






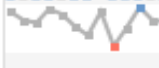







# **TRUST PERFORMANCE & QUALITY REPORT**

## **February 2023**



## NHSI Reporting

### NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	74.27%	78.21%	73.98%	77.14%	68.71%	77.88%	81.75%	77.31%	71.07%	78.03%	78.35%	78.18%	77.24%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	59.44%	60.93%	62.51%	64.44%	55.04%	56.95%	57.50%	55.98%	57.21%	58.84%	59.81%	59.33%	60.38%	
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Feb-23) in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.18%	97.95%	97.13%	94.66%	98.83%	97.00%	96.41%	96.39%	98.15%	97.39%	96.70%	97.39%	95.66%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	99.00%	100%	99.53%	100%	99.00%	100%	99.00%	99.53%	
	31 days diagnosis to first treatment (Target: >96%)	97.83%	93.48%	94.59%	92.49%	n/a	n/a	92.50%	93.89%	97.83%	93.48%	93.16%	93.48%	93.02%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	n/a	n/a	100%	100%	n/a	n/a	100%	n/a	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	66.67%	n/a	n/a	n/a	87.50%	n/a	n/a	n/a	n/a	78.57%	
	62 days GP referral to first treatment (Target: >85%)	69.09%	87.50%	67.92%	73.32%	77.78%	62.04%	58.93%	71.51%	74.26%	71.51%	61.82%	71.51%	72.16%	
Cancer - FDS	62 days NHS screening service referral to first treatment (Target: >90%)	80.00%	n/a	n/a	75.00%	73.33%	100%	80.00%	67.50%	75.00%	100%	80.00%	81.82%	68.18%	
Patient Safety	Faster Diagnosis Standard (Target: >= 75%)	80.05%	79.09%	83.96%	78.66%	72.46%	65.16%	74.42%	68.39%	75.45%	70.87%	78.07%	74.46%	72.56%	
	Clostridium difficile infections (Year End Target: 26)	0	1	0	11	0	0	2	13	0	1	2	3	24	

Please note the following three items

n/a Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.

RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators

Note that all Cancer indicators show interim, unvalidated positions for the latest month (Feb-23) and are not included in quarterly or yearly totals

**A&E Waiting Times** ED Performance across both sites has improved slightly to 78.35%. Flow has remained challenging on both sites however overall performance at West Mid has increased to 81.6%, with improved staffing levels within the UTC. Performance in the UTC at Chelsea has been challenging, particularly during the evening and nights and an improvement plan is in progress.

**18 Weeks RTT (Incomplete Pathway)** The Trust incomplete position remains similar to the previous months, however there are no reported 104wk waiting patients and we have seen a significant reduction in the over 52 and 78wk cohorts. Recent industrial action is projected to adversely impact on the incomplete position for March through the cancellation of outpatient and inpatient activity, however specialties are looking to replace lost activity with additional clinics and theatre lists.

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

**31-Day Diagnosis (First Treatment)** The 31-day target was non-compliant in January 2023, with a performance of 93.48%. The target has improved for February 2023, with current performance showing at 94.59%.

**62-Day (GP Referral):** The 62-day target was non-compliant in January 2023, with a performance of 71.51%. The non-compliance has been largely driven by delays to first appointment, delays for diagnostics and patient choice to first diagnostics. Histology delays, although improving, continue to impact some of our pathways. Focused work is continuing on further reduction of the backlog with an aim to return to compliance over the coming months.

**62-Day (NHS Screening):** The 62-day screening target was compliant for January 2023, with a performance of 100%.

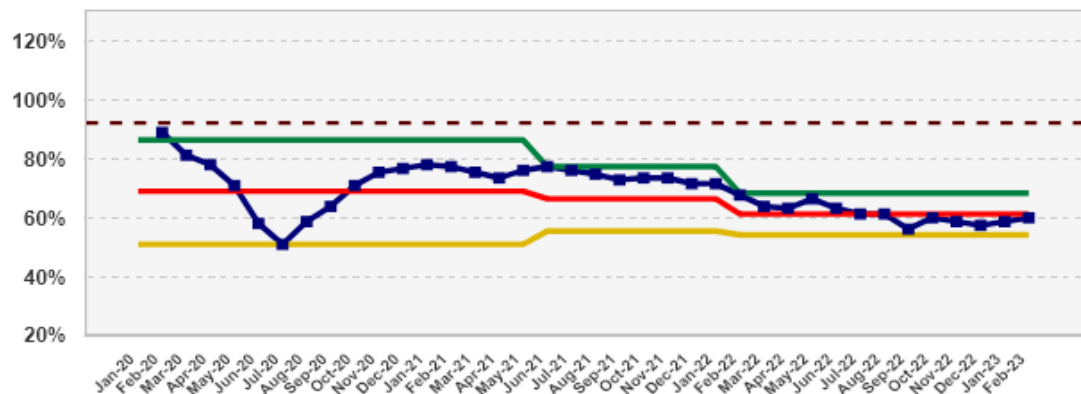
**28-Day FDS:** The FDS target is non-compliant for January 2023, with a performance of 71.01%. The target is projected to return to compliance in February 2023, with a validated position of 78.07%. This follows dedicated work on the FDS target, particularly around Urology and Colorectal diagnostics, and the impact of the CCS digital cancer PTL, which is now well embedded.

**Clostridium Difficile** Two cases of C.difficile occurred on Marble Hill 2 ward at WestMid over February 2023. The root cause analysis meetings have been requested and all learning will be shared with the clinical division following the meeting. Ribotyping has also been requested to exclude Jan cross-transmission.

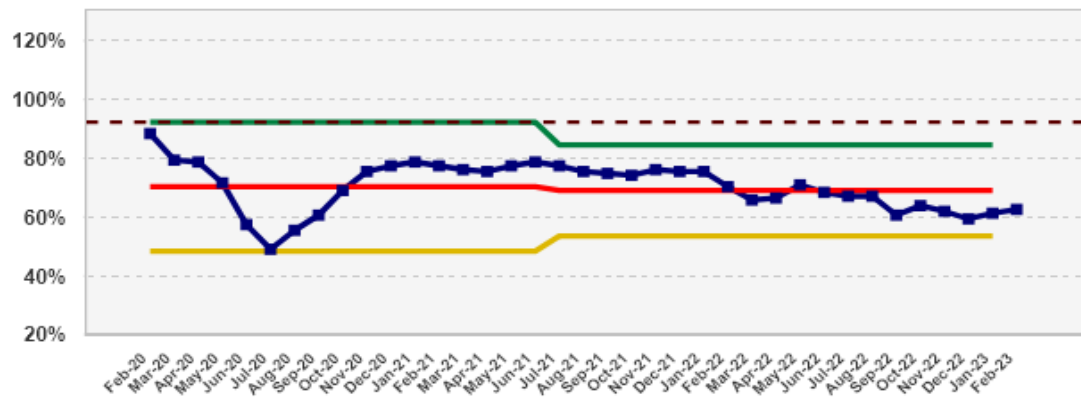


SELECTED BOARD REPORT NHSI INDICATORS

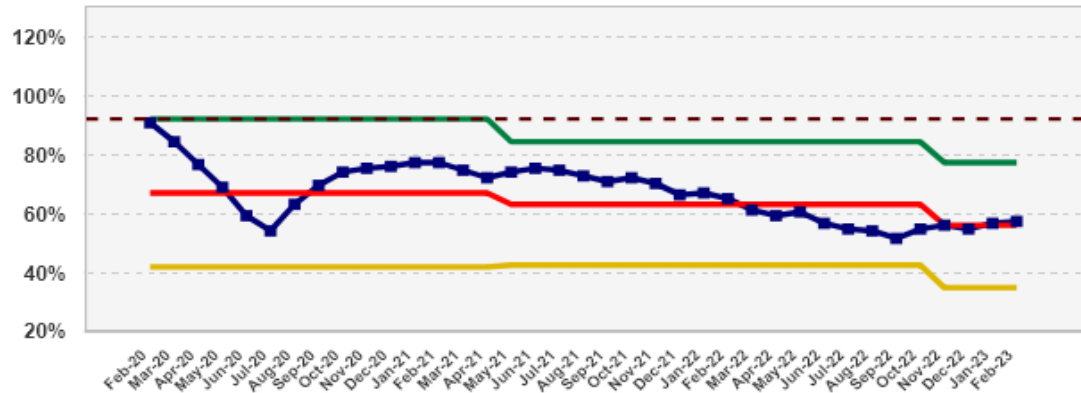
RTT Incomplete pathways  
Trust Total



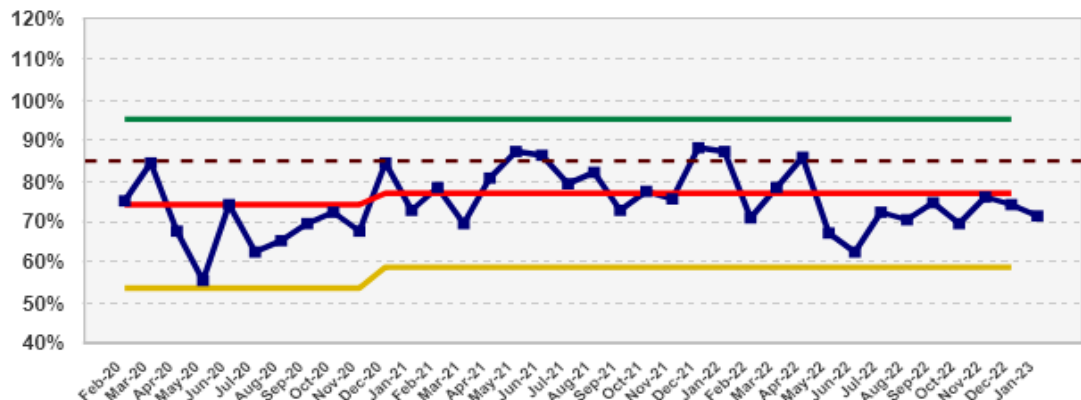
Chelsea and Westminster



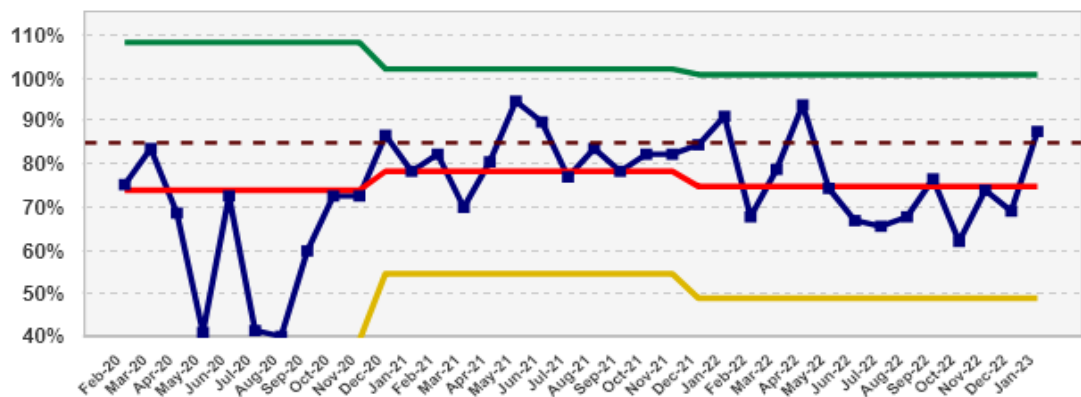
West Middlesex



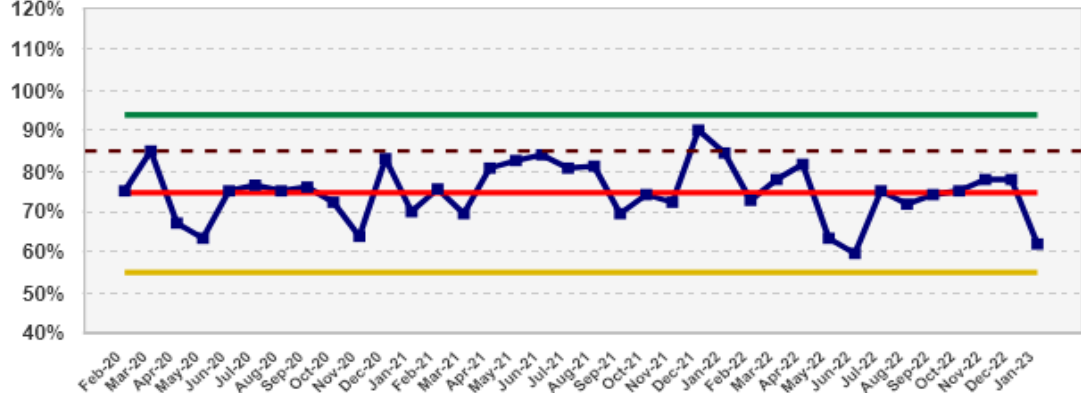
Cancer: 62 day standard  
Trust Total



Chelsea and Westminster



West Middlesex



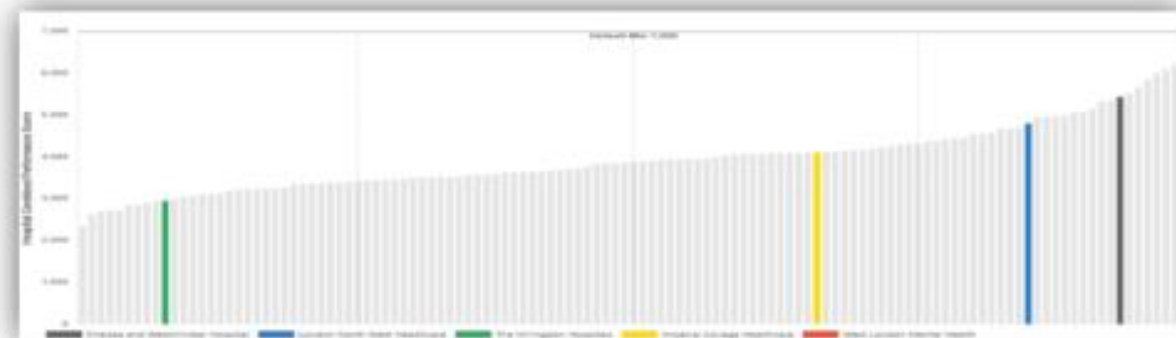


### National Benchmarking Against Select Indicators

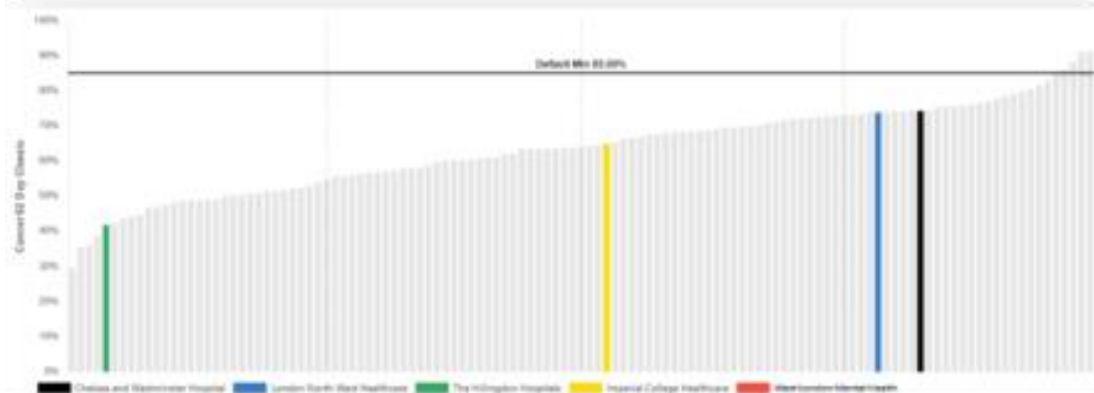
The below has been sourced from PublicView and represents the Trust Performance for January 22. The ranking is based on peers in the same group as the Trust.

The Trust ranked 8th nationally on the HCS in Feb 2023, similar position to the previous month.

### Hospital Combined Score -9<sup>th</sup> Nationally

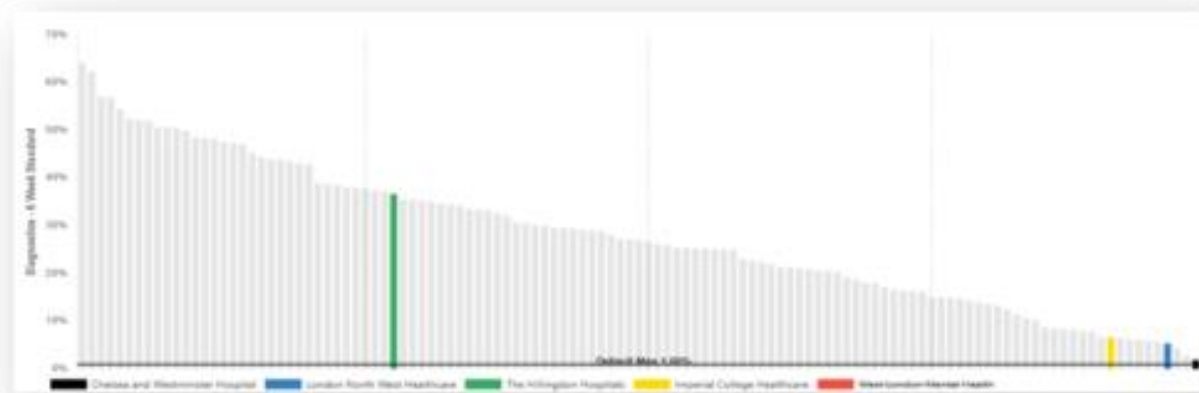


### Cancer 62 Days 14<sup>th</sup> OF 121



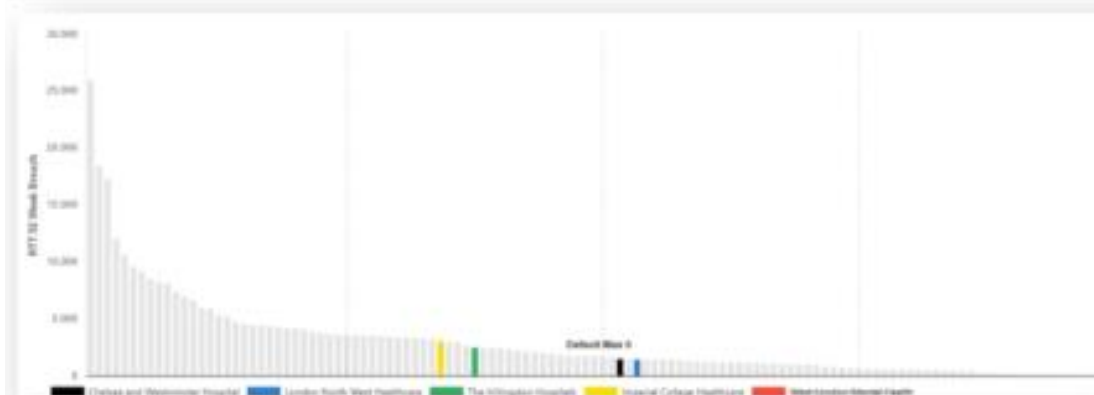
**62 Day Cancer Standard:** The Trust is currently ranked 14<sup>th</sup> out of 121 Trusts, and improved in ranking when compared to the previous month from 21<sup>st</sup>.

### 6 -wk. Diagnostic – 2<sup>nd</sup> OF 119



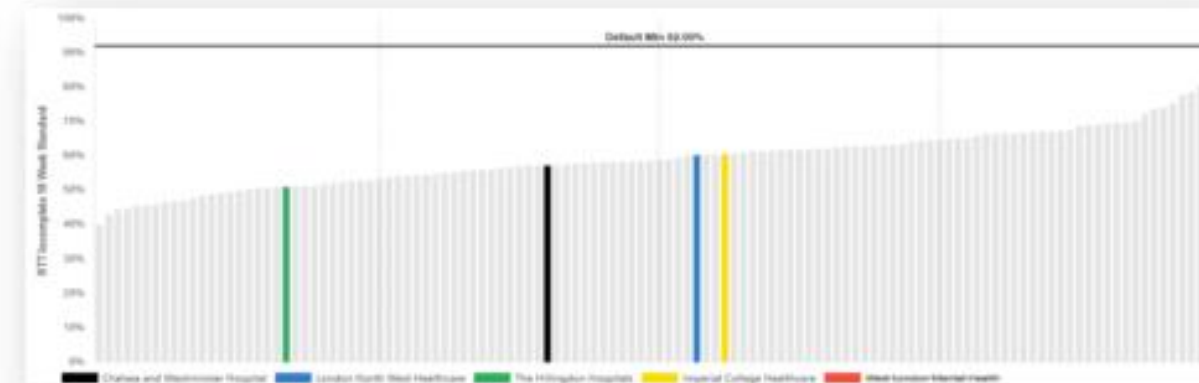
**6 Week Diagnostic Standard:** The Trust is second position in the league table nationally for diagnostic waits.

### RTT 52 wks- 52<sup>nd</sup> OF 120



**RTT 52 Week Breaches:** The Trust is currently ranked 52<sup>nd</sup> of 119 Trusts, an improvement in ranking when compared to the previous month.

### RTT 18-wk Incomplete Pathway 66<sup>th</sup> OF 120



**RTT 18 Week Standard:** This position is showing a 20-point movement since Sept 22 and an improvement in ranking when compared to the previous month.





## Safety

### Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	1	0	3	0	0	0	4	0	1	0	1	7	
	Hand hygiene compliance (Target: >90%)	99.0%	95.8%	95.7%	94.9%	96.4%	96.8%	97.8%	95.4%	97.5%	96.2%	96.6%	96.4%	95.1%	
Incidents	Number of serious incidents	3	1	2	23	7	3	2	41	10	4	4	8	64	
	Incident reporting rate per 100 admissions (Target: >8.5)	8.2	9.3	9.0	8.7	10.8	10.7	9.2	9.9	9.5	10.0	9.1	9.5	9.3	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.02	0.03	0.00	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.01	0.02	0.02	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.01	4.03	4.29	4.80	2.96	2.91	3.57	3.14	3.47	3.47	3.91	3.67	3.94	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%	
Harm	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	1	0	2	0	1	0	1	2	
	Safeguarding adults - number of referrals	34	32	24	277	26	32	32	368	60	64	56	120	645	
Mortality	Safeguarding children - number of referrals	16	17	13	210	60	114	75	941	76	131	88	219	1151	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	69	69	68	68	74	72	73	73	72	71	71	71	71	
	Number of hospital deaths - Adult	47	52	38	487	102	88	60	755	149	140	98	238	1242	
	Number of hospital deaths - Paediatric	0	1	1	7	0	0	0	0	0	1	1	2	7	
	Number of hospital deaths - Neonatal	1	2	2	17	1	0	0	7	2	2	2	4	24	
	Number of deaths in A&E - Adult	0	0	0	0	5	4	3	50	5	4	3	7	50	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

Please note the following

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An empty cell denotes those indicators currently under development



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

#### Incidents

There were four External SIs reported in February 2023; Two patient falls, one incident of suboptimal care of the deteriorating patient and one treatment delay . The investigations into these events will seek to identify any care or service delivery challenges that impacted the outcome and establish actions to reduce the risk or consequence of the event reoccurring. During the target month (February 2023) the target for the number of patient safety incident per 100 admissions (>8.5) was exceeded by both sites. It is anticipated that reporting rates will increase 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

135 incidents were reported in February, less than in January. The target has been met at CW site only, although an improvement has been seen in the reporting rate for WM site, in comparison to last month. Feedback from focal teaching sessions on improving the reporting of medication-related incidents, is that there is an unawareness amongst staff as to what type of medication –related errors should be included for reporting. This will be explored by the MSG to raise awareness Trustwide, in a bid to encourage the reporting of medication-related incidents of all degrees of harm (including of near miss errors).

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

There were two incidents of moderate harm reported in February at CW site, which are pending investigation. This is within the Trust target of ≤2%.

#### Safeguarding

Safeguarding adult referrals remain fairly static with an even split between sites. These continue to be complex cases supported by the multi-disciplinary safeguarding team. Children's referrals are steady at Chelsea site & have settled at West Middlesex site following a peak in January. The variation in numbers between sites is due to the requirements of local boroughs in how referrals are recorded, we continue to work with them to try to align this. As with adult cases the children's referrals are often very complex involving mental health and other services working in conjunction with the safeguarding children's team.



## Patient Experience

### Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	88.6%	92.3%	95.0%	94.0%	97.5%	98.7%	96.6%	96.6%	93.5%	95.9%	96.0%	95.9%	95.6%	
	FFT: Inpatient not satisfaction % (Target: <10%)	3.0%	2.1%	3.2%	2.4%	0.6%	0.2%	1.1%	1.1%	1.7%	1.0%	1.9%	1.5%	1.6%	
	FFT: Inpatient response rate (Target: >30%)	20.8%	28.2%	26.3%	24.3%	40.2%	45.8%	45.6%	48.5%	28.3%	35.8%	35.2%	35.5%	34.9%	
	FFT: A&E satisfaction % (Target: >90%)	77.9%	86.9%	80.5%	80.9%	69.3%	80.9%	79.1%	76.0%	75.1%	85.2%	80.1%	82.6%	79.4%	
	FFT: A&E not satisfaction % (Target: <10%)	15.4%	8.5%	12.3%	12.9%	23.4%	14.1%	14.8%	16.9%	18.0%	10.1%	13.0%	11.6%	14.0%	
	FFT: A&E response rate (Target: >30%)	19.1%	22.5%	25.8%	20.9%	18.4%	20.0%	23.2%	19.9%	18.9%	21.7%	25.0%	23.2%	20.6%	
	FFT: Maternity satisfaction % (Target: >90%)	89.1%	89.0%	91.4%	87.9%	88.6%	88.0%	94.8%	91.5%	88.9%	88.6%	92.4%	90.6%	88.5%	
	FFT: Maternity not satisfaction % (Target: <10%)	6.8%	8.7%	3.5%	8.5%	10.2%	7.2%	2.6%	5.7%	8.1%	8.2%	3.3%	5.7%	8.0%	
Experience	FFT: Maternity response rate (Target: >30%)	27.1%	32.4%	42.6%	29.5%	19.3%	17.5%	25.5%	21.9%	23.5%	25.4%	35.9%	29.9%	27.9%	
	Breach of same sex accommodation (Target: 0)	0	0	0	0	12	8	13	144	12	8	13	21	144	
Complaints	Complaints (informal) through PALS	10	15	22	492	10	31	35	371	20	46	57	103	863	
	Complaints formal: No of complaints due for response	32	18	19	275	14	6	17	150	46	24	36	60	425	
	Complaints formal: Number responded to < 25 days	24	18	9	240	11	3	14	128	35	21	23	44	368	
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	1	1	0	0	0	0	0	0	1	1	1	

Please note the following

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

Regarding Friends and Family Tests: These metrics are currently suspended and will be re-instated if this report when brought back on line

#### 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 mixed sex breach. West Middlesex has unfortunately seen 13 breaches in February. This is due to an increase in delayed discharges to the wards and a high occupancy in the AICU. We had been making significant improvement in tackling mixed-sex accommodation in Q3 but have since faced operational challenges and high acuity. Whilst from a quality perspective, we have ensured that our patients are cared for well and their dignity maintained. Every unjustified breach is one too many and continue to work with the site operations team to decrease the number of occurrences of unjustified mixed sex accommodation.

#### Complaints

67% of complaints were responded to within the 25 day KPI (target 95%) during February. Eleven complaints were not responded to within the timeframe (3 for PC, 6 for EIC and 2 for WCH Division) due to availability of Divisional staff to complete investigations and unplanned leave and vacancies within the PALS and Complaints team. We are expecting recovery in March. Compliance with responding to PALS concerns within 5 working days was 98% (KPI 90%).

#### Friends and Family Test

February has seen improvements in a number of areas for FFT, most notably the positive score and response rate for Maternity; this is attributed to the continued presence of patient experience in the unit and engagement from the maternity teams in promoting feedback. Nudge messaging has resulted in a 3% increase in response rates for A&E in Feb vs Jan. The main area to focus on continues to be Chelsea's inpatient response rate, which has scored below 30% continuously for 3 months. Patient experience team will continue to support ward teams in promoting feedback and inputting this where possible. Themes for positive and negative comments remain similar to that of previous months for all areas.



## Efficiency and Productivity

### Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.11	1.66	2.23	2.05	2.15	1.49	1.54	2.27	2.12	1.62	2.03	1.82	2.10	
	Average length of stay - non-elective (Target: <3.95)	4.06	4.70	3.85	3.92	4.41	4.34	3.70	3.94	4.25	4.51	3.77	4.15	3.93	
	Emergency care pathway - average LoS (Target: <4.5)	4.57	5.47	4.26	4.42	5.23	5.26	4.20	4.61	4.95	5.35	4.22	4.79	4.53	
	Emergency care pathway - discharges	273	255	250	2938	374	348	352	4056	647	603	602	1206	6994	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.84%	5.28%	4.86%	5.47%	6.91%	6.68%	6.29%	6.80%	6.38%	5.97%	5.58%	5.78%	6.12%	
	Non-elective long-stayers	462	476	233	4329	433	409	281	4240	895	885	514	1399	8569	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	77.6%	86.8%	87.9%	84.5%	85.2%	78.6%	87.7%	81.3%	80.1%	84.2%	87.9%	85.9%	83.6%	
	Operations cancelled on the day for non-clinical reasons: actuals	5	33	16	92	47	62	17	284	52	95	33	128	376	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.18%	0.99%	0.52%	0.26%	2.11%	2.61%	0.70%	1.16%	1.03%	1.67%	0.60%	1.15%	0.63%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	4	22	3	32	7	7	0	51	11	29	3	32	83	
	Theatre Utilisation Model Hospital (Target > 85%)	75.6%	78.7%	80%	78.1%	87.0%	87.4%	88.6%	87.6%	79.4%	81.4%	82.6%	82.0%	81.2%	
Outpatients	First to follow-up ratio (Target: <1.5)	2.31	2.23	2.13	2.21	1.88	1.76	1.68	1.74	2.12	2.03	1.94	1.99	2.00	
	Average wait to first outpatient attendance (Target: <6 wks)	9.9	12.6	12.0	10.4	11.6	12.7	13.7	11.5	10.7	12.7	12.7	12.7	10.9	
	DNA rate: first appointment	12.5%	11.4%	10.8%	11.3%	11.0%	10.1%	8.5%	10.2%	11.8%	10.8%	9.8%	10.3%	10.8%	
	DNA rate: follow-up appointment	11.2%	9.9%	9.1%	10.0%	9.4%	9.1%	8.5%	8.7%	10.5%	9.6%	8.9%	9.3%	9.5%	

Please note the following

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An empty cell denotes those indicators currently under development



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

#### Day case Rate

There was an improvement in February on both sites with an overall trust performance of 87.9%. The improvement on the Chelsea site was driven by an increased number of daycases conducted – 44 more day cases undertaken than in January. The improvement on the West Middlesex site was driven by a reduction in the number of failed daycases.

#### Cancelled Operations

Cancelled Operations on the day decreased significantly on both sites in February. On the West Middlesex site issues with lack of available beds and capacity in the Day Surgery Unit eased in February thus reducing the number of cancellations for this reason. The cancellations on the West Middlesex site were due to surgeon sickness for a high-volume low-complexity list and case over-runs, lack of available beds only accounted for three cancellations. On the Chelsea site staffing issues were the predominant reasons for cancellations in February.

#### Theatre Utilisation

Utilisation increased on both sites from 81.4% in January 2023 to 82.6% in February. The number of inpatients on the Day Surgery Unit on the West Middlesex site decreased in February, thus addressing the impact on start times and inter-case downtime / turnover that was seen in January. On the Chelsea site the improvement in performance was driven primarily by an increase in utilisation in the Main Theatres complex. Work has commenced to improve theatre utilisation in the Treatment Centre and Paediatric Theatres – if successful this will raise overall Trust performance on Theatre Utilisation.

#### Outpatients

**First to follow up ratio** improved slightly at both sites but despite progress there remains work to do to meet this KPI. The Cerner PIFU go live for remaining specialities should finally go live this month, which is expected to have a positive impact on this KPI. The **DNA rate** improved again for both new and follow up patients on both sites, which is a real positive. OP Board will be focussing this year on specialty variation in DNA to look to improve productivity. The **average wait to first attendance** is static overall but CW improvement masks another drop at WMUH where we have a greater capacity challenge for new patients.





## Clinical Effectiveness

### Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	97.7%	96.2%	94.8%	96.0%	91.5%	93.8%	91.9%	93.6%	94.4%	94.9%	93.3%	94.1%	94.7%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	71.4%	52.9%	57.1%	67.6%	83.3%	76.0%	76.9%	81.4%	78.1%	66.7%	66.7%	66.7%	74.9%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	87.5%	66.7%	71.4%	86.2%	90.9%	90.0%	100.0%	92.0%	90.0%	84.6%	86.2%	85.5%	89.7%	
VTE	VTE: Hospital acquired	0	0	1	7	5	6	6	47	5	6	7	13	54	
	VTE risk assessment (Target: >95%)	89.9%	89.5%	92.0%	90.0%	94.8%	94.7%	96.4%	95.7%	92.3%	91.9%	94.2%	93.0%	92.8%	
TB Care	TB: Number of active cases identified and notified	3	1	3	42	6	4	6	91	9	5	9	14	133	
Sepsis	ED % Periods Screened (Target >90%)	94.2%	91.8%	93.2%	92.5%	80.8%	85.3%	87.3%	78.4%	89.2%	89.1%	90.9%	90.0%	86.9%	
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	76.8%	83.5%	81.4%	78.5%	83.3%	88.8%	89.3%	84.1%	78.7%	85.6%	84.2%	84.9%	80.3%	
	Ward % Periods Screened (Target >90%)	87.4%	85.2%	87.3%	87.8%	93.8%	94.5%	94.2%	94.2%	90.7%	89.6%	90.5%	90.0%	90.8%	
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	95.3%	96.6%	96.1%	95.0%	96.7%	95.6%	98.5%	95.8%	96.1%	96.1%	97.3%	96.7%	95.5%	
Improving outcomes for Inpatient diabetes patients	% of patients identified and triaged as having diabetes														
	Number of inpatient nurses/HcAs that have received 10-point training	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Length of stay for elective (surgical specialties only) patients with recorded diabetes	5.5	3.5	5.1	4.7	7.8	3.0	4.4	4.2	6.3	3.3	4.8	4.1	4.5	
Improving clinical handover	Junior Doctors Trained on the principle of safe and effective handover (Target >=50%)	32.7%	32.7%	63.0%	33.4%	25.7%	31.1%	31.1%	18.6%	29.2%	31.9%	41.6%	36.1%	25.7%	
	Attendance at downstream ward (Target >=95%)	90.5%	87.0%	-	89.5%	66.7%	-	0.0%	36.6%	89.4%	87.0%	0.0%	54.3%	83.0%	

Please note the following

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An empty cell denotes those indicators currently under development



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

#### VTE Risk

WMUH site has met the  $\geq 95\%$  target (96.4% achieved). VTE root cause analysis is performed for HATs to ensure appropriate VTE prevention management with shared learning. There has been a step improvement in VTE on the Chelsea site, with a mid-month improvement in Planned care, though still non-compliant. VTE root cause analysis is performed for HATs to ensure appropriate VTE prevention management with shared learning.

#### Sepsis (Deteriorating Patient)

Four metrics have now been agreed for reporting and included in the Integrated Board Report. Following a significant focus at both site, performance on the wards meets current targets. The volume of patients on both sites remains a challenge to completing key tasks, however even though screening processes are not consistently being completed at the WMUH site, patient continue to have a timely clinical review.

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

WM site operated 9 of the 12 medically fit patients within 36 hours with 3 reported breaches, with the longest wait reported as 52 hours for surgery. All 3 cases were not completed due to overrunning of the cases before and this resulted in delays in surgery. CW site operated on 8 of 14 patients within 36 hours and the remaining 6 were operated on outside the threshold target with the longest waiting for 51 hours. A mixture of lack of capacity and overrunning patients contributed to this cohort of patients with the majority of the delays occurring midweek. All except one of the patients who were operated on outside of the 36 hours were escalated to operational teams to assist addressing capacity constraints. All patients on both hospital sites achieved the remaining seven best practice tariff indicators.

#### Clinical Handover

Significant improvement in Junior doctors trained on the Chelsea site to a compliant position. On the Chelsea site there was also compliance with the handover to downstream ward metric. On the West Mid site there is still a challenge with the handover to downstream ward metric and work is on-going to improve this. Junior doctor and all clinical staff training in handover principles has been moved to the e-learning portal going forward and compliance with agreed metrics is expected.





## Access

### Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts
RTT waits	RTT Incomplete 52 week Patients at month end	449	441	503	503	1074	876	699	699	1523	1317	1202	1202	1202	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	97.11%	98.88%	99.53%	98.39%	99.05%	99.04%	98.77%	99.22%	98.11%	98.97%	99.13%	99.05%	98.83%	
	Diagnostic waiting times >6 weeks: breach actuals	128	47	21	711	45	45	59	398	173	92	80	172	1109	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.7%	9.1%	8.6%	9.1%	7.6%	8.9%	8.8%	8.5%	8.9%	9.1%	8.7%	8.9%	8.9%	
	A&E time to treatment - Median (Target: <60')	00:30	00:23	00:30	00:28	01:12	01:03	01:04	01:04	00:44	00:37	00:42	00:40	00:42	
	London Ambulance Service - patient handover 30' breaches	61	35	25	416	315	220	82	1680	376	255	107	362	2096	
	London Ambulance Service - patient handover 60' breaches	12	3	2	34	81	27	16	192	93	30	18	48	226	
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

#### RTT Incomplete Pathway (52week Waits)

The Trust incomplete position remains similar to the previous months, however there are no reported 104wk waiting patients and we have seen a significant reduction in the over 52 and 78wk cohorts. Recent industrial action is projected to adversely impact on the incomplete position for March through the cancellation of outpatient and inpatient activity, however specialties are looking to replace lost activity with additional clinics and theatre lists.

#### Diagnostic 6-Week Waits

The Trust achieved both the national DM01 measure (95%) and the local (99%) standard with a performance position of 99.13%, even with the internal target of all 2WW diagnostic tests being delivered within 5 days. Work continues to maintain this position over the coming months.

#### A&E Unplanned re-attendances

Re-attendances to A&E overall stable at Trust-level with a decrease observed at both the Chelsea and West Middlesex sites. This continues to be reviewed by the teams and work continues to ensure patients are redirected to more appropriate pathways such as community services or ambulatory care.

#### Ambulance Handover

The Emergency Departments saw a reduction in ambulance handover breaches in the month and we remain a top performer on this metric as we continue to work towards eliminating all 60 minute breaches.



## RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Dec-22	Jan-23	Feb-23	Dec-22	Jan-23	Feb-23	Dec-22	Jan-23	Feb-23
RTT waiting list positions	Total RTT waiting list	26852	25826	25382	27506	28665	29814	54358	54491	55196
	Total Non-Admitted waiting list	22757	21604	21069	25692	26874	27983	48449	48478	49052
	Non-Admitted with a date	6244	9009	11359	7825	11584	13229	14069	20593	24588
	Non-Admitted without a date	16513	12595	9710	17867	15290	14754	34380	27885	24464
	Total Admitted waiting list	4095	4222	4313	1814	1791	1831	5909	6013	6144
	Admitted with a date	634	915	1288	348	508	740	982	1423	2028
	Admitted without a date	3461	3307	3025	1466	1283	1091	4927	4590	4116
	Patients waiting >78 weeks	17	36	35	47	58	28	64	94	63
	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		
	Dec-22	Jan-23	Feb-23	Dec-22	Jan-23	Feb-23	Dec-22	Jan-23	Feb-23
<b>Total</b>	<b>449</b>	<b>441</b>	<b>503</b>	<b>1074</b>	<b>876</b>	<b>699</b>	<b>1523</b>	<b>1317</b>	<b>1202</b>
Colorectal Surgery	8	10	11	129	148	148	137	158	159
Dermatology	111	61	61	81	25	14	192	86	75
ENT				25	40	52	25	40	52
Gastroenterology				1			1		
General Surgery	34	29	39	109	100	87	143	129	126
Gynaecology	14	13	30	4		23	18	13	53
Not Stated				2	1	2	2	1	2
Ophthalmology	6	3	5				6	3	5
Oral Surgery				51	39	45	51	39	45
Orthodontics	1	2					1	2	
Paediatric Clinical Haematology				1	2	2	1	2	2
Paediatric Clinical Immunology	5	8	7		1	1	5	9	8
Paediatric Dentistry	36	22	16				36	22	16
Paediatric Dermatology	4	1	2	36	13	16	40	14	18
Paediatric Ear Nose and Throat	1	4	6	56	50	34	57	54	40
Paediatric Endocrinology				4	1	1	4	1	1
Paediatric Gastroenterology	2	2	1	1	2	4	3	4	5
Paediatric Maxillo-Facial Surg								1	1
Paediatric Plastic Surgery	7	12	11				7	12	11
Paediatric Surgery	1			1			2		
Paediatric Trauma and Orthopaedics	1		4	1	3	7	2	3	11
Paediatric Urology		2	1	2	1	1	2	3	2
Paediatrics	5	2	2		1		5	3	2
Pain Management	2		1				2		1
Plastic Surgery	59	60	60	58	63	69	117	123	129
Trauma & Orthopaedics	54	54	66	35	45	70	89	99	136
Urology	34	46	81	140	94	53	174	140	134
Vascular Surgery	64	109	98	337	247	70	401	356	168



## Maternity

### Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:29	1:29	1:29	1:27	1:31	1:31	1:31	1:28	1:30	1:30	1:30	1:30.00	1:27.5	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:77	1:77	1:77	1:77	1:98	1:98	1:98	1:98	1:87.5	1:87.5	1:87.5	1:87.50	1:89.41	-
Birth indicators	Total number of NHS births	452	428	166	4638	368	390	151	3905	820	818	317	1135	8543	-
	Total number of bookings	464	445	489	5807	425	554	325	4995	889	999	814	1813	10802	-
	Maternity 1:1 care in established labour (Target: >95%)	98.4%	97.5%	98.9%	98.4%	98.5%	98.2%	95.3%	97.6%	98.5%	97.9%	97.0%	97.6%	98.0%	-
Safety	Admissions >37/40 to NICU/SCBU	7	5	2	121	n/a	n/a	n/a	n/a	7	5	2	7	121	-
	Number of reported Serious Incidents	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	10.1%	9.9%	7.7%	7.7%	9.9%	7.6%	5.9%	7.9%	10.0%	8.8%	6.8%	8.2%	7.8%	-
	Number of stillbirths	3	0	1	11	1	1	1	14	4	1	2	3	25	-
	Number of Infant deaths	1	1	0	8	1	0	1	9	2	1	1	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	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	n/a	n/a	0.0%	0.0%	-
	Spontaneous unassisted vaginal births	23.2%	25.2%	21.0%	24.5%	32.5%	33.6%	31.9%	31.7%	27.4%	29.3%	26.3%	28.5%	27.8%	-
	Vaginal Births - spontaneous & induced	58.3%	53.1%	57.3%	57.5%	59.6%	57.1%	64.4%	58.1%	58.9%	55.1%	60.8%	56.6%	57.8%	-
	Instrumental deliveries	16.5%	12.6%	12.6%	16.0%	13.0%	12.3%	15.6%	12.8%	14.9%	12.5%	14.0%	12.9%	14.5%	-
	Pre-labour elective caesarean sections	71	64	27	710	30	40	13	451	101	104	40	144	1161	-
	Emergency caesarean sections in labour	51	53	20	584	68	77	22	731	119	130	42	172	1315	-

Please note the following

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An empty cell denotes those indicators currently under development



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



The above dashboard metrics covers: workforce, birth indicators, safety and clinical outcomes. A full quarterly maternity safer staffing report and quality and safety report is now being produced and presented from quarter 3 of 2022.

### Workforce

The current midwifery ratios on each site for the month of February are 1:29 at Chelsea and 1:31 at West Middlesex based on our average ratio's, the Trust went live with phase1 K2 Digital Maternity System implementation on 14<sup>th</sup> February and there is reconciliation of the clinical dashboards as a result of this. The recommended birth rate plus ratios are 1:24.9 Chelsea and 1:21.7 West Middlesex and the birth rate plus business case was successfully approved in December 22. On-going recruitment is taking place to reduce the ratio's to those recommended. Both sites continue to be compliant for the 98 hours dedicated consultant labour ward presence and twice a day ward rounds. The MIS year 4, 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'. The data for the Trust for February will be presented next month as we are in Phase 1 of the K2 end to end transformation. The obstetric workforce job planning is currently in progress.

### Safety

**(1) PMRT (Cross site):** For February 2023 there were 3 stillbirths 2 late fetal losses and one neonatal death across the Trust (2 cases between 22 and 23 weeks, 2 cases between 24-27 weeks and one case 32-36 weeks and 1 case 37-41 weeks. The causes identified to date were (i) congenital anomaly for the neonatal death (ii) one fetal cause (iii) 3 cases cause currently being reviewed.

2 cases were closed in the recent March Perinatal Mortality Meeting and the following contributory factors and actions identified:

- Hypercoiled umbilical cord resulting in placental insufficiency with a Small for Gestational Age baby.
- There was a delay in the Registry Office receiving the Stillbirth certificate and they couldn't register the stillbirth when they had planned to. Action: The delay in the registry office receiving the documentation will be looked in to to ensure that other families do not have a similar experience.
- It was not possible to tell from the notes if the parents were told where their baby was being taken to and why when he was taken to the mortuary – Action: The Bereavement Care Pathway is being updated to enhance documentation related to this element of care.
- Mother was not offered a Kleihauer test and lack of one to one care may have been contributory. Action: Adequate staffing levels to ensure provision of one to one care on Bereavement suite.
- Incidental finding of partograms not being completed. Action: Review of maternity handheld notes to identify ways in which staff are reminded to complete the partogram in bereavement care.

### (2) ATAIN:

**WHUH site:** A total of 19 admissions adjusted admissions was 17. Of these 1 was avoidable (admitted for Jaundice) as case was admitted to the unit as no beds available elsewhere in the hospital. The cases are being reviewed in detail and learning will be reported in March report. In January there was an increased rate of 4.9% (20 admissions) noted and a review is being completed.

### (3) SIs:

**WHUH site:** 3 ongoing HSIB cases, 2 external Level 3 (1 was submitted this week and the other 1 now ready for sign off). 5 internal L2 ongoing (1 almost ready for sign off, 2 have had a panel and 2 awaiting a panel, now delayed due to Drs strike0. Learning around (i) management of reduced FMs - need for clearer pathway/guideline and (ii) recognition of active labour.

### CWH site:

- (i) Internal SIs – there were 11 level 2 investigations (ii) Two level 3 External SIs and (iii) 1 HSIB investigation. . There are 14 open serious incidents. In addition, 3 reports (2 internal and 1 external) are with executive team for final approval.
- (ii) Private Maternity Care (Ken Wing) - 2 internal and 1 external
- (iii) Learning around swab counting, management of wound infection, communication between ED department and Maternity.

**HSIB February cross site report:** We have referred a total of 74 cases to date, 28 cases rejected, 40 completed investigations. There are currently 6 active cases. Recommendations (i) Management of antenatal care due to previous SGA (ii) Induction of labour – decision to induce, delay of IOL, monitoring and assessments, 1:1 care and (iii) antenatal and intrapartum management of GDM - Decision and planning for mode of baby births during second stage of labour and CTG management in labour.

### Audits

Documentation audit: Daily documentation spot checks are being undertaken to ensure (i) the digital workflows are working in real time (ii) embedding of education on the shop flow of data entry and accurate documentation. Audit tools are being designed in K2 to allow rapid reporting to support safety actions for MIS, Ockenden and national audits.

### Preterm birth:

The national target is to reduce the PTB rate to 6% by 2025 and Ockenden SA9.

- **WMUH:** For January 2023 there was a total of 26 live singleton preterm births (<37/40). The Singleton PTB rate was 6.8% and of these 4.4% was spontaneous and 2.3% iatrogenic. 6 babies born < 34+0 wks. 3 of these babies were < 30+0 wks and all 3 received MgSO4 and GBS prophylaxis but only single dose of steroids as all 3 delivered <6hrs from arrival. 3 of these >30+0 weeks - 2 received MgSO4 and single dose of steroids, 1 did not receive either due to cat 1 CS having presented with pathological CTG.
- **CWH:** There were 19 singleton preterm births (**TBC**), 8 were spontaneous and 10 iatrogenic. There were 6 sets of twins. 4 inutero transfers accepted gave birth prematurely at CWH and these births accounted for all the premature births below 28 weeks gestation within the month. There was 100% compliance with magnesium sulphate. 11 babies met the criteria for steroids, and of these 4 received a full course. 6 cases received a partial course of steroids due to imminent birth occurring before the second dose could be administered.

### SBLCBv2 update:

- Element 1 (CO screening) – we are continuing regular meetings and action plan has been implemented. Delay in pulling this month's compliance due to K2. Next meeting on Monday 13<sup>th</sup> to review compliance
- Element 3 (RFM) – compliant with last audit. When new Band 7 appointed in Maternity triage this audit will be handed over and continued.
- Element 5 (PTB) - we are not at 85% for administration of steroids within 7 days of birth. An action plan has been submitted as part of the compliance for MIS to achieve 85%. A cross site PTB MDT will commence next month to review all PTB cases. This will formalise the current audit process and use this to share learning and themes including trying to improve steroid timing within 7 days of birth.





## Perinatal Quality Surveillance Model Board Reporting

CQC Metric Ratings- Jan 2020	Site	Overall	Safe	Effective	Caring	Well-led	Responsive
	WM	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
	CW	Good	Requires Improvement	Good	Good	Outstanding	Good

Maternity Safety Support Programme in place	No
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	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training)	90% + requirement	65.90%	67.90%	73.00%	71%	69%	76%	67%	81%	91%	92%	92%
Service User Feedback FFT	feedback Received- yes/no (add narrative each month)	Yes	Yes	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	Yes	Yes
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	1	1	0	1	0	0	0	0	0	0	0
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0	0
Progress in achievements of NHSR MIS year 4 (10 safety actions)	No of actions green	Paused	2	2	2	2	3	3	6	6	10	10
	No of actions amber	Paused	6	6	6	6	5	5	3	3	0	0
	No of actions red	Paused	2	2	2	2	2	2	1	1	0	0
Ockenden compliance against 7 IEA's (49 compliance questions)	Total of 49 being 100%	93%	93%	93%	100%	100%	96%	96%	100%	100%	100%	100%
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 72%) Midwives 80% cross-site B) (Trust average 79%) Midwives 80% cross-site April 2021											
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 72%) Obstetricians 71% cross-site B) (Trust average 79%) Obstetricians 91% cross-site April 2021											
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.

**Mandatory training:** Currently multi-disciplinary training compliance over a 12 month period stands at 92% combined for all members of the multidisciplinary team with a target of above 90% this is significant improvement from last year and the target has been achieved for year 4 of the maternity incentive scheme.

**Service user feedback:** The service receives monthly friends and family test feedback and for February was 94.87% for WM and 90.24% for CW which has seen continued improvement, the Chelsea site has increased their response rate to 44% and learning is shared across both sites. These scores are impacted by feedback related to delays in induction, cancellations in caesarean sections at Chelsea which has now been added to the divisional risk register and is being monitored closely by the leadership team. 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 recent CQC national survey published in May identified 5 questions where CW/WM are in the 5 top performing Trust in London. The areas for improvement from the survey are listening, feeding support and postnatal care and the service has a full action plan in place to address these areas. The service has also undertaken two local surveys to understand the experiences of services users: Health watch Richmond Survey of service user experiences during Covid (October 2020) and experiences of women from Black, Asian and minority ethnic background. Both surveys have associated action plans and updates are provided to the Trust Quality Committee on a quarter basis. All individual actions plans are being merged together into one overall 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. 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 very positive with staff feeling supported and well informed. The trust has received 3 early notifications of concern from HSIB for action in the last 9 months, the last one was in July. All early notifications detailed actions plans that are monitored on a monthly basis by the Director of Midwifery and Clinical Director.

**Maternity incentive Scheme year 4:** The service successfully achieved the 10 safety actions in year 4 of MIS (10% reduction in CNST premium) which was presented to the executive board in February 2023. 2 action plans where submitted 1:1 care in labour at WM and Neonatal Nurse Staffing at CW all other safety actions were fully met.

**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. We are now fully compliant and will continue the audits to ensure the IEAs are embedded. CQC Inspection (February 2023): The maternity service had their Care Quality Commission inspection on 1&2 February 2023 and are awaiting the draft report. 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 very positive with staff feeling supported and well informed. The trust has received 3 early notifications of concern from HSIB for action in the last 9 months, the last one was in July. All early notifications detailed actions plans that are monitored on a monthly basis by the Director of Midwifery and Clinical Director.



Cancer Update

### 62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site	Dec-22	Jan-23	Feb-23	2022-2023	YTD breaches	Dec-22	Jan-23	Feb-23	2022-2023	YTD breaches	Dec-22	Jan-23	Feb-23	2022- 2023 Q4	2022-2023	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		87.5%	61.5%	50.0%	89.5%	14	87.5%	61.5%	50.0%	61.5%	89.5%	14		-
	Colorectal / Lower GI	73.3%	100%	100%	71.8%	14.5	81.8%	60.0%	0.0%	57.3%	28	76.9%	77.8%	50.0%	77.8%	64.1%	42.5		!
	Gynaecological	60.0%	100%	0.0%	85.3%	3	100%	100%	n/a	65.2%	11.5	71.4%	100%	0.0%	100%	72.0%	14.5		-
	Haematological	100%	100%	n/a	82.8%	2.5	71.4%	60.0%	75.0%	72.3%	7.5	75.0%	66.7%	75.0%	66.7%	76.3%	10		!
	Head and neck	0.0%	n/a	n/a	80.0%	2	n/a	100%	0.0%	50.0%	3.5	0.0%	100%	0.0%	100%	68.8%	5.5		-
	Lung	100%	100%	100%	100%	0	100%	57.1%	n/a	65.0%	3.5	100%	66.7%	100%	66.7%	81.1%	3.5		-
	Sarcoma	n/a	n/a	n/a	n/a		0.0%	n/a	n/a	7.1%	6.5	0.0%	n/a	n/a	n/a	7.1%	6.5		-
	Skin	90.0%	90.0%	83.3%	86.7%	10.5	87.5%	83.3%	75.0%	78.3%	16.5	88.9%	87.5%	80.0%	87.5%	82.5%	27		-
	Upper gastrointestinal	n/a	100%	50.0%	62.5%	7	80.0%	50.0%	40.0%	64.3%	6.5	80.0%	75.0%	44.4%	75.0%	63.3%	13.5		!
	Urological	50.0%	76.0%	52.6%	58.0%	46.5	82.8%	53.2%	64.4%	69.8%	66	69.4%	61.1%	61.5%	61.1%	65.7%	112.5		!
	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	n/a	n/a	33.3%	1	n/a	n/a	n/a	57.1%	3	n/a	n/a	n/a	n/a	52.9%	4		-

#### Trust Commentary

The 62-day target was non-compliant in January 2023, with a performance of 71.51%. The non-compliance has been largely driven by delays to first appointment, delays for diagnostics and patient choice to first diagnostics. Histology delays, although improving, continue to impact some of our pathways. Focused work is continuing on further reduction of the backlog with an aim to return to compliance over the coming months.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			2.5	6.5
Gynaecology		2.5	0	2
Haematology		1	2	5
Head and Neck			0	0.5
Colorectal		4	2	5
Lung		1	1.5	3.5
Skin	1	10	1	6
Testicular			0	1
Upper GI		1	0.5	1
Urology	3	12.5	11	23.5
<b>Total:</b>	<b>4</b>	<b>32</b>	<b>20.5</b>	<b>54</b>



## Safer Staffing

### Chelsea and Westminster Site

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	97%	83%	100%	105%	8.4	3.1	11.5	13		7.75%	13.47%	20.33%		3							86.8%
Annie Zunz	133%	100%	100%	116%	8.2	3.5	11.7	8		9.79%	9.12%	0%		11							95.0%
Apollo	101%	-	95%	-	15.7	0	15.7	N/A													75.0%
Mercury	100%	-	102%	-	7.1	0	7.1	9.4						1							92.0%
Neptune	108%	-	114%	-	9.4	0	9.4	11.1						4							91.9%
NICU	94%	-	94%	-	17	0	17	26		8.52%	8.91%	0%									100.0%
AAU	102%	75%	99%	113%	6.7	1.6	8.4	7.7		7.92%	10.70%	42.97%	5	68			1				100.0%
Nell Gwynne	105%	65%	131%	78%	5.1	3.5	8.7	6.9		-10.82%	15.76%	30.89%	2	59							94.7%
David Erskine	98%	80%	100%	131%	3.9	3.1	7.3	6.6		0.60%	9.52%	11.69%									93.8%
Edgar Horne	95%	71%	102%	123%	3.2	2.9	6	6.4		4.33%	16.67%	31.57%	3	51							
Lord Wigram	79%	82%	93%	111%	3.7	3	7	7.5		9.85%	10.62%	4.54%	2	22		2		1			96.4%
St Mary Abbots	98%	101%	103%	101%	3.9	2.7	6.7	7.2		21.89%	11.82%	9.03%	2	24		1		1			100.0%
David Evans	74%	117%	133%	296%	4.9	3.8	9	7.2		-6.50%	8.37%	26.09%		11		1					100.0%
Chelsea Wing	116%	112%	102%	96%	9.4	5.9	15.3	7.2		31.99%	7.14%	0.00%	1	10							
Burns Unit	90%	114%	114%	193%	12.4	3.8	17.1	N/A		18.10%	10.66%	0%		14							100.0%
Ron Johnson	97%	187%	108%	194%	4.8	4.8	9.5	7.6		18.23%	19.12%	35.29%	2	51							100.0%
ICU	99%	96%	103%	96%	26.2	2.3	28.6	26		14.38%	12.59%	0%		3				1			
Rainsford Mowlem	117%	82%	132%	110%	4.3	3.2	7.9	6.9		3.96%	18.32%	23.50%	2	49		1		1			78.5%
Nightingale	89%	72%	99%	118%	3.7	3.4	7.2	7.4			0.00%	14.55%	7	38		1					

### West Middlesex Site

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark		Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA				Qualified	Un-	No Harm & Mild	Moderate & Severe								
						Qualified															
												Month	YTD	Month	YTD	Month	YTD	Month	YTD		
Lampton	112%	90%	101%	83%	3.3	3.5	6.8	6.8		1.91%	5.15%	5.19%	3	41							96.77%
Richmond	96%	1.01	148%	388%	4.3	3.8	8.2	7.2		4.71%	11%	0.00%	3	33			1		1		
Syon  1 cardiology	96%	111%	96%	167%	3.8	2.5	6.3	8.8		11.66%	3.86%	9.16%	4	29			2				99%
Syon 2	121%	86%	97%	106%	3.9	3.1	7.5	6.6		7.97%	12.90%	12.26%	6	32	1	1					97.78%
Starlight	113%	-	106%	-	10.3	0	10.3	11.5						2							100.00%
Kew	107%	128%	101%	149%	3.5	4.3	7.9	6.9		10.28%	15.38%	30.16%	5	42			1				100.00%
Crane	118%	125%	124%	163%	3.6	3.8	7.5	6.9		9.31%	28%	17.61%	6	48			2				100.00%
Osterley 1	81%	113%	102%	157%	3	3.1	6.2	7.5		0.73%	7.90%	1.92%	3	50			1		1		97.44%
Osterley 2	91%	80%	96%	138%	3.3	2.9	6.4	7.2		3.28%	6.51%	0.00%	5	36							100.00%
MAU	92%	84%	105%	106%	5.9	2.4	8.3	7.7		10.66%	6.48%	8.13%	10	105							97%
Maternity	105%	69%	103%	92%	6.1	1.7	7.7	13		5.97%	14.39%	12.83%		2							97.28%
Special Care Baby Unit	95%	100%	99%	100%	8.7	2.2	10.9	11.1		11.03%	11.77%	0.00%									100%
Marble Hill 1	116%	115%	110%	213%	3.7	3.4	7.2	6.4		14.54%	0.00%	0.00%	7	81			1		1		82.76%
Marble Hill 2	117%	102%	111%	208%	3.6	3.5	7.2	6.5		4.60%	12.31%	27%	3	53							100.00%
ICU	108%	0.54	111%	0.61	26.3	1.3	27.6	26		13.93%	10%	0%		1							



## Staffing & Patient Quality Indicator Report

### February 2023

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 Kew, Crane, Marble Hill 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, COVID19 isolation and confused wandering patients. Syon 1, had additional HCA requirements due to the escalation area being open for part of the month. Syon 2 had additional RN fill rate due to two new starters being supernumerary.

Osterley 1 had additional HCA requirements day and night due to the opening of the annex area. Osterley 2 had additional HCA requirements at night required for patients who required close observation. Day surgery was used for overnight patients due to bed capacity and HCAs were booked to cover this area from the Richmond roster with RN's and HCA's shared between both areas to ensure patient safety. The management team have increased their clinical time to maintain safe staffing and theatre staff support. ICU low fill rate of HCAs reflects staff redeployed to cover escalation areas. CHPPD was not compromised.

Starlight had high fill rates for RNs due partial opening of beds over the winter period. Fill rates for MSWs in Maternity was due to low temporary staffing fill rate for staffing absence. Specialist midwifery teams assisted as required.

#### **Chelsea and Westminster site:**

The high RN and HCA fill at night on David Evans reflects increased elective patients and staff supporting the trauma bays, escalation and step downs from ICU. Low fill rate during the day reflects a high sick rate with low fill by temporary staffing. Ward manager and Matron supported to mitigate risk. The high fill rate on Lord Wigram on nights reflected the additional HCA requirements due to the high risk of falls, and confused wandering patients. Burns staffing fill rates increased at night for RMNs and HCAs to ensure close observation of patients with mental health concerns. The low fill rate for day HCA on Lord Wigram and SMA was due to staff sickness which were not filled by bank or agency staff. The ward manager supported in order to maintain patient safety. On Ron Johnson two patients on the ward required close observation by HCAs on both days and nights. High fill rate on Annie Zunz was due to staffing of their Elective Admissions Lounge (based on Nightingale ward). On AAU, Nell Gwynne, Edgar Horne and Nightingale there were low HCA fill rate due to vacancies and sickness and being unable to cover day HCA shift with bank or agency. David Erskine and Edgar Horne required additional HCA support at night for frail confused patients at high risk of falls. HCA recruitment continues at pace with 66 HCA staff in the recruitment pipeline. Nell Gwynne ward required additional RN cover over night to support the patients with tracheostomies.

In maternity CW the low fill rate for day HCA was due to staff sickness which were not filled by bank or agency staff. MSW interviews took place in February. 13 International midwives have arrived to date.

#### **Incidents:**

In terms of incidents with harm there was a patient who fell on Syon 2 sustaining a fractured femur and requiring surgery. There were no incidents involving pressure damage identified this month. There were no medication errors involving moderate harm reported. Friends and Family test showed that 6 wards at CW and 6 wards at WM scored 100%.

Please note all incident figures are correct at time of extraction from DATIX. There were 19 red flags raised in February, decreased from January. 12 were for CW & 7 for West Mid, mainly related to staffing shortfalls and agency staffing levels. The Vacancy rate and Turnover are from February.





# Finance M11 (February 2023) 2022/2023

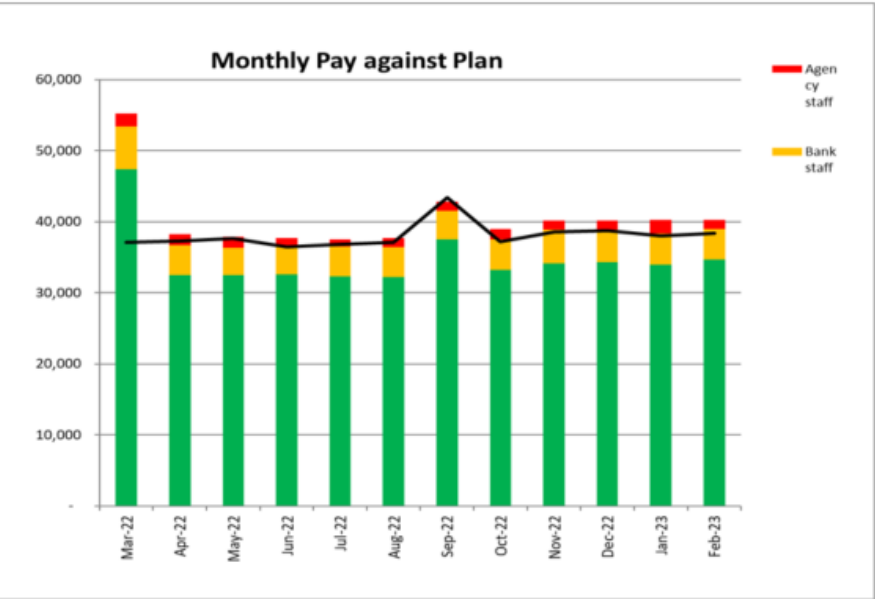
£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	733,932	757,948	24,016
Expenditure			
Pay	(415,862)	(431,708)	(15,846)
Non-Pay	(277,310)	(286,177)	(8,867)
<b>EBITDA</b>	<b>40,760</b>	<b>40,063</b>	<b>(697)</b>
EBITDA %	5.55%	5.29%	-0.3%
Depreciation	(27,225)	(26,686)	539
Non-Operational Exp-Inc	(14,524)	(4,882)	9,642
<b>Surplus/Deficit</b>	<b>(989)</b>	<b>8,495</b>	<b>9,484</b>
Control total Adj - Donated asset, Impairment & Other	922	(8,534)	(9,456)
	0		0
<b>Adjusted Surplus/Deficit</b>	<b>(67)</b>	<b>(39)</b>	<b>28</b>

The adjusted financial position at month 11 is a £0.27m deficit, which is £0.11m against the YTD adjusted plan.

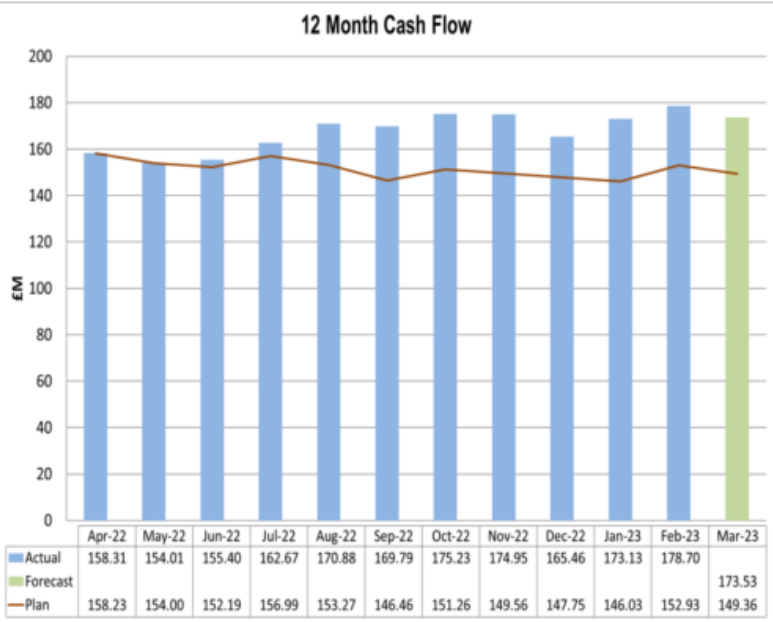
Pay: £15.85m adverse against plan at month 11. YTD material variances include CIP slippage £12.51 and premium cover for sickness, vacancies and other staff absences.

Non-Pay -The expenditure position includes the reversal of impairments of £7.33m arising from the annual valuation exercise of the Trusts estate (based on industry standard indices). Although the impairment movement has a favourable effect on the gross expenditure variance, it does not impact the adjusted total which the Trust is measured against.

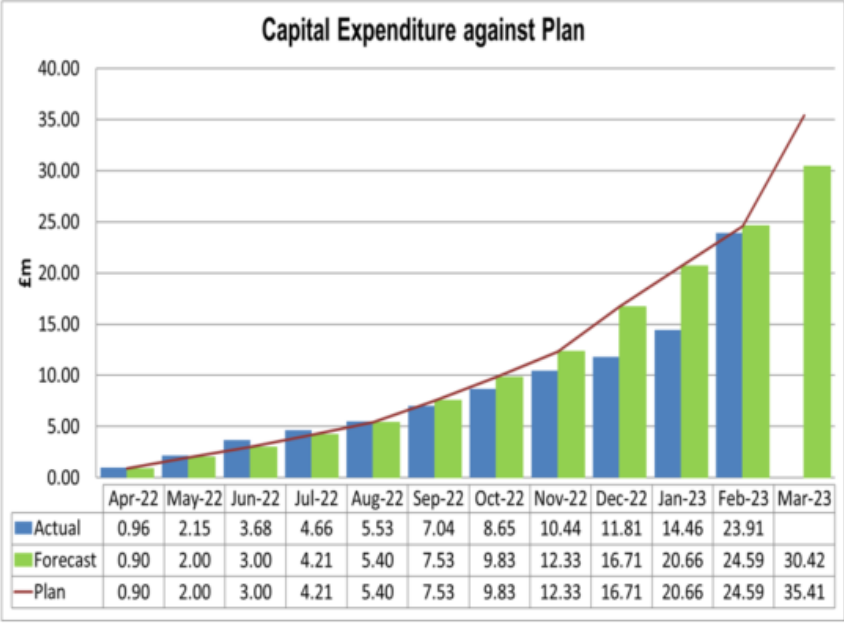
**Income:** NHS Clinical income from ICBs and NHS England have continued on block payment for 22/23 with adjustments for inflation, growth and the Elective Recovery Fund (ERF). There was a slight adjustment for the reduction in National insurance in Month 8 block income. M1-11 ICBs ERF achievement has been recognised in the position but NHSE's ERF is included at the minimum level of 25% as in prior months. ERF performance has been devolved out to clinical divisions since M8, but no penalty applied to divisions that are not achieving the target. Sexual Health service is paid on an activity basis and the trust is over performing YTD. Income is billed in line with agreed baselines with quarterly reconciliations for over/under performance and marginal rate adjustment



**Comment:** The exceptional March 2022 payroll figures include the 6.3% Pension contribution (£16.1m - a notional figure. The pay figure in September includes the YTD pay-awards uplift for AFC staff and consultants.



**Comment:** The favourable cash variance to plan in M11 of £26.7m is favourable cash variance b/fwd from M10 of £27.44m, Higher receipts to plan of £3.5m (CCG £0.42m Lower, Local Authority £0.41m Lower, Donations -£0.03m Lower, NHS England £4.1m Higher, AR £0.02m Lower, PP Income £1m Higher, FT's £1m Lower, Interest Income £0.44m Higher, Other Income £0.01m Lower, Health Education -£1.77m Lower) plus Higher cash outflows to plan £4.23m (Higher Creditor payments)



**Comment:** The Trust has spent £9.46m in M11 2022/23 compared to the original budget of £3.93m resulting in an over spend of £5.53m. The over spend makes up for large elements of the capital under spends in previous months. The spend year to date is £23.91m compared to the planned position of £24.59m, resulting in an under spend of £0.67m. The under spend mainly relates to Estates projects which have now been phased to be spent in the last month of the financial year (£8.4m). There also are timing differences between the phasing of the planned spend and the period when the actual spend will be incurred. The year to date spend accounts for 68% of the capital programme and in the original plan £5.8m was phased to be spent in March 2023 but now the requirement is £11.5m. The updated capital forecast for the year is £35.41m and the forecast is apportioned between the areas as follows; Estates £20.75m; Medical Equipment £6.73m; IT £9.78m; Non-Medical Equipment £1.98m; and overprogramming of £3.82. Regular meetings are being held with the budget managers and it is anticipated that the final spend for the year will be on budget