














TRUST PERFORMANCE & QUALITY REPORT

March 2023



NHSI Reporting

NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023 Q4	2022-2023	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	78.17%	73.98%	73.68%	76.84%	77.88%	81.75%	75.76%	77.18%	78.01%	78.35%	74.85%	76.99%	77.03%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	60.93%	62.51%	62.97%	64.33%	56.95%	57.50%	57.61%	56.15%	58.84%	59.81%	60.03%	59.56%	60.35%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Mar-23) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.13%	97.70%	96.01%	94.86%	97.00%	96.55%	94.78%	96.40%	97.05%	97.02%	95.29%	97.04%	95.75%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	99.00%	100%	89.33%	99.57%	99.00%	100%	89.33%	99.42%	99.57%	
	31 days diagnosis to first treatment (Target: >96%)	93.33%	100%	97.78%	92.99%	95.89%	96.20%	97.37%	94.88%	94.92%	97.37%	97.52%	96.12%	94.19%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	100%	100%	n/a	100%	100%	100%	n/a	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	71.43%	100%	n/a	n/a	93.75%	100%	n/a	n/a	100%	83.33%	
	62 days GP referral to first treatment (Target: >85%)	87.50%	75.93%	76.09%	73.54%	62.04%	57.39%	80.41%	70.10%	71.51%	63.31%	79.02%	67.45%	71.32%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	50.00%	100%	66.67%	81.82%	67.82%	100%	66.67%	81.82%	77.78%	67.03%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	78.67%	83.85%	82.60%	78.78%	63.83%	73.60%	77.41%	68.69%	69.84%	77.61%	79.40%	75.69%	72.77%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	0	1	12	0	2	2	15	1	2	3	6	27	

A&E Waiting Times

Performance across both sites has remained challenged. Staffing issues with the WM UTC have led to significant pressures on performance and flow in both the UTC and the ED with higher numbers of patients being streamed from the service. Flow of patients from both EDs remain a daily operation focus for the Trust. Planning for the Junior doctor industrial action was successfully undertaken, with improved performance on strike days, however recovery had an impact on hospital-wide flow, with reduced performance in the days following leading to patients remaining in the ED longer.

18 Weeks RTT – Incomplete Pathway

The Trust incomplete position remains stable, with a continued reduction in the over 52+ and 78+ week cohorts. Recent industrial action is projected to adversely impact on plans to eliminate 78-wk waits through the cancellation of outpatient and inpatient activity, however specialties continue to focus on long waiting patients and lost activity with additional clinics and theatre lists.

Cancer (Final Previous Month, Unvalidated Current month)

2-week Waits The Trust continues to deliver against the 2-Week Wait ask in February and March with 97.02% and 95.29% respectively. Unfortunately the Breast 2WW standard was not achieved for the month of March with 8 breaches seen for the month. This was related to capacity challenges throughout the month which were further exacerbated by the strike in the month. The Trust is confident a recovery will be seen in the month of April.

62-Day (GP Referral): The 62-day target was non-compliant in February and March 2023, although a significant improvement was seen in March, with a position of 79.02%. 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 non-compliant for February and March 2023, although a significant improvement seen in March. A small number of treatments against this standard is the principle driver for non-compliance with one breach seen in the month of March.

28-Day FDS: The FDS target returned to compliance in February and improved further in March with a performance position of 77.61% and 79.40% (unvalidated) respectively. This has been driven by focused work on first diagnostic within 10 days for key specialities (Colorectal and Urology) and the impact of the new CCS digital tool, allowing quick action against patient pathways.

31-Day: The 31-day target was compliant in both February and March 2023. This was an improvement from January 2023, following focus on skin pathways.

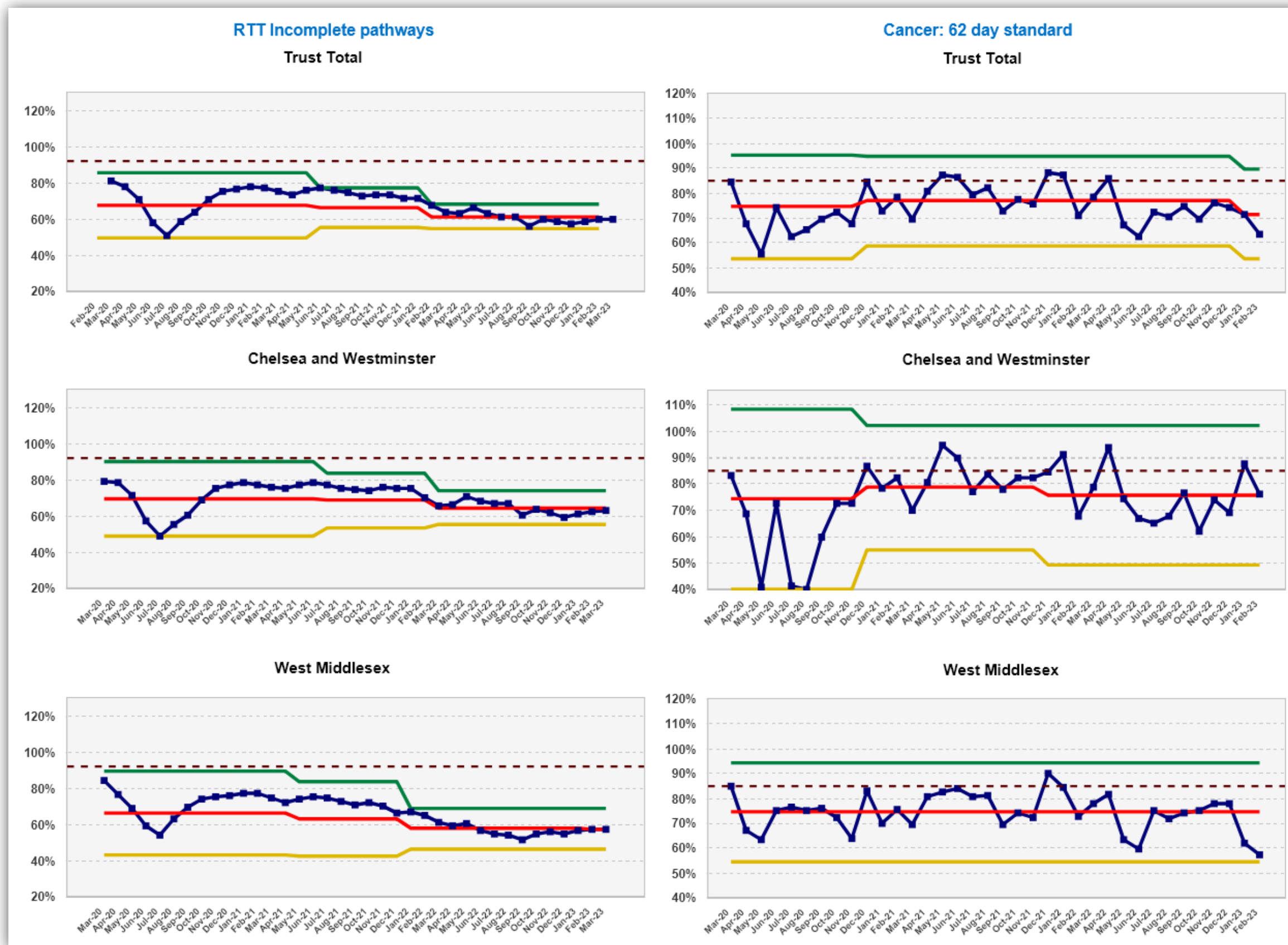
Clostridium Difficile

Three cases of C.difficile occurred on Lampton and AICU at WestMid and Nightingale at Chelsea over March 2023. The root cause analysis meetings have been requested and all learning will be shared with the clinical division following the meeting.



SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 37 months February 2020 to March 2023



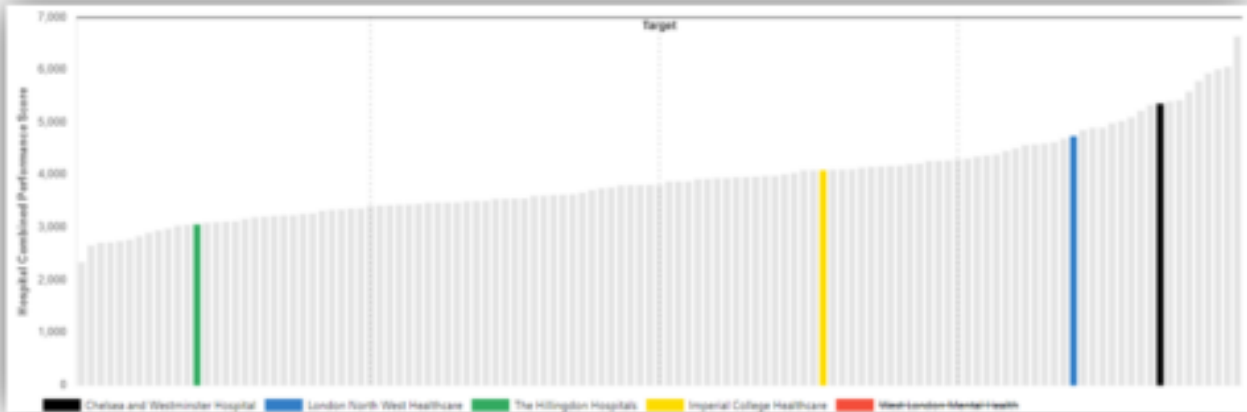


National Benchmarking Against Select Indicators

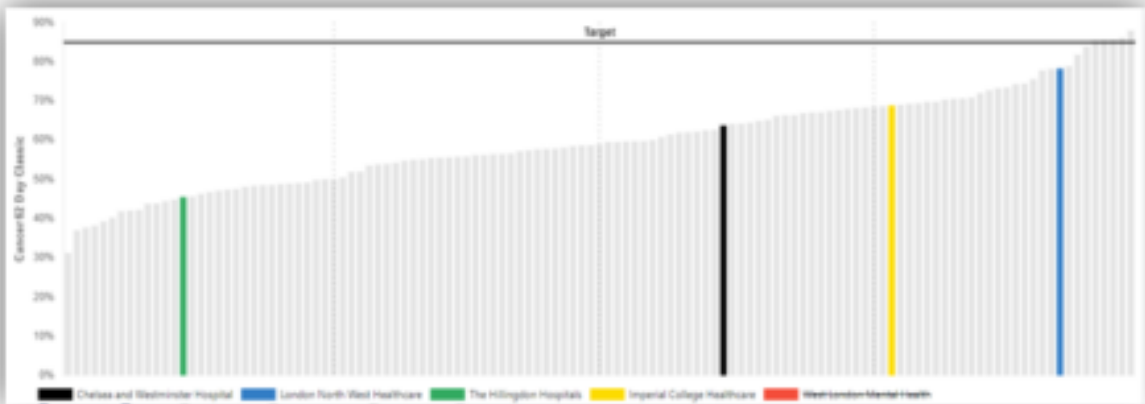
The below has been sourced from PublicView and represents the Trust Performance for February 23. The ranking is based on peers in the same group as the Trust.

The Trust ranked 7th nationally on the HCS in Mar 2023, Improvement to the previous month.

Hospital Combined Score -7th Nationally

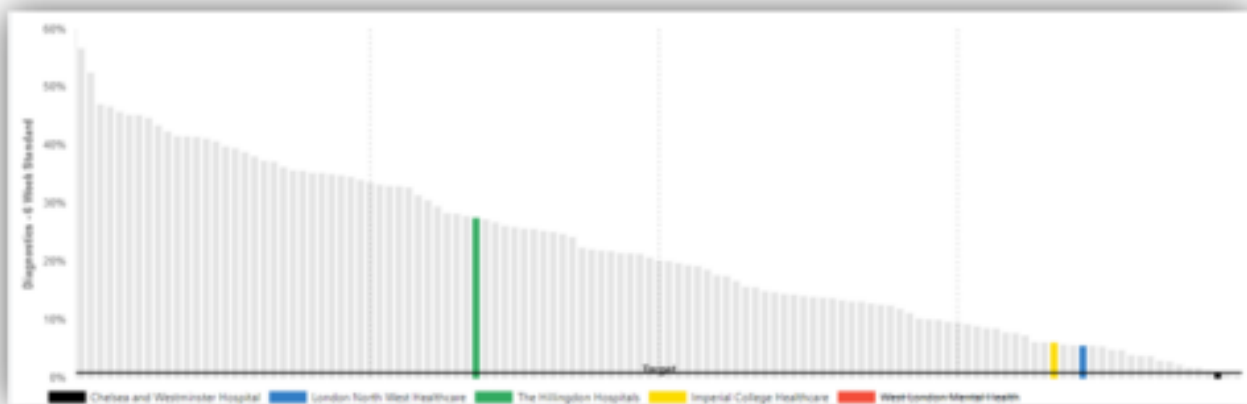


Cancer 62 Days 47th OF 121



62 Day Cancer Standard: The Trust is currently ranked 47th out of 121 Trusts, a reduction in ranking when compared to the previous month from 14th

6 -wk. Diagnostic – 3rd OF 121



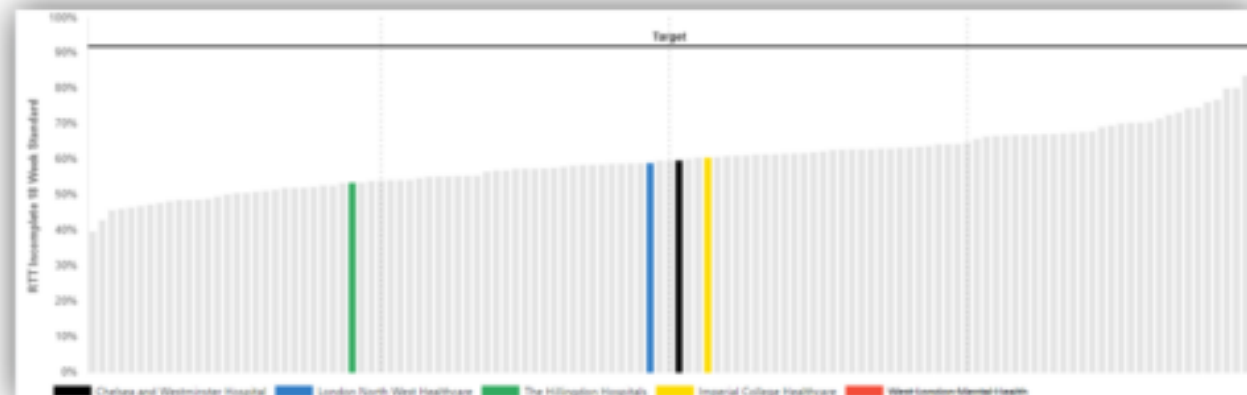
6 Week Diagnostic Standard: The Trust is third position in the league table nationally for diagnostic waits. This is a marginal reduction in ranking.

RTT 52 wks- 48th OF 121



RTT 52 Week Breaches: The Trust is currently ranked 48th of 121 Trusts, an improvement in ranking when compared to the previous month.

RTT 18-wk Incomplete Pathway 60th OF 121



RTT 18 Week Standard: This position is showing an improvement on the previous month.



Safety

Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023 Q4	2022-2023	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	1	0	0	3	0	0	0	4	1	0	0	1	7	
	Hand hygiene compliance (Target: >90%)	95.8%	95.7%	96.0%	95.0%	96.8%	97.8%	97.6%	95.6%	96.2%	96.6%	96.7%	96.5%	95.3%	
Incidents	Number of serious incidents	1	2	6	29	3	2	1	42	4	4	7	15	71	
	Incident reporting rate per 100 admissions (Target: >8.5)	9.2	9.0	7.8	8.7	10.8	9.4	8.9	9.8	10.0	9.2	8.4	9.2	9.2	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.03	0.00	0.04	0.02	0.02	0.02	0.05	0.03	0.02	0.01	0.04	0.03	0.02	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.03	4.44	4.01	4.75	2.97	3.58	3.15	3.16	3.50	3.99	3.57	3.67	3.92	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%	0.5%	0.0%	0.0%	1.9%	0.6%	0.2%	
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	1	0	0	2	1	0	0	1	2	
	Safeguarding adults - number of referrals	32	24	34	311	32	32	39	407	64	56	73	193	718	
Mortality	Safeguarding children - number of referrals	17	13	13	223	114	75	81	1022	131	88	94	313	1245	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	69	68	69	69	72	73	73	73	71	71	72	71	72	
	Number of hospital deaths - Adult	53	37	34	521	88	60	69	824	141	97	103	341	1345	
	Number of hospital deaths - Paediatric	1	1	0	7	0	0	0	0	1	1	0	2	7	
	Number of hospital deaths - Neonatal	2	2	2	19	0	0	0	7	2	2	2	6	26	
	Number of deaths in A&E - Adult	0	0	0	0	4	3	4	54	4	3	4	11	54	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	1	2	0	0	1	1	2	

Incidents

There were seven External SIs reported in March 2023; one alleged abuse, one delayed cancer diagnosis, one VTE related incident, two incidents of suboptimal care of the deteriorating patient and two treatment delays. 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 (March 2023) the number of patient safety incidents per 100 admissions was lower at CW compared to WM. 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

134 incidents were reported in March, which is consistent to the number of incidents reported in February (135 incidents). The target has not been met at either site. The MSG is currently working on a medication safety bulletin to raise awareness on what can be reported for medication-related incidents, in response to staff feedback received for reasons for under reporting. The above data will also be shared at the next MSG meeting to discuss how to improve the reporting of medication-related incidents amongst all healthcare professionals.

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

There were two incidents of moderate harm reported in March at WM site, which is within the Trust target of ≤2%.

Safeguarding

Numbers of Safeguarding referrals for both adults and children remain steady on each site. These cases continue to be very complex involving many services including particularly domestic abuse & mental health. Children's safeguarding referrals are required to be reported differently on each site by the local authorities for these sites, hence the disparity in numbers.



Patient Experience

Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023 Q4	2022-2023	Trend charts
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	92.3%	95.0%	94.8%	94.1%	98.7%	96.6%	96.5%	96.6%	95.9%	96.0%	95.8%	95.9%	95.6%	
	FFT: Inpatient not satisfaction % (Target: <10%)	2.1%	3.2%	2.9%	2.5%	0.2%	1.1%	0.6%	1.0%	1.0%	1.9%	1.6%	1.5%	1.6%	
	FFT: Inpatient response rate (Target: >30%)	28.2%	26.3%	27.2%	24.6%	45.8%	45.6%	44.1%	48.1%	35.8%	35.2%	35.1%	35.4%	34.9%	
	FFT: A&E satisfaction % (Target: >90%)	86.9%	80.5%	80.1%	80.8%	80.9%	79.1%	74.8%	75.8%	85.2%	80.1%	78.4%	80.9%	79.3%	
	FFT: A&E not satisfaction % (Target: <10%)	8.5%	12.3%	12.7%	12.8%	14.1%	14.8%	16.8%	16.9%	10.1%	13.0%	14.0%	12.5%	14.0%	
	FFT: A&E response rate (Target: >30%)	22.5%	25.8%	27.5%	21.5%	20.0%	23.2%	26.7%	20.5%	21.7%	25.0%	27.3%	24.7%	21.2%	
	FFT: Maternity satisfaction % (Target: >90%)	89.0%	91.4%	93.1%	88.6%	88.0%	94.8%	89.8%	91.0%	88.6%	92.4%	92.0%	91.2%	89.1%	
	FFT: Maternity not satisfaction % (Target: <10%)	8.7%	3.5%	3.4%	7.8%	7.2%	2.6%	4.4%	5.3%	8.2%	3.3%	3.8%	4.8%	7.3%	
	FFT: Maternity response rate (Target: >30%)	32.4%	42.6%	49.2%	31.2%	17.5%	25.5%	31.9%	24.0%	25.4%	35.9%	41.5%	34.0%	29.5%	
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	8	13	12	156	8	13	12	33	156	
Complaints	Complaints (informal) through PALS	15	22	30	527	31	32	43	411	46	54	73	173	938	
	Complaints formal: No of complaints due for response	18	19	36	311	6	17	15	165	24	36	51	111	476	
	Complaints formal: Number responded to < 25 days	18	9	24	264	3	14	9	137	21	23	33	77	401	
	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	1	0	1	0	0	0	0	0	1	0	1	1	

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 had 12 breaches in March, one down from the month before. This is due to delayed discharges to the wards. We also had a high daily occupancy in the AICU, often working above our establishment of beds. We have ensured that our patients are cared for well and their dignity maintained throughout. As always, we will continue to work with the site operations team to decrease the number of occurrences of unjustified mixed sex accommodation. These breaches are highlighted at each bed meeting throughout each day.

Complaints

65% of complaints were responded to within the 25 day KPI (target 95%) during March. 18 complaints were not responded to within the timeframe (8 for WCH Division, 6 for EIC, 3 for PC, and 1 for Enterprise Division) due to availability of Divisional staff to complete investigations and unplanned leave within the PALS and Complaints team. Compliance with responding to PALS concerns within 5 working days was 96% (KPI 90%).

Friends and Family Test

Achievements in FFT data continue to be the Q4 positive score compliance for maternity and inpatients. The positive scores and response rates for these areas indicate that we are continuing to create opportunities for feedback and the service level actions are effectively supporting a positive experience for patients. Both A&E departments are continuing to see a decline in their positive scores, most notably West Mid, which scored 75% for March – the main cause of this negative feedback relates to patient's unhappiness with the waiting time to be seen and the environment they are made to wait in, being overcrowded and unresponsive when patients are asking for updates. The A&E teams need to consider how they will act on this feedback.



Efficiency and Productivity

Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023 Q4	2022-2023	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	1.66	2.03	1.07	1.90	1.47	1.46	1.65	2.16	1.61	1.86	1.21	1.55	1.96	
	Average length of stay - non-elective (Target: <3.95)	4.70	3.83	4.02	3.93	4.36	3.69	3.85	3.94	4.52	3.75	3.93	4.07	3.93	
	Emergency care pathway - average LoS (Target: <4.5)	5.48	4.26	4.46	4.42	5.29	4.17	4.53	4.61	5.37	4.21	4.50	4.69	4.53	
	Emergency care pathway - discharges	255	249	283	3219	347	351	371	4423	603	600	654	1858	7643	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.25%	4.85%	5.24%	5.23%	6.65%	6.30%	6.71%	6.53%	5.93%	5.58%	5.96%	5.83%	5.86%	
	Non-elective long-stayers	478	392	190	4680	422	397	202	4571	900	789	392	2081	9251	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	87.0%	86.5%	85.7%	84.5%	78.0%	87.9%	84.1%	81.9%	84.3%	86.9%	85.2%	85.5%	83.8%	
	Operations cancelled on the day for non-clinical reasons: actuals	33	16	14	106	62	17	30	314	95	33	44	172	420	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.98%	0.52%	0.40%	0.27%	2.54%	0.70%	1.21%	1.16%	1.64%	0.60%	0.74%	0.99%	0.64%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	22	13	2	44	7	0	0	51	29	13	2	44	95	
	Theatre Utilisation Model Hospital (Target > 85%)	78.7%	79.7%	81%	78.8%	87.4%	88.6%	94.8%	89.6%	81.4%	82.5%	85.6%	83.2%	82.3%	
Outpatients	First to follow-up ratio (Target: <1.5)	2.25	2.18	2.17	2.23	1.73	1.65	1.63	1.70	2.02	1.95	1.94	1.97	2.00	
	Average wait to first outpatient attendance (Target: <6 wks)	12.7	12.1	11.1	10.6	12.6	13.4	12.8	11.5	12.6	12.7	11.8	12.4	11.0	
	DNA rate: first appointment	11.6%	11.1%	10.6%	11.4%	10.2%	9.1%	10.3%	10.2%	11.0%	10.2%	10.5%	10.6%	10.9%	
	DNA rate: follow-up appointment	10.1%	9.2%	10.0%	10.1%	9.1%	8.6%	8.5%	8.7%	9.7%	9.0%	9.5%	9.4%	9.6%	

Daycase Rate

The Day case rate remains complaint at the Trust in March. The number of patients who either failed as a day case, or, were planned to be admitted as an elective patient did not rise in the month, however a decrease in the number of patients led to the reduction in performance on the West Middlesex Site

Cancelled Operations

Cancelled Operations on the day decreased again on the Chelsea site in March. The predominant reasons for cancellations was earlier case over-runs and lack of theatre time to complete the booked cases. Staffing issues were the main reason for cancellations in previous months, however only 2 cancellations in March arose from staffing issues. Whilst there was a significant rise in cancellations on the West Middlesex site, it should be noted that 11 of these cancellations were as a result of a business continuity incident that affected power and water supply to the hospital site. The majority of the remaining cancellations (16 in total) were as a result of early cases over-running or taking longer than planned.

Theatre Utilisation

Trust-Wide Utilisation increased from 82.5% in February to 85.4% in March. Issues with the use of Day Surgery Unit that have affected performance in previous months have resolved, thus contributing to an improvement in theatre utilisation. There were further improvement in utilisation on the Chelsea site – driven by improvements in performance in the Main Theatres complex and the Treatment Centre. Work continues to improve theatre utilisation in the Treatment Centre and Paediatric Theatres.

Outpatients

First to follow up ratio improved again on both sites albeit very slightly. Cerner PIFU go live for remaining specialities is still not live and has been escalated. This remains the key focus at OP Board. The DNA rate slipped for both new and follow up patients, with particular slippage at CW site for follow ups and WMUH site for new patients. The teams are investigating potential drivers for this and specialty variation in DNA to look to improve productivity. The average wait to first attendance improved on both sites in March.



Clinical Effectiveness

Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023 Q4	2022-2023	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	96.2%	94.8%	95.9%	96.0%	93.8%	91.9%	94.9%	93.7%	94.9%	93.3%	95.4%	94.5%	94.7%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	52.9%	57.1%	77.3%	68.7%	76.0%	76.9%	78.6%	81.3%	66.7%	66.7%	77.8%	70.5%	75.1%	!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	66.7%	71.4%	90.9%	86.5%	90.0%	100.0%	86.7%	91.7%	84.6%	86.2%	88.5%	86.4%	89.6%	-
VTE	VTE: Hospital acquired	0	1	0	7	6	6	4	51	6	7	4	17	58	-
	VTE risk assessment (Target: >95%)	89.5%	92.0%	90.2%	90.1%	94.7%	96.4%	94.8%	95.6%	91.9%	94.2%	92.4%	92.8%	92.7%	!
TB Care	TB: Number of active cases identified and notified	1	3	3	45	4	6	7	98	5	9	10	24	143	-
Sepsis	ED % Periods Screened (Target >90%)	91.8%	93.2%	93.0%	92.5%	85.1%	87.4%	85.0%	78.9%	89.0%	91.0%	89.9%	89.9%	87.1%	-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	83.5%	81.5%	72.7%	78.0%	88.4%	89.3%	84.4%	84.0%	85.4%	84.2%	76.9%	82.1%	79.9%	-
	Ward % Periods Screened (Target >90%)	85.2%	87.5%	89.8%	88.0%	94.4%	94.2%	94.4%	94.1%	89.5%	90.6%	91.9%	90.6%	90.9%	-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	96.2%	96.0%	95.6%	95.1%	96.0%	98.3%	97.2%	95.9%	96.1%	97.2%	96.4%	96.5%	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	3.5	5.0	3.5	4.6	3.0	4.4	3.6	4.1	3.3	4.8	3.5	3.8	4.4	-
Improving clinical handover	Junior Doctors Trained on the principle of safe and effective handover (Target >=50%)	32.7%	63.0%	61.7%	35.5%	31.1%	31.1%	31.1%	20.2%	31.9%	41.6%	41.5%	37.7%	27.3%	-
	Attendance at downstream ward (Target >=95%)	87.0%	71.2%	88.1%	87.3%	-	0.0%	42.2%	37.8%	87.0%	51.5%	79.4%	69.5%	81.3%	-

Dementia

The Trust position for dementia screening in March continue to report sustained compliance as both sites achieved the target of 90% and above. WM - 94.9% and CW - 95.9%

Stroke Care

On both hospital sites the Trust continues to repatriate patients from our local Hyper Acute Stroke Units (HASU) directly to our stroke units. Focus remains on ensuring patients who are admitted to our hospitals directly with stroke are transferred to the stroke units as soon as is clinically appropriate

#NoF (Time to Theatre - Neck of Femur)

WM site reported 4 breaches of medically fit patients who were not operated on within 36 hours. Two of these were due to overrunning of the cases, one was due to theatre capacity and one was due to unavailability of surgical resource. Of the 13 patients who did not achieve surgery within the set timeframe in the Chelsea site, eight were not medically fit for surgery. Of the five patients who were medically fit for surgery, two were delayed due to lack of space on the trauma list due to a high volume of trauma, two were delayed due to a morning only CEPOD list running on a Sunday, and one was delayed awaiting specialist surgeon availability for their procedure

VTE Risk

Chelsea Site achieved 90.9% (target >95%) for VTE risk assessment. There continues to be an improvement in elective surgical compliance. There was a general reduction in numbers in most areas, more analysis showed a reduction in junior doctor strike week, though does not account for the overall reduction. VTE root cause analysis is performed for HATs to ensure appropriate VTE prevention management with shared learning.

Sepsis (Deteriorating Patient)

4 metrics for reporting have now been agreed for reporting. 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.






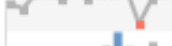


Clinical Handover and Attendance at Downstream Wards

Chelsea site continues to perform well for both morning handover and H@N. Attendance at H@N continues to improve as adjustments are made to make the meeting more useful for all specialities. West Middx site H@N continues to do well but collection of data has been poor. Morning handover is currently in a PDSA cycle to improve attendance. Junior doctor changeover occurs in April and increased numbers trained is expected on both sites. Mandatory training module should be live by the end of April.



Access

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023 Q4	2022-2023	Trend charts
RTT waits	RTT Incomplete 52 week Patients at month end	441	503	415	415	876	699	713	713	1317	1202	1128	1128	1128	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	98.88%	99.53%	98.80%	98.43%	99.04%	98.77%	92.30%	98.63%	98.97%	99.13%	95.44%	97.84%	98.54%	
	Diagnostic waiting times >6 weeks: breach actuals	47	21	53	764	45	59	363	761	92	80	416	588	1525	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.1%	8.6%	9.6%	9.2%	8.9%	8.8%	9.5%	8.6%	9.0%	8.7%	9.6%	9.1%	9.0%	
	A&E time to treatment - Median (Target: <60')	00:23	00:30	00:29	00:28	01:03	01:04	01:08	01:04	00:37	00:42	00:43	00:41	00:42	
	London Ambulance Service - patient handover 30' breaches	35	25	70	486	220	82	223	1903	255	107	293	655	2389	
	London Ambulance Service - patient handover 60' breaches	3	2	20	54	27	16	60	252	30	18	80	128	306	
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 stable, with a continued reduction in the over 52+ and 78+ week cohorts. Recent industrial action is projected to adversely impact on plans to eliminate 78wk waits through the cancellation of outpatient and inpatient activity, however specialties continue to focus on long waiting patients and lost activity with additional clinics and theatre lists.

Diagnostic 6-Week Waits

The performance against the national DM01 measure was above 95% in March 2023, with a performance of 95.44%. 8,710 patients received their diagnostic tests within 6 weeks in March across the 15 key areas. The underperformance was in part due to the increase in 2WW demand, lost capacity due to industrial action and staff sickness. It is disappointing that following a 12 month stint of high performance a small reduction in compliance is recorded, however nationally this standard has not been met since February 2017 and it is noted that the trust remains one of the top performing Trusts in the country against this target. Recovery plans are in place with an expectation that we will recover this position by June 2023.

London Ambulance Services

Both sites have maintained a strong performance in ambulance handovers compared to other sites in London, with some additional pressures and higher conveyance numbers at the West Middlesex site.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Jan-23	Feb-23	Mar-23	Jan-23	Feb-23	Mar-23	Jan-23	Feb-23	Mar-23
RTT waiting list positions	Total RTT waiting list	25826	25382	25210	28665	29814	30641	54491	55196	55851
	Total Non-Admitted waiting list	21604	21069	21197	26874	27983	28850	48478	49052	50047
	Non-Admitted with a date	6194	8395	10958	8674	10691	12321	14868	19086	23279
	Non-Admitted without a date	15410	12674	10239	18200	17292	16529	33610	29966	26768
	Total Admitted waiting list	4222	4313	4013	1791	1831	1791	6013	6144	5804
	Admitted with a date	616	819	1075	335	443	642	951	1262	1717
	Admitted without a date	3606	3494	2938	1456	1388	1149	5062	4882	4087
	Patients waiting >78 weeks	39	38	15	66	30	12	105	68	27
	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		
	Jan-23	Feb-23	Mar-23	Jan-23	Feb-23	Mar-23	Jan-23	Feb-23	Mar-23
Total	441	503	415	876	699	713	1317	1202	1128
Colorectal Surgery	10	11	11	148	148	154	158	159	165
Dermatology	61	61	24	25	14	10	86	75	34
ENT			2	40	52	89	40	52	91
General Surgery	29	39	51	100	87	74	129	126	125
Gynaecology	13	30	20		23	7	13	53	27
Neurology						1			1
Not Stated				1	2		1	2	
Ophthalmology	3	5	17				3	5	17
Oral Surgery				39	45	27	39	45	27
Orthodontics	2						2		
Paediatric Clinical Haematology				2	2	2	2	2	2
Paediatric Clinical Immunology	8	7	7	1	1		9	8	7
Paediatric Dentistry	22	16	6				22	16	6
Paediatric Dermatology	1	2	4	13	16	20	14	18	24
Paediatric Ear Nose and Throat	4	6	4	50	34	35	54	40	39
Paediatric Endocrinology				1	1	1	1	1	1
Paediatric Gastroenterology	2	1	1	2	4	7	4	5	8
Paediatric Maxillo-Facial Surg	1	1	1				1	1	1
Paediatric Plastic Surgery	12	11	17				12	11	17
Paediatric Surgery						2			2
Paediatric Trauma and Orthopaedics		4	4	3	7	11	3	11	15
Paediatric Urology	2	1		1	1	4	3	2	4
Paediatrics	2	2	1	1		1	3	2	2
Pain Management		1	2					1	2
Plastic Surgery	60	60	65	63	69	73	123	129	138
Podiatric Surgery						1			1
Podiatry						1			1
Respiratory Medicine						5			5
Trauma & Orthopaedics	54	66	80	45	70	104	99	136	184
Urology	46	81	53	94	53	53	140	134	106
Vascular Surgery	109	98	45	247	70	31	356	168	76



Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023	Jan-23	Feb-23	Mar-23	2022-2023 Q4	2022-2023	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:29	1:29	0:0	1:27	1:31	1:31	0:0	1:28	1:30	1:30	:	1:30.00	1:27.5	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:77	1:77	0:0	1:77	1:98	1:98	0:0	1:98	1:87.5	1:87.5	:	1:87.50	1:89.41	-
Birth Indicators	Total number of NHS births	428	166	0	4638	390	151		3905	818	317	0	1135	8543	-
	Total number of bookings	445	489	582	6389	554	325	467	5462	999	814	1049	2862	11851	-
	Maternity 1:1 care in established labour (Target: >95%)	98.4%	98.9%	n/a	98.6%	97.9%	95.3%		97.4%	98.1%	97.0%	n/a	97.8%	98.0%	-
	Admissions >37/40 to NICU/SCBU	5	2	0	121	n/a	n/a	n/a	n/a	5	2	0	7	121	-
Safety	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%	7.7%	n/a	7.8%	7.5%	5.8%		7.9%	8.8%	6.8%	n/a	8.3%	7.8%	-
	Number of stillbirths	0	1	0	10	1	1	0	14	1	2	0	3	24	-
	Number of Infant deaths	1	0	0	8	0	1	0	9	1	1	0	2	17	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	% 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%	-
Outcomes	Spontaneous unassisted vaginal births	26.6%	21.8%	n/a	24.6%	35.7%	30.9%		32.2%	31.1%	26.3%	n/a	29.8%	28.1%	-
	Vaginal Births - spontaneous & induced	53.7%	56.3%	n/a	57.4%	58.2%	63.3%		58.1%	55.9%	59.8%	n/a	57.0%	57.7%	-
	Instrumental deliveries	12.2%	12.7%	n/a	15.9%	11.9%	15.8%		12.7%	12.1%	14.2%	n/a	12.7%	14.4%	-
	Pre-labour elective caesarean sections	63	27	0	710	38	16	0	456	101	43	0	144	1166	-
	Emergency caesarean sections in labour	52	21	0	579	77	22	0	731	129	43	0	172	1310	-

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

*notes issues with K2 data has impacted the maternity Dashboard returning March 23 data



The above dashboard metrics covers: workforce, birth indicators, safety and clinical outcomes. The data for dashboard is delayed due to the Phase 1 implementation of our digital K2 end-end solution. However we have been manually monitoring our key metrics as demonstrated below.

Workforce

The current midwifery ratios on each site for the month of March are 1:31 at Chelsea and 1:32 at West Middlesex. 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 at the December EMB. Both sites are now 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 and March 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.

Junior Doctors undertook 72 hrs of industrial action (7am on Monday 13th March to 7am on 16th March). All gynaecology services apart from the 2WW were cancelled to allow deployment of consultants to the frontline. All key areas were safely covered.

CWH site: antenatal clinics, caesarian section lists all continued as per normal.

WMUH site: all antenatal clinics were cancelled and caesarean cases rescheduled to allow safe staffing of acute areas.

There were no serious incidents reported during this time and the team are currently reviewing redesign of postnatal discharge pathways aimed at improving flow through the unit.

Single delivery plan

The Single Delivery Plan (SDP) for maternity was published on the 30th March 2023. Attached is a summary paper of the SDP. We are currently undertaking a gap analysis and this will underpin development of our strategy over the next 3 years.

Safety

(1) **PMRT (Cross site):** Quarterly report will be submitted with March data

(2) **ATAIN (Cross site):** Quarterly report will be submitted with March data

(3) SIs and incident reported:

WHUH site: There were no internal or external SIs reported. In March there were 88 incidents reported: 10 low harm, 58 no harm, 20 near misses. Top 3 by category: 5 maternal, fetal, neonatal/access to care and admissions; 10 staffing issues; 6 transfusion, blood/blood products. Top 3 by maternity trigger: 6 MOH, 5 full dilatation CS, 3 full dilatation CS/3rs-4th degree tear

CWH site:

There were 3 internal SIs (1 NHS and 1PP)

NHS – (i) Term admission to NICU (ii) neonatal readmission due to missed parietal fracture

PP – delay in diagnosis of vesicovaginal fistula postpartum

Immediate learning from 72hr reports:

CTG interpretation and escalation

Continuation of oxytocin in presence of CTG concerns

Escalation to neonatal team to be present at time of birth when clinical risk factors present

Lack of documentation regarding baby's head shape/lateral head swelling and/or any bruised eyes after birth - Potential missed opportunity to diagnose haematoma/fracture earlier

HSIB February cross site report: We have referred a total of 74 cases to date, 28 cases rejected, 46 completed investigations. There are currently 4 active cases and no cases of exception reporting.

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.













SBLCBv2 update (for all elements an action plan is in place and this is updated in the quarterly reports):

1. Element 1 (CO screening) – Screening at booking is compliant (96% at WMUH and 89% CWH). Compliance at 36 weeks – not met due to data entry issues as a result of the digital migration to K2 athena. This is currently being recorded in the antenatal handheld notes and an audit of maternity notes on EVOLVE will be completed to demonstrate compliance. Outcome indicators: (i) Percentage of women with a CO measurement ≥ 4 ppm at booking: CWH – 9.5%, WMUH – 6% (ii) Percentage of women with a CO measurement ≥ 4 ppm at 36 weeks: WMUH 4.5%, CWH 19% (iii) Percentage of women who have a CO level ≥ 4 ppm at booking and < 4 ppm at the 36 week appointment – this is being manually completed.
2. Element 2 (FGR) – Compliant with 6 of the 7 standards. Standard 1 – noncompliant with risk assessment at booking and is attributed to a documentation issue due to the Phase 1 of K2 end-end. Learning will be disseminated to the midwifery team.
3. Element 3 (RFM) – compliant.
4. Element 4 – compliant.
5. 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.



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	Jan-23	Feb-23	Mar-23	2022-2023	YTD breaches	Jan-23	Feb-23	Mar-23	2022-2023	YTD breaches	Jan-23	Feb-23	Mar-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		61.5%	62.5%	72.7%	87.4%	16	61.5%	62.5%	72.7%	62.1%	87.4%	16	
	Colorectal / Lower GI	100%	70.0%	100%	71.7%	16	60.0%	0.0%	25.0%	53.2%	32.5	77.8%	36.8%	62.5%	56.8%	61.9%	48.5	
	Gynaecological	100%	100%	75.0%	85.7%	3	100%	66.7%	100%	65.2%	12	100%	75.0%	85.7%	92.3%	72.1%	15	
	Haematological	100%	100%	n/a	83.9%	2.5	60.0%	66.7%	100%	71.7%	7.5	66.7%	75.0%	100%	70.0%	76.2%	10	
	Head and neck	n/a	0.0%	n/a	76.2%	2.5	100%	n/a	0.0%	50.0%	4	100%	0.0%	0.0%	50.0%	66.7%	6.5	
	Lung	100%	100%	50.0%	100%	0.5	57.1%	100%	100%	66.7%	3.5	66.7%	100%	66.7%	72.7%	82.1%	4	
	Sarcoma	n/a	n/a	n/a	n/a		n/a	100%	n/a	18.8%	6.5	n/a	100%	n/a	100%	18.8%	6.5	
	Skin	90.0%	100%	77.8%	87.7%	10.5	83.3%	84.6%	100%	78.8%	16.5	87.5%	91.7%	90.0%	89.3%	83.2%	27	
	Upper gastrointestinal	100%	85.7%	n/a	66.7%	6.5	50.0%	0.0%	83.3%	51.4%	9	75.0%	42.9%	83.3%	50.0%	59.5%	15.5	
	Urological	76.0%	61.9%	63.2%	58.4%	49.5	53.2%	61.4%	87.5%	68.7%	68.5	61.1%	61.5%	78.4%	61.3%	65.2%	118	
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	n/a	n/a	100%	0	100%	n/a	n/a	100%	100%	0	
	Site not stated	n/a	n/a	n/a	33.3%	1	n/a	100%	n/a	60.0%	3	n/a	100%	n/a	100%	55.6%	4	
Improving personalised cancer care at diagnosis							Note that this is currently a place-holder whilst the reporting methodology of the metrics are under review											
% patients receiving an (HNA) & care plan																		
Patients with an end of treatment summary																		

Trust Commentary

The 62-day target was non-compliant in February and March 2023, although a significant improvement was seen in March, with a position of 79.02%. 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			3	8
Gynaecology		0.5	0.5	1.5
Haematology		1	1	3
Head and Neck		0.5	0.5	0
Colorectal	1	5	5	4.5
Lung	0	0.5	0	0.5
Other			0	0.5
Sarcoma			0	1
Skin		5.5	1	6.5
Upper GI		3.5	4	3.5
Urology	4	10.5	11	28.5
Total:	5	27	26	57.5



Safer Staffing

Chelsea and Westminster

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%	82%	98%	100%	9.1	3.3	12.4	13	8.18%	14.56%	20.53%	1	4							92.8%
Annie Zunz	141%	97%	102%	124%	7.1	2.9	10	8	16.13%	9.56%	0%		11							94/87%
Apollo	90%	-	93%	-	15.8	0	15.8	N/A												100.0%
Mercury	99%	-	100%	-	7.7	0	7.7	9.4					1							88.5%
Neptune	114%	-	125%	-	8.4	0	8.4	11.1				1	5							97.0%
NICU	92%	-	94%	-	15.4	0	15.4	26	9.55%	9.16%	0%									89.5%
AAU	102%	77%	101%	113%	6.5	1.5	8.2	7.7	6.14%	10.49%	39.57%	1	82				1			87.5%
Nell Gwynne	114%	86%	137%	84%	5.4	3.7	9.3	6.9	-8.20%	15.76%	31.83%	4	62							94.4%
David Erskine	97%	77%	99%	137%	3.7	3.2	7.1	6.6	0.60%	8.89%	11.36%									85.7%
Edgar Home	98%	62%	101%	105%	3.2	2.5	5.6	6.4	4.33%	16.67%	31.57%	7	58	1	1					100.0%
Lord Wigram	81%	76%	92%	99%	3.7	2.7	6.5	7.5	7.47%	0.00%	4.54%	2	24		2		1			98.3%
St Mary Abbots	98%	92%	96%	98%	3.5	2.3	5.9	7.2	17.68%	11.29%	17.28%	1	25		1		1			98.7%
David Evans	75%	105%	139%	316%	4.7	3.3	8.2	7.2	-10.31%	7.77%	41.86%	1	12		1					98.0%
Chelsea Wing	102%	111%	100%	89%	9.5	6.3	15.8	7.2	24.97%	6.90%	0.00%	0	10							
Burns Unit	120%	120%	199%	175%	18.6	3.7	23.2	N/A	18.41%	10.60%	0%	2	16							100.0%
Ron Johnson	95%	129%	98%	124%	5.1	3.6	8.7	7.6	18.23%	18.53%	26.67%	4	55							94.4%
ICU	101%	78%	102%	94%	23.7	1.8	25.8	26	13.89%	12.57%	0%		3	1	1		1			
Rainsford Mowlem	91%	81%	100%	104%	3.2	2.9	6.6	6.9	1.87%	9.37%	22.98%	9	58		1					75.9%
Nightingale	95%	90%	100%	128%	3.1	3.2	6.3	7.4		0.00%	14.55%	8	46	1	2					70.8%

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-qualified	No Harm & Mild		Moderate & Severe						
												Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Lampton	111%	98%	109%	91%	3.2	3.6	6.9	6.8	1.91%	5.02%	5.19%	4	45							100.00%
Richmond	96%	1.05	151%	384%	4.3	3.8	8.2	7.2	8.92%	11%	0.00%	3	36		1		1	1	1	89.47%
Syon 1 cardiology	94%	127%	96%	173%	3.7	2.7	6.4	8.8	11.66%	3.88%	0.00%	6	35		2					99%
Syon 2	114%	74%	98%	91%	3.6	2.6	6.6	6.6	7.97%	12.90%	12.26%	2	33		1	1	2			97.06%
Starlight	114%	-	113%	-	10.3	0	10.3	11.5					2							96.77%
Kew	99%	130%	99%	135%	3.5	4.4	8.2	6.9	2.47%	10.26%	29.20%		42		1					87.50%
Crane	121%	110%	129%	163%	3.5	3.3	6.8	6.9	7.68%	21%	17.83%	6	54		2					95.24%
Osterley 1	83%	116%	96%	137%	3	3.1	6.2	7.5	0.72%	8.07%	1.87%	3	53		1		1			97.62%
Osterley 2	97%	85%	97%	120%	3.5	2.9	6.6	7.2	3.28%	6.51%	0.00%	3	39							100.00%
MAU	92%	95%	106%	112%	5.7	2.5	8.2	7.7	12.75%	9.04%	12.44%	9	114							96%
Maternity	108%	76%	100%	84%	8.5	2.4	10.9	13	5.89%	15.90%	17.83%	1	3							89.09%
Special Care Baby Unit	95%	100%	98%	100%	9.6	3.1	12.6	11.1	11.03%	7.85%	0.00%									100%
Marble Hill 1	117%	143%	105%	288%	3.5	4.1	7.6	6.4	16.88%	0.00%	7.92%	10	91		1		1	1	1	91.67%
Marble Hill 2	129%	131%	148%	282%	3.7	4	8	6.5	1.75%	4.71%	27%	4	57							100.00%
ICU	106%	0.78	107%	0.62	25	1.3	26.3	26	13.93%	8%	0%		1							



Staffing & Patient Quality Indicator Report

March 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 and Marble Hill 2 had additional HCA requirements due to the escalation area being open for part of the month. Syon 2 had a low HCA fill rate due to staff sickness and being unable to cover day HCA shift with bank or agency. CHPPD was not compromised.

Osterley 1 had additional HCA requirements at 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.

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 on Lord Wigram and David Evans reflects a high sick rate with low fill by temporary staffing. Ward manager and Matron supported to mitigate risk. Burns staffing fill rates increased at night and day for RMNs and HCAs to ensure close observation of patients with mental health concerns. The matron supported in order to maintain patient safety. ICU low fill rate of HCAs reflects unfilled shifts with bank or agency. CHPPD was not compromised.

On Ron Johnson additional HCA cover was required at night to support the COVID19 research study. High fill rate on Annie Zunz was due to staffing of their Elective Admissions Lounge (based on Nightingale ward). On AAU, Nell Gwynne, David Erskine Edgar Horne and Rainsford Mowlem 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 Nightingale required additional HCA support at night for frail confused patients at high risk of falls. HCA recruitment continues at pace with 86 HCA staff in the recruitment pipeline. Nell Gwynne ward required additional RN cover over night to support the patients with tracheostomies.

Incidents:

In terms of incidents with harm, there was 3 patients who sustained injuries post falls on Edgar Horne, Nightingale and ICU CW. The incident on Edgar Horne resulted in the patient fracturing their neck of femur requiring surgery. A rapid review was completed. The incident on ICU CW resulted in a confused patient sustaining a fractured nose and soft tissue haematoma which is currently being monitored by the ENT team. The incident on Nightingale ward resulted in the patient sustaining a subdural bleed but did not require further interventions. A rapid review and internal investigation was completed.

There was one incident involving pressure damage identified this month. The Pressure ulcer damage on Syon 2, has been confirmed as nasal pressure damage from NIV. Tissue Viability and the dieticians were involved in wound care planning.

There was two medication errors involving moderate harm reported. The incident on Richmond ward involved incorrect prescribing and administration of Parkinson medications resulting in deterioration of patient's condition and requiring input from SALT team. The incident on Marble Hill 1 involved incorrect prescribing and administration of epileptic medication resulting in a seizure. Friends and Family test showed that 3 wards at CW and 4 wards at WM scored 100%.



Safe Staffing Analysis – Registered Nurse and Care Staff March 2023

RN Fill Rates (ward areas) increased from 101.90% in February 2023 to 102.57% in March 2023. The RN vacancy rate (whole trust) in March 2023 was 5.68%, slightly down from 6.22% in February 2023

Care Staff Fill Rates (ward areas) stayed the same from 106.34% in February 2023 to 106.71% in March 2023. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in March 2023 – 12.98% was same as in February 2023 – 12.63% 6.22% in February 2023

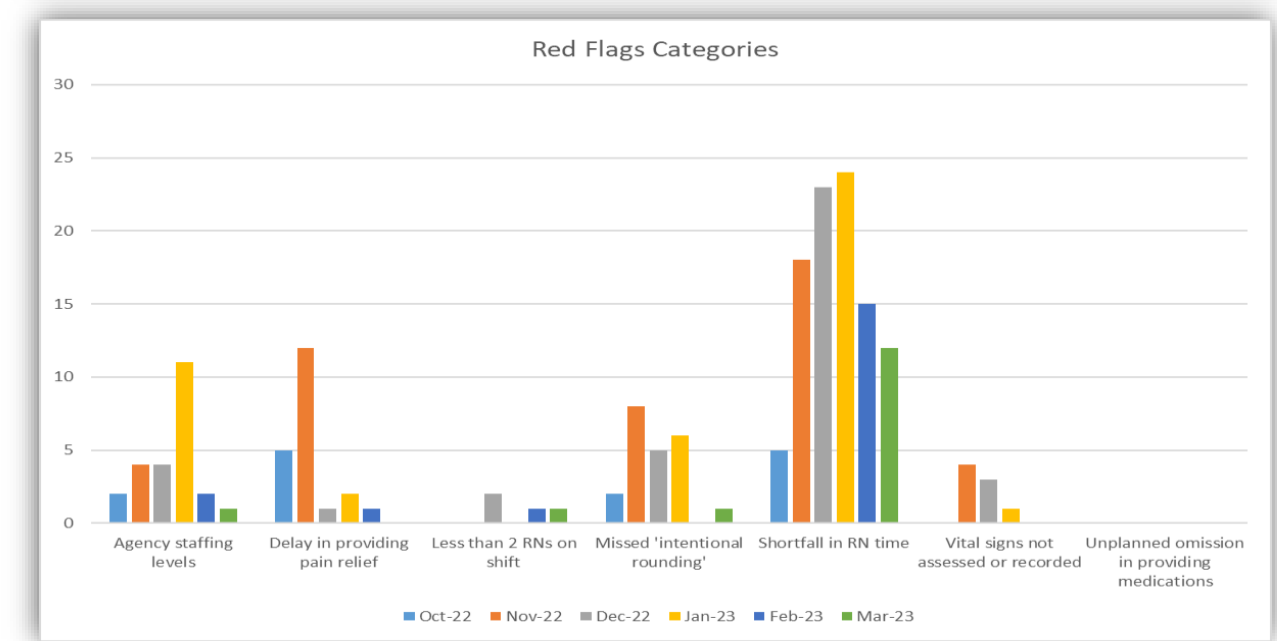
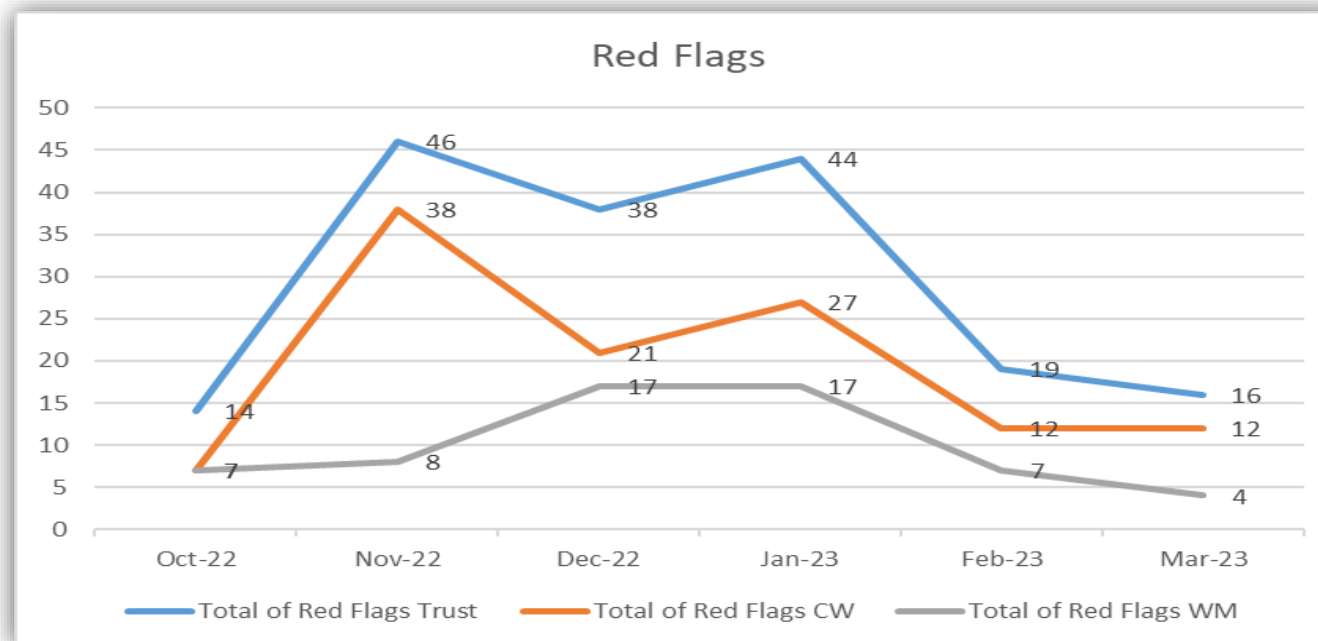
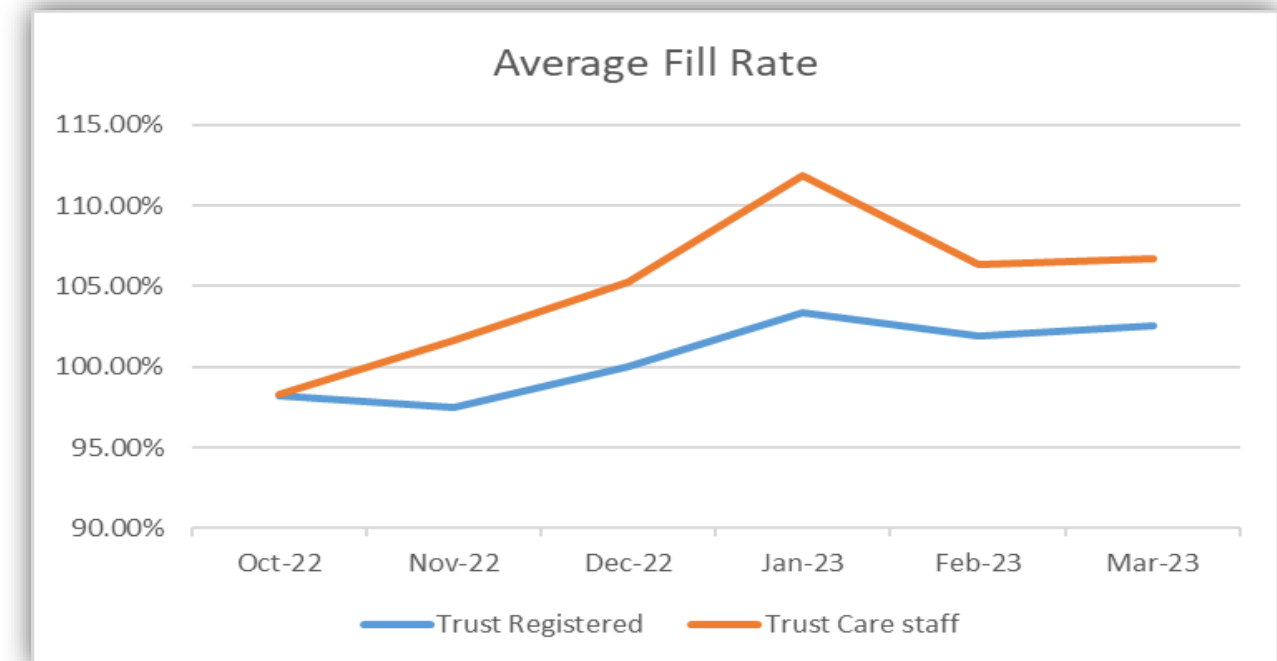
The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 106.76% in February 2023 to 104.64% in March 2023.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (Nov 2022) was 8.4. Trust workforce data confirms the CHPPD was 8.9 in March 2023, same as in February 2023.

Safe Staffing Red Flags – 16 red flags from the 6 categories (tables below) were reported during March 2023 where majority of them were shortfall in RN time followed by less than 2 RNs on shift.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Nov 2022
Trust	8.4
Hillingdon Hospital	8.7
London NW	8.7
Imperial	10.1
Peer Median	8.8

Nursing, Midwifery and care staff average fill rate March 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
102.57% ↑	106.71% ↔	6.2 ↑	2.7 ↔	8.9 ↔





Finance M12 (March 2023) 2022/2023

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	801,359	865,962	64,603
Expenditure			
Pay	(452,032)	(500,993)	(48,961)
Non-Pay	(304,188)	(320,671)	(16,483)
EBITDA	45,139	44,299	(840)
EBITDA %	5.63%	5.12%	-0.5%
Depreciation	(29,874)	(29,197)	677
Non-Operational Exp-Inc	(15,866)	(5,647)	10,219
Surplus/Deficit	(601)	9,455	10,056
Control total Adj - Donated asset, Impairment & Other	600	(9,408)	(10,008)
	0		(0)
Adjusted Surplus/Deficit	(0)	47	47

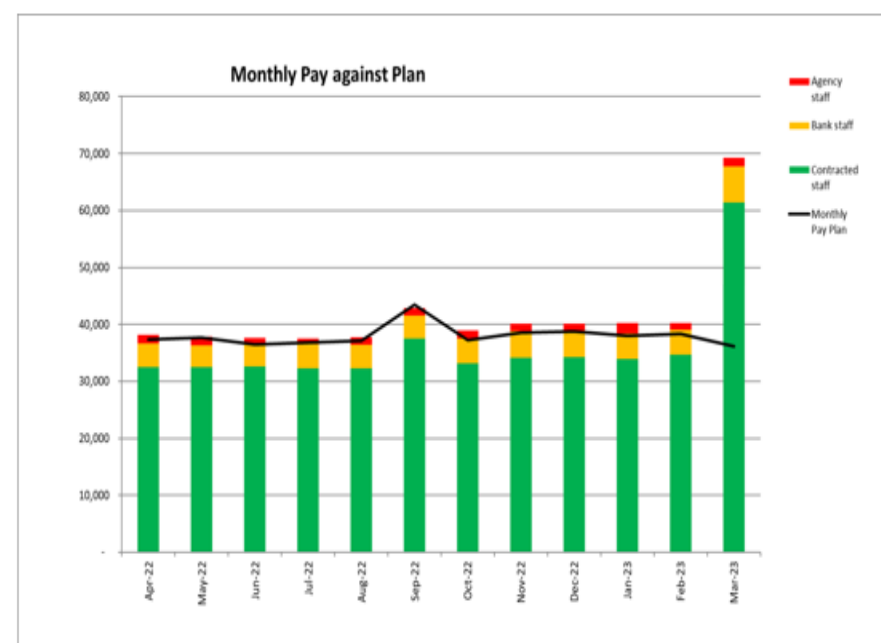
The adjusted financial position at month 12 is a £0.05m surplus, which is £0.05m favourable against our break-even annual plan.

Pay: £48.96m adverse against plan at year end. At month 12 the position includes notional spend of £17m for 6.3% pension (matched by equivalent income) and £11.8m accrual for proposed AfC pay awards cost (predominantly offset by income). The other YTD material variances include CIP slippage £13.97m and premium cover for sickness, vacancies and other staff absences.

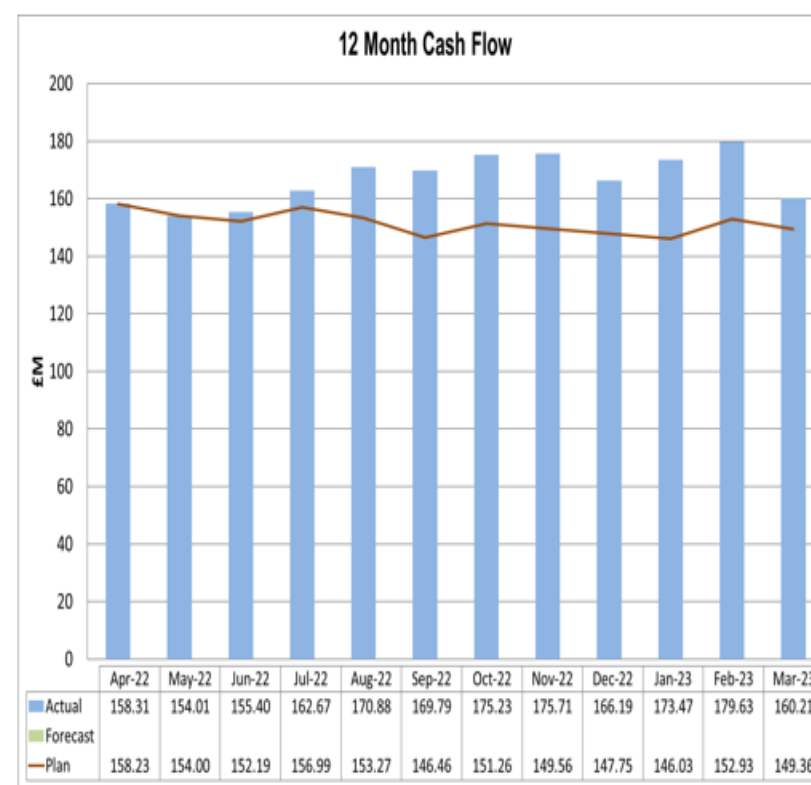
Non-Pay: At month 12 the position includes a number of items contributing to the substantial movement in month including; Donated PPE notional expenditure of £1.89m, offset by equivalent notional income, Drugs spend £1.12m, other clinical supplies (increase in routine purchases through stores) and an increase in Covid vaccination hub costs (largely matched by income).

Also, included is 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.

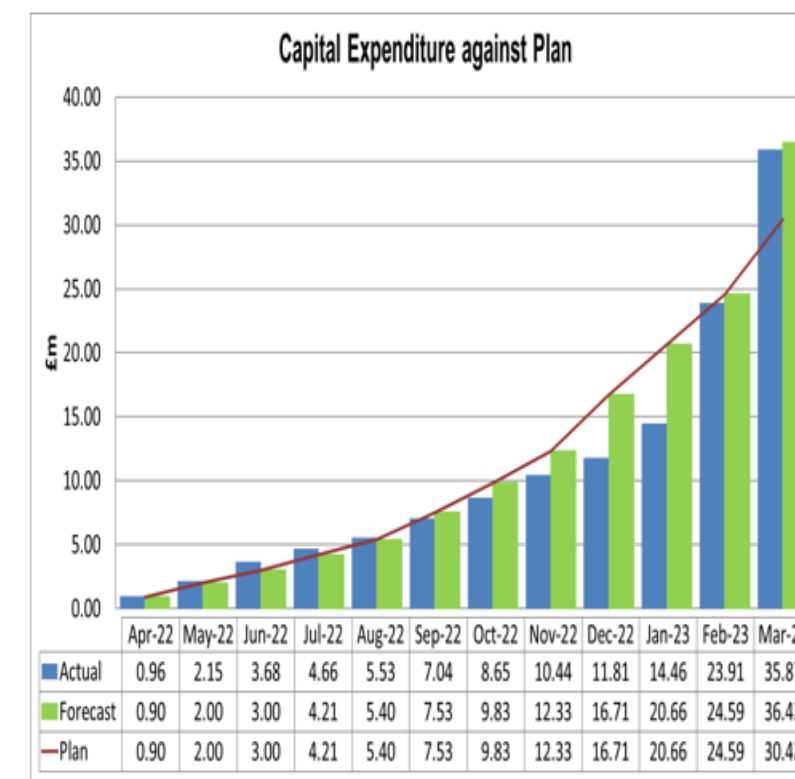
Income: NHS Clinical income from ICBs and NHS England have continued on block payment for 22/23 with adjustments for inflation, growth and the Elective Recovery Fund (ERF). There was a slight adjustment for the reduction in National insurance in Month 8 block income. M1 -12 ICBs ERF achievement has been 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



Comment: The exceptional March 2023 payroll figures include the 6.3% Pension contribution £17m (a notional figure) and £11.8m accrual for the proposed pay awards (predominantly matched by income). The pay figure in September includes the YTD pay-awards uplift for AFC staff and consultants.



Comment: The favourable cash variance to plan in M12 of £10.84m is favourable cash variance b/fwd from M11 of £26.7m, higher receipts to plan of £18.56m (CCG £4.6m higher, Local Authority £1.82m Higher, Donations £32k higher, NHS England £8.13m Higher, AR £1.27m Higher, PP Income £0.62m Higher, FT's -£0.93m Lower, Interest Income £0.44m higher, Other Income £0.04m higher, Health Education £0.02m higher, PDC Drawdown £2.5m higher) offset by higher cash outflows to plan £34.43m (Higher Creditor payments, Higher Payroll)



Comment: The Trust has spent £11.96m in M12 2022/23, which has brought the final gross capital spend for 2022/23 to £35.87m, compared to the original budget of £30.42m, resulting in an over spend against plan of £5.45m. The budget for the year was increased to £36.43m following the award of PDC funding and donations. Against the revised budget, there was an under spend of £0.56m, which relates to Estates projects that will now be delivered in 2023/24. The final spend across the departments are as follows; Estates £16.51m; Medical Equipment £6.86m; IT £10.52m and Non-Medical Equipment £1.20m (Note: all figures are draft subject to audit).