



TRUST PERFORMANCE & QUALITY REPORT

December 2023



NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024 Q3	2023-2024	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	77.90%	79.02%	82.09%	79.89%	71.97%	73.70%	75.80%	78.07%	74.96%	76.40%	78.88%	76.76%	78.89%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	62.85%	63.29%	61.54%	64.11%	58.52%	57.73%	55.76%	57.46%	60.45%	60.22%	58.35%	59.67%	60.41%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.25%	96.42%	95.83%	95.68%	94.65%	94.37%	94.01%	94.57%	95.29%	95.22%	94.73%	95.26%	95.02%	-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	100%	100%	100%	100%	97.41%	100%	100%	100%	100%	97.42%	-
	31 day combined position (Target: >=96%)	92.98%	94.59%	96.49%	96.51%	97.89%	99.12%	98.80%	97.28%	96.05%	97.33%	97.86%	97.08%	97.08%	
	62 day combined position (Target: >=85%)	90.52%	87.25%	79.84%	78.20%	83.52%	84.85%	78.59%	77.95%	86.24%	85.88%	79.10%	82.69%	82.69%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	84.13%	83.23%	82.94%	83.27%	75.56%	70.77%	73.69%	73.17%	78.72%	75.62%	77.27%	77.17%	77.08%	-
Patient Safety	Clostridium difficile infections (Year End Target: 26)	3	2	3	15	1	1	0	13	4	3	3	10	28	

A&E 4-hr Waiting Times

The Trust 4-hr ED performance for December was 78.9%, an improvement of 2.5% when compared to November. CWFT is the only Trust in NWL achieving the national aspiration of 76%, and for December were seventh nationally and second in London of comparable Trusts. We continue to target a performance of > 80%, and the UEC Winter Plan is being monitored through weekly Exec lead meetings.

18 Weeks RTT (Incomplete Pathway)

There has been an increase in the Trust PTL with a corresponding decrease in the 18-week RTT Incomplete position. December was a challenged month with industrial action, winter pressures and seasonal variation in activity impacting the 65ww and 78ww positions. Despite this view, there has been a reduction in the 52ww backlog, and a noted reduction in the RTT admitted waiting list, as the focus remains on the NHS drive to book and see patients in the 65ww backlog cohort. Work continues on ensuring inpatient and outpatient capacity is targeted towards patients in priority and chronological order.

Cancer (Final Previous Month, Unvalidated Current month)

62-Day: The 62-day combined target was compliant again for November 2023 with a performance of 85.88%, the second consecutive month the Trust has been compliant with this target. Currently December 2023 is showing at an unvalidated position of 79.1%

28-Day FDS: The FDS target sustained compliance for November 2023. This has been driven by focused work on first diagnostic within 10 days for key specialities (Colorectal and Urology) and the impact of the new CCS digital tool, allowing quick action against patient pathways.

31-Day: The 31-day combined target was compliant for November 2023 with a performance of 97.33%.

Clostridium Difficile

There were 3 Trust attributed CDI cases in December 2023, all cases were hospital onset-healthcare associated (HOHA) and occurred at CWH. 2 cases occurred in the EIC division and 1 in the Specialist Care division, there is no evidence of cross-transmission. RCA cases have been held for two of the three December cases which concluded there were no lapses in care that contributed to the development of the infections, the third RCA has been scheduled. From April – December 2023 there have been a total of 28 cases against a target of 25, however the Trust still remains below the national average of incidence.

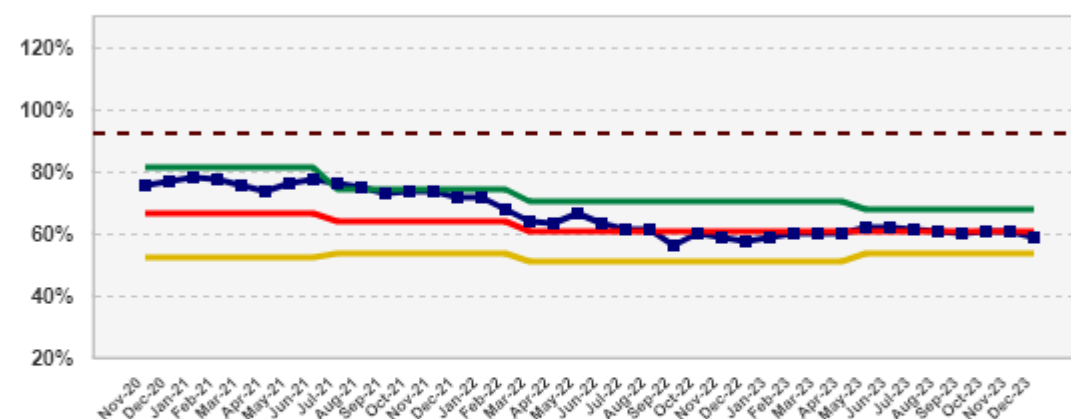


SELECTED BOARD REPORT NHSI INDICATORS

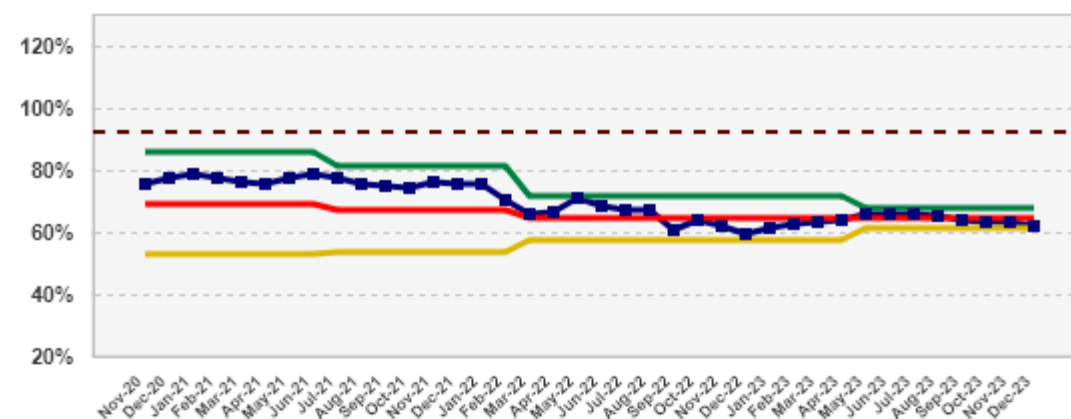
Statistical Process Control Charts for the last 36 months Oct 2020 to Nov 2023

RTT Incomplete pathways

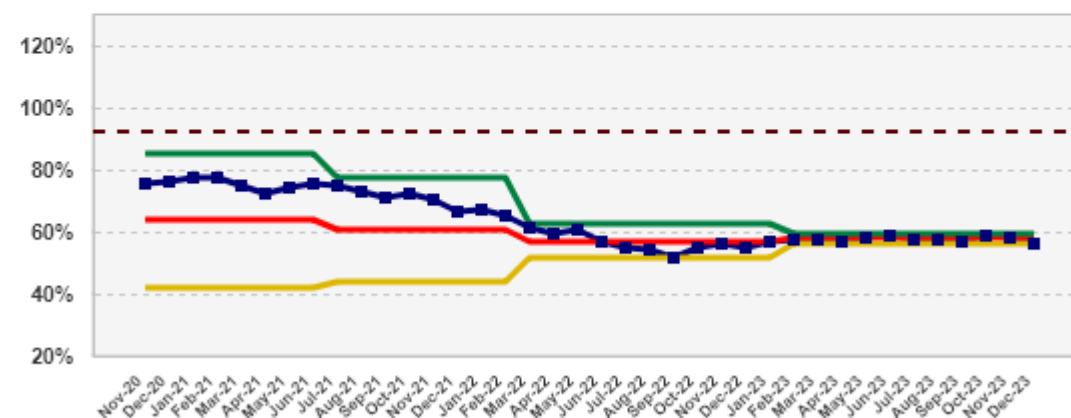
Trust Total



Chelsea and Westminster

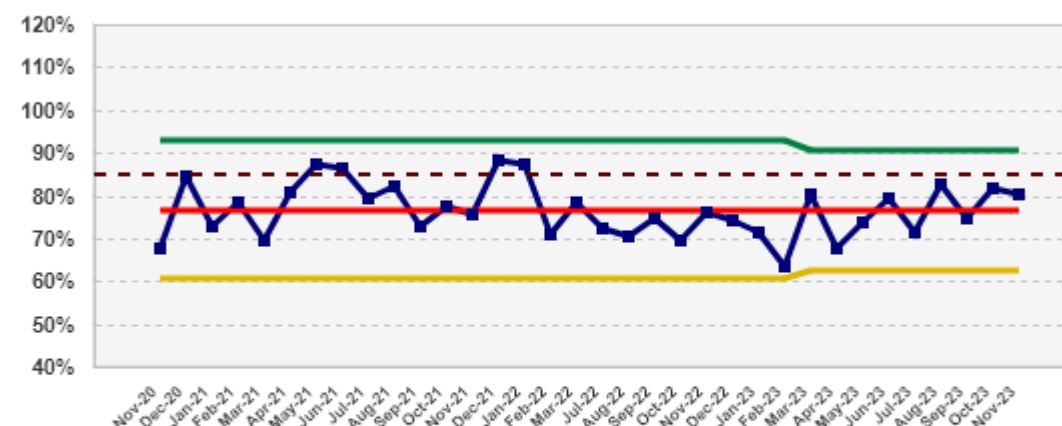


West Middlesex

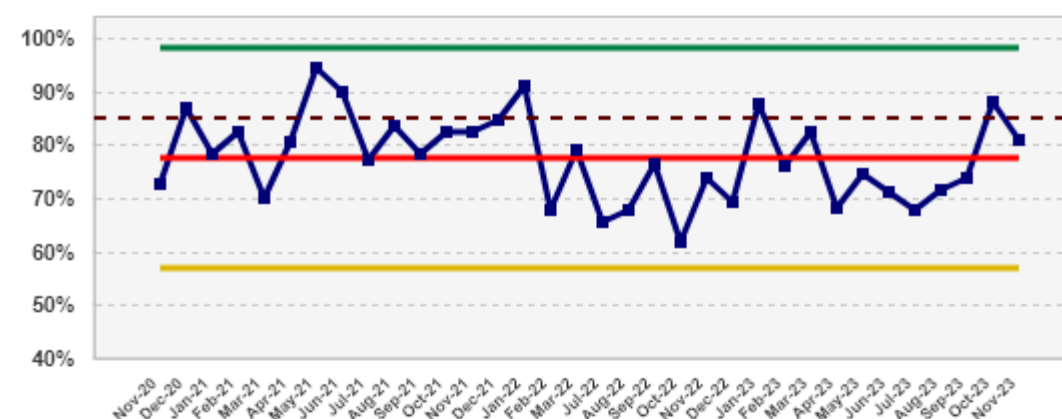


Cancer: 62 day standard

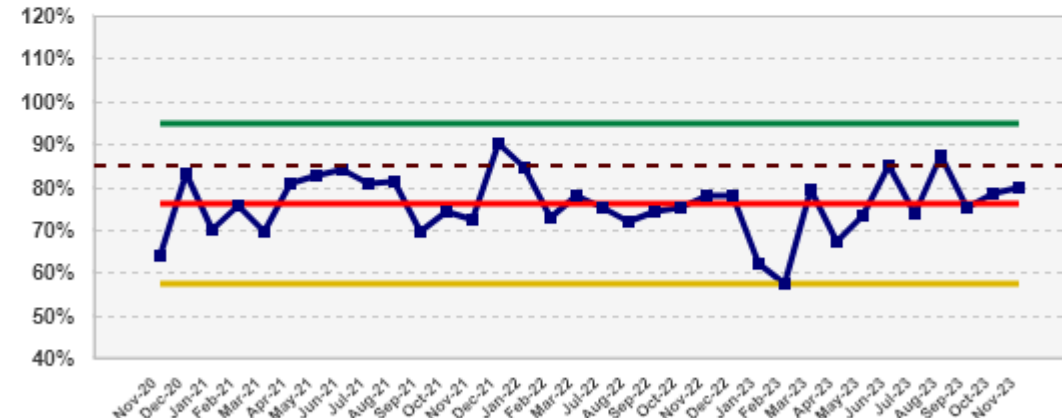
Trust Total



Chelsea and Westminster



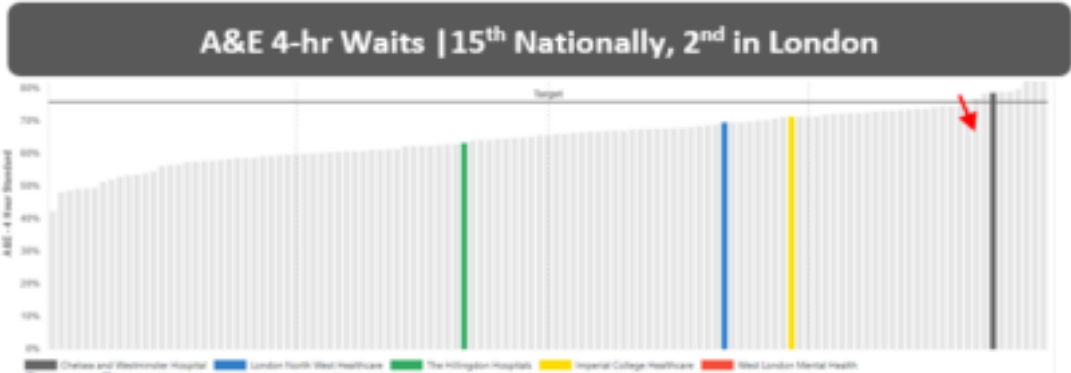
West Middlesex



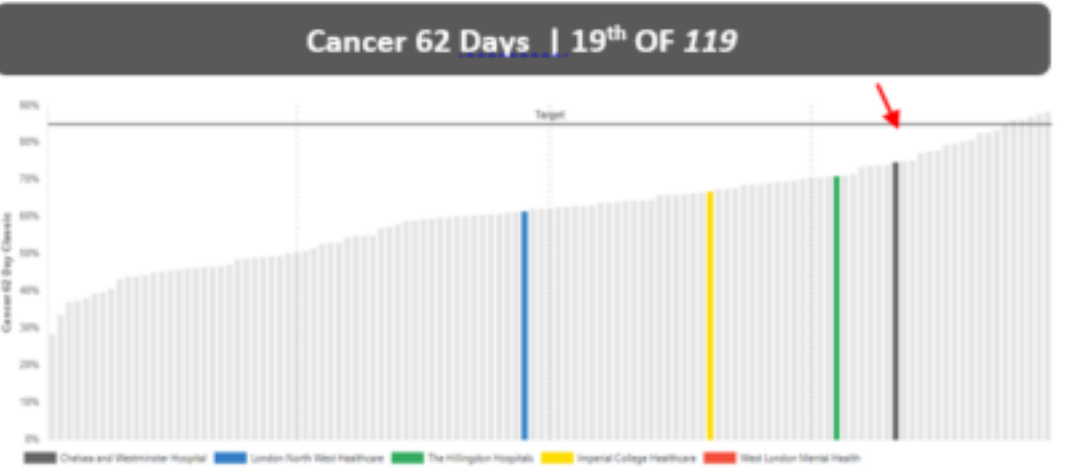
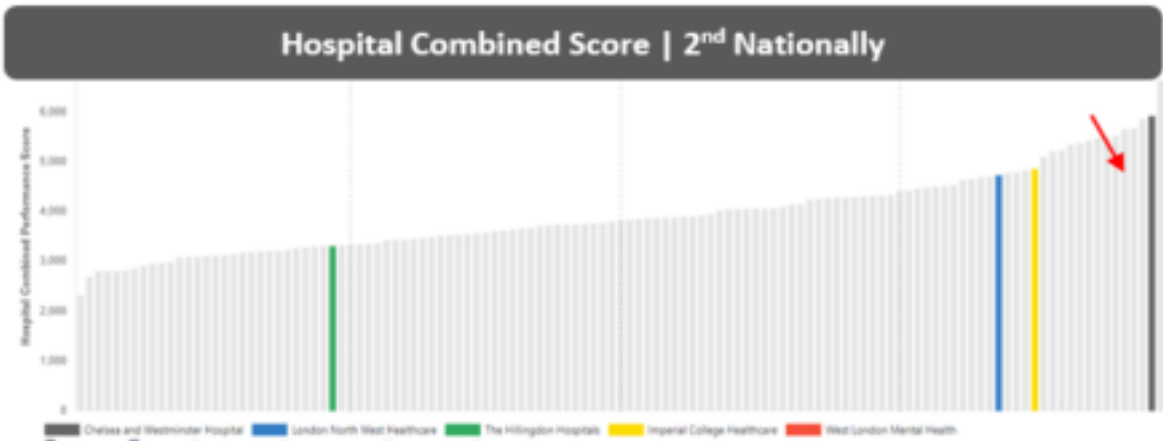


National Benchmarking Against Select Indicators

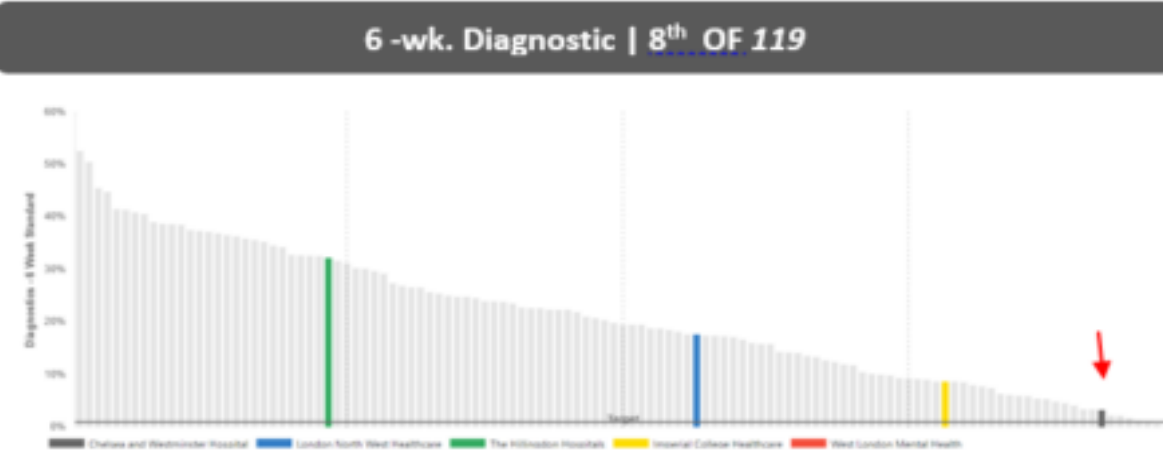
The below has been sourced from PublicView and represents the Trust Performance for November 23, except A&E 4hr/HCS (December). The ranking is based on peers in the same group as the Trust. The Trust ranked 2nd nationally on the HCS, improvement in ranking when compared to the previous month.



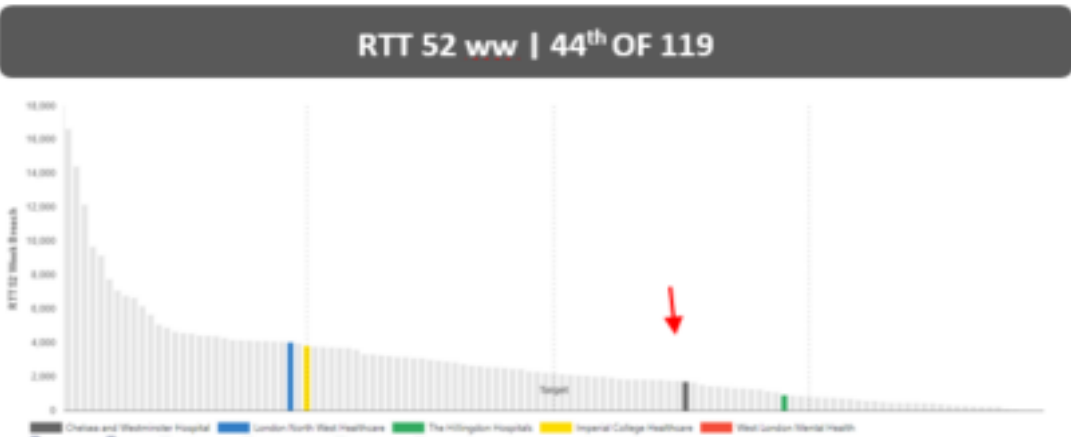
A&E 4-hr waits: The Trust is currently ranked 15th of 119 Trusts, an increase in ranking.



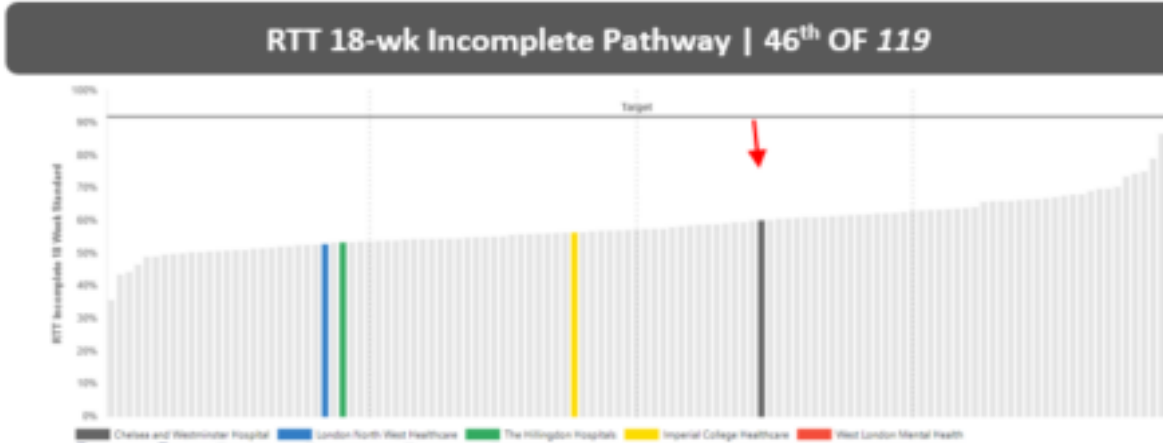
62 Day Cancer Standard: The Trust is currently ranked 19th out of 119 Trusts.



6 Week Diagnostic Standard: The Trust is 8th position in the league table nationally for diagnostic waits. This is decrease in ranking when compared to the previous month.



RTT 52 Week Breaches: The Trust is currently ranked 44th of 119 Trusts.



RTT 18 Week Standard: This position is a not an improvement compared to the previous month.



Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024 Q3	2023-2024	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	1	0	3	0	0	0	0	0	1	0	1	3	
	Hand hygiene compliance (Target: >90%)	92.5%	94.5%	97.5%	95.1%	98.7%	94.6%	94.4%	96.9%	95.5%	94.6%	96.2%	95.4%	95.9%	
Incidents	Number of serious incidents	2	2	2	15	3	0	1	12	5	2	3	10	27	
	Incident reporting rate per 100 admissions (Target: >8.5)	9.3	8.2	8.7	9.1	9.3	8.4	9.9	9.5	9.3	8.3	9.3	9.0	9.3	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.00	0.01	0.02	0.01	0.06	0.00	0.00	0.01	0.03	0.01	0.01	0.01	0.01	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.27	4.33	3.70	4.49	4.67	3.91	5.50	4.16	4.97	4.13	4.56	4.55	4.33	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	2.9%	0.0%	0.5%	0.0%	1.7%	0.0%	0.2%	0.0%	2.4%	0.0%	0.7%	0.4%	
Harm	Never Events (Target: 0)	0	1	0	3	0	0	0	1	0	1	0	1	4	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	1	1	4	0	0	1	1	0	1	2	3	5	
	Safeguarding adults - number of referrals	41	31	37	314	27	34	41	304	68	65	78	211	618	
Mortality	Safeguarding children - number of referrals	83	168	94	648	121	124	98	908	204	292	192	688	1556	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	68	68	66	66	73	73	75	75	71	71	71	71	71	
	Number of hospital deaths - Adult	39	56	56	365	60	70	66	565	99	126	122	347	930	
	Number of hospital deaths - Paediatric	0	0	0	2	0	0	0	1	0	0	0	0	3	
	Number of hospital deaths - Neonatal	2	3	5	17	1	1	0	4	3	4	5	12	21	
	Number of deaths in A&E - Adult	3	3	2	14	7	4	5	37	10	7	7	24	51	
	Number of deaths in A&E - Paediatric	0	0	0	2	1	0	0	3	1	0	0	1	5	

Incidents

There were three External SIs reported in December 2023; all cases are being reviewed by the Maternity and Newborn Safety Investigations (MNSI) programme and relate to a unexpected admission to NICU, unexpected Neonatal Death and a still birth. During the target month (December 2023) the target rate of patient safety incidents per 100 admissions was exceeded by both sites. It is anticipated that reporting rates will increase following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE); staff training will be an integral part of the roll out.

Medication-related

The number of reported medication-related incidents has increased at the WM site, with the overall Trust target being met. The transient decline in incident reporting at CW site will be monitored and reviewed next month.

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

There were no incidents of moderate harm reported and the Trust target has been met.

Safeguarding

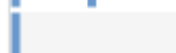
Adult safeguarding referrals remain fairly steady with a slight increase on each site. The team continue to see very complex referrals with a number relating to discharge planning, neglect at home from family members or carers and mental health concerns. Children's safeguarding have reverted to a more expected level, but as with adults and previously within children's safeguarding many of these are complex referrals involving looked after children and mental health concerns. These young people have had long stays within the hospital whilst the paediatric teams work with mental health teams, safeguarding, social care and education to ensure the best outcomes for them.

MRSA

There were 0 Trust attributed MRSA bacteraemia in December 2023, to date there have been a total of 3 Trust attributed case against a target of 0. CWFT is currently ranked 71st of 135 on national benchmarking, a vast improvement on last year's (Dec 2022) position of 135th of 137.



Patient Experience

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024 Q3	2023-2024	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	96.3%	93.6%	95.6%	95.4%	95.4%	96.6%	95.7%	96.3%	95.8%	95.1%	95.6%	95.6%	95.9%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	1.0%	1.3%	1.5%	1.6%	2.32%	0.49%	1.51%	1.3%	1.7%	0.9%	1.5%	1.4%	1.4%		-
	FFT: Inpatient response rate (Target: >15%)	34.5%	35.7%	39.6%	34.3%	40.9%	43.7%	33.2%	45.0%	37.5%	39.5%	36.7%	37.7%	39.2%		-
	FFT: A&E satisfaction % (Target: >90%)	85.0%	83.8%	86.3%	84.4%	77.4%	75.1%	75.6%	77.3%	81.6%	80.1%	81.4%	81.1%	81.9%		!
	FFT: A&E not satisfaction % (Target: <10%)	9.5%	10.1%	8.7%	9.7%	15.1%	16.2%	15.6%	14.8%	12.0%	12.7%	11.9%	12.2%	11.5%		!
	FFT: A&E response rate (Target: >15%)	27.2%	27.2%	21.9%	26.6%	23.2%	22.6%	19.5%	23.6%	25.3%	25.0%	20.7%	23.6%	25.5%		!
	FFT: Maternity satisfaction % (Target: >90%)	91.2%	87.9%	85.8%	89.9%	87.3%	86.2%	92.0%	88.7%	89.8%	87.4%	88.0%	88.7%	89.4%		!
	FFT: Maternity not satisfaction % (Target: <10%)	4.6%	6.7%	8.6%	6.5%	9.3%	12.1%	5.7%	8.3%	6.3%	8.2%	7.6%	7.1%	7.2%		-
	FFT: Maternity response rate (Target: >15%)	46.3%	39.7%	33.3%	42.1%	32.3%	21.5%	21.5%	29.4%	40.0%	32.1%	27.9%	33.8%	36.4%		-
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	19	18	16	178	19	18	16	53	178		!
Complaints	Complaints (informal) through PALS	12	28	24	205	47	37	23	334	59	65	47	171	539		-
	Complaints formal: No of complaints due for response	22	22	22	239	15	19	19	154	37	41	41	119	393		-
	Complaints formal: Number responded to < 25 days	20	19	20	204	11	15	16	147	31	34	36	101	351		-
	Complaints sent through to the Ombudsman	0	1	0	1	0	0	0	1	0	1	0	1	2		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-

MSA (Mixed Sex Accommodation)

The "Guidelines for the Provision of Intensive Care Services" require "discharge from critical care to a general ward must occur within four hours of the decision" and where this does not occur and the patient remains in a shared bay or room, this would be classified as a mixed sex breach. West Middlesex site had 16 breaches for December. December saw 6 of our breach patients waiting for ward beds longer than 10hrs, 4 of which waited for more than 25hrs. This unfortunately has impacted our 'out of hours' discharges, 12 for December. We continue to address breaches the site management team at each bed meeting. These delays are due to external bed pressures within the hospital. As a team, we always make sure that our patients are well cared for and their dignity and cultural considerations are maintained. This quality measure will be highlighted for discussion at the next AICU Board meeting on 19th of January.

Complaints

88% of complaints were responded to within the 25-day KPI (target 95%) during December 2023. Six were not responded to within the timeframe (all within the EIC Division) due to delays in receiving the investigation outcome/draft response from the investigators. Compliance with responding to PALS concerns within 5 working days was 90% (KPI 90%).

Friends and Family Test

Positives continue to be seen across the inpatient satisfaction rates and responses rates for all surveys. Inpatient comments indicate that patients, for the most part, are happy with the standard of care being provided. Inpatient areas where scores have fallen below 90% satisfaction have had their results shared and more detailed patient experience deep dives are happening on a local level to understand causations for this. West Middlesex (WM) A&E patients seem to be more unhappy than those at Chelsea and Westminster (CW). The service leads have been encouraged to explore how they can mirror CW to improve this and they are currently exploring ways to improve the waiting experience, such as an electronic wait time update board, artwork, additional seating. There was an increase in feedback from WM A&E patients over suspected misdiagnosis or conflicting condition information. We will work to triangulate some of this data with other feedback data from complaints and PALS, in order to assess the true risk of this. Maternity patient feedback data continues to be shared with the maternity colleagues cross-site and is included in their working groups.



Efficiency and Productivity

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024 Q3	2023-2024	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.37	3.09	2.15	2.76	3.15	2.76	2.83	3.21	2.56	3.00	2.33	2.64	2.87		-
	Average length of stay - non-elective (Target: <3.95)	3.65	4.44	4.12	4.04	3.17	3.64	3.26	3.60	3.39	4.00	3.64	3.68	3.80		-
	Emergency care pathway - average LoS (Target: <4.5)	3.63	4.87	4.24	4.31	3.34	3.88	3.44	3.96	3.46	4.29	3.76	3.83	4.10		-
	Emergency care pathway - discharges	302	284	282	2487	411	413	415	3398	714	697	697	2109	5885		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.78%	4.40%	5.79%	5.00%	6.43%	5.94%	7.90%	6.53%	5.57%	5.14%	6.84%	5.82%	5.74%		-
	Non-elective long-stayers	472	514	396	4034	420	466	263	3666	892	980	659	2531	7700		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	88.0%	87.2%	85.3%	86.9%	84.7%	89.0%	88.1%	85.7%	87.0%	87.8%	86.2%	87.1%	86.6%		-
	Operations canc on the day for non-clinical reasons: actuals	17	10	2	109	21	21	18	169	38	31	20	89	278		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.47%	0.25%	0.06%	0.35%	0.80%	0.77%	0.75%	0.74%	0.61%	0.47%	0.36%	0.48%	0.52%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	2	3	0	32	3	0	3	22	5	3	3	11	54		!
	Theatre Utilisation Model Hospital (Target > 85%)	79.1%	77.5%	80.5%	80.6%	93.7%	92.3%	88.9%	92.7%	84.0%	82.3%	83.2%	83.1%	84.5%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.22	2.27	2.33	2.36	1.70	1.69	1.73	1.73	1.99	2.00	2.05	2.01	2.07		!
	Average wait to first outpatient attendance (Target: <6 wks)	10.0	10.5	9.1	9.6	12.7	12.8	11.3	12.1	11.2	11.5	10.1	11.0	10.7		!
	DNA rate: first appointment	11.3%	11.4%	11.9%	11.7%	11.2%	10.3%	11.8%	11.2%	11.2%	10.9%	11.9%	11.3%	11.4%		-
	DNA rate: follow-up appointment	9.3%	9.4%	9.7%	9.8%	8.0%	8.3%	7.5%	8.6%	8.8%	9.0%	8.8%	8.9%	9.4%		-
	PIFU - % of Total Outpatient attendances	10.6%	12.0%	12.1%	11.3%	1.9%	1.9%	1.9%	1.6%	7.1%	8.0%	7.9%	7.6%	7.4%		-

Day-Case Rate

The day-case rate remains above the 85% Trust-Wide in December at 86.2%.

Cancelled Operations

The number of cancelled operations for non-clinical reasons on-the-day reduced again Trust-wide in December to 20. The Chelsea site showing a significant positive reduction in December compared to previous months. Performance remaining within set targets. Across both sites.

Theatre Utilisation

Trust-Wide utilisation improved slightly in December to 83.2%. Theatre utilisation remains significantly above the 85% target at 88.9% on the West Middlesex site. The Chelsea site remains below the 85% target, with an increase to 80.5% in December. Across the Chelsea and Westminster site, theatre utilisation remains well above the 85% target in Main Theatres, however decreases in utilisation in Treatment Centre and Paediatric Theatres account for the deterioration.

Outpatients

The Trust continues to struggle to turn the dial on first to follow up ratio, despite the focus in OP Board and other senior forums. The average wait to first attendance dropped at both sites in December, although this is likely to be driven by prioritisation of keeping urgent activity running rather than a genuine reduction in waiting time. DNA rate often dips in December – last month it worsened for new appointments and improved for follow up appointments, with significant improvement at WMUH. PIFU rates were very static but performance overall is good against the NHS target. This is still skewed by the CW site HIV service whose high PIFU rates elevate the overall position.



Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024 Q3	2023-2024	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	95.7%	93.4%	99.0%	93.8%	95.8%	95.6%	94.2%	95.1%	95.8%	94.6%	96.4%	95.6%	94.5%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	76.9%	60.0%	72.2%	69.8%	100.0%	91.7%	95.7%	91.3%	88.9%	77.3%	85.4%	84.4%	82.0%	!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	91.7%	71.4%	90.9%	90.1%	100.0%	88.2%	89.7%	89.7%	96.7%	80.6%	90.0%	89.1%	89.9%	-
VTE	VTE: Hospital acquired	0	0	0	2	1	3	0	25	1	3	0	4	27	-
	VTE risk assessment (Target: >95%)	93.6%	95.5%	95.2%	92.5%	95.1%	96.4%	95.5%	96.1%	94.3%	95.9%	95.4%	95.2%	94.3%	-
TB Care	TB: Number of active cases identified and notified	1	3	2	28	4	7	4	54	5	10	6	21	82	-
Sepsis	ED % Periods Screened (Target >90%)	93.4%	93.5%	92.1%	92.2%	82.7%	85.3%	82.3%	86.0%	88.8%	90.4%	88.1%	89.1%	89.7%	-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	84.9%	81.1%	77.9%	78.1%	89.8%	90.0%	92.2%	90.1%	86.6%	83.8%	82.3%	84.0%	82.3%	-
	Ward % Periods Screened (Target >90%)	85.6%	85.4%	82.0%	87.3%	95.6%	94.4%	95.4%	95.3%	90.0%	89.5%	88.1%	89.2%	90.9%	-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	94.1%	95.8%	94.9%	95.6%	96.1%	96.2%	95.7%	95.6%	95.1%	96.0%	95.3%	95.5%	95.6%	-
Discharge	Date of Discharge is same as Discharge Ready Date	90.0%	90.3%	92.4%	89.9%	87.0%	87.7%	88.5%	85.9%	88.5%	89.0%	90.4%	89.3%	87.9%	-
	Date of Discharge is 1+ days after Discharge Ready Date	10.0%	9.7%	7.6%	10.1%	12.9%	12.1%	11.4%	14.0%	11.4%	11.0%	9.6%	10.7%	12.1%	-

#NoF (Time to Theatre -Neck of Femur)

Performance in December 2023 is at 85.4%, with improvements noted at both sites. In the Chelsea site, there were five breaches, with four patients waiting for space on the trauma list due to a high volume of trauma, one breach due to the unavailability of a specialist surgical resource. At the West Mid site, there was only one breach, which was due to a theatre delay owing to the lack of a scrub nurse on Christmas Day. The patient had their operation the next day 26th December.

VTE Risk

The Trust is reporting overall compliance against this measure across both sites for the second consecutive month. The West Middlesex site remains compliant with a performance of 95.5% and the Chelsea site has sustained compliance at 95.2%.

Dementia screening

The Trust is reporting compliance against the Dementia Screening targets at both the Chelsea site (99%) and the West Middlesex site (94.2%).

Discharge Ready Reporting

This new metric measure timely discharge and the time taken between a patient being identified as no longer meeting the criteria to reside in an acute hospital bed and their discharge. There is no national targets set for these as NHSE is monitoring compliance in reporting and recent national reports show CWFT being one of 53% of Trusts within the acceptable criteria of compliance reporting.

Patients who are not discharged on the same day that they are identified as being ready for discharge are predominantly those who are discharged on a P1-P3 supported discharge pathway (i.e. discharge with a package of care, to a rehabilitation bed, or to a nursing home). Daily meetings take place between discharge teams and local system colleagues to facilitate these supported discharges in a timely way, but it is recognised there is a particular challenge on the West Middlesex site with patients delayed waiting for discharge with a package of care and work is being undertaken with the local borough to resolve this.



Access

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024	Oct-23	Nov-23	Dec-23	2023-2024 Q3	2023-2024	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	892	858	853	7045	973	872	860	8491	1865	1730	1713	5308	15536	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.02%	99.12%	99.04%	99.01%	98.05%	94.71%	91.57%	94.13%	98.51%	96.77%	95.02%	96.73%	96.44%	
	Diagnostic waiting times >6 weeks: breach actuals	48	48	49	410	107	328	499	2697	155	376	548	1079	3107	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.2%	7.4%	6.8%	6.9%	7.0%	6.8%	6.4%	6.9%	7.1%	7.1%	6.6%	6.9%	6.9%	
	A&E time to treatment - Median (Target: <60')	00:24	00:28	00:28	00:25	00:39	00:38	00:37	00:50	00:32	00:32	00:33	00:32	00:36	
	London Ambulance Service - patient handover 30' breaches	48	52	47	305	180	141	134	1340	228	193	181	602	1645	
	London Ambulance Service - patient handover 60' breaches	1	0	1	2	4	5	0	100	5	5	1	11	102	
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 52-week

December was a challenged month with industrial action, winter pressures and seasonal variation in activity. Despite this view, there has been a reduction in the 52ww backlog, and a noted reduction in the RTT admitted waiting list, as the focus remains on the NHS drive to book and see patients in the 65ww backlog cohort. Work continues on ensuring inpatient and outpatient capacity is targeted towards patients in priority and chronological order.

Diagnostic 6-Week Waits

The performance against the national DM01 measure was achieved in December 2023, with a position of 95.02% despite another extremely busy month with 10,453 receiving their diagnostic in under six weeks across the 15 key diagnostic areas. MRI, CT and US had a challenged month with unexpected equipment downtime, which increased the breach numbers in these modalities. A recovery plan is in place with key steps identified to increase capacity to improve the backlog.

Ambulance Handover

The Trust continues a strong performance for ambulance handovers with minimal delays. For December 95.47% of handovers were completed in under 30 minutes. We continue to work with LAS colleagues as part of the 45-minute handover initiative.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23
RTT waiting list positions	Total RTT waiting list	27102	26828	27630	33520	32992	33975	60622	59820	61606
	Total Non-Admitted waiting list	23997	23505	24376	31345	30615	31637	55342	54120	56014
	Non-Admitted with a date	6441	9612	11890	4317	6766	8952	10758	16378	20842
	Non-Admitted without a date	17556	13893	12486	27028	23849	22685	44584	37742	35172
	Total Admitted waiting list	3105	3323	3254	2175	2377	2338	5280	5700	5592
	Admitted with a date	457	677	852	252	364	605	709	1041	1457
	Admitted without a date	2648	2646	2402	1923	2013	1733	4571	4659	4135
	Patients waiting >65 weeks	282	268	316	337	287	293	619	555	609
	Patients waiting >78 weeks	42	64	85	48	59	84	90	123	169
	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		
	Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23
Total	892	858	853	973	871	860	1865	1729	1713
Audiology	1			1			1		
Breast Surgery				146	131	111	166	152	135
Colorectal Surgery	20	21	24	9	9	7	15	16	19
Dermatology	6	7	12	59	35	54	84	45	63
ENT	25	10	9	144	146	138	296	316	325
General Surgery	152	170	187				11	5	5
Gynaecology	11	5	5						9
Hepatology				1	1	9	4	3	
Maxillo-Facial Surgery	3	2				1			1
Medical Endoscopy						1			1
Neurology									1
Not Stated	1	1	1				1	1	1
Ophthalmology	27	20	19				27	20	19
Oral Surgery				21	29	28	21	29	28
Orthodontics	1						1		
Paediatric Allergy						1			1
Paediatric Cardiology						10			10
Paediatric Clinical Haematology				3	2	3	3	2	3
Paediatric Clinical Immunology	42	50	54	9	2	1	51	52	55
Paediatric Dentistry	3	6	6	1			4	6	6
Paediatric Dermatology	3	1	1	4	3	2	7	4	3
Paediatric Ear Nose and Throat	3	1	2	21	26	26	24	27	28
Paediatric Endocrinology				13	9	6	13	9	6
Paediatric Gastroenterology	2	2	1		2	8	2	4	9
Paediatric Maxillo-Facial Surg		1	4					1	4
Paediatric Neurology			1	1		3	1		4
Paediatric Plastic Surgery	26	23	22	2	2	3	28	25	25
Paediatric Respiratory Medicine				2	1	6	2	1	6
Paediatric Rheumatology				1			1		
Paediatric Surgery		1	1	2	2	1	2	3	2
Paediatric Trauma and Orthopaedics	1		1	2	3	8	3	3	9
Paediatric Urology	1	1		1	2	5	2	3	5
Paediatrics		2	4	16	23	16	16	25	20
Pain Management		2	2					2	2
Plastic Surgery	166	149	137	64	57	54	230	206	191
Podiatric Surgery				7	4	5	7	4	5
Podiatry						1			1
Respiratory Medicine				1			1		
Trauma & Orth Fracture	2						2		
Trauma & Orthopaedics	276	269	255	340	313	303	616	582	558
Trauma and Orthopaedics	10	24	22	23	5		33	29	22
Urology	70	52	53	23	24	20	93	76	73
Vascular Surgery	40	38	30	56	40	29	96	78	59



Maternity

Domain	Indicator	Chelsea & Westminster Hospital Site					West Middlesex University Hospital					Combined Trust Performance				
		Sep-23	Oct-23	Nov-23	Dec-23	2023/24	Sep-23	Oct-23	Nov-23	Dec-23	2023/24	Sep-23	Oct-23	Nov-23	Dec-23	2023/24
Workforce	Midwife to birth ratio (Target: 1:26 CW and 1:22 WM)	1:29	1:29	1:28	1:22	1:27	1:25	1:25	1:24	1:23	1:27	1:26	1:26			1:28
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98		0:0	1:98	1:98	1:98	0:0	0:0	1:98	1:98	1:98			1:98
Birth Indicators	Total number of NHS births	427	441	436	346	1746	371	380	378	342	1477	798	821	814	688	3223
	Total number of bookings	521	584	568	479	2142	377	518	451	454	1805	898	1102	1019	933	3947
	Maternity 1:1 care in established labour (Target: >95%)	96.00%	99.00%	98.00%	98.00%		95.00%	99.00%	99.00%	98.00%						
Safety	Admissions >37/40 to NICU/SCBU	19	24	12	13	97	13	17	18	15	81	33	41	30	28	179
	Number of reported Serious Incidents	4	0	2	3	7	1	2	2	0	6	5	2	4	3	16
	Cases of hypoxic-ischemic encephalopathy (HIE)	2	1	1	2	6	0	0	1	0	2	2	1	2	2	8
	Pre-term (gestation <37 weeks) as % of mothers delivered	8.10%	10.20%	6.19%	12.30%		8.89%	6.84%	6.28%	8.47%						
	Number of stillbirths	0	1	2	0	6	2	0	3	2	6	2	1	3	2	14
	Number of Infant deaths	1	0	3	3	7	2	0	0	0	4	3	0	3	3	14
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outcomes	% of women on a continuity of care pathway	6.52%	6.50%	4.80%	4.10%		7.40%	7.56%	6.08%	4.70%						
	% Spontaneous unassisted vaginal births	23%	23%	19%	24%		25%	26%	26%	23%						
	% Vaginal Births - spontaneous & induced	38.60%	36.00%	34.40%	43.60%		43%	41%	41%	46%						
	Instrumental deliveries	57	54	58	50	325	51	50	40	41	290					
	Pre-labour elective caesarean sections	84	68	71	57	460	54	54	47	37	283					
	Emergency caesarean sections in labour	119	124	81	97	672	92	118	110	115	608					



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

Workforce

The current midwifery ratios on each site for the month of December are 1:22 at Chelsea and 1:23 at West Middlesex, the significant change in ratio on the Chelsea site was linked to the decrease in birth rate in December and a deep dive into the attrition rate is almost completed. The midwifery leadership team are focused on recruiting posts that will enable compliance with the ratio's set out by Birth-rate plus consistently month on month. Quarterly recruitment days are in place, with the last being in November 2023, with 20 offers of both NQM and experienced midwives. International recruitment continues with successful recruitment of a further 27 internationally educated midwives who are expected to arrive between April and August 2024. Both sites had 2 newly qualified midwives start in month on the refreshed preceptorship programme which has been updated to reflect national recommendations. The senior team continue to monitor red flag events on a daily basis, there were 2 red flag events recorded on the Chelsea site and 4 on the West Mid, these have been reviewed. Staffing is reviewed daily as a minimum and staff redeployed accordingly, substantive staffing gaps due to vacancy, sickness and maternity leave are backfilled with a combination of bank and agency staff. All temporary staff complete and orientation pack on arrival for their first shift.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice a daily ward rounds. The MIS year 5, safety action 4 indicates that the service must 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 service is compliant and for the month of December, there were no cases in which a consultant was expected to attend and did not. The workforce review for the WMUH site is now in the consultation stage with HR partner's support. Effective February 2023, all short-term locums (less than 2 weeks) will need to be compliant with respect to the RCOG and GMC certificate of eligibility. For December there was no short-term locum shift undertaken. Compensatory rest: there were no reported serious incidents or breaches with consultant compensatory rest.

Safety

1. SIs:

WMUH site: 0 confirmed serious incidents in Dec.

There were 112 reported incidents in Dec. Main themes arising:

- (i) Maternal, fetal and neonatal, n=51. Most reported incident: post-partum haemorrhage >1500mls (n=11), Category 1 caesarean birth (n=6)
- (ii) Access to care/admissions, n=43. An increase in reported delays from Nov. these were largely due to delay in transfer to labour ward for ongoing IOL.
- (iii) Medication incidents: (n= 8) An increase from Nov. a mixture of delayed or missed doses and incorrect patient prescription

CWH site: There are 3 reported serious incidents on the CW site that are awaiting confirmation all have met MNSI criteria in Dec. HIE 1 baby went for cooling, second was a known TGA baby, HIE3 and cooling at Evelina and the third was a NND (booked at another hospital- placental abruption and transferred via LAS as CW the closest hospital).

There were 124 reported incidents in Dec. Main themes arising:

- (i) Maternal, fetal and neo-natal –54 most reported incident: post-partum haemorrhage >1500mls (n=9), unexpected term admission to Neonatal Unit (n=7) maternal readmission (n=7)
- (ii) Delay in access to hospital care – n=12 (access to recovery beds, delays in IOL and delay in transfer to post-natal ward)
- (iii) Inadequate handover of care/communication/consent – n=15 (incomplete documentation was the common theme)

2. PMRT (Cross site): There were a total of 6 deaths reported for the month of Dec. (3 neonatal deaths and 3 stillbirth) all cases are currently under review.

3. ATAIN (Cross site): WHUH site – There were 15 (11 adjusted) term admission rate of 4.38%, cases currently under review. CW there were 13 term babies admitted 3.7% admission rate, 3 were considered avoidable admissions, both sites remain below the national average for term admissions to the neonatal unit.

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

- 1. Element 1: Reducing smoking:** CO monitoring: compliance with booking CO monitoring across both sites, the service continues to support the data entry for 36 week CO monitoring and an improvement in documented compliance has been seen month on month the service is now fully compliant with CO monitoring at booking across both sites, there remains challenges with 36 week compliance due to the multiple documentations systems a manual audit of the handheld maternity record demonstrated compliance with monitoring at 36 weeks. Work continues to develop the smoking cessation pathway in view of the newly implemented Trust service.
- 2. Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction:** Current audits demonstrated compliance with risk assessments and the LMNS have approved the derogation from National Guidance regarding scanning episodes for women with suspected nor at risk of IUGR, the service is reviewing the additional USS capacity required to deliver the national recommendation and mitigation has been out in place in the interim. The service intend to move all midwifery AN appointments to 30mins by August 2024, to support the increased risk assessments and information sharing.
- 3. Element 3: Raising awareness of reduced fetal movements:** On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements.
- 4. Element 4: Effective fetal monitoring during labour:** Training for FM and has met the minimum MIS standard of over 80% for Obstetric Trainees on both sites and over 90% for midwives and Obstetric consultants all non-complaint staff have been booked on a study day prior to the end of Feb. 2024. The service have drafted an early labour risk assessment which is due for implementation in the coming weeks.
- 5. Element 5: Reducing Pre-term Birth:** At CW 100% of women meeting the criteria for MgSo4 received a dose prior to birth and 100% of women received a full course of steroids, 63% received a full course of steroids, 55% received a full course of steroids with 7 days of birth days all cases have been reviewed and management was appropriate for the clinical assessment. Due to ongoing IA WM, data is pending.
- 6. New Element 6: Management of Pre-existing Diabetes in pregnancy:** Fully compliant on both sites.



Perinatal Quality Surveillance Model Board Reporting

Metric	Target	Chelsea & Westminster Site			West Middlesex University Stie			Combined Trust Performance		
		Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23	Oct-23	Nov-23	Dec-23
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) MoMs course	90% + requirement	91%	96%	96%	88%	96%	96%	90%	96%	96%
Training compliance for all staff groups in maternity related to fetal monitoring	90% + requirement	87%	91%	91%	83%	91%	91%	85%	91%	91%
Service User Feedback FFT	feedback Received- yes/no (add narrative each month)	yes	yes	yes	yes	yes	yes	Yes	Yes	Yes
Staff Feedback from board safety champion	feedback received- yes/no (add narrative each month)	yes	yes	yes	yes	yes	yes	Yes	Yes	Yes
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0
Progress in achievements of NHSR MIS year 4 (10 safety actions)	No of actions green	6	8	9	6	8	9	6	8	9
	No of actions amber	4	2	1	4	2	1	4	2	1
	No of actions red	0	0	0	0	0	0	0	0	0
Ockenden compliance against 7 IEA's (49 compliance questions)	Total of 49 being 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

	Site	Overall	Well-led	Responsive	Caring	Safe	Effective
CQC Metric Ratings- Feb. 2023	WM	Outstanding	Outstanding	Outstanding	Good	Good	Outstanding
	CW	Good	Outstanding	Good	Good	Requires Improvement	Good

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



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

Multi-professional mandatory training and fetal monitoring training: In December overall multi-disciplinary training compliance is at 96% and 91% for fetal monitoring training compliance this is a significant increase from last month and demonstrates compliance with MIS. Industrial action has impacted trainee and consultant training compliance alongside turnover within the fetal wellbeing team. Updated guidance was issued in October 2023 from NHSR in response to the challenges of maintaining training compliance due to ongoing IA. 80% training compliance will be accepted with an associated action plan to meet 90% compliance within a 12 week timeframe. All staff who have not had training in the last 12 months have a date booked by mid-February within the 12 week timeframe. All training compliance is closely monitored by the senior leadership team and all staff have a training dates booked. Training compliance fluctuates depending on where staff are in their training cycle. The practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12-month period.

Service user feedback: The service receives monthly friends and family test feedback and for Dec. the WM saw an increase in positive response rate to 93.01% and 83.41% CW which is a further decline from the previous month. The response rate has seen a sustained increase across both sites to 45% on the CW site and 34% on the WM site. The negative scores on the CW site remain impacted by feedback related to, noise on the inpatient wards (reported as other patients) lack of information, delays in care and support post birth. Communication and consistent advice was a theme from the WM site. The Service have implemented a Postnatal Care Group in collaboration with the MNVP which aims to implement changes to improve patient experience. In January 2024 an intrapartum care group will be launched on the West Middlesex site and become cross-site in February to review data and implement changes to improve patient experience in the intrapartum pathway.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. The Chief Nurse undertook a walkabout of the maternity theatres and labour ward on the Chelsea site to understand the current challenges with increased activity in theatre and discuss the proposed solutions with staff and the Director of Midwifery.

Maternity incentive Scheme year 5: The service remains compliant with 9 safety actions and partially complaint with 1. The current safety action with partial compliance is Safety Action 6, Saving Babies Lives, currently partial compliance with 3 elements of the care bundle and actions are in place to meet MIS compliance by early January and full compliance by the end of March 2024. .

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

CQC Inspection (February 2023): The Care Quality Commission inspection in of the Maternity Service took place in February 2023 on both sites and received the final report in May. Both sites have maintained their overall ratings of 'Outstanding' at WM and 'Good' at CW and the service is very proud of the continued quality and safety work that has taken place since the inspection 4 years earlier that has enabled maintaining these results with 6 areas of outstanding practice identified across the sites. The service is now compliant with the 3 must do actions and their continued progress on the 6 'should do's for the CW site and the 7 'should do's' for the WM site. 3 of the 7 actions for the WM site have been completed and 2 of the 6 on the Chelsea site. . This action plan is being tracked monthly.



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	Oct-23	Nov-23	Dec-23	2023-2024	YTD breaches	Oct-23	Nov-23	Dec-23	2023-2024	YTD breaches	Oct-23	Nov-23	Dec-23	2023- 2024 Q3	2023-2024	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumou	Breast	n/a	n/a	n/a	n/a		85.7%	80.0%	86.2%	84.3%	21	85.7%	80.0%	86.2%	82.1%	84.3%	21		-
	Colorectal / Lower GI	100%	70.6%	86.2%	75.0%	17	66.7%	54.5%	38.5%	56.2%	40	76.5%	61.5%	71.4%	68.5%	64.0%	57		!
	Gynaecological	85.7%	73.3%	50.0%	80.8%	7	100%	n/a	84.6%	81.1%	5.5	92.6%	73.3%	76.5%	85.7%	80.9%	12.5		-
	Haematological	100%	100%	100%	97.1%	0.5	100%	77.8%	100%	94.2%	1.5	100%	88.2%	100%	95.8%	95.3%	2		-
	Head and neck	100%	100%	100%	66.7%	2.5	100%	75.0%	16.7%	50.0%	9	100%	87.5%	50.0%	92.3%	58.1%	11.5		-
	Lung	100%	90.0%	60.0%	70.9%	14	77.8%	100%	54.5%	89.7%	7	90.9%	93.5%	57.7%	92.5%	78.7%	21		-
	Sarcoma	n/a	n/a	n/a	100%	0	n/a	66.7%	n/a	80.0%	1	n/a	66.7%	n/a	66.7%	83.3%	1		-
	Skin	92.3%	96.0%	96.3%	93.8%	7.5	87.0%	90.0%	87.5%	88.4%	9.5	90.3%	94.3%	93.0%	92.4%	91.7%	17		-
	Upper gastrointestinal	100%	100%	100%	100%	0	77.8%	75.0%	90.0%	77.3%	6	83.3%	88.2%	93.3%	85.4%	85.9%	6		-
	Urological	66.7%	76.9%	63.0%	55.4%	49	81.5%	94.9%	80.4%	80.7%	50.5	77.8%	90.5%	74.4%	85.3%	73.3%	99.5		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0		-
	Site not stated	n/a	n/a	n/a	80.0%	0.5	n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	90.0%	0.5		-

Improving personalised cancer care at diagnosis

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

Trust Commentary

The 62-day combined target was compliant again for November 2023 with a performance of 85.88%, the second consecutive month the Trust has been compliant with this target. Currently December 2023 is showing at an unvalidated position of 79.1%

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			3.5	17.5
Gynaecology	2	7.5		
Haematology		4	1	4.5
Head and Neck		2	0.5	2
Colorectal	2.5	8.5	5	11
Lung	1	10		5.5
Other				2
Sarcoma			1	3
Skin	1	25	1	10
Upper GI		4.5	1	4
Urology	3	13	2	39.5
Total:	9.5	74.5	15	99



Safer Staffing

Chelsea and Westminster Dec 23

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark		Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	No harm and mild		Moderate and severe							
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Maternity	103%	85%	97%	97%	7.2	2.7	9.9	13		2.75%	12.47%	9.79%		1		1			5	53	86.6%
Annie Zunz	135%	95%	103%	112%	6.6	2.6	9.2	8		10.32%	26.18%	12.84%		7					1	7	95.2%
Apollo	100%	-	101%	-	14.3	0	14.3	N/A		12.71%	10.73%	39.47%		1					5	24	
Mercury	96%	-	98%	-	6.7	0	6.7	9.4		6.61%	13.85%	0.00%		2						33	87.5%
Neptune	91%	-	95%	-	6.9	0	6.9	11.1		15.62%	27.35%	50.00%		2					4	29	92.7%
NICU	92%	-	93%	-	13	0	13	26		8.07%	10.52%	14.89%									100.0%
AAU	105%	87%	103%	111%	6.8	1.7	8.5	7.7		8.85%	19.53%	20.32%	10	72					3	55	83.3%
Nell Gwynne	94%	66%	100%	85%	3.6	3.2	6.8	6.9		2.24%	5.45%	30.16%	2	47			1	2		3	
David Erskine	101%	66%	77%	88%	3.4	2.2	5.6	6.6		-2.79%	12.24%	15.37%									100.0%
Edgar Horne	99%	72%	102%	92%	3.2	2.4	5.6	6.4		0.86%	0.00%	20.07%	7	43	1	2			3	13	100.0%
Lord Wigram	82%	71%	106%	107%	4.8	2.5	7.3	7.5		11.14%	5.52%	14.32%	4	20					1	20	92.3%
St Mary Abbots	104%	102%	115%	102%	4	2.6	6.6	7.2		16.88%	33.76%	34.40%	6	27				2	4	41	97.6%
David Evans	72%	80%	89%	145%	5.3	3.4	8.7	7.2		25.01%	20.05%	9.03%	1	14					1	22	100.0%
Chelsea Wing	104%	97%	100%	98%	7.2	4.5	11.7	7.2		14.44%	12.90%	11.93%		5						9	
Burns Unit	129%	119%	214%	123%	22.4	3.4	25.8	N/A		10.71%	3.66%	0.00%	3	8						8	100.0%
Ron Johnson	89%	155%	97%	153%	4.3	3.9	8.2	7.6		22.01%	6.55%	28.57%		20					1	30	100.0%
ICU	101%	-	102%	-	28.2	0	28.2	26		-2.40%	18.16%	8.20%		4					4	30	
Rainsford Mowlem	93%	84%	97%	117%	3.2	3.1	6.3	6.9		4.13%	7.86%	7.92%	5	39		1		1	2	17	82.9%
Nightingale	96%	92%	113%	118%	3.6	3.4	7	7.4		19.65%	0.00%	7.69%	7	55		1			5	21	100.0%

West Middlesex Site Dec 23

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA				Qualified	Un- Qualified	No Harm & Mild	Moderate & Severe							
												Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Lampton	124%	149%	138%	228%	3.5	4.2	7.7	6.8		-16.44%	9.42%	13.88%		17		1				95%
Richmond	108%	137%	99%	242%	3.9	2.8	6.7	7.2		12.43%	5.28%	13.75%	4	17		2				100%
Syon 1 cardiology	97%	117%	102%	176%	4	2.5	6.5	8.8		1.12%	3.59%	0.00%	10	42		2				100%
Syon 2	109%	90%	105%	104%	3.8	3.2	7	6.6		4.45%	4.60%	0.00%	5	31						100%
Starlight	135%	-	134%	-	10.4	0	10.4	11.5		0.85%	6.70%	62.50%								57%
Kew	100%	97%	102%	102%	3.1	2.6	5.7	6.9		-7.95%	9.30%	24.93%	2	40						100%
Crane	98%	77%	99%	81%	3.2	3.3	6.5	6.9		-3.26%	9.85%	17.64%		33		1				100%
Osterley 1	86%	52%	85%	114%	3.6	2.4	6	7.5		7.89%	15.57%	17.58%	6	36		1				80%
Osterley 2	97%	98%	95%	131%	3.5	3.2	6.7	7.2		8.86%	23.24%	9.78%	1	23						92%
MAU	88%	105%	101%	121%	5.5	2.8	8.3	7.7		4.41%	13.81%	13.98%	4	68		1				99%
Maternity	91%	83%	91%	89%	8.6	2.5	11.1	13		8.62%	11.26%	17.60%		2						92%
Special Care Baby Unit	90%	-	79%	-	8.4	0	8.4	11.1		3.66%	4.18%	0.00%								100%
Marble Hill 1	117%	149%	113%	261%	4	4.2	8.2	6.4		2.77%	9.58%	9.94%	16	84						88%
Marble Hill 2	126%	87%	152%	180%	4.1	2.8	6.9	6.5		100.00%	0.00%	18.06%	7	31						88%
ICU	100%	-	101%	-	26.3	0	26.3	26		6.19%	9.91%	0.00%		2						



Staffing & Patient Quality Indicator Report

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

West Middlesex site:

Marble Hill 2 and Lampton had increased RN and HCA cover due to the opening of the Annex, day and night. The low HCA fill during the day on DRU was due to sickness and being unable to cover HCA shift with bank or agency. Syon 1 had an increased HCA fill rate at night, to care for patients with, various reasons including high risk of falls, and confused wandering patients. There was additional HCA fill rate during day and night for Marble Hill 1 ward due to patients requiring one to one supervision and RMN cover. Bay tagging was also in place. AMU had a high HCA fill rate at night for patients requiring supervision due to confusion and mental health concerns.

Richmond required additional HCAs night fill due to additional beds opened and changes in template for the winter months. On Osterley 1 there were low day HCA fill rate due to vacancies, sickness and being unable to cover day HCA shifts with temporary staffing. OSCE nurses awaiting pin numbers filled these vacant shifts, CHPPD was not compromised. There was additional HCA fill rate during day and night for Ost 2 ward for various reasons including high risk of falls, and confused wandering patients. Starlight had high RN fill rate during the day and night due to additional RMN cover for patient with mental health needs. SCBU had a low RN fill rate at night due to unfilled shifts by bank or agency CHPPD not affected due to skill mix. Vacancy out to advert.

Chelsea and Westminster site:

The low HCA fill rate during the day on Lord Wigram and David Evans was due to vacancies, sickness, and being unable to cover HCA shift with bank or agency. Ward manager supported area so CHPPD was not compromised. Night HCA fill rate on David Evans was high due to escalation beds opened to support the site with bed pressures. David Evans day RN fill rate reduced while IEN staff await pin. CHPPD was not compromised. Burns high RN and HCA fill rate, day and night was high due to acuity and mental health patients requiring enhanced supervision. High fill rate on Annie Zunz RN long day was due to increased planned admissions with patients admitted via SAL. High fill rate on Ron Johnson HCA days and nights was due to a long-term mental health patient and confused patients requiring enhanced supervision.

The low HCA fill during the day on Nell Gwynne was due to sickness and being unable to cover HCA shift with bank or agency. On Edgar Horne and David Erskine there were low HCA fill rates on days due to vacancies, sickness and being unable to cover shift with bank or agency. Nightingale had a high HCA fill rate at night for patients requiring supervision. There was a low RN fill rate at night on David Erskine as vacancies not filled due to change in acuity.

Incidents:

In terms of incidents with harm, there was two incidents reported this month. The patient who sustained a fall on Edgar Horne ward sustained a fractured hip post fall. The patient was discharged home following reparative surgery.

There was one incident involving pressure damage identified this month on Nell Gwynne. Assessments verified that the patient sustained grade three sacral pressure damage. Tissue Viability and the dieticians are involved in wound care planning.

Friends and Family test showed that seven wards at CW and six wards at WM scored 100%. Starlight is providing feedback to the medical team following concerns raised, focusing on learning opportunities related to attitudes and behaviours.

Please note all incident figures are correct at time of extraction from DATIX. There were nine red flags raised in December an increase of one since November. Eight were for CW & one for West Mid, mainly related to staffing shortfalls and agency staffing levels. The vacancy rate and turnover are from December.



Safe Staffing Analysis | Registered Nurse and Care Staff December 2023

RN Fill Rates (ward areas) decreased from 102.21% in November 2023 to 100.41% in December 2023. The RN vacancy rate (whole trust) in December 2023 was 4.96%, down from 5.28% in November 2023.

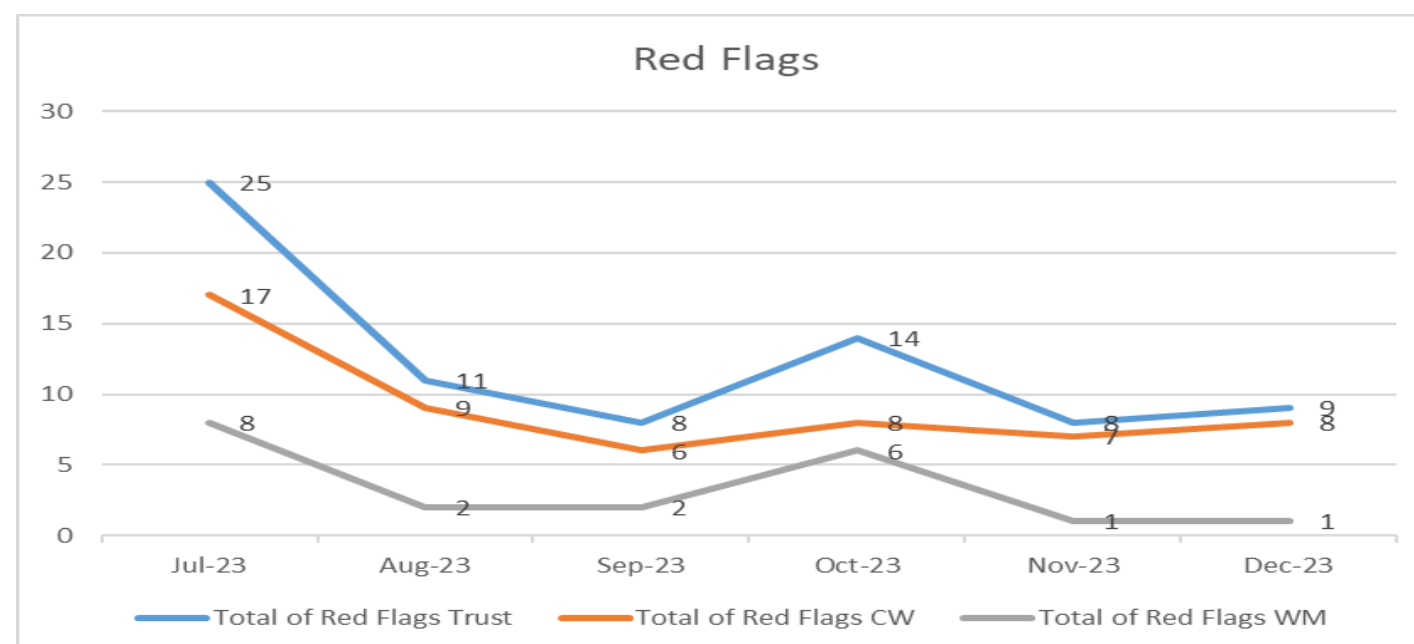
Care Staff Fill Rates (ward areas) increased from 99.56% in November 2023 to 103.13% in December 2023. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in December 2023 was 10.13% up from 9.86% in November 2023.

The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 100.88% in November 2023 to 101.77% in December 2023.

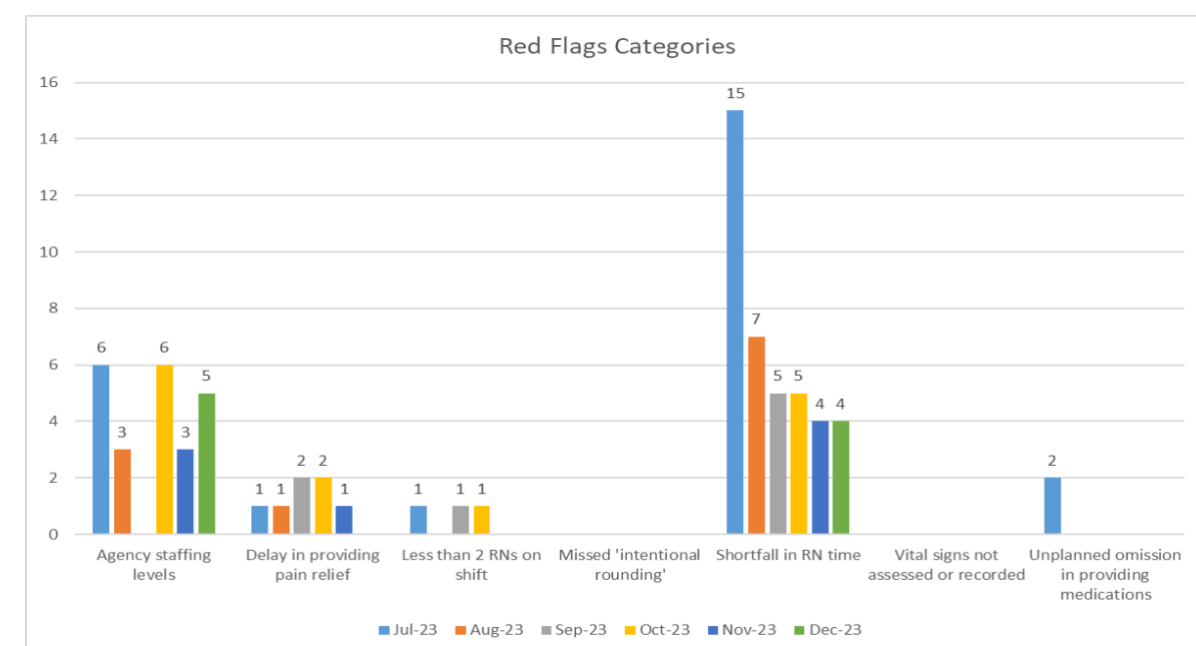
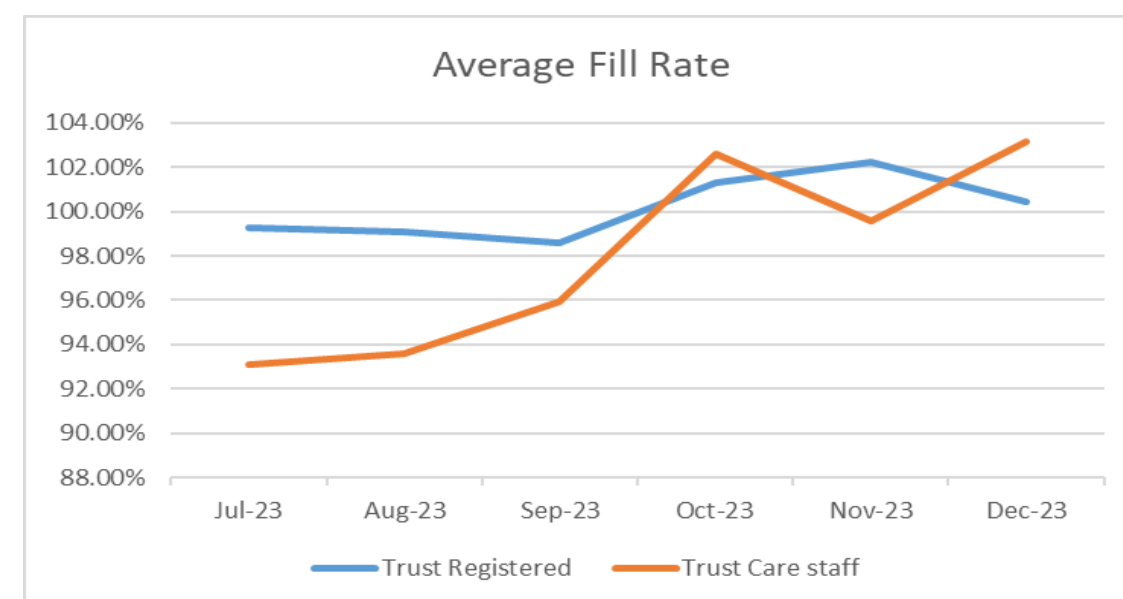
Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (Aug 2023) was 8.9. Trust workforce data confirms the CHPPD was 8.7 in December 2023, same as from November 2023 – 8.7

Safe Staffing Red Flags – 9 red flags from the 5 categories (tables below) were reported during December 2023 where majority of them were 'Agency staffing levels' followed by 'Shortfall in RN time'.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Aug 2023
Trust	8.9
Hillingdon Hospital	8.7
London NW	8.9
Imperial	10.9
Peer Median	8.9



Nursing, Midwifery and care staff average fill rate December 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
100.41% ↓	103.13% ↑	6.1 ↔	2.5 ↓	8.7 ↔





Finance M9 (December 2023) 2023/2024

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	659,039	683,196	24,157
Expenditure			
Pay	(369,831)	(386,999)	(17,167)
Non-Pay	(258,284)	(266,530)	(8,246)
EBITDA	30,923	29,667	(1,256)
EBITDA %	4.69%	4.34%	-0.3%
Depreciation	(23,386)	(23,000)	385
Non-Operational Exp-Inc	(8,176)	(1,987)	6,189
Surplus/Deficit	(639)	4,680	5,318
Control total Adj - Donated asset, Impairment & Other	728	(8,184)	(8,911)
PFI Re-calculation	0	2,284	2,284
Adjusted financial performance surplus/(deficit)	89	(1,220)	(1,309)

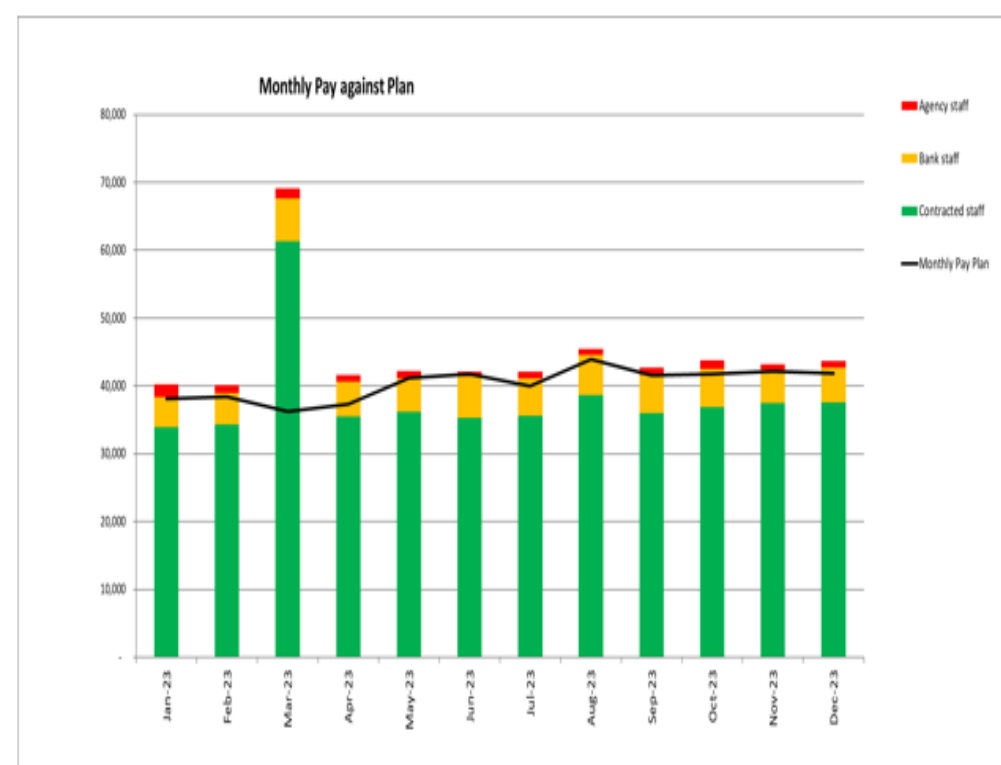
The adjusted financial position at month 9 is a £1.22 m deficit which is £1.31 m adverse against plan.

Pay: £17.17m adverse against plan. At month 9 the position includes c£5.30 m unidentified, red or amber CIPs

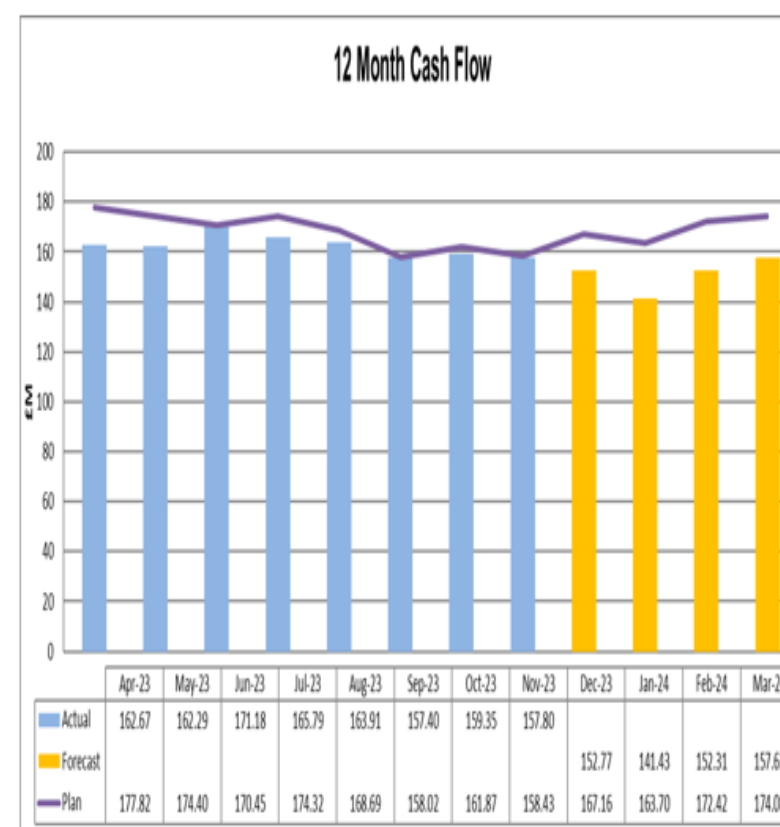
The adverse variance includes spend to cover Industrial action, escalation beds, additional clinics, WLI as well as cover for vacancies, sickness, gaps in rota and other forms of leave.

Non-Pay: There is a £8.25m adverse variance which includes adjustment to budget to match NHSi return.

Income: M9 Income performance was not as favourable as it has been, but continues to over perform on the variable elements of the AP I (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. The position also reflects known risks around performance on the unbundled element of NWL contract. Local Authority income has been accrued based on average activity levels and the element of pay award for this service was covered by NHS England (paid via NWL ICB). Over and under performance income has been devolved to services.

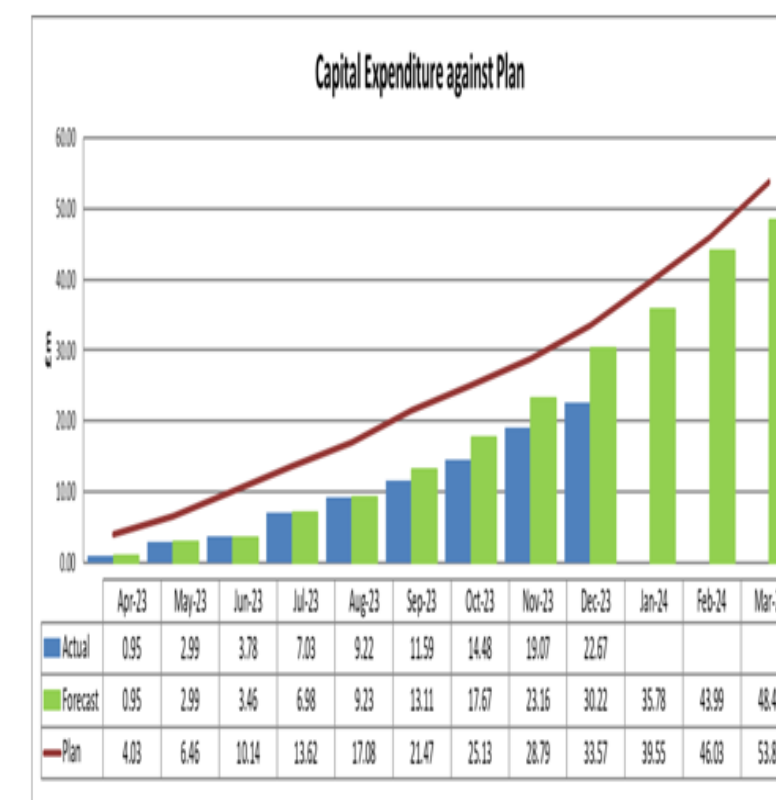


Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution - £16.05m (a notional figure). In August 23 YTD increase for Medical pay awards (from 2.1% to 6) was accrued.



Comment:

The Negative cash variance to plan in M9 of -£13.42m is bought forward from M8 comprising of -£0.62m Lower receipts to plan of -£0.62m (ICB £9.48m Higher, Local Authority £0.1m Higher, Donations £0.03m Lower, NHS England £0.47m Lower, AR £0.24k Higher, PP Income £0.66m Higher, FT's £1.84m Higher, Interest Income £0.27m Higher, Other Income £0.01m Higher, PDC Drawdown 12.7m Lower) offset by Higher cash outflows to plan £12.18m (Higher Creditor payments & Higher Payroll)



Comment:

The original capital programme for 2023/24 was £53.85m, which has been adjusted to £48.48m following the inclusion of the IECPP capital project of £3.31m, new PDC awards of £3.17m, PDC funding for the Treatment Centre of £7.71m being deferred to later years, IFRS16 adjustments and the transfer of £5m CRL funding to LNW.

Following the review of the capital programme, it has been agreed to transfer funding of £5m to LNW, which will be transferred back to the Trust in 2024/25, which will help with next year's anticipated financial pressures in the capital programme.

The revised capital budget for 2023/24 for period 9 is £7.07m and the spend incurred is £2.74m resulting in an under spend of £4.33m against forecast. The YTD revised budget is £30.22m and the YTD capital spend is £22.67m, resulting in an under spend of £7.55m.