.59%
NICU	91%	-	92%	-	15.7	0.0	15.7	28.0	10.04%	10.06%	6.76%									100%
AAU	104%	99%	101%	128%	7.0	2.0	9.1	7.7	13.93%	14.83%	25.95%	6	45							95.12%
Nell Gwynne	101%	70%	100%	74%	3.8	3.2	7.0	6.9	-2.98%	10.51%	35.74%	10	33							100%
David Erskine	98%	73%	78%	98%	3.2	2.4	5.8	6.6	0.60%	13.04%	17.03%									100%
Edgar Home	107%	58%	113%	107%	3.6	2.4	6.0	6.4	9.71%	5.56%	25.96%	7	26		1					83.33%
Lord Wigram	77%	85%	91%	107%	4.3	2.8	7.3	7.5	18.31%	5.98%	22.43%	2	12							97.56%
St Mary Abbots	108%	90%	111%	95%	4.1	2.4	6.5	7.2	6.96%	16.84%	13.44%		18			1				95%
David Evans	82%	106%	120%	235%	5.3	3.0	8.3	7.2	3.95%	0.00%	14.34%		8							97.56%
Chelsea Wing	122%	89%	115%	78%	11.0	5.1	16.2	7.2	24.97%	7.69%	13.91%		5							
Burns Unit	79%	93%	120%	103%	26.2	5.3	31.5	N/A	13.11%	11.51%	0.00%		2							100%
Ron Johnson	106%	153%	117%	168%	5.7	4.4	10.1	7.6	15.15%	12.72%	22.22%	4	13					1	1	100%
ICU	101%	-	101%	-	29.2	0.0	30.1	26.0	5.87%	13.72%	7.88%		2							
Rainsford Mowlem	79%	106%	78%	119%	3.6	2.7	6.5	6.9	5.56%	11.97%	25.57%	2	20		1	1				100%
Nightingale	79%	95%	99%	58%	4.5	3.1	7.6	7.4	26.94%	0.00%	10.00%	5	36		1					100%

West Middlesex Site Sep 23

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	No Harm & Mild		Moderate & Severe		Month	YTD	Month	YTD	
												Month	YTD	Month	YTD					
Lampton	104%	61%	101%	75%	3.6	2.8	6.6	6.8	-1.83%	9.57%	16.43%	3	17		1					
Richmond	113%	96%	105%	193%	4.2	2.6	7.1	7.2	10.55%	12.15%	0.00%	3	11	1	1					100%
Syon 1 cardiology	97%	117%	97%	155%	4.0	2.6	6.7	8.8	4.87%	7.66%	0.00%	2	24		2					100%
Syon 2	119%	84%	108%	93%	4.0	2.8	7.1	6.6	8.97%	13.52%	6.38%	3	19							100%
Starlight	110%	-	107%	-	9.5	0.0	9.5	11.5	5.32%	10.36%	100.00%									100%
Kew	101%	108%	103%	110%	3.2	3.0	6.4	6.9	-0.17%	10.81%	22.86%	3	30							100%
Crane	104%	73%	102%	115%	3.2	2.4	5.6	6.9	-3.16%	10.42%	12.65%	5	33		1					95%
Osterley 1	102%	46%	101%	121%	4.0	2.3	6.4	7.5	13.77%	16.77%	20.45%	4	23		1					98.67%
Osterley 2	109%	79%	101%	109%	3.8	2.5	6.6	7.2	16.20%	12.41%	12.36%	2	14							69.57%
MAU	94%	88%	106%	104%	6.4	2.6	9.1	7.7	10.64%	14.03%	22.61%	8	52							97.90%
Maternity	88%	68%	95%	83%	8.1	2.0	10.1	13.0	13.11%	15.90%	15.37%		1							80.71%
Special Care Baby Unit	85%	-	72%	-	8.4	0.0	8.4	11.1	7.34%	8.37%	0.00%									100%
Marble Hill 1	139%	125%	120%	222%	4.1	3.5	7.7	6.4	12.20%	0.00%	15.24%	6	49							86.96%
Marble Hill 2	90%	101%	100%	190%	3.1	3.4	6.4	6.5	100.00%	4.18%	14.47%	1	17							96.77%
ICU	91%	-	92%	-	28.8	0.0	28.8	26.0	4.26%	10.22%	0.00%		2							



Staffing & Patient Quality Indicator Report

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

West Middlesex site:

There were high fill rates on Syon 1, and Marble Hill 2. Extra HCAs were booked at night for patients requiring one to one for various reasons including mental health issues, high risk of falls, and confused wandering patients. Marble Hill 1 ward required additional HCA on a patient both needing RMN and HCA due to mental health reason. Both Crane and Lampton had a low HCA fill rate. Lampton had reduced HCA shifts due to the new Discharge Ready Unit (DRU) template and crane ward HCA shifts were filled with OSCE nurses awaiting pin numbers, CHPPD was not compromised. Richmond required additional HCA cover at night due to the additional escalation beds on the ward area. On Ost 1 and Ost 2 there were low HCA fill rates on nights and days due to vacancies and sickness and being unable to cover day HCA shift with bank or agency. HCA shifts filled with OSCE nurses awaiting pin numbers, CHPPD was not compromised. Low fill rates for MSW days due to sickness and being unable to cover with bank or agency.

Chelsea and Westminster site:

The low RN fill during the day on Lord Wigram reflects increased staffing establishment and changes to the templates. Active Recruitment is ongoing. Staff from Lord Wigram are also being redeployed during staffing call to support other areas. The ward manager supported so CHPPD was not compromised. The high RN and HCA fill rate at night on David Evans were booked to support escalation beds that were opened to support the site with bed pressure. Burns redevelopment work has led to split areas and needed to maintain staffing across areas resulting in low RN fill rate in the day and high RN fill rate in the night. The ward manager and matron supported so CHPPD was not compromised. High fill rate on Annie Zunz RN long day and night HCA was due to additional planned lists with patients admitted via Rainsford Mowlem. High fill rate on Ron Johnson HCA Nights due to three long-term patients requiring enhanced supervision. On Edgar Horne, David Erskine and Nell Gwynne there were low HCA fill rates on days and on Nell Gwynne and Nightingale there were low HCA fill rates on nights due to vacancies, sickness and being unable to cover day or night HCA shift with bank or agency. AAU ward required additional HCAs at night for patients requiring one to one for various reasons including mental health issues, high risk of falls, and confused wandering patients. Rainsford Mowlem and Nightingale RN and HCA fill rates remained low as bed base numbers decreased and staffing was reduced.

Incidents:

In terms of incidents with harm, there was three in total. The patient who sustained a fall on Richmond ward underwent surgery for a fractured left wrist. The medication error on Ron Johnson occurred following a patient self-administering narcotics on the unit, requiring a brief stay in intensive care, which they were subsequently discharged from. The pressure Ulcer damage on Rainsford Mowlem was reviewed following a rapid review. Dietician and tissue viability input obtained.

Friends and Family test showed that 8 wards at CW and 6 wards at WM scored 100%. Osterley 2 is implementing staff training and briefing sessions in response to the recent feedback in August and September.

Please note all incident figures are correct at time of extraction from DATIX. There were 8 red flags raised in September, a decrease of 3 since August. 6 were for CW & 2 for West Mid, mainly related to staffing shortfalls. The vacancy rate and turnover are from August.



Safe Staffing Analysis | Registered Nurse and Care Staff September 2023

RN Fill Rates (ward areas) decreased from 99.05% in August 2023 to 98.56% in September 2023. The RN vacancy rate (whole trust) was 7.34% in August 2023.

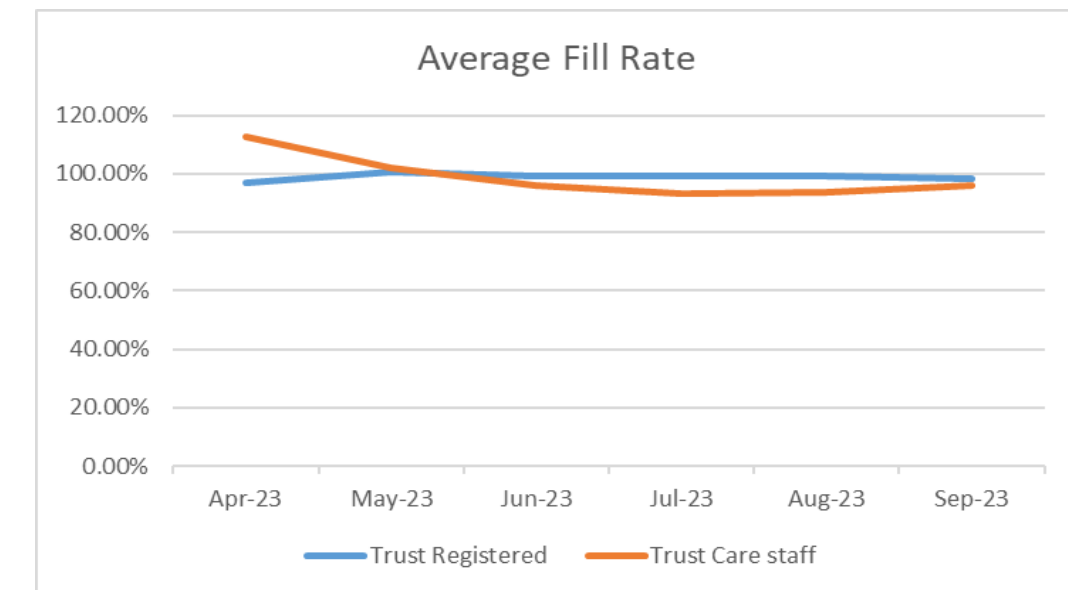
Care Staff Fill Rates (ward areas) increased from 93.62% in August 2023 to 95.93% in September 2023. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in August 2023 was 11.80%.

The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 96.34% in August 2023 to 97.24% in September 2023.

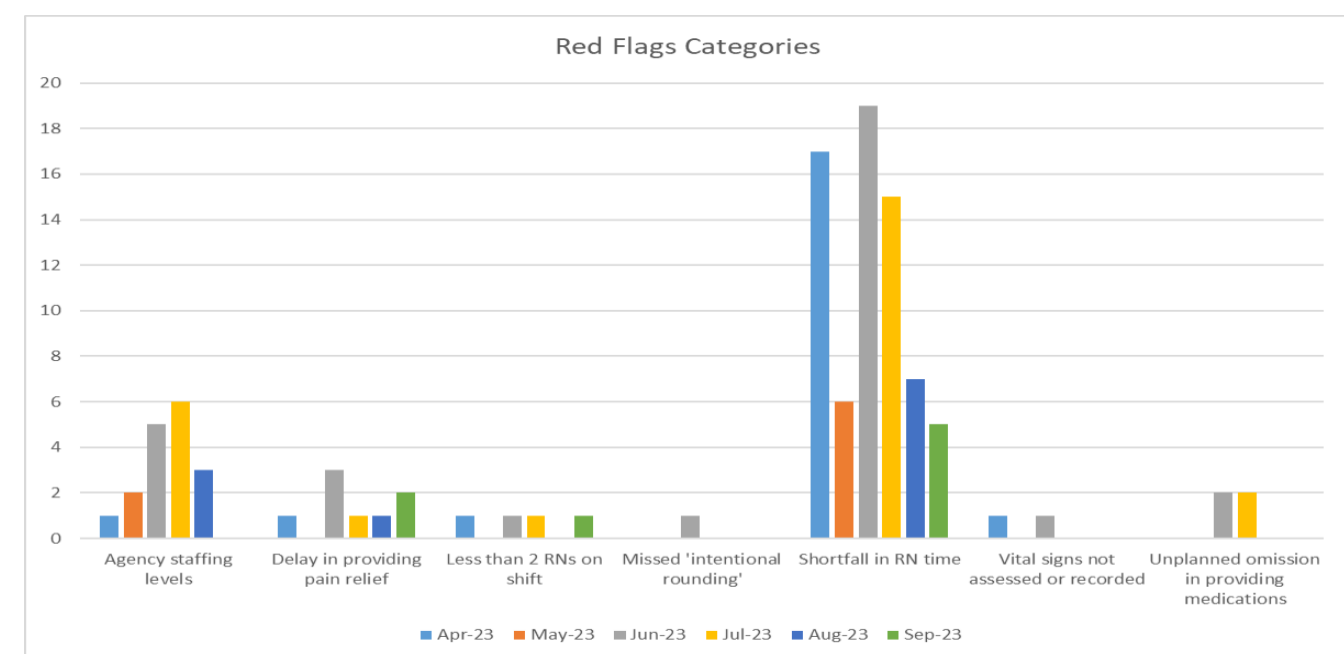
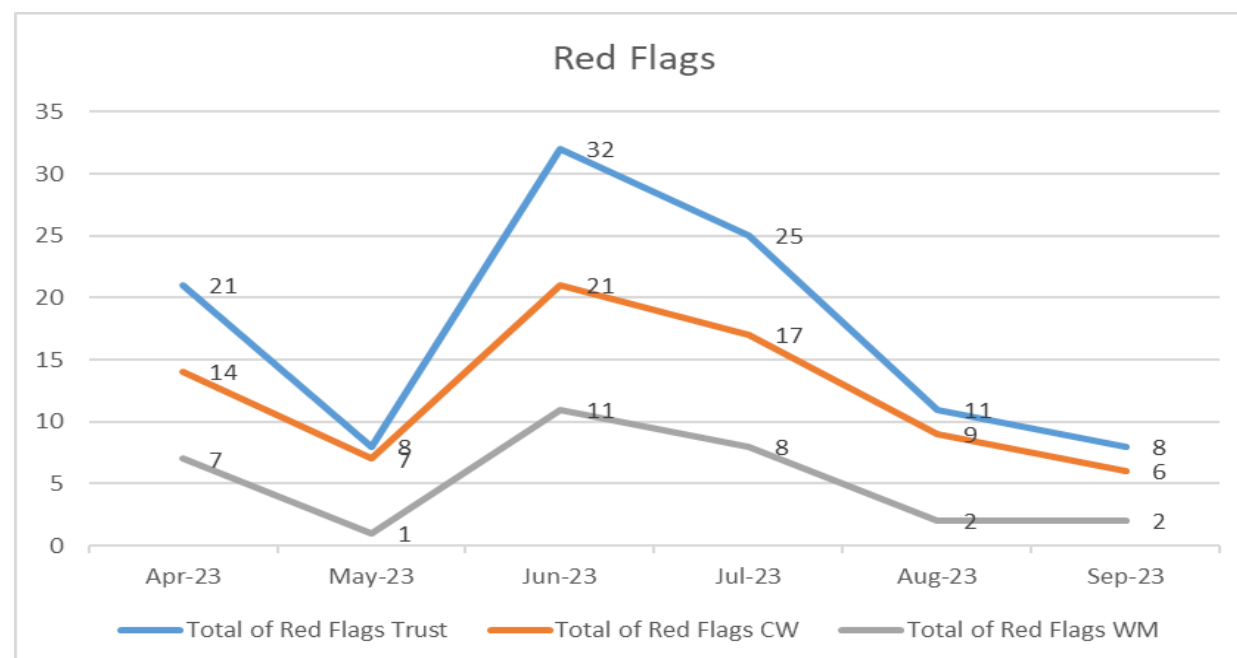
Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (Apr 2023) was 8.8. Trust workforce data confirms the CHPPD was 8.8 in September 2023, down from August 2023 – 8.9

Safe Staffing Red Flags – 8 red flags from the 5 categories (tables below) were reported during September 2023 where majority of them were 'Shortfall in RN' time followed by 'Delay in providing pain relief'.

Nursing, Midwifery and care staff average fill rate September 2023				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
98.56% ↓	95.93% ↑	6.3 ↓	2.4 ↓	8.8 ↓



CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Apr 2023
Trust	8.8
Hillingdon Hospital	8.8
London NW	7
Imperial	9.9
Peer Median	8.3





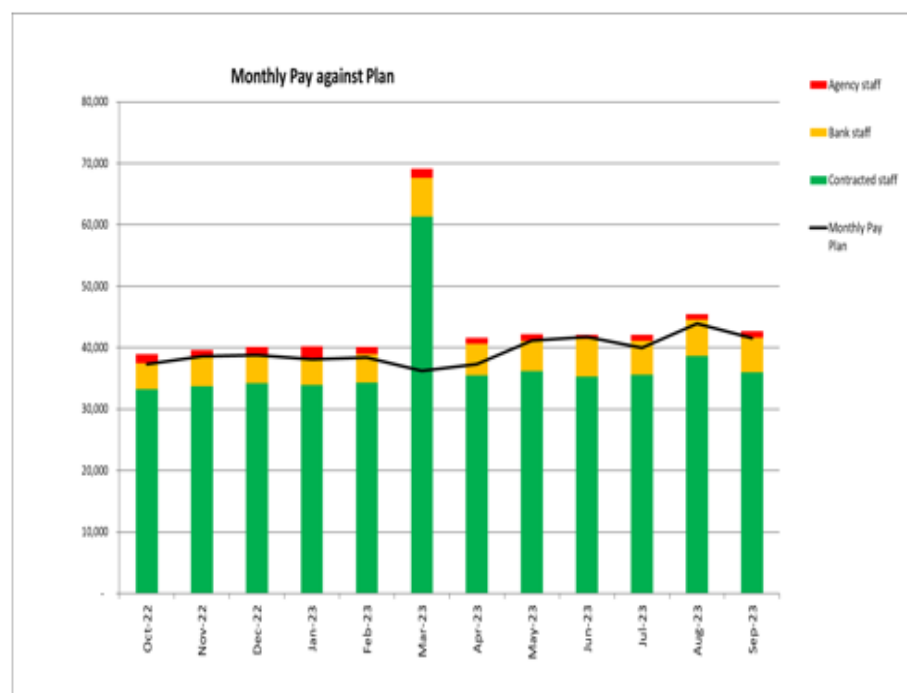
Finance M6 (September 2023) 2023/2024

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	435,715	448,468	12,753
<i>Expenditure</i>			
Pay	(244,105)	(256,329)	(12,224)
Non-Pay	(170,822)	(172,397)	(1,575)
EBITDA	20,788	19,742	(1,046)
EBITDA %	4.77%	4.40%	-0.4%
Depreciation	(15,600)	(15,292)	308
Non-Operational Exp-Inc	(5,448)	(4,429)	1,020
Surplus/Deficit	(261)	21	282
Control total Adj - Donated asset, Impairment & Other	485	(937)	(1,422)
Adjusted financial performance surplus/(deficit)	224	(916)	(1,140)

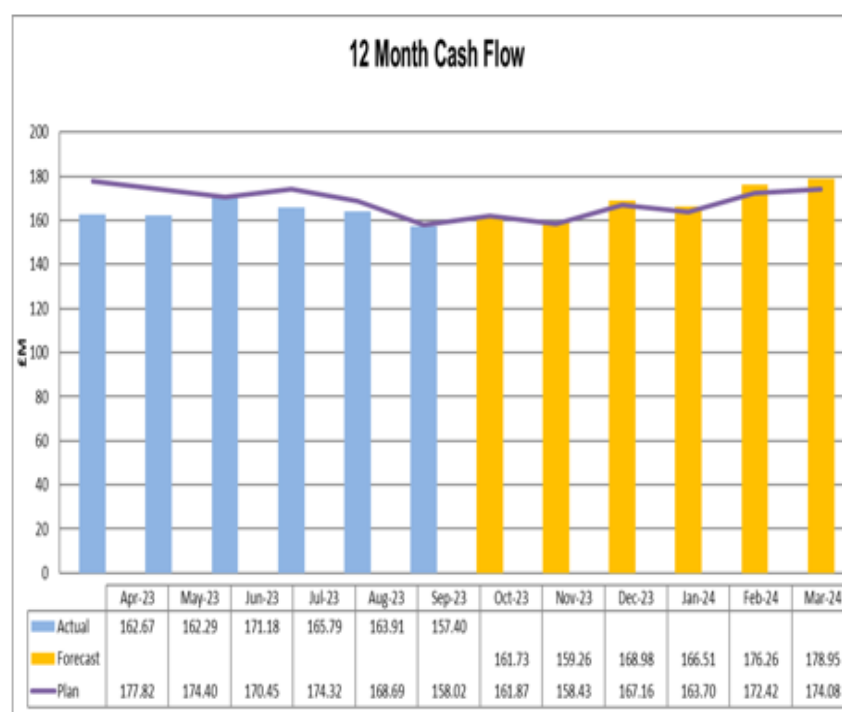
The adjusted financial position at month 6 is a £0.92m deficit which is £1.14m adverse against plan.
Pay: £12.22m adverse against plan. At month 6 the position includes c£3.96m unidentified, red or amber CIPs
 The adverse variance includes spend to cover Industrial action, escalation beds, additional clinics, WLI as well as cover for vacancies, sickness, gaps in rota and other forms of leave.

Non-Pay: There is a £1.58m overspend the variance includes adjustment to budget to match NHSi return.

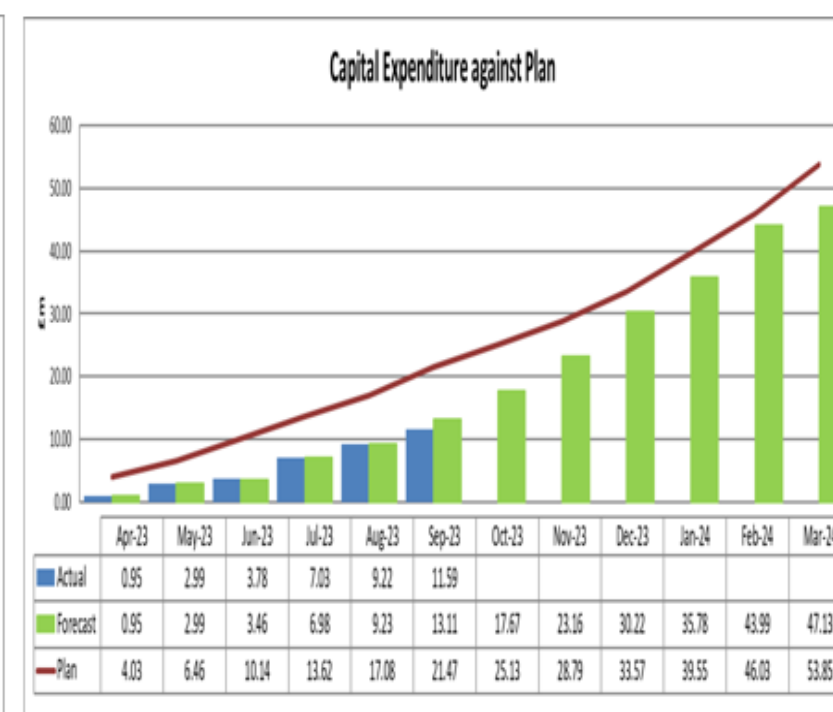
Income: Income position reflects actual income received for medical pay award and accruals for ERF, drugs and unbundled (cost & volume) performance at M6 YTD. Activity performance has improved in M6, despite industrial action. The position also reflects known risks around performance on the contract's variable elements. Local Authority income has been accrued based on average activity levels and the element of pay award for this service was covered by NHS England (paid via NWL ICB). Over and under performance income net of industrial action was devolved to services in M6.



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



Comment:
 The Negative cash variance to plan in M6 of £0.62m is negative cash variance b/fwd from M5 of -£4.78m, Higher receipts to plan of £13.09m (ICB £5.86M Higher, Local Authority £0.87m higher, Donations £0.03m lower, NHS England £1.04m higher, AR £2.21m higher, PP Income £0.52m higher, FT's £0.65m higher, Interest Income £0.30m higher, Other Income £1.66m higher) offset by higher cash outflows to plan £8.93m (Higher Creditor payments & Higher Payroll)



Comment:
 The original capital programme for 2023/24 was £53.85m, which has been adjusted to £47.13m following the inclusion of the IECPP capital project of £2.66m, new PDC awards of £3.17m, PDC funding for the Treatment Centre of £7.71m being deferred to later years, IFRS16 adjustments and the transfer of £5.00m CRL funding to LNWH.
 Following the review of the capital programme, it has been agreed to transfer funding of £5.00m to LNWH, which will be transferred back to the Trust in 2024/25, which will help with next year's anticipated financial pressures in the capital programme.
 The revised capital budget for 2023/24 for period 6 is £3.88m and the spend incurred is £2.38m resulting in an under spend of £1.50m against forecast. The YTD revised budget is £13.11m and the YTD capital spend is £11.59m, resulting in an under spend of £1.52m.