













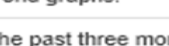
TRUST PERFORMANCE & QUALITY REPORT

October 2022



NHSI Reporting

NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	76.54%	75.99%	77.40%	78.18%	80.80%	79.85%	73.86%	78.50%	78.97%	78.18%	75.38%	75.38%	78.36%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	67.16%	60.34%	63.91%	66.21%	54.07%	51.53%	55.01%	55.74%	61.18%	56.22%	59.74%	59.74%	61.43%	
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Oct-22) in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.24%	93.78%	96.63%	92.62%	96.45%	94.48%	96.56%	95.51%	96.36%	94.17%	96.59%	n/a	94.28%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	97.18%	91.67%	99.43%	100%	97.18%	91.67%	n/a	99.43%	
	31 days diagnosis to first treatment (Target: >96%)	88.00%	96.23%	80.00%	93.15%	88.76%	n/a	92.11%	93.89%	88.49%	96.23%	87.30%	n/a	93.53%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	100%	n/a	n/a	100%	100%	n/a	n/a	n/a	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	33.33%	n/a	n/a	66.67%	100%	n/a	n/a	87.50%	60.00%	n/a	n/a	n/a	78.57%	
	62 days GP referral to first treatment (Target: >85%)	67.86%	76.36%	55.88%	73.85%	71.64%	74.00%	77.88%	70.84%	70.53%	74.84%	69.61%	n/a	71.84%	
Cancer - FDS	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	66.67%	100%	100%	33.33%	62.26%	100%	100%	33.33%	33.33%	62.50%	
Patient Safety	Faster Diagnosis Standard (Target: >= 75%)	77.20%	71.81%	77.10%	77.25%	64.41%	66.84%	66.56%	67.45%	69.58%	68.93%	70.92%	70.92%	71.49%	
	Clostridium difficile infections (Year End Target: 26)	2	1	1	8	2	1	1	10	4	2	2	2	18	

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 (Oct-22) and are not included in quarterly or yearly totals

A&E Waiting Times 4hr performance in October was 75.38%. Performance on the Chelsea site increased in the month to 77.4%, while performance on the West Middlesex site saw a deterioration to 73.86%. The site saw 7403 attendances in the month, which was the highest level of attendance we have seen in a month following the pandemic. The UTC at West Middlesex, which is not provided by the Trust, also saw a reduction in performance, impacting on late transfer of patients through to the Emergency Department. Both sites continue to be among the top performers in ambulance handover times, ensuring that ambulance crews are released quickly from the Emergency Departments.

18 Weeks RTT – Incomplete Pathway

There was a noted increase in activity in October following the summer break as more patients were treated. Despite the increase in the 52+ waiting cohort, the Trust continues to report no 104+ waiters and the number of 78+ remains stable as capacity is being aligned chronologically to the next group of patients waiting. External and internal validation of active RTT patients has commenced to ensure patients on the PTL that require treatment are identified and the next course of action is directed accordingly.

Cancer (Unvalidated)

2 Weeks Wait (Breast Symptomatic) is currently non-compliant for October at 91.67%. This will be compliant following end of month validation.

31-Day (Diagnosis to First Treatment) is compliant for September 2022. This is driven by work in the colorectal and skin pathways. Compliance continues to be precarious due to high volumes in these specialities, as well as clinically complex patients undergoing surgery following extensive pre-operative work. October's final position is undergoing validation and will be provided in next month's report.

62-Day (GP Referral): The 62-day target is non-compliant for October 2022, currently at 69.61%. This 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 target was compliant for September 2022, with a performance of 100%. This has been entirely driven by improvement in the Breast performance following focused work by that team.

28-Day FDS: September position has now been validated and shows an underperformance of 68.93%. October remains unvalidated, however, compliance is unlikely, although performance is expected to be an improvement over the September position. Challenges remain related to specific patient pathways across a number of key specialties. Focus continues on returning to compliance.

Clostridium Difficile : There were 2 Trust attributed CDI cases in October 2022, 1 case occurred at the WM site and 1 at the CW site. A root cause analysis meeting was held for the WM case, which identified that all antibiotics were appropriate for the patient's complex medical needs and in line with Trust guidelines, the CDI case was well managed and there was no learning identified. The CW site RCA is pending. To date (Apr 22 – Oct 22) there have been 18 Trust-attributed CDI cases; this is a 5% reduction in comparison to the same period last year (Apr 21– Oct 21).

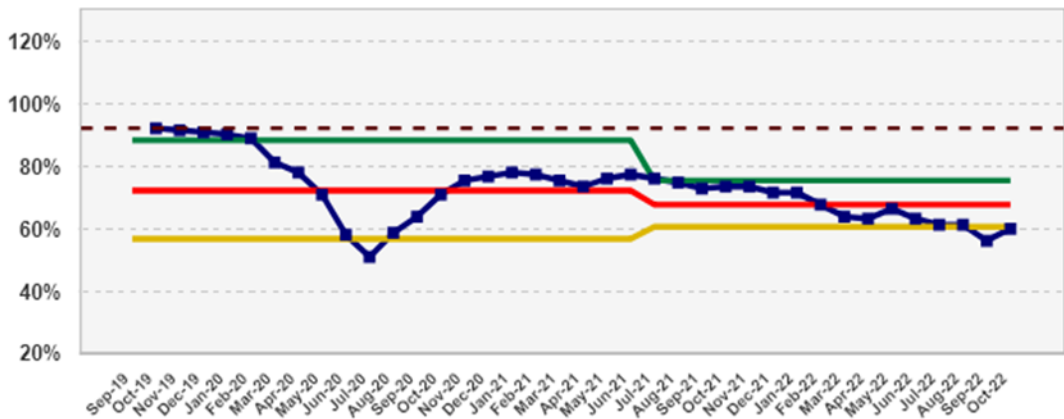


SELECTED BOARD REPORT NHSI INDICATORS

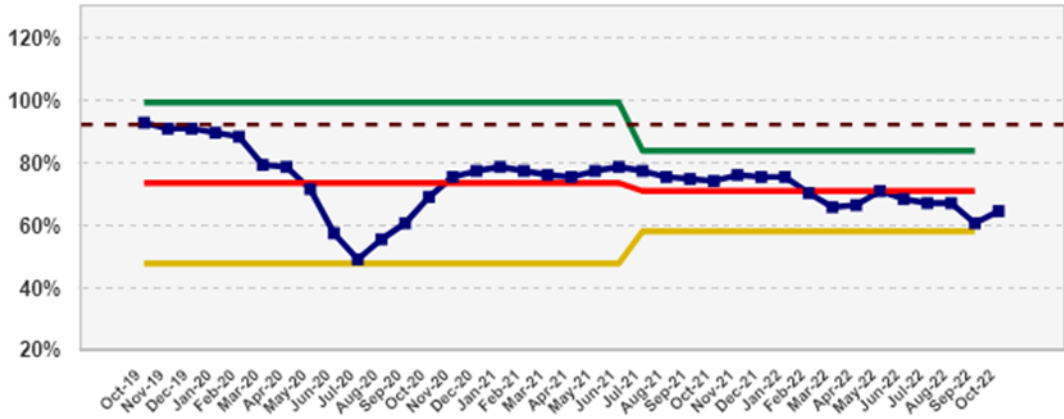
Statistical Process Control Charts for the last 37 months Sept 2019 to Oct 2022

RTT Incomplete pathways

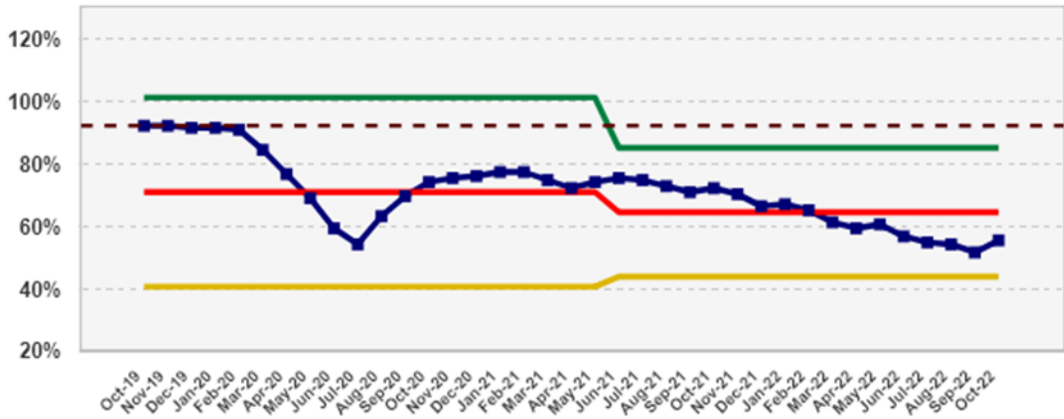
Trust Total



Chelsea and Westminster

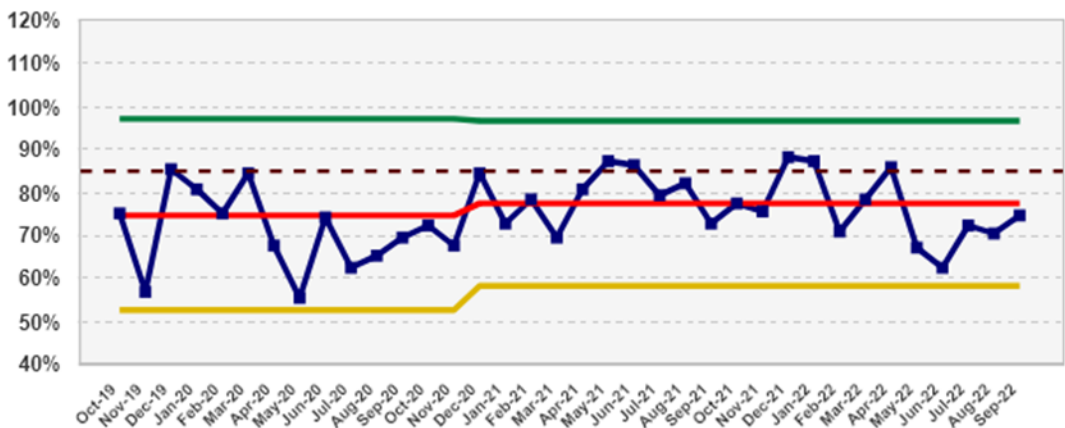


West Middlesex

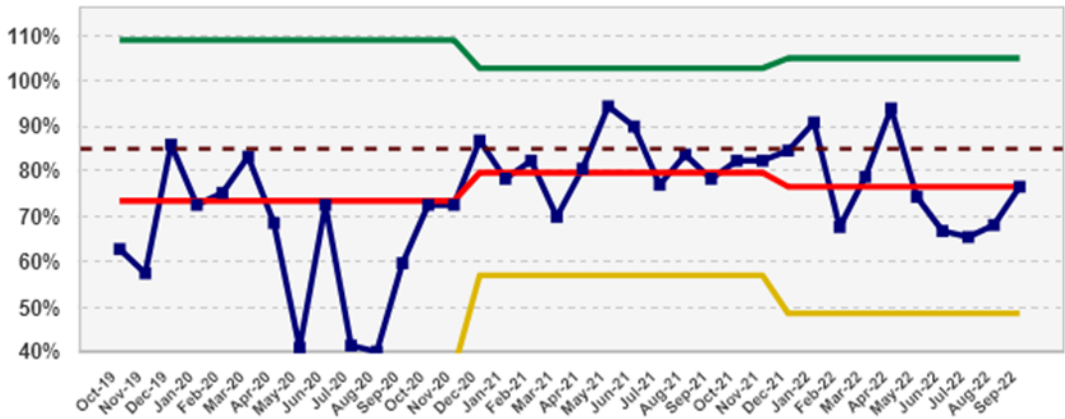


Cancer: 62 day standard

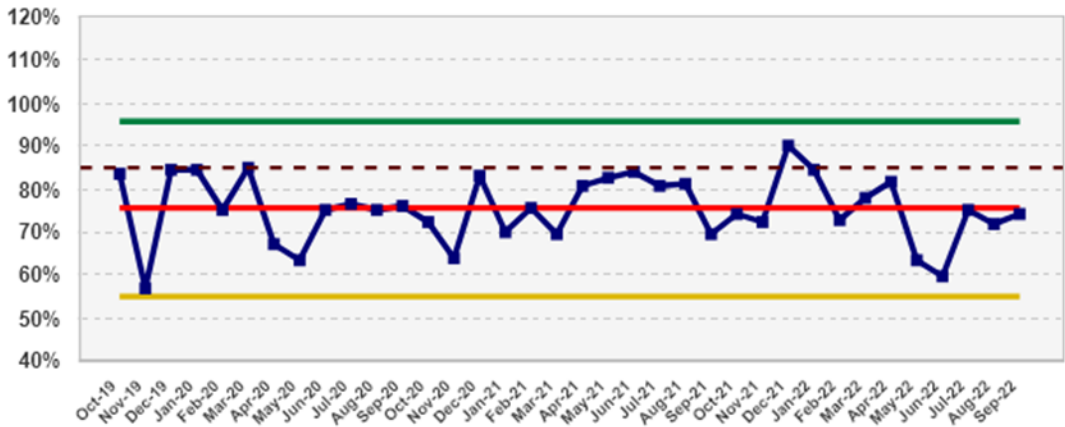
Trust Total



Chelsea and Westminster



West Middlesex



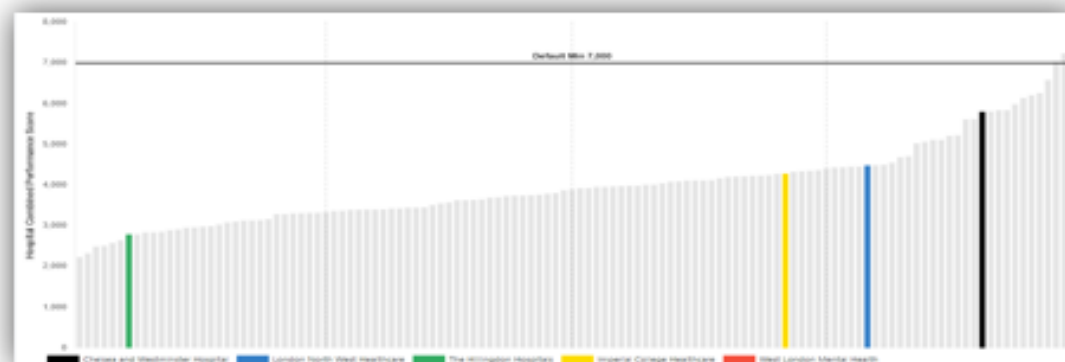


National Benchmarking Against Select Indicators

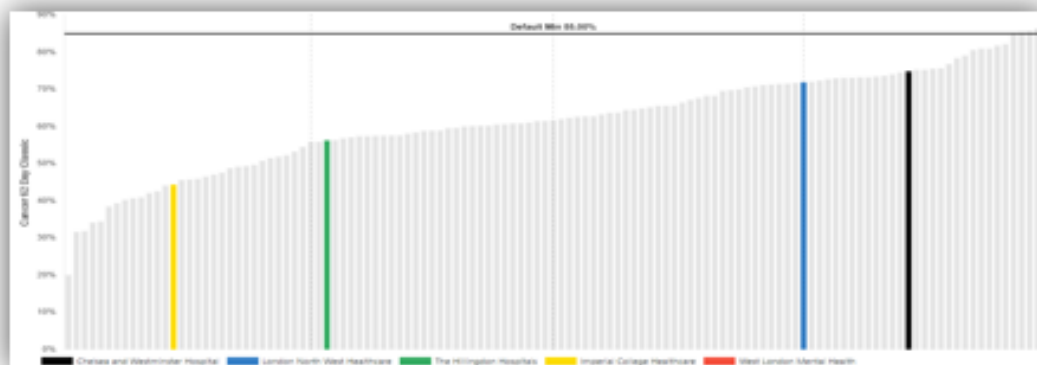
The below has been sourced from PublicView and represents the Trust Performance for September 22. The Ranking is based on peers in the same group as the Trust

The Trust ranked 11th nationally on the HCS in October 2022, same as the previous month.

Hospital Combined Score -11th Nationally

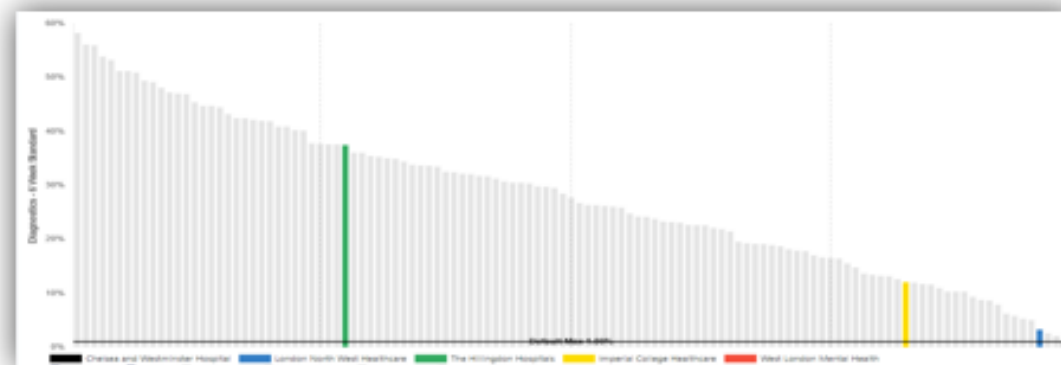


Cancer 62 Days 17th OF 121



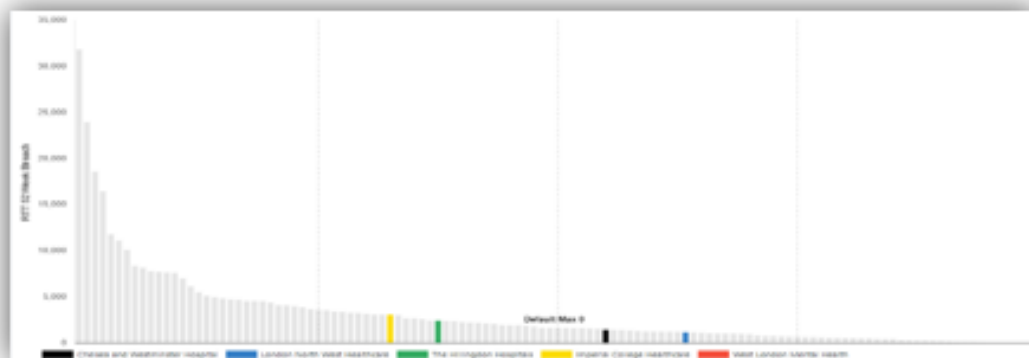
62 Day Cancer Standard: The Trust is currently ranked 17th out of 121 trusts, an improvement in ranking when compared to the previous month from 32nd to 17th.

6 -wk. Diagnostic – 1st OF 119



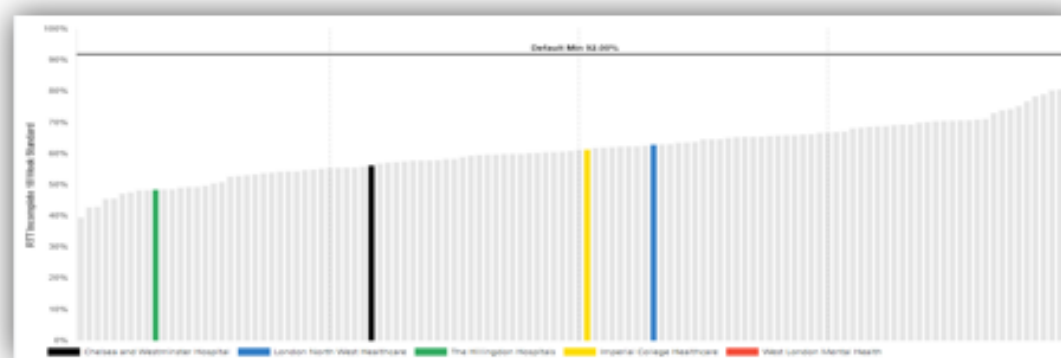
6 Week Diagnostic Standard: The Trust is topping the league table nationally for diagnostic waits.

RTT 52 wks- 54th OF 120



RTT 52 Week Breaches: The Trust is currently ranked 54th of 120 Trusts, a reduction in ranking when compared to the previous month.

RTT 18-wk Incomplete Pathway 85th OF 120



RTT 18 Week Standard: This position is showing a reduction 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					Trend charts	Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023		
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	2	0	0	0	4	0	0	0	0	6		-
	Hand hygiene compliance (Target: >90%)	95.7%	98.2%	87.0%	94.2%	93.1%	92.9%	94.2%	94.5%	94.2%	95.1%	90.3%	90.3%	94.4%		-
Incidents	Number of serious incidents	2	1	3	14	6	5	3	25	8	6	6	6	39		-
	Incident reporting rate per 100 admissions (Target: >8.5)	9.3	8.4	8.0	8.7	9.6	9.9	9.0	9.5	9.5	9.1	8.5	8.5	9.1		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.02	0.03	0.06	0.02	0.05	0.03	0.00	0.02	0.03	0.03	0.03	0.03	0.02		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.99	5.83	4.44	5.09	3.67	3.76	2.74	3.15	4.28	4.76	3.58	3.58	4.07		-
	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%	0.3%	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	0	1	1	0	0	1	1	1		-
	Safeguarding adults - number of referrals	27	35	28	165	33	28	27	248	60	63	55	55	413		-
Mortality	Safeguarding children - number of referrals	11	21	24	147	84	97	83	597	95	118	107	107	744		-
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	65	67	67	67	75	75	75	75	71	71	72	72	72		-
	Number of hospital deaths - Adult	54	32	44	302	57	55	60	432	111	87	104	104	734		-
	Number of hospital deaths - Paediatric	0	0	1	4	0	0	0	0	0	0	1	1	4		-
	Number of hospital deaths - Neonatal	2	3	0	12	1	0	4	7	3	3	4	4	19		-
	Number of deaths in A&E - Adult	0	0	0	0	7	6	4	31	7	6	4	4	31		-
	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

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

Incidents

There were six External SIs reported in October 2022; one maternity incident affecting baby, one patient fall, one delayed cancer diagnosis, one surgical/invasive procedure incident and two unexpected deaths. 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 (October 2022) the number of patient safety incident per 100 admissions was lower at CW compared to WM. It is anticipated that reporting rates will increase following the implementation of the new Patient Safety Incident Response Framework (PSIRF); staff training will be an integral part of the roll out.

Medication Related Safety Incidents

A total of 133 medication-related incidents were reported in October 2022. CW site reported 82 incidents and WM site reported 49 incidents; there were 2 incidents reported in the community. The number of medication-related incidents reported in October has increased at CW site since September (80) and decreased at WM site (66).

Medication-related (NRLS reportable) safety incidents per 1000 FCE bed days

The Trust position of medication-related incidents involving patients (NRLS reportable) for October 2022 was 3.58 per 1,000 FCE bed days, which is below the Trust target of ≥ 4.2 per 1000 FCE bed days. This is due to a decrease in the number of reported incidents at WM site. This will be re-discussed at the next MSG meeting for ideas on how to sustain an adequate level of reporting of medication –related incidents, particularly at the WM site.

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

The Trust had 0% of medication-related safety incidents with moderate harm and above in October 2022, which is within the Trust target of $\leq 2\%$.

Safeguarding

Safeguarding adult referrals numbers remain fairly stable over time in terms of referrals, with a high complexity of cases. Safeguarding children's referrals figures continue to be skewed by the different referral & reporting criteria from our local boroughs. Both sites remain busy with complex family management



Patient Experience

Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	91.5%	94.7%	96.0%	95.3%	95.7%	97.5%	95.9%	96.9%	94.3%	96.5%	95.9%	95.9%	96.3%	
	FFT: Inpatient not satisfaction % (Target: <10%)	2.7%	1.9%	0.9%	1.7%	1.02%	0.74%	1.29%	0.7%	1.6%	1.2%	1.1%	1.1%	1.0%	
	FFT: Inpatient response rate (Target: >30%)	22.5%	26.5%	29.6%	21.9%	55.4%	63.6%	54.1%	53.6%	37.2%	42.8%	39.9%	39.9%	35.0%	
	FFT: A&E satisfaction % (Target: >90%)	84.1%	82.0%	80.1%	80.5%	78.3%	76.1%	71.2%	76.8%	82.4%	80.3%	77.6%	77.6%	79.4%	
	FFT: A&E not satisfaction % (Target: <10%)	10.4%	12.1%	13.4%	13.1%	15.5%	15.6%	20.9%	15.7%	11.9%	13.1%	15.6%	15.6%	13.8%	
	FFT: A&E response rate (Target: >30%)	20.6%	20.4%	20.5%	20.6%	20.3%	19.7%	18.2%	19.8%	20.5%	20.2%	19.8%	19.8%	20.3%	
	FFT: Maternity satisfaction % (Target: >90%)	86.2%	80.4%	82.1%	87.2%	86.2%	87.5%	92.9%	86.6%	86.2%	83.0%	83.0%	83.0%	87.1%	
	FFT: Maternity not satisfaction % (Target: <10%)	9.6%	13.7%	10.6%	9.7%	11.9%	10.2%	0.0%	9.1%	10.5%	12.4%	9.7%	9.7%	9.5%	
Experience	FFT: Maternity response rate (Target: >30%)	33.7%	27.8%	26.0%	28.9%	22.6%	19.9%	21.5%	22.0%	28.2%	24.3%	25.5%	25.5%	26.6%	
	Breach of same sex accommodation (Target: 0)	0	0	0	0	15	15	8	103	15	15	8	8	103	
Complaints	Complaints (informal) through PALS	40	38	37	430	30	27	22	282	70	65	59	59	712	
	Complaints formal: No of complaints due for response	32	34	18	173	15	25	11	96	47	59	29	29	269	
	Complaints formal: Number responded to < 25 days	29	27	16	156	13	18	11	84	42	45	27	27	240	
	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	0	0	0	0	0	0	0	0	0	0	0	

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

Regarding Friends and Family Tests: These metrics are currently suspended and will be re-instated it 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 site saw 8 breaches for October (down from 15 in September). This reduction is welcomed; however, external bed pressures remain an issue as does the ICU configuration of two open bays and limited side rooms. The ICU team at West Middlesex have been working hard to reduce breaches and improve the patient experience. We will continue to work closely with CCOT and Clinical Site Management to address the issue of bed availability for timely discharges from the critical care unit.

Complaints

93% of complaints were responded to within the 25 day KPI (target 95%) during October and our position has recovered. Two complaints were not responded to within the timeframe. Compliance with responding to PALS concerns within 5 working days was 97% (KPI 90%).

Friends and Family Test

There has been a continued upward trend in the satisfaction score and response rate for inpatient areas at Chelsea over the past 3 months – this has been attributed to a continued patient experience presence on the ward, staff promotion of feedback and more structured processes for collection. Collectively inpatient areas across both sites score above the 90% satisfaction and 30% response rate KPIs. A&E's satisfaction rate for Chelsea continues to achieve above 80% however a concern is the downward trend for West Mid A&E satisfaction score and increase in negative percentage; the themes of the negative feedback continue to relate to waiting times and communication. There are plans to undertake patient experience projects in December such as "the first 15 steps" and the use of HealthWatch to delve further into how we can work collaboratively to improve waiting times, or communication regarding waiting times at West Mid ED. A final positive is that Maternity at West Mid scored above 90% satisfaction rate – when reviewing comment themes, this is attributed to the supportive attitude of staff, the environment and patient care provided. There are patient experience projects being undertaken at present based on the FFT results and National Maternity Survey results /feedback themes such as a review of patient information for induced labour and breastfeeding, in addition to reintroducing the partner visiting rules. It is hoped this will contribute to continued improvements in scores.



Efficiency and Productivity

Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.55	1.77	2.81	2.35	2.03	3.56	2.28	2.72	2.42	2.28	2.71	2.71	2.44	
	Average length of stay - non-elective (Target: <3.95)	3.96	3.80	3.78	3.79	3.78	3.82	3.64	3.79	3.86	3.81	3.71	3.71	3.79	
	Emergency care pathway - average LoS (Target: <4.5)	4.49	4.39	4.04	4.22	4.37	4.37	4.12	4.41	4.42	4.38	4.09	4.09	4.33	
	Emergency care pathway - discharges	273	260	286	1880	386	364	387	2617	660	624	673	673	4497	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.54%	5.91%	5.47%	5.57%	7.19%	6.69%	6.89%	6.98%	6.37%	6.28%	6.16%	6.16%	6.25%	
	Non-elective long-stayers	421	397	261	2495	438	363	308	2551	859	760	569	569	5046	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	84.1%	84.9%	79.6%	84.1%	82.8%	82.2%	78.5%	80.9%	83.7%	84.2%	79.3%	79.3%	83.2%	
	Operations cancelled on the day for non-clinical reasons: actuals	2	1	5	33	18	34	20	139	20	35	25	25	172	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.06%	0.03%	0.15%	0.15%	0.71%	1.49%	0.90%	0.93%	0.35%	0.63%	0.45%	0.45%	0.46%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	0	0	3	0	3	2	31	1	3	2	2	34	
	Theatre Utilisation Model Hospital (Target > 85%)									83.0%	80.0%	78.0%			
Outpatients	First to follow-up ratio (Target: <1.5)	2.25	2.32	2.21	2.19	1.72	1.70	1.74	1.73	2.02	2.03	2.01	2.01	1.99	
	Average wait to first outpatient attendance (Target: <6 wks)	10.1	9.6	10.5	9.7	10.9	11.4	12.2	10.8	10.5	10.4	11.2	11.2	10.2	
	DNA rate: first appointment	11.5%	10.7%	10.5%	10.7%	9.9%	9.5%	8.9%	10.1%	10.8%	10.1%	9.8%	9.8%	10.4%	
	DNA rate: follow-up appointment	10.0%	9.8%	9.8%	9.7%	8.5%	8.9%	8.4%	8.6%	9.4%	9.5%	9.3%	9.3%	9.3%	

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

Daycase Rate

There was a reduction in performance on both sites in October 2022. Against the target of 85% Chelsea achieved 79.6%, West Middlesex 78.5%. At Chelsea Gynaecology, Urology & General Surgery have successfully implemented HVLC lists within the theatre timetable maximising efficiency and protecting dedicated theatre space for more complex procedures. Prioritising complex cases whilst there were anaesthetic shortages has contributed to this deterioration.

Cancelled Operations

Cancelled operations on the day increased at Chelsea but decreased at West Middlesex in October. This was predominantly due to anaesthetic staff shortages as the anaesthetic workforce has reduced the amount of ECL work they conducted whilst the BMA pay rate was negotiated. To address this issue complex, urgent and emergency activity was prioritised.

Theatre Utilisation

Utilisation reduced from 80% to 78% in October. The impact of reduced ECL sessions from the anaesthetists, whilst the proposed BMA rate was being discussed, has resulted in theatre list anaesthetic provision being moved on the day of surgery. There were delays on both sites associated with this, mainly in increased late start times while patients needed review by the new allocated anaesthetist.

Outpatients

DNA and Wait to 1st attendance: The Trust DNA rate improved for new appointments across the Trust in October, and Quarter 3 performance shows a very positive trend vs year-to-date. Follow-ups remain static. DNA for both new and follow-ups slipped slightly at CW site, but both improved considerably at WMUH. Average Wait to First Appointment slipped at both sites -there remain backlogs in routine new appointments in a number of services so we predict continued instability for this indicator. The Trust's New to Follow Up ratio improved overall, and particularly at the Chelsea site. This remains the key focus at the Trust's Outpatient Board. October saw a 'medium-bang' go live of patient initiated follow up (PIFU) across a number of outpatient services. All remaining services will go live at the end of November. This should start to drive an improvement in this indicator.



Clinical Effectiveness

Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	96.6%	99.2%	94.3%	96.1%	92.0%	99.1%	95.7%	94.2%	94.1%	99.1%	95.0%	95.0%	95.1%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	95.7%	84.6%	60.0%	67.9%	83.3%	78.9%	100.0%	82.8%	91.4%	81.3%	80.6%	80.6%	75.4%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	85.7%	90.0%	72.7%	90.0%	94.1%	92.9%	95.2%	91.9%	91.7%	91.7%	87.5%	87.5%	91.1%	
VTE	VTE: Hospital acquired	1	1	1	5	5	3	2	30	6	4	3	3	35	
	VTE risk assessment (Target: >95%)	90.6%	91.8%	91.2%	91.1%	94.8%	96.0%	95.1%	95.8%	92.9%	94.0%	93.2%	93.2%	93.6%	
TB Care	TB: Number of active cases identified and notified	2	5	9	33	8	13	20	73	10	18	29	29	106	
Sepsis	ED % of patients with high NEWS score screened for Sepsis	91.3%	93.6%	93.6%	91.5%	70.7%	75.1%	72.4%	71.3%	82.4%	85.9%	85.2%	85.2%	83.6%	
	ED % of patients at risk of developing sepsis receiving antibiotics	36.4%	37.4%	36.8%	30.8%	58.3%	54.1%	50.3%	61.7%	46.4%	46.0%	43.6%	43.6%	43.1%	
	ED % of patients at risk of developing sepsis receiving antibiotics within 1 hour	16.8%	17.3%	14.1%	13.2%	32.5%	34.9%	31.4%	39.1%	24.0%	26.3%	22.9%	22.9%	23.5%	
	AAU/AMU % of patients with high NEWS score screened for Sepsis	95.8%	97.0%	96.8%	96.6%	95.6%	96.2%	99.6%	97.8%	95.7%	96.6%	98.2%	98.2%	97.2%	
	AAU/AMU % of patients at risk of developing sepsis receiving antibiotics	94.0%	94.4%	88.8%	91.7%	88.6%	85.4%	90.8%	91.0%	90.5%	89.2%	89.9%	89.9%	91.3%	
Improving outcomes for Inpatient diabetes patients	Inpatient Wards % of patients with high NEWS score screened for Sepsis	92.7%	87.9%	89.4%	89.0%	94.2%	94.8%	94.9%	95.1%	93.3%	91.1%	91.7%	91.7%	91.9%	
	% 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	
Improving clinical handover	Length of stay for elective (surgical specialties only) patients with recorded diabetes	4.1	4.4	5.6	4.5	2.1	5.8	2.4	3.9	3.4	4.9	4.5	4.5	4.3	
	Junior Doctors Trained on the principle of safe and effective handover (Target >=50%)	29.0%	30.0%	31.0%	37.0%	-	-	-	-	29.0%	30.0%	31.0%	31.0%	37.0%	
	Attendance at downstream ward (Target >=95%)	96.0%	99.0%	93.0%	92.3%	-	-	-	-	96.0%	99.0%	93.0%	93.0%	92.3%	

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

Dementia screening

Sustained achievement of the 90% target is observed across both sites for dementia screening. With WM at 95.7% and CW at 94.3%

VTE Risk

WMUH site continues to achieve the $\geq 95\%$ target. VTE root cause analysis is performed for HATs to ensure appropriate VTE prevention management with shared learning. CW site has again not achieved the 95% target due in part to day case surgery not being able to be excluded but a Cerner change to the way the VTE assessment is made should allow those patients to be excluded and allow a more accurate %. VTE root cause analysis for HATs is performed.

#NoF (Time to Theatre - Neck of Femur)

WM achieved 100% compliance and all 16 patients went to theatre in under 36 hours. CW saw 6 of the 16 medically fit patients miss the 36 hour target, of which 5 by a maximum of 8 hours. All 5 were delayed by other cases on the trauma list overrunning, the remaining one breach required multiple diagnostics before they could go to surgery.

Clinical Handover

CW site: Currently, There are no further training sessions for F1/F2 until junior doctor changeover in Dec 2022.

WM site: Arrangements are put in place with the postgraduate education fellows to block core slot for 1 hour per session and per cohort at WM site for FY1 teaching, starting 29th Dec and FY2 teaching, starting 9th Nov. There is an identified risk of a Trust wide shortage of facilitators to deliver the training to all new starters in clinical areas.









Attendance at Downstream wards

There is consistent attendance recorded at AAU to downstream wards in the Chelsea site. At West Middlesex work is in progress, however currently there are no formal handover for all patients moving from AMU to downstream wards. Patients are handed over on an adhoc basis if the patients are clinically unwell or have urgent investigations to be performed or followed up on the day.



Access

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	279	393	398	398	767	1041	1114	1114	1046	1434	1512	1512	1512	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.10%	99.17%	99.26%	98.32%	98.70%	98.43%	99.83%	99.30%	98.89%	98.78%	99.56%	99.56%	98.85%	
	Diagnostic waiting times >6 weeks: breach actuals	33	33	33	445	54	70	9	218	87	103	42	42	663	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	10.0%	9.4%	8.8%	9.1%	8.7%	9.2%	8.3%	8.6%	9.5%	9.4%	8.6%	8.6%	8.9%	
	A&E time to treatment - Median (Target: <60')	00:25	00:27	00:28	00:27	01:03	01:02	01:06	01:04	00:45	00:42	00:43	00:43	00:42	
	London Ambulance Service - patient handover 30' breaches	31	42	47	234	96	156	188	864	127	198	235	235	1098	
	London Ambulance Service - patient handover 60' breaches	1	1	0	12	2	11	8	38	3	12	8	8	50	
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

Whilst capacity is focused on the highest priority and longest waiting patients, until those on a non-admitted pathway over 52 weeks are seen and treated then the cohort of patients likely to tip over cannot be brought forward from their existing appointment or booked. A number of specialties with an increasing 52 week non-admitted PTL are running additional clinics to help support the situation.

Diagnostic 6-Week Waits

The monthly diagnostics collection collects data on waiting times and activity for 15 key diagnostic tests and procedures. The Trust has maintained performance by achieving this target in October 2022, at 99.56%, meaning 9,593 patients received their diagnostic test within 6 weeks across the 15 key areas. Only 42 breaches are recorded for October 2022- the Trust remains the top performance Trust in the country in terms of performance against this target.

A&E Unplanned re-attendances

A&E re-attendances remain stable, with a continued focus on redirection of patients where appropriate.

LAS Handover

The Chelsea and West Middlesex sites continue to amongst the top performance on ambulance handover times, ensuring that ambulance crews are released quickly from the Emergency Departments. Breaches on the Chelsea site remain stable, with an increase at West Middlesex who saw an increase in activity and conveyances in Month 7 (October 2022).



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Aug-22	Sep-22	Oct-22	Aug-22	Sep-22	Oct-22	Aug-22	Sep-22	Oct-22
RTT waiting list positions	Total RTT waiting list	27478	28592	30007	23106	25164	26606	50584	53795	56792
	Total Non-Admitted waiting list	22865	24175	25767	20863	23123	24710	43728	47337	50656
	Non-Admitted with a date	8148	12280	15609	10388	12667	14911	18536	24947	30520
	Non-Admitted without a date	14717	11895	10158	10475	10456	9799	25192	22390	20136
	Total Admitted waiting list	4613	4417	4240	2243	2041	1896	6856	6458	6136
	Admitted with a date	532	760	1072	356	485	669	888	1245	1741
	Admitted without a date	4081	3657	3168	1887	1556	1227	5968	5213	4395
	Patients waiting >78 weeks	9	10	3	10	13	19	19	23	22
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Aug-22	Sep-22	Oct-22	Aug-22	Sep-22	Oct-22	Aug-22	Sep-22	Oct-22
Total	279	393	398	767	1041	1114	1046	1434	1512
Colorectal Surgery	4	5	9	69	94	111	73	99	120
Dermatology	33	51	55	70	108	133	103	159	188
ENT	4	3		59	47	57	63	50	57
Gastroenterology						1			1
General Medicine				13			13		
General Surgery	19	30	29	88	127	127	107	157	156
Gynaecology	4	8	5	3	2	3	7	10	8
Medical Endoscopy					1			1	
Neurology		1						1	
Not Stated				1	1	1	1	1	1
Ophthalmology	17	29	24				17	29	24
Oral Surgery				3	29	24	3	29	24
Orthodontics	2	1	2				2	1	2
Paediatric Clinical Haematology				4	2		4	2	
Paediatric Clinical Immunology	8	9	7				8	9	7
Paediatric Dentistry	31	49	44				31	49	44
Paediatric Dermatology	5	6	6	5	22	29	10	28	35
Paediatric Ear Nose and Throat			2	4	9	28	4	9	30
Paediatric Endocrinology						1			1
Paediatric Gastroenterology	1	1	1				1	1	1
Paediatric Ophthalmology	1	3					1	3	
Paediatric Plastic Surgery	3	4	3				3	4	3
Paediatric Surgery	2	3	1	3	4	2	5	7	3
Paediatric Trauma and Orthopaedics		1						1	
Paediatric Urology	1	1	1	5	8	2	6	9	3
Paediatrics	1	1		2	1	1	3	2	1
Pain Management	2	1	3				2	1	3
Plastic Surgery	28	36	47	85	88	89	113	124	136
Podiatric Surgery				2	1		2	1	
Rheumatology				14	15		14	15	
Trauma & Orthopaedics	20	32	38	12	19	24	32	51	62
Urology	37	35	36	141	231	219	178	266	255
Vascular Surgery	56	83	85	184	232	262	240	315	347



Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:30	1:33	1:31	1:27	1:32	1:31	1:32	1:28	1:31	1:32	1:31.5	1:31.50	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	1:90.50	-
Birth indicators	Total number of NHS births	441	444	484	3149	382	359	388	2609	823	803	872	872	5758	-
	Total number of bookings	539	562	561	3898	511	469	423	3208	1050	1031	984	984	7106	-
	Maternity 1:1 care in established labour (Target: >95%)	98.5%	98.5%	99.2%	98.6%	97.8%	97.3%	98.6%	97.2%	98.1%	97.9%	98.9%	98.9%	97.9%	-
Safety	Admissions >37/40 to NICU/SCBU	17	11	16	95	n/a	n/a	n/a	n/a	17	11	16	16	95	-
	Number of reported Serious Incidents	0	1	1	2	1	1	0	6	1	2	1	1	8	-
	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	7.4%	6.4%	7.4%	7.1%	7.9%	7.9%	8.4%	7.6%	7.6%	7.1%	7.9%	7.9%	7.3%	-
	Number of stillbirths	1	1	1	6	0	2	2	10	1	3	3	3	16	-
	Number of Infant deaths	1	1	1	6	1	0	2	7	2	1	3	3	13	-
Outcomes	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%	-
	Spontaneous unassisted vaginal births	24.8%	24.2%	21.3%	24.5%	30.9%	28.6%	30.3%	31.7%	27.6%	26.2%	25.3%	25.3%	27.8%	-
	Vaginal Births - spontaneous & induced	59.0%	60.0%	53.7%	57.8%	58.9%	53.5%	54.6%	58.3%	58.9%	57.1%	54.1%	54.1%	58.1%	-
	Instrumental deliveries	15.7%	18.5%	14.6%	16.4%	12.2%	10.6%	12.9%	12.6%	14.1%	15.0%	13.8%	13.8%	14.6%	-
	Pre-labour elective caesarean sections	74	65	71	488	48	35	49	318	122	100	120	120	806	-
	Emergency caesarean sections in labour	55	51	54	396	63	85	84	491	118	136	138	138	887	-

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



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

Workforce

The current midwifery ratios on each site for the month of October 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 a business case will be presented to executive management board in December to support investment to achieve these ratios. 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'. At both sites consultant there was 100% consultant presence for the clinical situations outlined by the RCOG report for the month of October.

Safety

Our safety outcomes as a Trust remain stable and at our recent Pillar 1 LMNS meeting it was acknowledged that we have the **lowest rates for crude stillbirth** rate across the NWL sector despite comparable IOL and CS rates (CWFT 2.42/1000, ICTH 4.44/1000, LNWUTH 3.81/1000. We completed a thematic review of all the SIs at our WMUH site, as we noticed an increase in cases between May 2022 to August 2022. We reviewed the 7 cases and identified the following contributory areas (i) interpreting and communication, English was not the first language in 3 of the women (ii) delay in obstetric review (iii) placenta not sent for histology (iv) commencing oxytocin without an obstetric review. Via the LMNS we will be piloting cardmedic to aid improving interpreting in an acute setting. There is an ongoing obstetric workforce review at the WMUH site and we plan to launch in collaboration with our HR partners a series of consultations with the consultants in January 2023. The daytime labour ward consultant presence is not dedicated and we need to design a rota which will achieve such.

(1) PMRT:

For October there were 5 deaths (3 stillbirths and 2 neonatal deaths). Of these 3 were antenatal and 2 neonatal deaths. GA at time to death (i) 20-21 weeks n=1 (ii) 24-27 weeks n=1 (iii) 32-36 weeks n=2 (iv) 37-41 weeks n=1. We have recently reviewed and discussed our PMRT process with Alex Bolton and agreed that:

(i) the PMRT and SI process will continue where a case has both maternity and neo natal involvement (ii) If the NND occurs in the neonatal service, maternity will provide a summary of the AN and maternal care for the PMRT and a review of the care must be conducted (72 hours review) to determine if an SI is required (ii) Prior to a decision regarding referral to the Coroner and MDT review must take place to ensure all the relevant information is available to the decision makers (iv) where there is legal or coroner involvement normal bereavement support and follow up should continue.

(2) Avoidable term admissions to NICU:

WHUH site: In October, there were 13 term admissions to NICU (rate 3.39%, 5 babies were transferred out, 6 were due to respiratory problems, 5 HIE, 1 facial lacerations and abnormal movements, 1 social reason. We are reviewing these cases.

In September there were 3 avoidable admissions to NICU and the following actions were agreed to reduced admissions:

- (i) Teaching on indication for optiflow
- (ii) Re-emphasize the importance of babies being observed for a bit longer before moving up to the neonatal unit
- (iii) Neonatal led to complete paperwork via post grad centre to making ATAIN and BFI training mandatory for junior doctors.

CWH site: 19 babies were admitted (15 for respiratory support, 2 hypoglycaemia, 1 feeding issues, one for SVT). 4 are still under review (2 intubated babies and 2 ken wing babies). 5 were deemed avoidable (3 needing respiratory support, 1 feeding issues and 1 hypoglycaemia). None of these were suitable for TC care.

Outcomes

Preterm birth: The national target is to reduce the PTB rate to 6% by 2025 and Ockenden SA9. At CWH site the rate was 7.1%. Overall, 30 women experienced PTB and 36 babies were born preterm. 24 cases there was a single pregnancy and 6 twin pregnancies. 14 of the births were spontaneous and 16 iatrogenic. There were 2 IUTs (QCCH and WMUH) and 3 women from the Portland presented in PTB. 4 women were eligible for Magnesium sulphate <30 weeks and there was 100% compliance. Of those requiring steroids <34 weeks: 7 had completed course, 1 received one dose and 1 did not have steroids.

Ockenden and MIS update on SA 6 for last Q1 2022:

- (i) 1592 scans were performed at the 20 week anomaly scan. Of these 115 (7.2%) were found to have raised mean uterine artery Dopplers. All of these patients were offered serial growth scans at 28, 32 and 36 weeks for the detection of feta growth restriction.
- (ii) All women with a BMI >35 are offered growth scans from 32/40 and a all women have mean UAD performed by 24 weeks and not just those at high risk.
- (iii) This year Q1 and Q2 there have been 16 neonates identified as < 3rd centile born at >37+6/40. Of the 16 cases identified where the neonate was born < 3rd centile at >37+6 weeks gestation, 7/16 were high risk for SGA and had serial growth scans arranged. 3/16 had an antenatal referral for suspected SGA and 2 out of the 3 had an USS arranged within 3 days. 11/16 had USS which demonstrated growth >10th centile.

3 patients had SFH only measured. In the majority of these cases USS had not detected SGA. This may have been missed or FGR may have occurred after the last scan at 36 weeks.



Maternity

Perinatal Quality Surveillance Model

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
Domain	Indicator	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023
Perinatal Quality	Maternity Safety Support Programme in place									No	No	No	No	No
	Training compliance for all staff groups in maternity (Multidisciplinary training) (Target >= 90%)									69.0%	76.0%	67.0%	67.0%	69.7%
	Service User Feedback FFT									Yes	Yes	Yes	Yes	Yes
	Staff Feedback from board safety champion									Yes	Yes	Yes	Yes	Yes
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust									0	0	0	0.00	0.43
	Coroner Reg 28 made directly to Trust									0	0	0	0	0
	Progress in achievements of NHSR MIS (10 safety actions) Compliant									2	3	3	6	6
	Progress in achievements of NHSR MIS (10 safety actions) In Progress									6	5	5	4	4
	Progress in achievements of NHSR MIS (10 safety actions) Off Track									2	2	2	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions)...									100.0%	96.0%	96.0%	96.0%	96.4%

	Site	Overall	Safe	Effective	Caring	Well-led	Responsive
CQC Metric Ratings - Jan 2020	Chelsea and Westminster	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
	West Middlesex	Good	Requires Improvement	Good	Good	Outstanding	Good

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

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 67% which is a decrease from 76% in September combined for all members of the multidisciplinary team with a target of above 90%. Training compliance has been impacted by the recent cancellation of education days due to the need to provide safe staffing in the clinical areas during July-October. Additional training days are planning on both sites to ensure compliance is achieved by Dec 2022, however, should some of these be cancelled due to ensuring safety staffing safety action 8 of the maternity incentive scheme year 4 will be at risk.

Service user feedback: The service receives monthly friends and family test feedback and for September this was 86% for WM and 83% for CW and these scores are impacted by feedback related to delays in induction and cancellations in caesarean sections at Chelsea which has now been added to the divisional risk register. 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.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and NED 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. The Non-executive director maternity safety champion has now started regular walkabout in maternity.

The trust has received 3 early notifications of concern from HSIB for action in the last 7 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. One of the earlier notifications of concern from May 22 at the West Middlesex site has now been reversed as the final investigation report did not find the initial concerns upheld.

Maternity incentive Scheme year 4: The service successfully achieved the 10 safety actions in year 3 of MIS (10% reduction in CNST premium). Year 4 was paused between December 21 and May 22. The quarterly gap analysis was presented to board and quality committee in September and current compliance is 3 safety actions on track, 5 are in progress and 2 are at risk (safety action 5 & 8) these safety actions relate to midwifery staffing and multi-professional training.













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. Following our assurance visit and the formal feedback report received we have one outstanding area related to data input and not service quality that is being addressed to ensure we are fully compliant by November.

CQC Inspection (December 2019): The maternity service had their last Care Quality Commission inspection in December 2019 and have embedded all the actions into the service. We are now undertaking work to prepare for any upcoming CQC inspection



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	Aug-22	Sep-22	Oct-22	2022-2023	YTD breaches	Aug-22	Sep-22	Oct-22	2022-2023	YTD breaches	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	90.0%	90.0%	90.3%	7.5	100%	90.0%	90.0%	n/a	90.3%	7.5		-
	Colorectal / Lower GI	n/a	54.5%	75.0%	70.4%	9	84.2%	27.3%	15.4%	56.6%	22	84.2%	40.9%	38.1%	n/a	62.3%	31		!
	Gynaecological	100%	100%	20.0%	100%	2	50.0%	60.0%	66.7%	53.5%	11	75.0%	75.0%	45.5%	n/a	66.1%	13		!
	Haematological	100%	50.0%	100%	73.7%	2.5	100%	83.3%	75.0%	73.7%	3.5	100%	75.0%	83.3%	n/a	73.7%	6		-
	Head and neck	n/a	100%	n/a	91.7%	0.5	0.0%	n/a	100%	83.3%	0.5	0.0%	100%	100%	n/a	88.9%	1		-
	Lung	100%	100%	100%	100%	0	0.0%	75.0%	100%	66.7%	1.5	33.3%	88.9%	100%	n/a	83.3%	1.5		-
	Sarcoma	n/a	n/a	0.0%	n/a	0.5	0.0%	n/a	n/a	12.5%	3.5	0.0%	n/a	0.0%	n/a	12.5%	4		-
	Skin	68.8%	100%	42.9%	88.3%	8.5	50.0%	84.0%	100%	69.7%	13.5	60.0%	86.7%	73.3%	n/a	78.3%	22		-
	Upper gastrointestinal	16.7%	55.6%	100%	50.0%	5.5	100%	0.0%	66.7%	80.0%	2.5	54.5%	41.7%	71.4%	n/a	62.2%	8		!
	Urological	72.0%	82.4%	31.6%	61.9%	28	63.5%	79.2%	81.3%	69.2%	39	66.2%	80.5%	62.7%	n/a	66.9%	67		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	100%	n/a	100%	0	100%	100%	n/a	n/a	100%	0		-
	Site not stated	n/a	n/a	n/a	33.3%	1	0.0%	n/a	n/a	55.6%	2	0.0%	n/a	n/a	n/a	50.0%	3		-

Improving personalised cancer care at diagnosis

% patients receiving an (HNA) & care plan																		
Patients with an end of treatment summary																		

Note that this is currently a place-holder whilst the reporting methodology of the metrics are under review

Please note the following

n/a

Refers to those indicators where there is no data to report. Such months will not appear in the trend graphs

!

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

Please note that all indicators show interim, unvalidated positions for the latest month (Oct-22) and are not included in quarterly or yearly totals

Trust Commentary

The 62-day target is non-compliant for October 2022, currently at 69.61%. This 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			1	10
Gynaecology		1.5	1	2.5
Haematology	0.5	1	0.5	3
Head and Neck	0	1.5	0	0
Colorectal	2.5	5.5	4	5.5
Lung		2.5	0.5	2
Skin		2.5	2	12.5
Testicular			0	1
Upper GI		4.5	3.5	1.5
Urology	1.5	8.5	2.5	12
Total:	4.5	27.5	15	50



Safer Staffing

Chelsea and Westminster Site (October 22)

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	100%	81%	96%	100%	6.7	2.5	9.2	12.5		14.90%	17.14%	14.12%	1	2							78.3%
Annie Zunz	144%	87%	100%	112%	7.3	2.8	10.1	7.5		9.79%	19.12%	0%	1	10							100.0%
Apollo	97%	-	92%	-	16.4	0	16.4	N/A													66.7%
Mercury	102%	-	102%	-	7.3	0	7.3	10.1						1							100.0%
Neptune	104%	-	113%	-	10.1	0	10.1	12.5					1	4							98.5%
NICU	92%	-	93%	-	14.5	0	14.5	26.8		11.13%	14.24%	0%									81.3%
AAU	100%	71%	103%	101%	7.4	1.7	9	7.8		8.92%	15.89%	39.63%	7	39							91.5%
Nell Gwynne	108%	67%	133%	72%	4.6	3.2	7.8	6.9		-0.37%	5.49%	17.94%	4	37							92.3%
David Erskine	94%	73%	98%	91%	3.7	2.5	6.2	7.2		-7.64%	15.00%	12.41%									
Edgar Horne	98%	73%	99%	101%	3.2	2.6	5.8	6.6		11.41%	15.79%	14.96%	4	34							100.0%
Lord Wigram	88%	93%	89%	131%	3.7	3.3	7.2	7.1		10.84%	10.35%	4.00%		14		1		1			95.3%
St Mary Abbots	90%	92%	92%	107%	3.7	2.8	6.5	7.1		23.65%	11.16%	18.81%	1	15	1	1					100.0%
David Evans	77%	93%	133%	221%	4.5	2.6	7.2	7.1		-8.08%	8.20%	26.76%		7		1					98.4%
Chelsea Wing	125%	90%	99%	98%	8.9	4.8	13.6	7.1		20.76%	8.00%	0.00%		5							
Burns Unit	124%	87%	238%	100%	21.9	2.5	24.4	N/A		15.90%	6.41%	0%	3	14							93.8%
Ron Johnson	94%	161%	101%	165%	4.3	3.8	8.1	7.4		21.54%	25.05%	35.29%	5	32							
ICU	98%	90%	102%	100%	26.8	2.4	29.7	26.8		-0.01%	12.06%	0%	1	3			1	1			
Rainsford Mowlem	94%	69%	99%	94%	3.2	2.6	6.3	6.8		5.16%	14.06%	9.55%	3	32							97.7%
Nightingale	64%	60%	85%	65%	3.4	2.8	6.2	7.7					3	6							88.9%

West Middlesex Site (October 22)

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	103%	89%	101%	95%	3.2	3.8	7.1	6.8		-19.43%	16.90%	0.00%	2	22						100.00%	
Richmond	55%	0.55	131%	323%	3.9	2.6	6.7	7.1		11.50%	0%	20.00%	6	20		1				100.00%	
Syon 1 cardiology	102%	104%	102%	150%	4.4	2.5	7	9.5		4.53%	7.50%	20.08%		14		1				96%	
Syon 2	94%	102%	98%	112%	3.2	3.3	6.7	7.2		11.61%	8.86%	13.33%		20						93.94%	
Starlight	99%	-	121%	-	9.9	0	10.1	12.5						1						89.80%	
Kew	101%	100%	100%	125%	3.1	3.1	6.3	6.9		0.39%	20.51%	18.63%	5	29						100.00%	
Crane	110%	95%	127%	170%	3.4	3.1	6.6	7.3		8.05%	17%	17.07%	7	27		1				100.00%	
Osterley 1	80%	48%	93%	140%	2.9	2.1	5.4	7.1		2.38%	9.59%	19.13%	4	26		1				91.30%	
Osterley 2	91%	64%	109%	108%	3.5	2.2	5.7	7.1		4.22%	0.00%	4.55%	2	19						98.04%	
MAU	90%	84%	105%	104%	5.5	2.2	7.7	7.8		13.05%	10.18%	19.91%	7	71						95%	
Maternity	89%	94%	85%	94%	6.1	2.2	8.3	12.5		11.18%	13.66%	14.46%		2						81.87%	
Special Care Baby Unit	90%	100%	95%	100%	6.5	2.3	8.8	12.5		4.43%	11.82%	0.00%								100%	
Marble Hill 1	112%	106%	96%	210%	3.1	2.8	6.2	6.6		15.98%	4.21%	8.25%	7	54		1	1	1		95.65%	
Marble Hill 2	93%	114%	98%	243%	2.9	3.9	6.9	6.1		4.37%	23.57%	12%	3	35						100.00%	
ICU	95%	0.71	94%	0.9	26.6	2.2	28.8	26.8		-12.98%	9%	0%									



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.

There were high fill rates on all medical ward due to additional HCAs being booked for frail confused patients at high risk of falls for both days and nights. On Kew, Crane, Marble Hill 1 and Marble Hill 2 extra HCAs were booked for patients requiring one to one for various reasons including mental health issues, high risk of falls, and confused wandering patients. Marble Hill 1 had additional HCA requirements due to the annexe being open for partial part of the month.

Osterley 1 had additional HCA requirements day and night due to the opening of the annexe area. On Osterley 1+2 during the day HCA and RN fill rate was low due to high levels of sickness which were not filled by bank or agency staff. Ward managers and the ICU team have supported in order to maintain patient safety. On Richmond ward the numbers of RNs and HCAs on days was decreased due to the opening of non-elective escalation with low bank and agency fill rates. The management team have increased their clinical time to maintain safe staffing and theatre staff supported. The low fill rates on West Mid ICU HCAs are due to supporting the Osterley's unplanned sickness. CHPPD was not compromised.

In Paediatrics Starlight's high fill rate for registered staff were due to an increased number of patients requiring 1:1 supervision. In maternity the remaining Support Workers (MSWs) vacancies have now been filled with the majority of staff having started providing adequate fill rate.

The reduced RN fill rate on David Evans ward is due to reduced elective activity. The high RN fill at night reflects staff supporting the trauma bays and step downs from ICU. There was increased HCA cover at night for Lord Wigram to support the confused and high risk of falls patients. On Burns staffing fill rates increased at night for RMNs to ensure close observation of patients with mental health concerns. High fill rate for RNs at the CW ITU reflects the activity of the unit.

On Ron Johnson three patients on the ward required close observation by HCAs on both days and nights. High fill rate on Annie Zunz was due to the Surgical Admissions Lounge being based on there. On AAU, Nell Gwynne, David Erskine, Rainsford Mowlem and Nightingale there were low HCA fill rate due to vacancies and being unable cover both day and night HCA shift with bank or agency. Nell Gwynne ward required additional RN cover over night to support the patients with tracheostomies.

Twice daily nurse staffing meetings continue to deploy staff as required in order to maintain patient safety. The Chelsea wing had increased RN requirement for the month as they support private outpatients.

In terms of incidents with harm there was 1 following falls. The patient on SMA fractured their hip post fall and required surgery. In terms of incidents with harm there was 2 incidents involving pressure damage. The patient on Marble Hill 1 is currently under investigation for a neurodegenerative disorder and is known to the dieticians and tissue viability. The Pressure ulcer damage on ICU CW has been attributed as community acquired pressure damage.

There were 0 medication errors involving moderate harm reported. Friends and Family test showed 4 wards at CW and 4 wards at WM scored 100%, there is ongoing work with the Patient Experience team and Apollo to capture and improve their satisfaction rates and merge the current QR codes.

Please note all incident figures are correct at time of extraction from DATIX. There were 14 red flags raised in October 7 for CW & 7 for West Mid, mainly related to staffing shortfalls. The Vacancy rate and Turnover are from September.



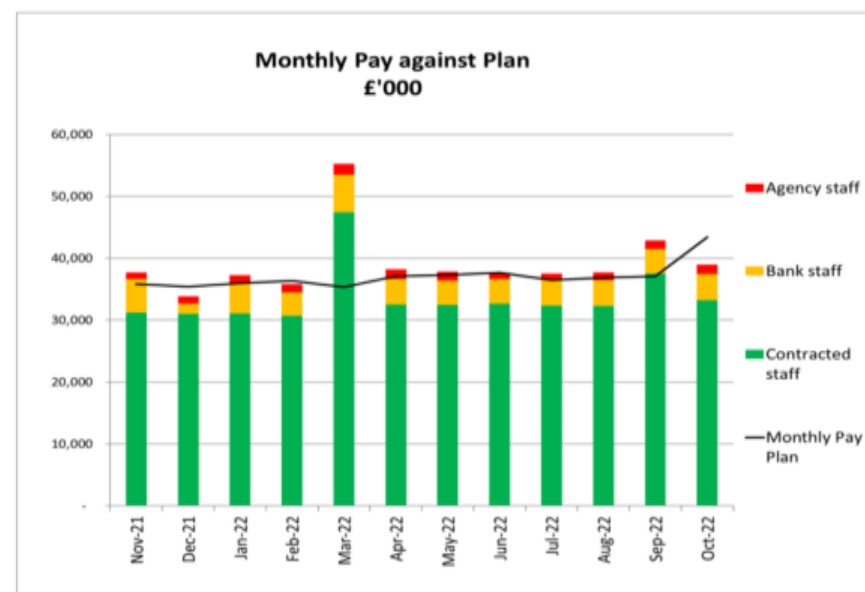
CQUIN (October 2022) 2022/2023

CQUIN	Lead	Target	Quarter 1 (%)	Action Plan
CCG 1: Flu vaccinations for frontline healthcare workers	Lee Watson Stephanie Stevenson-Shand	90%	NA	NA (CCG1 will be reported from September)
CCG 2: Appropriate antibiotic prescribing for UTI in adults	Stephen Hughes	60%	85%	NA
CCG 3: Recording of NEWS2 score, escalation time and response time for	Elaine Manderson Misha	60%	53.13%	Clarification was obtained from NHSE/I on numerator inclusion. A re audit updated compliance to 69% in line with target (conversations underway to update this). Compliance in CW was 47% and MW was 91% - shared learning is being explored across the sites.
CCG 4: Referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	Carla Hearsum Peter Hyland	65%	47%	Awaiting action plan
CCG5: Patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle.	Gary Davies	70%	Data not submitted	Quarter one and two data to be submitted before 25 th November We have worked over the first quarter to get a Cerner solution to allow clinical staff to fill in the bundle, order appropriate tests and treatments and allow us to capture the required data. This is now available but needs a few changes that are awaiting the end of the Cerner Freeze.
CCG 6: Major elective blood loss surgery patients are treated in line with NICE guideline NG24.	Gareth Teakle	60%	Data not submitted	Quarter one and two data to be submitted before 25 th November Awaiting Update
CCG 7: acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.	Emily Ward Deirdre Linnard	1.5%	1.6%	NA
CCG 8: Surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.	Nicola Rose	70%	94.85%	NA
CCG 9: All unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	Kevin Shotliff Matt Foxton	35%	0.35%	Awaiting action plan



Finance M7 (October 2022) 2022/2023

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	466,557	473,230	6,673
Expenditure			
Pay	(262,092)	(270,871)	(8,779)
Non-Pay	(179,284)	(177,707)	1,577
EBITDA	25,181	24,652	(529)
EBITDA %	5.40%	5.21%	-0.2%
Depreciation	(16,835)	(16,835)	(0)
Non-Operational Exp-Inc	(9,259)	(8,330)	929
Surplus/Deficit	(913)	(514)	399
Control total Adj - Donated asset, Impairment & Other	584	401	(183)
Disposal of Asset	0	(43)	(43)
Adjusted Surplus/Deficit	(329)	(156)	173

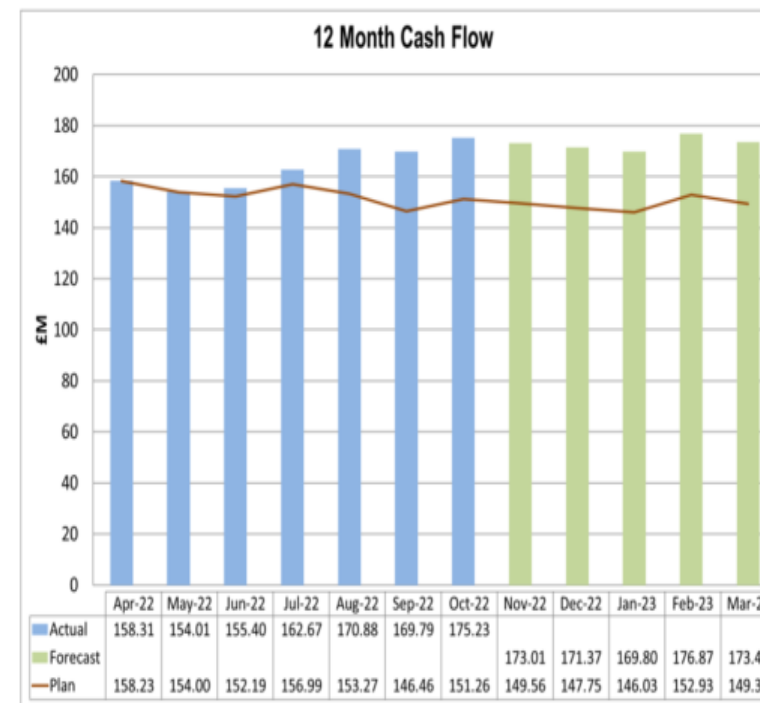


Comment: The exceptional March 2022 payroll figures include the 6.3% Pension contribution (£16.1m - a notional figure). The pay figure in September includes the YTD pay-awards uplift for AFC staff and consultants.

The adjusted financial position at month 7 is a £0.16m deficit, which against the adjusted plan is a £0.17m favourable variance. This is primarily driven by recognition of 100% ERF for months 1-6.

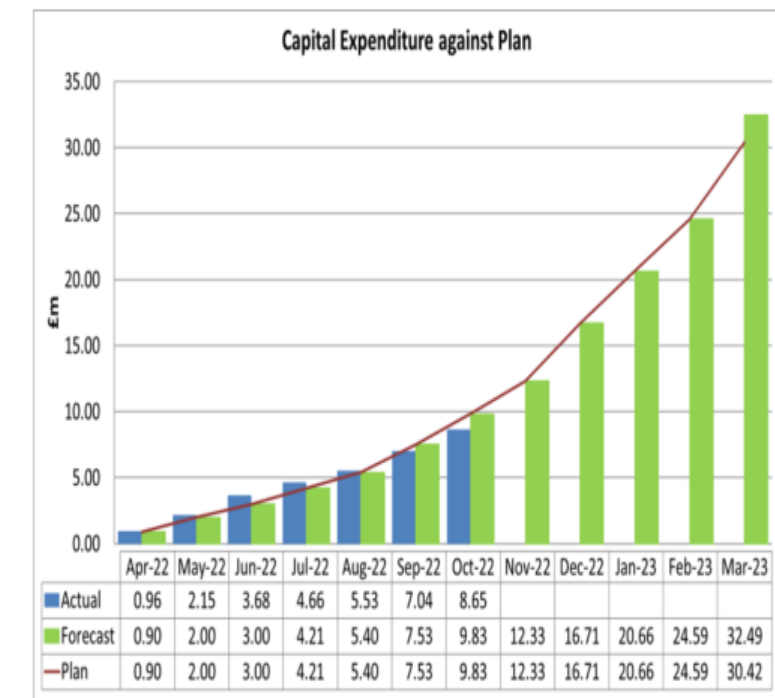
Pay: £8.78m adverse against plan at month 7. YTD material variances include CIP slippage £7.79m and premium cover for sickness, vacancies and other staff absences.

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). The increase in Month 7 income is driven by Q1/Q2 achievement of ERF for North West London ICB and the increase in monthly block value for the pay award uplift. All other commissioners ERF income is included at the minimum level of 25% as in prior months as we anticipate clawback due to under recovery against targets. Sexual Health services are paid on an activity basis, income is billed in line with agreed baselines with quarterly reconciliations for over or under performance.



Comment:

The favourable cash variance to plan in M7 of £23.97m is favourable cash variance b/fwd from M6 of £23.34m, Higher receipts to plan of £6.37m (CCG £503k Lower, Health Education £2.88m Higher, Local Authority £51k Higher, Donations £113k Lower, NHS England £1.98m Higher, AR £678k Higher, PP Income £486k Higher, FT's £560K Higher, Interest Income £169k Higher, Other Income £185K Higher) offset by Higher cash outflows to plan £5.74m (Higher Creditor payments)



Comment:

The Trust has spent £1.62m in M7 2022-23 compared to the original budget of £2.30m, resulting in an under spend of £0.69m. The spend year to date is £8.65m compared to the planned position of £9.83m, resulting in an under spend of £1.18m. The under spend mainly relates to Estates projects which have now been phased to be spent in the last three months of the financial year (£13m). There are also 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 only 27% of the capital programme as the majority of the capital spend has been phased in the plan to be incurred in the last four months of the financial year (£18m). The capital forecast for the year is £32.45m, and increase of £1.71m from last month, which is due to PDC funding being awarded for two projects and the transfer of £1.5m to LAS. The forecast is apportioned between the areas as follows; Estates £21.40m; Medical Equipment £4.66m; IT £6.06m, Non-Medical Equipment £0.15m and contingency £0.17m.