Chelsea and Westminster Hospital NHS
NHS Foundation Trust

TRUST PERFORMANCE & QUALITY REPORT

March 2024

NHSI Reporting

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024 Q4	2023-2024	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	83.89%	84.12%	84.10%	80.94%	77.84%	79.45%	80.17%	78.33%	80.78%	81.78%	82.11%	81.57%	79.53%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	61.21%	62.92%	61.74%	63.54%	56.21%	57.70%	57.00%	57.34%	58.50%	60.12%	59.19%	59.27%	60.11%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	94.82%	96.99%	95.22%	95.74%	94.30%	98.27%	98.27%	94.85%	94.51%	97.77%	97.10%	96.17%	95.20%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	100%	100%	100%	100%	97.93%	100%	100%	100%	100%	97.94%	
	31 day combined position (Target: >=96%)	94.20%	96.49%	96.36%	96.02%	96.58%	98.82%	96.19%	97.15%	95.70%	97.89%	96.25%	96.52%	96.52%	
	62 day combined position (Target: >=85%)	80.92%	88.19%	85.36%	81.28%	80.18%	83.33%	79.74%	79.07%	80.48%	85.30%	81.64%	82.15%	83.32%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	80.29%	84.46%	78.56%	82.75%	67.92%	77.73%	77.38%	73.26%	72.24%	80.14%	77.81%	76.66%	76.84%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	2	0	3	20	1	1	0	15	3	1	3	7	35	

A&E 4-hr Waiting Times
In March the Trust reported performance of 82.11%. This continued a 5-month trend of month-on-month improvements in performance, with the Trust reporting performance in excess of 80% for each of January, February and March this year. The UEC pathway and discharges remain a priority as the Trust continues to implement the UEC Winter plan.

18 Weeks RTT (Incomplete Pathway)
The Trust PTL decreased slightly and the 18-week RTT incomplete positions remained broadly stable. With the Trust reporting reduced 65ww and 78ww backlogs, the capacity released from this cohort of patients will be made available for those with the highest priority and the next longest waiting. It is anticipated, over the forthcoming weeks, that this freed up capacity will positively impact patients waiting over 52 weeks with a forecast improvement in performance. Chronological bookings remain a focus area along with managing demand and productivity in OPD and theatres.

Cancer *(Final Previous Month, Unvalidated Current month)*
31-Day: The 31-day combined target returned to compliance for February (validated) and March (unvalidated) of 97.89% and 96.62% respectively.

62-Day: The Trust saw an improvement in delivery of the 62-day standard with a compliant position reported for the month of February at 85.3% against the 85% standard. The March position is currently unvalidated although an improvement in the current position is expected. The unvalidated position for March 2024 is currently 76.69% impacted by a high volume of breaches in Urology. Diagnostics have been somewhat challenged with reduced capacity following equipment failures in CT and MRI, which has had an adverse impact on this target. Recovery plans to improve diagnostic capacity is in place and monitored at the appropriate forums.

28-Day FDS: Performance against the FDS target improved significantly in the month of February with a reported position of 80.14% against the 75% national standard. The Trust has also committed to delivery of the NHS Operating Plan Standard of 77% from April 2024 onwards. This is on track to achieved in March with an unvalidated position of 77.74%

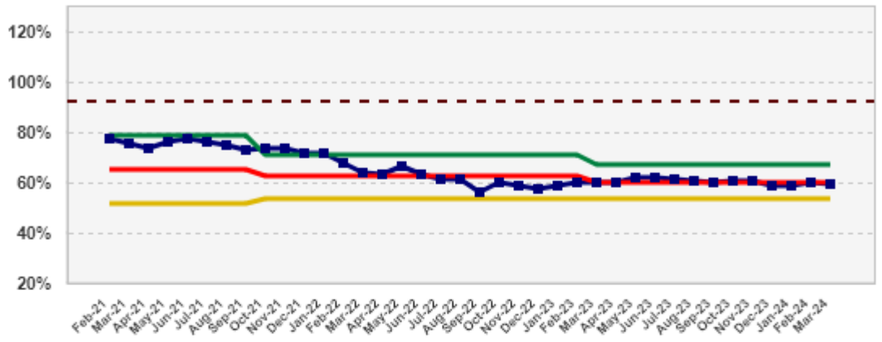
Clostridium Difficile
There were 3 Trust attributed CDI cases in March 2024, all occurred at the CW site in the Emergency Integrated Care division. RCA meetings are pending. This takes the total of Trust attributed cases for the 2023/24 financial year to 35 cases.

SELECTED BOARD REPORT NHSI INDICATORS

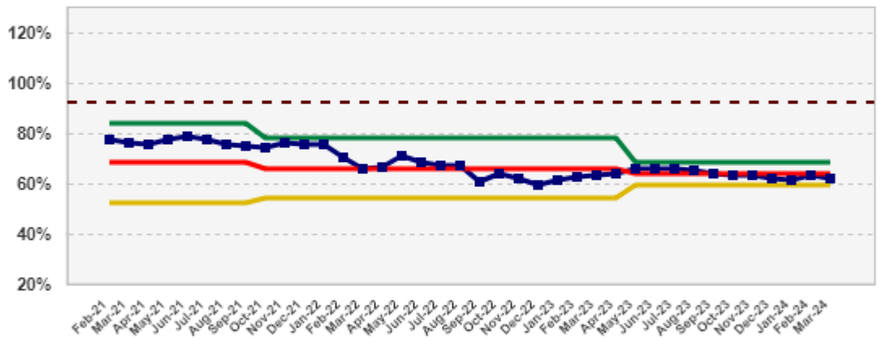
Statistical Process Control Charts for the last 36 months Feb 2021 to Mar 2024

RTT Incomplete pathways

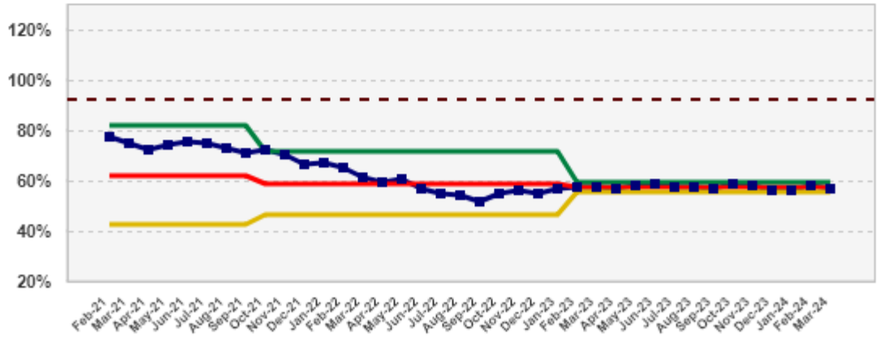
Trust Total



Chelsea and Westminster

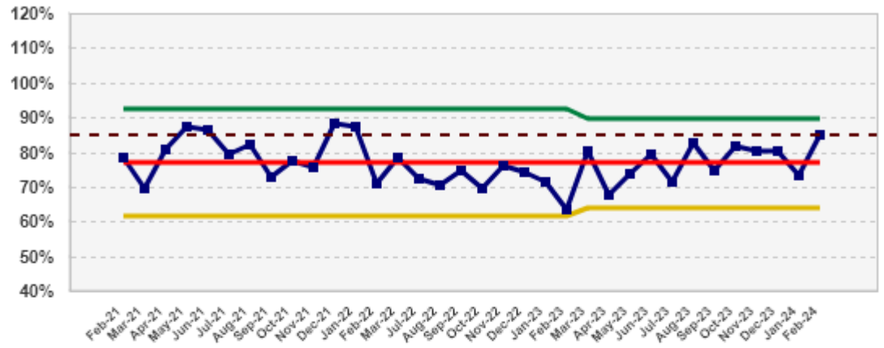


West Middlesex

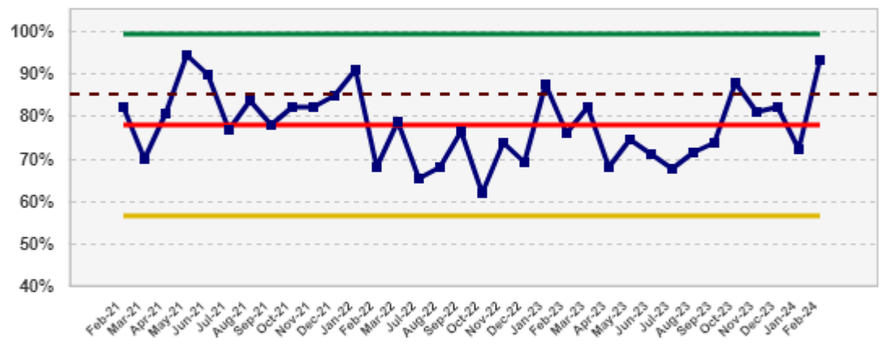


Cancer: 62 day standard

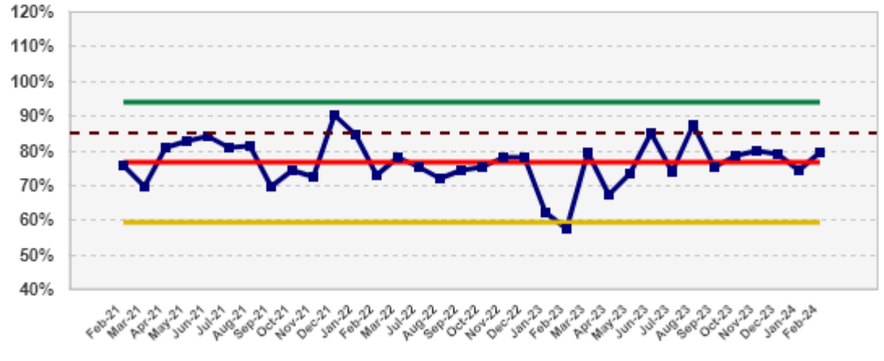
Trust Total



Chelsea and Westminster



West Middlesex



Safety

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024 Q4	2023-2024	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	1	0	0	4	0	0	0	0	1	0	0	1	4	
	Hand hygiene compliance (Target: >90%)	97.3%	95.5%	97.1%	95.5%	98.6%	99.3%	98.7%	97.4%	97.9%	97.2%	97.9%	97.7%	96.3%	
Incidents	Number of serious incidents	3	1	0	19	0	0	0	12	3	1	0	4	31	
	Incident reporting rate per 100 admissions (Target: >8.5)	9.0	9.2	9.0	9.2	9.8	9.0	9.3	9.5	9.4	9.1	9.2	9.2	9.4	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.01	0.01	0.03	0.01	0.00	0.03	0.03	0.01	0.01	0.02	0.03	0.02	0.01	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.47	5.54	5.54	4.72	5.20	3.41	3.61	4.15	4.84	4.45	4.56	4.62	4.43	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	1.3%	0.5%	0.0%	0.0%	1.9%	0.3%	0.0%	0.0%	1.5%	0.5%	0.4%	
Harm	Never Events (Target: 0)	1	0	0	4	0	0	0	1	1	0	0	1	5	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	4	0	0	0	1	0	0	0	0	5	
	Safeguarding adults - number of referrals	52	37	34	437	32	24	32	392	84	61	66	211	829	
	Safeguarding children - number of referrals	80	103	136	967	117	98	141	1264	197	201	277	675	2231	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	67	67	67	67	77	76	76	76	73	72	72	72	72	
	Number of hospital deaths - Adult	37	33	35	471	69	61	79	775	106	94	114	314	1246	
	Number of hospital deaths - Paediatric	1	0	2	5	0	0	0	1	1	0	2	3	6	
	Number of hospital deaths - Neonatal	2	1	1	21	0	1	0	5	2	2	1	5	26	
	Number of deaths in A&E - Adult	1	3	0	18	6	5	0	48	7	8	0	15	66	
	Number of deaths in A&E - Paediatric	0	0	0	2	0	1	0	4	0	1	0	1	6	

MRSA
There were 0 Trust attributed MRSA bacteraemia in March 2024, a total of 4 Trust attributed cases occurred in the 2023/24 financial year, this is a 43% decrease on last year's 7 Trust attributed cases.

Incidents
During March 2024, 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 (NRLS reportable) safety incidents per 1,000 FCE bed days
The Trust reporting rate achieved the target both in month and year to date, however the WM site reporting rate dropped below target for February and March 2024. The WM site reporting rate will be monitored and reviewed by the MSG to identify if/where support may be required. The importance of reporting medication-related incidents of all degrees of harm will also be reiterated at the next upcoming Quality Round on 12/04/24 to senior nursing/midwifery staff for raised awareness.

Medication-related (NRLS reportable) safety incidents % with harm
Trust target achieved both in-month and year-to-date.

Safeguarding
Adult safeguarding referrals have fallen again at CW with a rise in-month at WM consistent with previous trends. Cases continue to be complex and themes remain consistent. The Trust has seen a rise at both sites for children's safeguarding referrals. Many of the cases involve mental health services and continue to be complex. The Trust continues to have children staying at both sites awaiting appropriate social care or mental health placements.

Patient Experience

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024 Q4	2023-2024	Trend charts
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	94.8%	92.8%	93.4%	95.1%	99.5%	97.1%	96.5%	96.6%	96.6%	95.2%	95.0%	95.8%	95.8%	
	FFT: Inpatient not satisfaction % (Target: <10%)	2.8%	4.2%	3.9%	2.0%	0.00%	0.45%	1.29%	1.2%	1.7%	2.1%	2.6%	2.0%	1.6%	
	FFT: Inpatient response rate (Target: >15%)	40.5%	26.5%	18.0%	32.8%	38.6%	41.9%	30.9%	43.3%	39.8%	33.3%	22.8%	32.1%	37.4%	
	FFT: A&E satisfaction % (Target: >90%)	86.7%	85.8%	85.2%	84.8%	75.9%	78.5%	77.6%	77.3%	82.0%	82.7%	81.9%	82.2%	82.0%	
	FFT: A&E not satisfaction % (Target: <10%)	8.3%	8.9%	9.0%	9.5%	15.8%	13.2%	14.6%	14.7%	11.6%	10.8%	11.4%	11.3%	11.4%	
	FFT: A&E response rate (Target: >15%)	27.3%	27.5%	24.9%	26.6%	22.1%	22.9%	20.6%	23.0%	24.8%	25.3%	22.8%	24.3%	25.1%	
	FFT: Maternity satisfaction % (Target: >90%)	93.5%	95.1%	88.3%	90.3%	88.7%	83.3%	93.8%	88.7%	91.6%	89.7%	91.1%	90.8%	89.7%	
	FFT: Maternity not satisfaction % (Target: <10%)	3.2%	4.2%	8.6%	6.2%	4.1%	10.0%	2.3%	7.7%	3.6%	6.8%	5.4%	5.3%	6.8%	
	FFT: Maternity response rate (Target: >15%)	31.5%	30.4%	22.0%	38.5%	22.9%	26.1%	26.6%	28.3%	27.5%	28.3%	24.1%	26.5%	33.8%	
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	14	21	24	237	14	21	24	59	237	
Complaints	Complaints (informal) through PALS	32	35	36	307	46	35	32	446	78	70	68	216	753	
	Complaints formal: No of complaints due for response	22	7	22	290	14	15	5	188	36	22	27	85	478	
	Complaints formal: Number responded to < 25 days	22	6	20	252	13	15	3	178	35	21	23	79	430	
	Complaints sent through to the Ombudsman	1	0	0	2	1	0	2	4	2	0	2	4	6	

MSA (Mixed Sex Accommodation)
"Guidelines for the Provision of Intensive Care Services" dictate that patients should be transferred from critical care to a ward within four hours of the decision. Unfortunately, West Middlesex experienced 24 instances in March, up from 3 in February, where this standard wasn't met, resulting in patients remaining in mixed sex areas.

Breach details: 15 patients waited over 10 hours for a ward bed, with 6 exceeding 30 hours. The Trust are actively addressing these issues with site management during regular bed meetings. Site management has been invited to the next Policy Board in April to present these findings and explore solutions. Patient care remains our top priority and we continue to uphold their dignity and cultural considerations in all situations.

Complaints
85% of complaints were responded to within the 25 day KPI (target 95%) during March 2024. Four complaints were not responded to within the timeframe – two for EIC and two for Specialist Care – in part due to delays in receiving the investigation outcome/draft response. Compliance with responding to PALS concerns within 5 working days was 84% (KPI 90%) this has been partially due to the PALS team not receiving outcomes on time and partly due to PALS staff availability in March 2024 we are hoping to recover back to full compliance during April

Friends and Family Test
Patients continue to report a positive inpatient experience when completing the FFT survey and the experiences of women accessing maternity care at West Middlesex has improved significantly compared to the previous month. Regular data sharing of key feedback themes during team meetings in March have helped maternity staff adapt practices to ensure positive experiences are being provided. Whilst A&E satisfaction rates continue to fall below the trust target of 90%, they are in line with previous months and exceed national averages. Themes of wait times, environment and communication regarding diagnosis continue to be seen. The main areas for concern are the drop in response rate for inpatient areas at CW and decline in satisfaction rate for women accessing maternity care at CW. The latter is indicative of women reporting increased wait times for medication, medical review, nursing support and to be seen in both the antenatal ward and maternity assessment suite. Both declines will be shared with the service leads to ensure improvements are seen.

Efficiency and Productivity

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024 Q4	2023-2024	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.08	2.56	2.52	2.67	3.25	2.33	2.66	3.24	2.39	2.50	2.56	2.48	2.82		-
	Average length of stay - non-elective (Target: <3.95)	4.18	4.43	3.78	4.09	3.14	3.56	3.36	3.53	3.58	3.92	3.55	3.68	3.78		-
	Emergency care pathway - average LoS (Target: <4.5)	4.39	4.35	3.95	4.34	3.28	3.91	3.62	3.86	3.70	4.08	3.75	3.84	4.06		-
	Emergency care pathway - discharges	272	271	289	3303	449	432	455	4728	722	704	745	2171	8032		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.36%	4.90%	4.78%	4.68%	6.12%	6.51%	7.21%	6.27%	5.24%	5.69%	5.97%	5.63%	5.45%		-
	Non-elective long-stayers	447	472	143	5172	439	466	123	4859	886	938	266	2090	10031		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	87.0%	84.6%	84.3%	86.5%	88.0%	92.7%	87.7%	86.8%	87.3%	87.3%	85.1%	86.6%	86.6%		-
	Operations canc on the day for non-clinical reasons: actuals	5	11	10	135	12	13	15	209	17	24	25	66	344		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.13%	0.29%	0.26%	0.32%	0.42%	0.49%	0.56%	0.67%	0.25%	0.37%	0.38%	0.33%	0.47%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	6	3	8	49	4	1	3	30	10	4	11	25	79		!
	Theatre Utilisation Model Hospital (Target > 85%)	78%	77.3%	76.7%	79.7%	91.3%	91.5%	91.8%	92.4%	82.4%	81.9%	81.4%	81.9%	83.8%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.26	2.26	2.32	2.34	1.81	1.71	1.70	1.74	2.06	2.01	2.03	2.03	2.06		!
	Average wait to first outpatient attendance (Target: <6 wks)	10.4	10.6	9.3	9.8	12.6	10.6	11.0	11.9	11.4	10.6	10.1	10.7	10.8		!
	DNA rate: first appointment	11.4%	11.7%	11.3%	11.7%	11.8%	10.7%	10.1%	11.2%	11.5%	11.3%	10.8%	11.2%	11.5%		-
	DNA rate: follow-up appointment	9.6%	8.6%	8.5%	9.7%	8.0%	7.7%	7.8%	8.5%	9.0%	8.3%	8.2%	8.5%	9.3%		-
	PIFU - % of Total Outpatient attendances	11.6%	10.9%	11.3%	11.3%	2.1%	2.0%	1.8%	1.7%	7.8%	7.3%	7.4%	7.5%	7.4%		-

Day-Case Rate
The day-case rate remains above the 85% Trust-Wide in February at 87%, with both sites reporting compliance.

Cancelled Operations
The number of cancelled operations for non-clinical reasons on-the-day increased slightly Trust-wide in March from 24 to 25 patients. 14 of these patients were rebooked within the 28-day target, with 11 breaches. The majority of these were driven by patient choice.

Theatre Utilisation
Trust-Wide utilisation declined slightly in March to 81.4%. Theatre utilisation remains significantly above the 85% target at 91.8% on the West Middlesex site. The Chelsea site at 76.7% remains below the 85% target, driving the Trusts slight decline for March 2024. 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's quarter four DNA rate shows a marked improvement against the overall 23/24 rate for both new and follow up appointments, which is very positive. The average wait to first attendance dropped slightly in March, but continues to fluctuate. Both PIFU and the Trust's first-to-follow-up ratio remain broadly static despite the focus at Outpatient Board. PIFU uptake remains comparatively good against the sector but this is still hugely inflated by HIV, with significant work still to do across the wider Trust.

Clinical Effectiveness

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024 Q4	2023-2024	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	90.2%	94.9%	92.8%	93.4%	93.6%	91.9%	98.9%	95.1%	92.1%	93.2%	96.1%	93.9%	94.4%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	64.3%	60.0%	66.7%	68.4%	100.0%	85.0%	84.6%	91.0%	83.9%	76.7%	76.0%	79.1%	81.3%	!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	83.3%	95.5%	86.4%	89.8%	85.7%	88.2%	95.2%	89.7%	84.8%	92.3%	90.7%	89.6%	89.8%	-
VTE	VTE: Hospital acquired	1	1	0	4	5	5	0	37	6	6	0	12	41	-
	VTE risk assessment (Target: >95%)	94.1%	94.2%	94.6%	93.0%	95.9%	95.6%	95.4%	95.9%	95.0%	94.9%	95.0%	95.0%	94.4%	!
TB Care	TB: Number of active cases identified and notified	3	3	2	36	6	10	10	80	9	13	12	34	116	-
Sepsis	ED % Periods Screened (Target >90%)	91.8%	92.6%	92.9%	92.3%	84.5%	84.9%	82.9%	85.5%	88.6%	89.4%	88.7%	88.8%	89.5%	
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	81.2%	82.2%	72.8%	78.3%	90.2%	89.8%	91.0%	90.1%	84.2%	84.8%	79.2%	82.8%	82.4%	
	Ward % Periods Screened (Target >90%)	82.9%	88.9%	85.3%	86.8%	95.6%	95.1%	93.5%	95.1%	88.6%	91.9%	89.6%	89.9%	90.6%	
	Ward % Potential Red Flag Sepsis Reviewed (Target >90 %)	94.3%	95.5%	96.8%	95.6%	96.6%	95.8%	95.5%	95.8%	95.5%	95.7%	96.0%	95.7%	95.7%	
Discharge	Date of Discharge is same as Discharge Ready Date	88.2%	88.3%	87.4%	89.4%	85.9%	85.7%	86.0%	85.9%	87.0%	87.0%	86.7%	86.9%	87.6%	
	Date of Discharge is 1+ days after Discharge Ready Date	11.8%	11.7%	12.6%	10.6%	14.1%	14.2%	14.0%	14.1%	13.0%	13.0%	13.3%	13.1%	12.3%	

#NoF *(Time to Theatre -Neck of Femur)*
Performance against this measure was relatively stable. Both the Chelsea and West Middlesex sites remain challenged for the second consecutive month. In the West Middlesex site, where 12 out of 14 achieved compliance (2 breaches) the delay for surgery was primarily due to the high volume of trauma where there were seven NOF admissions during this period alongside unstable ankle/wrist fractures. There was neither space in Elective nor CEPOD theatres. These two patients were operated within 60 hours of admission.
In Chelsea 8 out of 12 patients achieved compliance (4 breaches). Two patients were awaiting space on the trauma list due to high volume of trauma, one awaiting anaesthetic cover on a Saturday and one was awaiting the availability of a specialist surgeon.

VTE Risk
West Middlesex site continues to meet the >95% target for VTE risk assessment (95.4%). All Hospital Acquired Thrombosis events undergo RCA to ensure adherence to guidelines and appropriate learning. All Hospital Acquired Thrombosis events undergo RCA to ensure adherence to guidelines and appropriate learning. For the Chelsea site, elective surgery (including day cases) and Simpson Unit (87%) had a decline in performance leading to overall performance being just under the 95% target. Recent manual audits provide assurance that chemical VTE prophylaxis is being undertaken (100% Chelsea site). All Hospital Acquired Thrombosis events undergo RCA to ensure adherence to guidelines and appropriate learning.

Sepsis
Challenges in screening for sepsis in ED at WMUH and Clinical review at Chelsea. Dedicated initiatives on each site being led within EIC to meet these targets.

Discharge Ready
The numbers have remained stable for the metric measuring the time from patient being identified as no longer meeting the criteria to reside and discharge. 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 Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024	Jan-24	Feb-24	Mar-24	2023-2024 Q4	2023-2024	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	822	851	910	9628	774	814	1017	11096	1596	1665	1927	5188	20724		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	95.57%	93.14%	88.46%	96.94%	82.05%	77.93%	73.33%	88.77%	88.27%	84.77%	80.16%	84.23%	92.59%		!
	Diagnostic waiting times >6 weeks: breach actuals	250	432	731	1823	1189	1700	2054	7640	1439	2132	2785	6356	9463		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.6%	7.2%	6.5%	7.0%	7.8%	7.4%	6.7%	7.1%	7.7%	7.3%	6.6%	7.2%	7.0%		!
	A&E time to treatment - Median (Target: <60')	00:24	00:30	00:30	00:26	00:37	00:34	00:30	00:44	00:31	00:32	00:30	00:31	00:34		-
	London Ambulance Service - patient handover 30' breaches	44	33	0	382	153	205	0	1698	197	238	0	435	2080		-
	London Ambulance Service - patient handover 60' breaches	0	0	0	2	4	4	6	114	4	4	6	14	116		!

Diagnostic 6-Week Waits

The Trust reported a position of 80.16% against the 95% standard with particular pressure at the West Middlesex Hospital site. This is as a result of continued pressure over the previous months along with continued increase in demand. The Trust has stood up a full recovery plan with meetings in place thrice a week to track and manage the recovery programme, although this has been hampered by further scanner breakdowns. The Trust has increased internal capacity and arranged outsourcing to four external organisations in an attempt to get back on track. The Trust is also exploring the potential to increase our internal MRI provision across our sites with an additional temporary / permanent MRI scanner on the Chelsea site.

Ambulance Handover

The Trust has maintained strong ambulance hand over performance throughout the month and continues to participate in the LAS 45 minute off load initiative.

RTT Positions Dashboard

		Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
Domain	Indicator	Jan-24	Feb-24	Mar-24	Jan-24	Feb-24	Mar-24	Jan-24	Feb-24	Mar-24
RTT waiting list positions	Total RTT waiting list	28025	28483	28675	33118	32869	33496	61143	61352	62171
	Total Non-Admitted waiting list	24621	25130	25272	30903	30658	31398	55524	55788	56670
	Non-Admitted with a date	6689	10059	13106	4648	7890	11053	11337	17949	24159
	Non-Admitted without a date	17932	15071	12166	26255	22768	20345	44187	37839	32511
	Total Admitted waiting list	3404	3353	3403	2215	2211	2098	5619	5564	5501
	Admitted with a date	459	602	907	410	515	725	869	1117	1632
	Admitted without a date	2945	2751	2496	1805	1696	1373	4750	4447	3869
	Patients waiting >65 weeks	283	251	189	232	174	123	515	425	312
	Patients waiting >78 weeks	77	66	32	72	48	23	149	114	55
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
Specialty Name	Jan-24	Feb-24	Mar-24	Jan-24	Feb-24	Mar-24	Jan-24	Feb-24	Mar-24
Total	**822**	**851**	**910**	**774**	**814**	**1017**	**1596**	**1665**	**1927**
Breast Surgery				1		1	1		1
Burns Care		1	1					1	1
Cardiology					1			1	
Clinical Haematology					4	12		4	12
Colorectal Surgery	26	30	37	79	50	51	105	80	88
Dermatology	12	6	7	3	2	4	15	8	11
Endocrinology				1		19	1		19
ENT	8	5	5	74	85	82	82	90	87
General Surgery	210	204	227	112	105	99	322	309	326
Gynaecology	5	10	4			1	5	10	5
Hand Therapy	1	1					1	1	
Hepatology				23	30	28	23	30	28
Maxillo-Facial Surgery		1						1	
Medical Endoscopy	1				2	1	1	2	1
Neurology			1			2			3
Not Stated	1						1		
Ophthalmology	13	11	12				13	11	12
Oral Surgery				6	4	7	6	4	7
Orthodontics			1						1
Paediatric Allergy			2						2
Paediatric Cardiology	2	3	6	28	15	28	30	18	34
Paediatric Clinical Haematolog					1	1		1	1
Paediatric Clinical Immunology	38	6	2		2	1	38	8	3
Paediatric Dentistry	10	15	5				10	15	5
Paediatric Dermatology	3	1		1	3	1	4	4	1
Paediatric Ear Nose and Throat	4	4	3	21	24	27	25	28	30
Paediatric Endocrinology				1	4	2	1	4	2
Paediatric Epilepsy						1			1
Paediatric Gastroenterology	1	3	5	2	6	6	3	9	11
Paediatric Maxillo-Facial Surg	7	9	5				7	9	5
Paediatric Neurology	2		1	1	1	1	3	1	2
Paediatric Plastic Surgery	28	27	29	3	4	5	31	31	34
Paediatric Respiratory Medicin		1		1		3	1	1	3
Paediatric Rheumatology			2	1		2	1		4
Paediatric Surgery	4						4		
Paediatric Trauma and Orthopae		1		5	14	4	5	15	4
Paediatric Urology				2	1		2	1	
Paediatrics	4	2	4	17	34	41	21	36	45
Pain Management	1	2	2				1	2	2
Plastic Surgery	117	146	134	75	101	134	192	247	268
Podiatric Surgery						2			2
Podiatry					1	1		1	1
Respiratory Medicine				2	19	46	2	19	46
Rheumatology				1	15	61	1	15	61
Trauma & Orthopaedics	253	262	256	275	231	227	528	493	483
Trauma and Orthopaedics	9	27	45	4			13	27	45
Urology	34	21	15	6	6	8	40	27	23
Vascular Surgery	28	52	99	29	49	108	57	101	207

Maternity Dashboard - March 2024

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital				Combined Trust Performance			
Domain	Indicator	Jan-24	Feb-24	Mar-24	2023/24	Jan-24	Feb-24	Mar-24	2023/24	Jan-24	Feb-24	Mar-24	2023/24
Workforce	Midwife to birth ratio (Target: 1:26 CW and 1:22 WM)	1:23	1:23	1:24	1:26	1:24	1:24	1:24	1:25	1:23	1:23		1:26
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98		1:98	1:98	1:98		1:98	1:98	1:98		1:98
Birth Indicators	Total number of NHS births	390	385	406	1746	374	390	367	1477	764	739	773	3223
	Total number of bookings	566	567	582	2142	459	461	452	1805	1025	1028	1034	3947
	Maternity 1:1 care in established labour (Target: >95%)			99.00%				98.00%					
Safety	Admissions >37/40 to NICU/SCBU	20	23	27	97	17	10	29		37		56	97
	Number of reported Serious Incidents	1	0	0	7	0	2	2	6	0	0	2	13
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	6	0	0	2	2	0	0	2	8
	Pre-term (gestation <37 weeks) as % of mothers delivered	10.00%	10.05%	6.75%		7.75%	5.20%	7.83%					
	Number of stillbirths	0	1	2	6	4	1	0	6	4	2	2	12
	Number of Infant deaths	1	2	0	7	0	0	0	4	1	2	0	11
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0
Outcomes	% of women on a continuity of care pathway	6.30%	5.30%	3.40%		6.90%	6.10%	5.70%					
	% Spontaneous unassisted vaginal births	26%	26%	23%		25%	29%	25%					
	% Vaginal Births - spontaneous & induced	42.10%	45.00%	37.75%		42%	46%	44%					
	Instrumental deliveries	56	43	67	325	46	49	35	290				
	Pre-labour elective caesarean sections	69	53	60	460	42	46	43	283				
	Emergency caesarean sections in labour	81	85	119	672	119	114	121	608				

Workforce
The current midwifery ratios on each site for the month of March are 1:24 at Chelsea and 1:24 at West Middlesex, the change in ratio on the Chelsea site is due in part to a decrease in birth rate and robust recruitment and retention planning. Quarterly recruitment days are in place, international recruitment, the service have completed successful international recruitment and are awaiting the arrival of 27 internationally educated midwives (IEM's) who are expected between April and August 2024 and additional LMNS funding has been agreed to provide clinical and pastoral support to IEM's. It is expected that the IEMs will complete their preceptorship by next year. The senior team continue to monitor red flag events on a daily basis, there were 2 red flag events recorded on the Chelsea site (delay in providing pain relief n=2 and delay in providing care n=2) and 1 on the West Mid (unable to provide 1:1 care) these have been reviewed. The confidence factor decreased at Chelsea to 69.35% and for West Mid is 88.71%. Staffing is reviewed during the safety huddles 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 an 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'. Data is not yet available for March but will be included in the April Report. 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 March there was no short-term locum shifts undertaken at Chelsea and locum shifts at WM were covered internally. Compensatory rest: there were no reported serious incidents or breaches with consultant compensatory rest. Going forward MIS year 6 has removed the requirement to demonstrate compensatory rest and for locums to demonstrate compliance with the RCOG guidelines on engagement with an action plan. The paediatric workforce at WM are utilising additional locums to provide cover for the service to meet BAPM standards for a level 2. For tier 1 69% and for tier 2 77% of cover was provided to meet level 2 BAPM standards. There is an action plan in place to mitigate risk and ensure staffing is adequate for the activity and acuity as the unit moves toward a level 2 designation.

Safety

WMUH site: x2 confirmed SI's.

P0-admitted at 41+6 weeks for post-dates IOL. Developed sepsis in labour and had a Cat 2 CS for fetal tachycardia. A live male infant was born in poor condition and required resuscitation and intubation. The baby was subsequently transferred to the Chelsea site for therapeutic cooling and was warmed at 72 hours. Treated for sepsis, normal MRI was reported –no evidence of HIE. Case accepted by MNSI.

P0-low risk. Spontaneous labour at 39 weeks, admitted to BC. At full dilatation, entered the birthing pool. Following the birth of the head there was a delay of 4 minutes before the body was born. Baby girl born in poor condition, with Apgars of 2@1, 5@5, and 5@10. Baby was transferred to SCU with ongoing respiratory distress and worsening cord gases. Baby was intubated and ventilated at 1.5hrs of life and met criteria A&B for passive cooling baby transfer to tertiary unit for cooling. Baby made good progress and had a normal MRI. Awaiting MNSI decision

1 further case which has not yet been confirmed.

There were 138 reported incidents in March an increase from February. Main themes arising:

(i) Maternal, fetal and neonatal n=68(Category 1 CS n=13, Maternal Obstetric Haemorrhage >1500mls n=8)
(ii) Access to care/admissions, n=31. An increase in reported delays from Feb. these were largely due to delay in transfer to labour ward for ongoing IOL.
(iii) Verbal abuse/aggression: n=4 increase in reported cases of verbal abuse, these cases mostly occurred at the reception in QMMU.

CWH site: There are 0 reported serious incidents on the CW site in March.

There were 116 reported incidents in March and increase from 107 in Feb. Main themes arising:

(i) Maternal, fetal and neonatal: n=33 Most reported incident delay/failure to access hospital/care (=9), post-partum haemorrhage >1500mls (n=5), maternal return to theatre (n=4)
(ii) Medication (n=7)
(iii) Access to care/admission (n=9) mostly attributed to delays and cancellations in elective and category 3 CS

1. ***PMRT (Cross site):*** There were a total of 2 deaths reported for the month of March x2 stillbirths, (25+6 and 25 weeks).
2. **ATAIN (Cross site):** WM site –ATAIN data is not yet available for WM but will be included in the April Report. CW there were 27 (13 excluded) with 6 admissions considered avoidable, respiratory support remains the most common reason for admission. Both sites remain below the national average for term admissions to the neonatal unit.
3. **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 report, the service reported compliance with over 70% of all interventions and at least 50% of interventions for each element for MIS Year 5) and are on target to be complaint with 95% of all interventions by the end of Q4:
    1. **Element 1: Reducing smoking**: CO monitoring: CO monitoring: consistent compliance of >95% with booking CO monitoring across both sites has been evident since Oct 2023. The service continues to have challenges with data entry for 36 week CO monitoring and an improvement plan is in place to support this. It is anticipated that full compliance will be reached with all interventions within Element 1 following the rollout of phase 2 of the K2 package on the 7th May. The Trust Smokeless service is now established and working harmoniously with maternity, with a significant upward trend in referrals to smoking cessation and subsequent support evident.
    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 considered to be at risk of IUGR. The service is currently undertaking an extensive demand and capacity assessment of USS cross site, with a view to mapping out what additional resource would be required to reach national recommendations. The service intends to move all midwifery AN appointments to 30mins by August 2024, to support the increased risk assessments and information sharing required to support this element.
    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. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites.
    4. **Element 4: Effective fetal monitoring during labour:** 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. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites.
    5. **Element 5: Reducing Pre-term Birth:** Screening for asymptomatic bacteriuria has been re-established on the CW site and compliance with this is improving. Compliance on the WM remains as this was always supported by local guidelines. All elements of perinatal optimisation are currently being met and full compliance with this element is anticipated by Q4 end.
    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		
		Jan-24	Feb-24	Mar-24	Jan-24	Feb-24	Mar-24	Jan-24	Feb-24	Mar-24
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	92%	95%	95%	96%	98%	94%	94%	96%	95%
Training compliance for all staff groups in maternity related to fetal monitoring	90% + requirement	88%	94%	95%	88%	92%	90%	88%	93%	92%
Service User Feedback FFT	feedback Recevied- yes/no (add narrative each month)	yes	yes	yes	yes	yes	yes	Yes	Yes	Yes
Staff Feedback from board safety champion	feedback recevied- 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), MIS Year 5 10 safety actions (compliance from July 2023)	No of actions green	10	10	10	10	10	10	10	10	10
	No of actions amber	0	0	0	0	0	0	0	0	0
	No of actions red	0	0	0	0	0	0	0	0	0
Ockenden compliance against 7 IEA's (49 complaince 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

Perinatal Quality Surveillance Model

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

Multi-professional mandatory training and fetal monitoring training: In March overall multi-disciplinary training compliance is at 95% and 92% for fetal monitoring training and demonstrates compliance with MIS Year 5. Continued industrial action poses a risk for ongoing compliance. Training compliance is closely monitored by the senior leadership team and all staff have a training date booked. Training compliance fluctuates depending on where staff are in their training cycle. The practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12-month period.

Service user feedback: The service receives monthly friends and family test feedback and for March WM saw an increase in a positive response rate from 85.64% to 93.15% with a decreased response rate to 32%. CW had a small decrease in positive rating to 90% from 92%. The negative scores on the WM site remain impacted by feedback related to, staff communication, attitude and behaviour. 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 the intrapartum care group was launched on the West Middlesex site and will become cross-site in March to review data and implement changes to improve patient experience in the intrapartum pathway. The annual CQC survey is now no longer embargoed and the maternity service is reviewing the latest feedback from women that birthed last year in Feb 2023. The patient experience action plan will be updated.

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 Unit at the Chelsea site.

Maternity incentive Scheme year 6: The service submitted compliance with all 10 safety actions for MIS year 5. MIS year 6 was published on 2nd April 2024, the service are currently reviewing the updated Safet Actions. The compliance period will end 30 November 2024 and the submission deadline with be 12:00 midday on 3 March 2025.

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	Jan-24	Feb-24	Mar-24	2023-2024	YTD breaches	Jan-24	Feb-24	Mar-24	2023-2024	YTD breaches	Jan-24	Feb-24	Mar-24	2023-2024 Q4	2023-2024	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumou	Breast	n/a	n/a	n/a	n/a		86.4%	100%	91.7%	85.7%	23	86.4%	100%	91.7%	94.0%	85.7%	23		-
	Colorectal / Lower GI	74.1%	100%	90.0%	79.8%	19	75.0%	46.7%	65.0%	57.1%	50.5	74.5%	70.4%	77.5%	73.1%	67.4%	69.5		!
	Gynaecological	100%	100%	80.0%	80.6%	7	80.0%	78.9%	83.3%	79.3%	9.5	86.7%	81.0%	81.8%	83.3%	79.9%	16.5		!
	Haematological	87.5%	78.6%	100%	91.9%	2.5	95.2%	90.0%	90.5%	94.5%	5	93.1%	85.3%	93.8%	88.9%	93.6%	7.5		-
	Head and neck	0.0%	100%	100%	69.4%	5.5	66.7%	n/a	50.0%	40.9%	10.5	22.2%	85.7%	60.0%	50.0%	58.6%	16		-
	Lung	100%	68.8%	66.7%	73.6%	18.5	76.0%	100%	63.2%	83.3%	14.5	79.3%	82.1%	65.0%	80.7%	78.5%	33		!
	Sarcoma	n/a	n/a	n/a	100%	0	n/a	100%	n/a	87.5%	1	n/a	100%	n/a	100%	88.9%	1		-
	Skin	93.0%	97.5%	100%	94.3%	9.5	88.0%	86.4%	75.0%	88.6%	15	91.2%	93.5%	87.1%	92.3%	92.2%	24.5		-
	Upper gastrointestinal	100%	n/a	100%	100%	0	94.4%	100%	100%	83.3%	7	96.8%	100%	100%	97.4%	88.7%	7		-
	Urological	68.6%	83.3%	75.9%	62.0%	59	69.9%	80.7%	78.7%	79.9%	80.5	69.4%	81.7%	78.0%	75.1%	74.3%	139.5		!
	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	100%	n/a	n/a	93.8%	0.5	n/a	33.3%	n/a	80.0%	1	100%	33.3%	n/a	85.7%	88.5%	1.5		-

Trust Commentary

The Trust saw an improvement in delivery of the 62-day standard with a compliant position reported for the month of February at 85.3% against the 85% standard. The March position is currently unvalidated although an improvement in the current position is expected. The unvalidated position for March 2024 is currently 76.69% impacted by a high volume of breaches in Urology. Diagnostics have been somewhat challenged with reduced capacity following equipment failures in CT and MRI, which has had an adverse impact on this target. Recovery plans to improve diagnostic capacity is in place and monitored at the appropriate forums.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast				14
Gynaecology		1	2	9.5
Haematology	1.5	7	1	10
Head and Neck		3.5	0.5	
Colorectal		6	4	7.5
Lung	2.5	8		6
Other			1	1.5
Skin	0.5	20	1.5	11
Upper GI				4
Urology	3	18	5.5	28.5
Total:	**7.5**	**63.5**	**15.5**	**92**

Safer Staffing

Chelsea and Westminster March 2024

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	107%	91%	99%	97%	7.5	2.9	10.4	12.48		1.30%	12.21%	6.59%		3		1			6	77	87.4%
Annie Zunz	133%	101%	102%	120%	6.7	2.9	9.6	8.99		16.05%	42.28%	13.55%		10					2	11	100.0%
Apollo	98%	-	98%	-	18.3	0	18.3	N/A		2.56%	4.98%	98.36%		1					6	33	100.0%
Mercury	97%	-	101%	-	7.1	0	7.1	10.65		1.27%	13.07%	0.00%		2					3	43	86.7%
Neptune	107%	-	113%	-	8.2	0	8.2	11.95		20.25%	31.87%	0.00%		3					7	43	91.5%
NICU	93%	-	94%	-	13.9	0	13.9	26.81		8.80%	9.21%	14.64%									91.7%
AAU	109%	101%	108%	136%	7	2	9	8.53		8.43%	20.95%	16.89%	6	95		1			7	77	81.0%
Nell Gwynne	100%	59%	122%	77%	4.1	3	7.1	8.02		5.37%	5.31%	31.56%	1	57				2	1	7	100.0%
David Erskine	96%	70%	88%	103%	3.4	2.6	6	6.88		9.45%	22.73%	29.19%									92.3%
Edgar Horne	106%	80%	108%	111%	3.4	2.8	6.2	6.7		-1.75%	0.00%	25.91%		52		2			2	20	92.9%
Lord Wigram	82%	77%	100%	112%	4.2	2.7	6.9	7.89		6.81%	5.17%	20.57%	5	37	1	1			2	23	96.4%
St Mary Abbots	99%	108%	106%	108%	3.9	2.8	6.7	7.84		20.32%	35.48%	34.77%	2	35				2	3	54	100.0%
David Evans	83%	96%	99%	84%	5.5	3.2	8.7	7.84		7.19%	18.67%	0.00%	2	18						28	96.7%
Chelsea Wing	139%	84%	147%	74%	10.2	3.8	14	7.84		17.95%	13.79%	27.09%		5					1	12	
Burns Unit	117%	117%	202%	161%	19.2	3.6	22.8	N/A		7.95%	3.96%	0.00%	4	13		1				9	100.0%
Ron Johnson	106%	158%	112%	189%	5	4.3	9.3	7.74		17.65%	6.36%	12.50%	5	28					6	37	100.0%
ICU	101%	-	103%	-	27.5	0	27.5	26.81		-1.78%	11.75%	7.88%		4					1	41	
Rainsford Mowlem	113%	78%	104%	121%	3.6	3.1	6.7	7.87		-2.15%	11.52%	7.96%	7	51		1		1	11	32	70.0%
Nightingale	100%	99%	129%	108%	3.4	3	6.4	7.09		12.34%	0.00%	8.00%	9	74		2				28	87.5%

West Middlesex March 2024

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	142%	133%	153%	190%	3.8	3.3	7.1	7.09		-11.13%	15.64%	11.04%		17							100%
Richmond	102%	140%	88%	159%	3.1	2.9	6	7.84		12.43%	5.90%	18.13%	4	23		2					100%
Syon 1 cardiology	98%	136%	102%	166%	3.9	2.8	6.7	8.83		2.55%	7.75%	14.77%	5	61		2					100%
Syon 2	107%	80%	100%	94%	3.5	2.7	6.2	6.88		-2.77%	4.82%	5.24%	5	44							89%
Starlight	124%	-	110%	-	8.5	0	8.5	11.95		5.40%	8.57%	66.67%									100%
Kew	100%	152%	100%	143%	3	4	7	8.02		-7.95%	4.76%	11.77%	1	55							94%
Crane	101%	87%	100%	74%	3	3.1	6.1	7.09		-5.58%	9.85%	18.13%		33		1					97%
Osterley 1	88%	90%	98%	188%	3.6	3.8	7.4	7.89		3.53%	19.99%	16.43%	7	53		1		1			100%
Osterley 2	100%	107%	103%	149%	3.8	3.7	7.5	7.84		1.60%	28.97%	16.61%	8	37							100%
MAU	89%	104%	103%	118%	5.4	2.6	8	8.53		1.45%	10.68%	12.19%	10	96		1					98%
Maternity	92%	74%	94%	91%	8	2.2	10.2	12.48		8.24%	8.25%	7.64%		3							93%
Special Care Baby Unit	93%	-	87%	-	8.5	0	8.5	11.95		6.15%	4.43%	0.00%									100%
Marble Hill 1	135%	140%	119%	221%	3.9	3.6	7.5	6.7		-1.81%	8.94%	6.40%	11	109	1	1					92%
Marble Hill 2	119%	136%	136%	243%	3.4	3.8	7.2	6.98		100.00%	4.56%	18.21%	6	48		1					
ICU	103%	-	106%	-	21.3	0.7	22	26.81		5.73%	9.12%	0.00%		2				1			

Staffing & Patient Quality Indicator Report

March 2024

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 1 had increased RN fill rate due to a patient requiring RMN support. Lampton, Marble Hill 1 & Marble Hill 2 had a high staffing fill rate of HCAs due to the annexes being open and requiring additional HCAs to observe confused patients at risk of falls. Additionally, Lampton and Marble Hill 2 required additional RN day and night due to the annexe being open. Kew ward has a high fill rate for HCAs for both days and nights due to bay nursing and 1:1 care for confused patients at risk of falls. Syon 1 increased fill rate for HCAs due to the annex opened for escalation beds. The low HCA day fill rate on Syon 1 are due shifts not being filled by bank .CHPPD was not compromised as manager supported the unit. The reduced HCA fill rate on DRU reflects the adjustment to the patient acuity level on the unit.

Richmond required additional HCAs day and night due to additional escalation beds, high acuity of patients and 1:1 observation of confused patients at risk of falling. Osterley 1 & 2 had a high fill rate of HCA at night due to an increased number of confused medical patients at risk of falls. Maternity has low fill rates for HCAs during the day due to vacancies however; these posts are fully recruited into and are awaiting HR clearance.

Starlight ward had high RN fill rate for days due to staff sickness and an increase number of patient needing 1:1 care.

Chelsea and Westminster site:

Lord Wigram had low HCA fill rate, these vacancies were filled by supernumerary IEN staff awaiting NMC pin numbers. CHPPD was not compromised. There was increased RN and HCA fill rate on Burns due to increased acuity and patients requiring 1:1 care.

The high fill rate on Annie Zunz was due to increased planned admissions with patients admitted via the Surgical Admissions Lounge. The high HCA fill rate on Ron Johnson, days and nights are due to a patient on DOLS requiring an additional two HCAs to maintain safety .Chelsea Wing required additional RN day and night due to a patient requiring 1:1 care.The low fill rate in the night for HCAs are due shifts not being filled by bank , CHPPD is not compromised.

The high HCA fill rate during the night in AAU is due to patient requiring 1:1 care who are at risk of falls. Nell Gwynne had high fill rate for RN during the night due to acuity. Nightingale ward had high fill rate for RN due escalation beds being opened, and required increased RN cover at night. Rainsford Mowlem, Nell Gwynne, David Erskine and Edgar Horne had low HCA fill rate during the day due to sickness and being unable to cover HCA shifts with bank, CHPPD was not compromised as staff were moved between wards and staff on management days assisted.

Incidents:

In terms of incidents with harm, there were three incidents reported this month.

The medication incident on Saint Mary Abbotts ward resulted to no harm to patient and they were subsequently discharged home.

The falls incident at WM occurred on Marble Hill 1 ward, where a patient sustained a hip fracture following an unwitnessed fall. The patient is pending discharge post-surgical repair. The fall incident at CW in Lord Wigram ward resulted in the patient being transferred to Saint Marys Hospital for assessment and stabilisation due to a vertebral fracture. The patient remained as an inpatient following surgery, and has been referred for rehabilitation.

Friends and Family test showed that six wards at CW and seven at WM scored 100%. Rainsford Mowlem's FFT reported concerns with staff providing personal care. Matrons are monitoring incidents and feedback.

Please note all incident figures are correct at time of extraction from DATIX. There were seven red flags raised in March. Three were for CW & four at West Mid, mainly related to staffing shortfalls and agency staffing levels and unplanned omission in providing medication. The vacancy rate and turnover are from March.

Safe Staffing Analysis | Registered Nurse and Care Staff March 2024

RN Fill Rates (ward areas) stayed the same from 103.32% in February 2024 to 103.41% in March 2024. The RN vacancy rate (whole trust) in March 2024 was 5.24%, slightly up from 4.69% in February 2024

Care Staff Fill Rates (ward areas) increased from 107.07% in February 2024 to 108.89% in March 2024. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in March 2024 was 11.69% slightly down from February 2024 – 12.43%

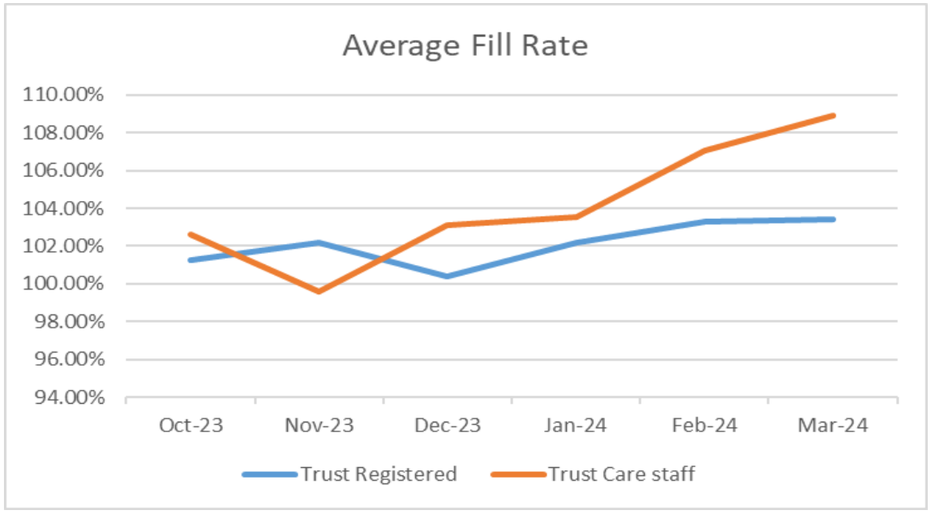
The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 105.19% in February 2024 to 106.15% in March 2024.

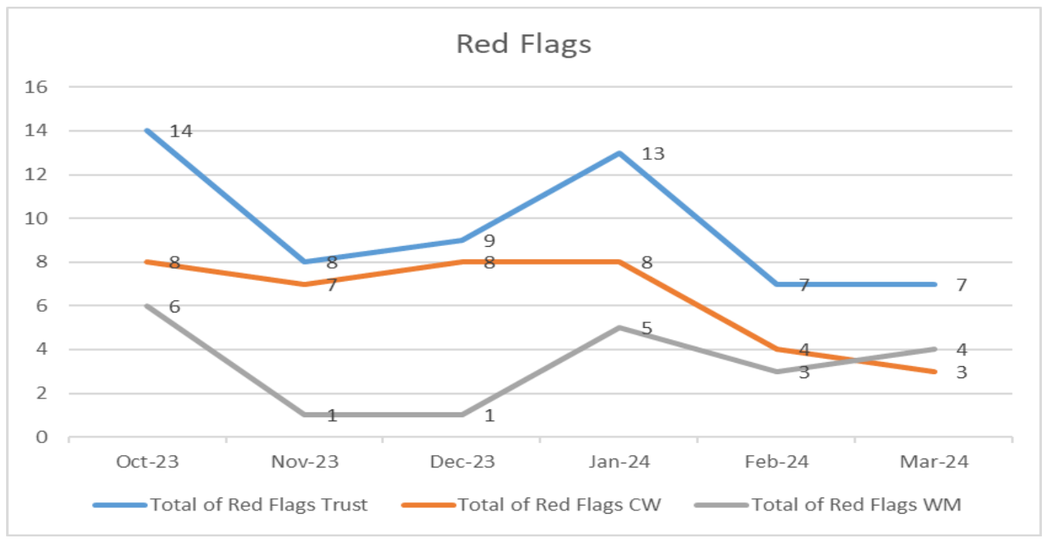
Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (Dec 2023) was 8.7. Trust workforce data confirms the CHPPD was 8.7 in March 2024, slightly up from February 2024 – 8.6

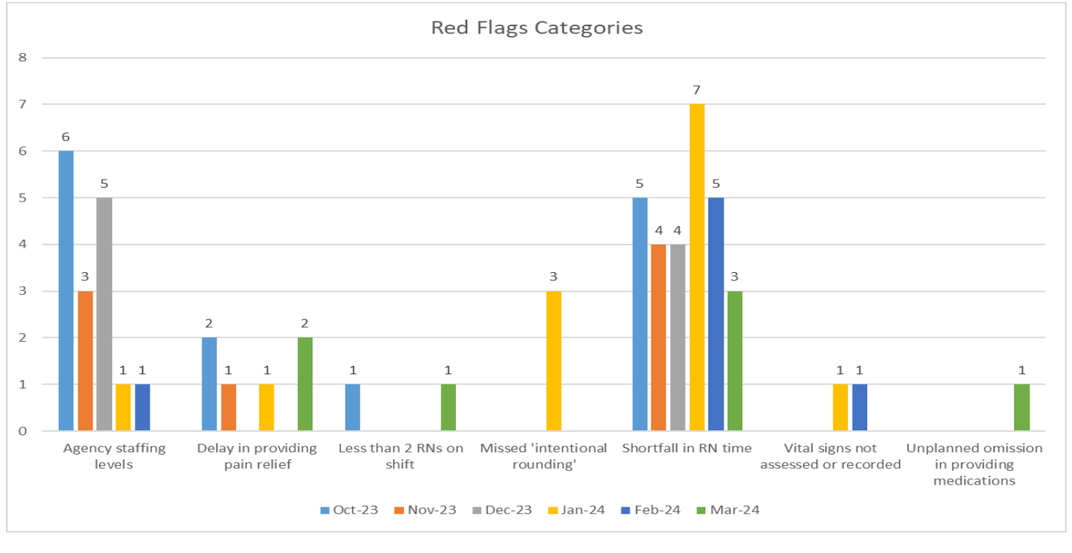
Safe Staffing Red Flags – 7 red flags from the 5 categories (tables below) were reported during March 2024 where majority of them were 'Shortfall in RN time' followed by 'Delay in providing pain relief'.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Dec 2023
Trust	8.7
Hillingdon Hospital	9.4
London NW	7
Imperial	10.6
Peer Median	7.9

Nursing, Midwifery and care staff average fill rate March 2024				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
103.41% ↔	108.89% ↑	6.1 ↑	2.6 ↑	8.7 ↑







Finance M12(March 2024) 2023/2024

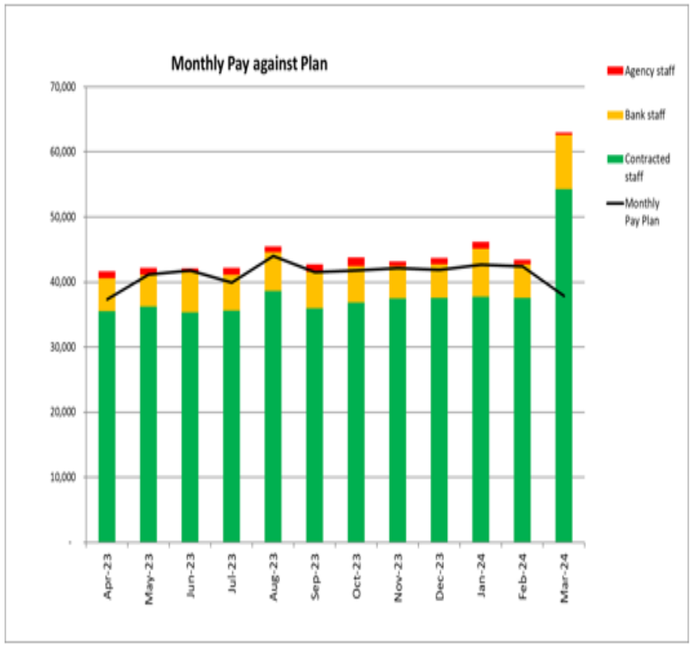
Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	871,248	939,082	67,833
Expenditure			
Pay	(491,762)	(539,522)	(47,760)
Non-Pay	(338,415)	(357,518)	(19,102)
EBITDA	**41,071**	**42,041**	**972**
EBITDA %	4.71%	4.48%	-0.2%
Depreciation	(31,163)	(30,809)	355
Non-Operational Exp-Inc	(10,877)	(3,839)	7,039
Surplus/Deficit	**(970)**	**7,394**	**8,365**
Control total Adj - Donated asset, Impairment & Other	970	(4,713)	(5,684)
Adjusted financial performance surplus/(deficit)	**(0)**	**2,681**	**2,681**

The adjusted financial position at month 12 is a £2.68m surplus which is £2.68m favourable against a breakeven plan.

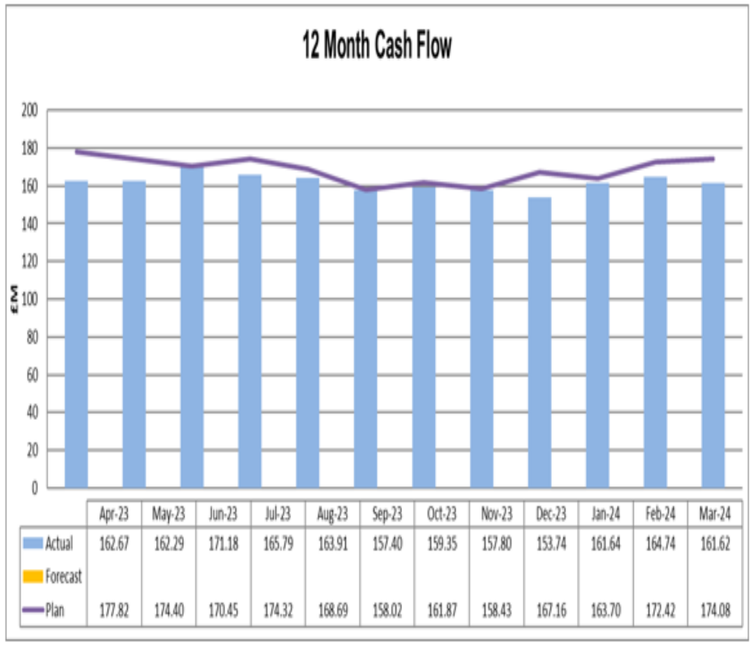
Pay: £47.76m adverse against plan. At month 12 the position includes £18.45m notional pension (offset by equivalent income) and £6.69 m unidentified, red or amber CIPs. The position also includes spend to cover Industrial action, escalation beds, additional clinics, WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave.

Income

M12 Income position was adjusted for year-end deals with NWL and know performance risks, hence the deterioration. ERF performance was based on NHS England calculated forecast but all other variable elements of the API (Aligned Payment and Incentive) contract are based on actuals. Data capture progress remained strong and ERF forecast variance will be adjusted in 24/25 target. Local Authority performance improved in January (data is two months in arrears) and marginal rates calculated based on the latest contract baseline. Over and under performance income net of industrial action has been devolved to services.



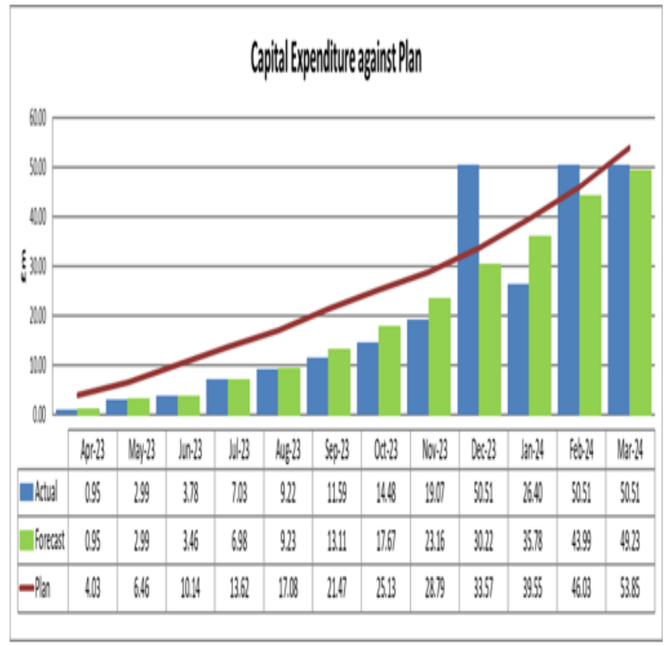
Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution - £18.45m (a notional figure). In August 23 YTD increase for Medical pay awards (from 2.1% to 6) was accrued.



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Actual	162.67	162.29	171.18	165.79	163.91	157.40	159.35	157.80	153.74	161.64	164.74	161.62
Forecast												
Plan	177.82	174.40	170.45	174.32	168.69	158.02	161.87	158.43	167.16	163.70	172.42	174.08

Comment

The Negative cash variance to plan in M12 of -£12.47m is negative cash variance b/fwd from M11 of -£7.69Mm Higher receipts to plan of £16.75m (ICB £7.4m Higher, Local Authority £0.57m Higher , Donations £0.13m Higher, NHS England £0.76m Higher, AR £0.66m Higher, PP Income £0.35m Higher, FT's £1.14m Higher, Interest Income £0.24m Higher, Other Income £0.56mHigher) offset by Higher cash outflows to plan £21.53m (Higher Creditor payments & Higher Payroll)



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Actual	0.95	2.99	3.78	7.03	9.22	11.59	14.48	19.07	50.51	26.40	50.51	50.51
Forecast	0.95	2.99	3.46	6.98	9.23	13.11	17.67	23.16	30.22	35.78	43.99	49.23
Plan	4.03	6.46	10.14	13.62	17.08	21.47	25.13	28.79	33.57	39.55	46.03	53.85

Comment

The original capital programme for 2023/24 was £53.85m, which had been adjusted to £49.23m 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 LNWH.
Following the review of the capital programme, it was agreed to transfer funding of £5m to LNWH, which will be transferred back to the Trust in 2024/25, which will help with next year's anticipated financial pressures in the capital programme.
The final spend for 2023/24 is £50.51m which is £1.28m above budget. It has been agreed that this overspend can be accommodated within the overall position for the NWL Sector.