Trust Performance and Quality Report

June 2025

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

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Chelsea and Westminster Hospital NHS Foundation Trust

Executive Summary

Chelsea and Westminster Hospital NHS Foundation Trust

Patient Safety and Experience
There was one sever harm incident reported in month which relates to a patient fall. This incident and harm level is being reviewed in line with PSIRF and internal governance systems and will be discussed at the fall's prevention group.

4 cases of C.Diff have been reported in month, with a Trust total of 13 against a threshold of 33. All cases are being reviewed and monitored through Infection Control committee.

Friends and Family response rates and recommendation rates remain above target for inpatient areas and 94.6% patients report being treated with dignity and respect. ED experience score is below Trust target but is in line with the London position. Improvement work being discussed with the ED team, focussing on waiting times and communication.

100% of medically optimised patients with a fractured NOF were taken to theatre within 36 hours at West Middlesex, and 87.5% at Chelsea. The planned care division have an improvement plan in place which is monitored through executive management board.

Patient Access and Operating Plan
The Trust saw an improvement in our A&E 4-hour performance, achieving 80.41% against the 78% standard. Also, the NHS England Cancer 28-Day Faster Diagnostics Standards and 31-Day standards were met, with the 62-Day reporting non-compliance for May 2025 (validated).

Operating plans for elective activity has been met year-to-date, with outpatient activity below plans. This has been broadly due to anticipated reduction in activity following the Elective Recovery Fund (ERF) cap.

Elective Referral to Treatment (RTT) 18-week wait performance achieved the target in June 2025 at 60.38%. The reduced activity impacted the RTT PTL and backlogs with 52ww at 1038 and 65ww at 11. There continues to be no patients waiting over 78 ww in the Trust.

Performance against the DMO1 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was also challenged by the activity reduction achieving 81.64%.

Workforce
Following the implementation of a PDR window, the Trust in on track to achieve compliance by September with the current performance for agenda for change staff at 47.7%. The medical PDR compliance is non-compliant at 86.5% and monitored through divisional performance reviews.

Vacancy and turnover rates at Trust level are below thresholds, at 4.6% vacancy and 8.9% turnover

Finance
The adjusted financial position at Month 3 is a £3.03m deficit which is £2.05m against plan.

Performance Summary

Trust level

NHS
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Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Safety and Experience			
Incidents per 1000 FCE bed days	TBC	55.76	
Patient safety incident investigations	n/a	1	
Never Events	0	0	
Dementia screening %	90%	92.07%	
ED sepsis screening %	90%	86.59%	!
Inpatient sepsis screening %	90%	87.72%	!
C. Difficile cases	n/a	4	
E. coli cases	n/a	4	
Formal complaints received	n/a	60	
Inpatient FFT % good experience	90%	96.72%	
A&E FFT % good experience	90%	79.45%	!
Outpatient FFT % good experience	90%	90.57%	
Maternity FFT % good experience	90%	86.06%	
Mortality			
Summary Hospital-level Mortality Index	<100	72.92	
Hospital Standardised Mortality Ratio	<100	76.87	

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	78%	80.41%	
LAS handovers 30 mins	n/a	95	
18 week RTT incompletes	60%	60.38%	!
Diagnostic waiting times < 6 weeks	95%	81.64%	!
28 day Faster Diagnosis Standard	77%	80.95%	
31 day diagnosis to first or subsequent treatment	96%	97.86%	
62 day GP referral to first treatment combined	85%	71.16%	!
Operating Plan and Capacity			
Theatre utilisation (uncapped)	85%	84.78%	
PIFU rate	5%	8.43%	
Workforce			
Medical PDR compliance	90%	86.5%	
Non-medical PDR compliance	45%	47.7%	
Core skills compliance	90%	92.5%	

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

Patient Safety and Experience

NHS
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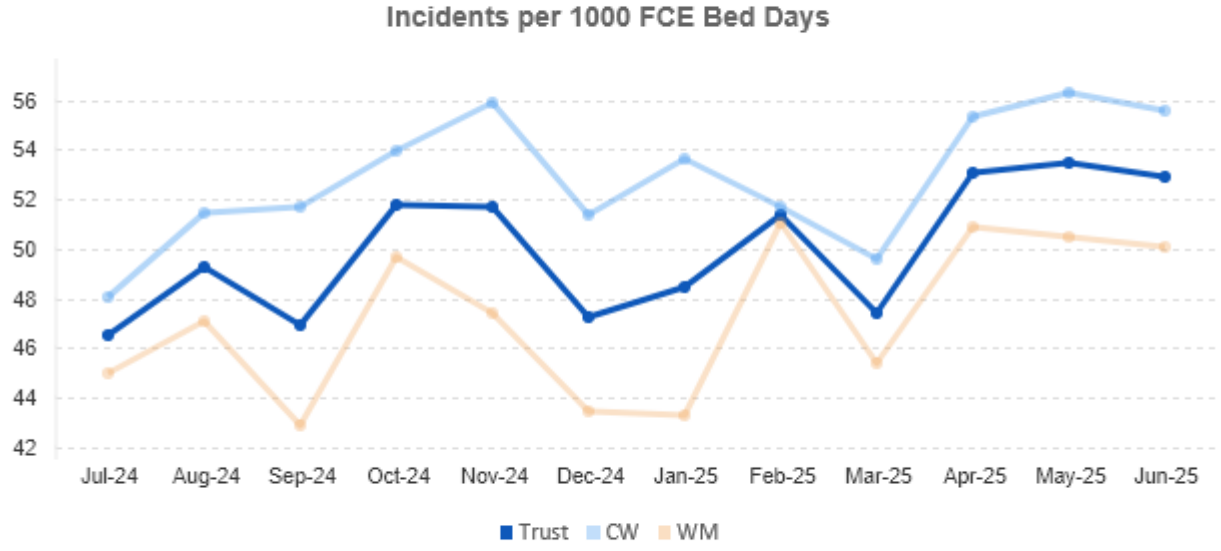
NHS Foundation Trust

Patient Safety Incidents

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Performance: Incident reporting is a recognised indicator of an organisation's safety culture. Higher reporting rates typically reflect a positive culture where staff feel empowered to speak up. While reporting rates have shown variability, there is a clear upward trend. However, we remain slightly below the national benchmark—both for the current month and on a 12-month rolling basis—where the national average is >54.9.

In June 2025, a total of 1,475 patient-related incidents were reported. The 12-month rolling total stands at 16,814. The trust continues to proactively identify areas for improvement in response to recurring themes and trends.

Recovery Plan: The Trust is committed to increasing incident reporting by fostering a culture of openness and psychological safety. Key initiatives include:
•Delivery of national and local training programmes aligned with PSIRF
•Enhanced identification and dissemination of learning from incidents
•Promotion of incident reporting through local team meetings, safety huddles, and Quality & Safety Committees

Improvements: The implementation of a new incident management system, expected in 2026, will support the standardisation of processes and improve usability. Staff have consistently reported that the current system presents barriers to reporting, and this upgrade aims to address those concerns.

In-Month Performance

	Incidents per 1000 FCE Bed Days	Incidents Resulting in Severe Harm or Death	Incidents Resulting in Death	Incidents Resulting in Death per 1000 FCE Bed Days
CW	55.57	0	0	0.00
WM	50.06	0	0	0.00
Trust	**52.92**	**0**	**0**	**0.00**

Year-to-Date Performance

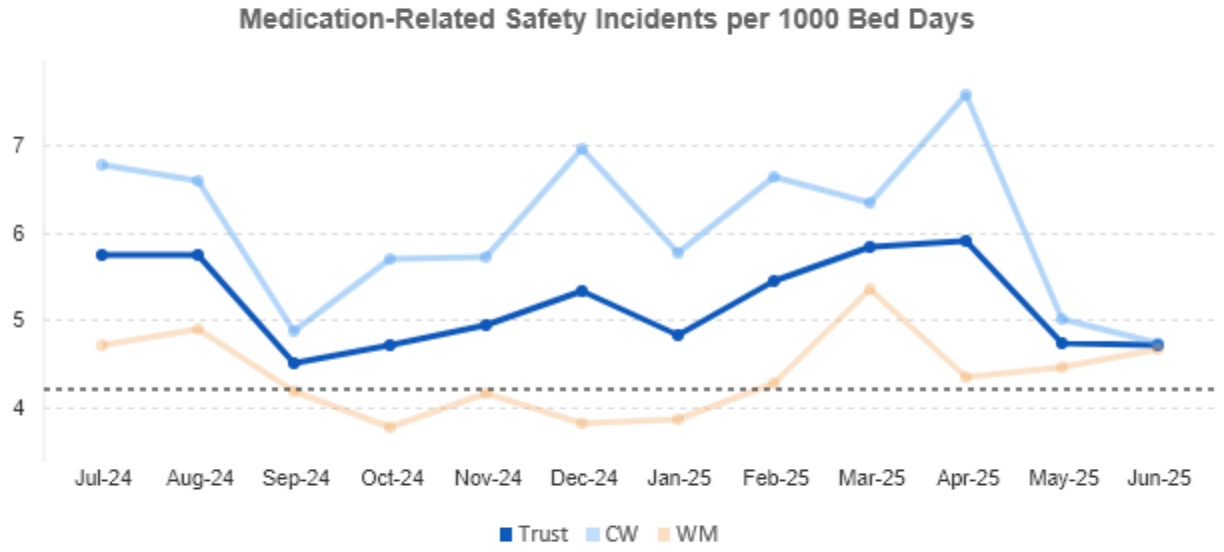
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Incidents per 1000 FCE Bed Days (Target:)	CW	51.7	49.6	55.4	56.3	55.6	55.8
	WM	51.0	45.4	50.9	50.5	50.1	50.5
	Trust	**51.4**	**47.4**	**53.0**	**53.4**	**52.9**	**53.1**
Incidents Resulting in Severe Harm or Death (Target:)	CW	1	0	0	1	0	1
	WM	0	0	1	0	0	1
	Trust	**1**	**0**	**1**	**1**	**0**	**2**
Incidents Resulting in Death (Target:)	CW	1	0	0	1	0	1
	WM	0	0	0	0	0	0
	Trust	**1**	**0**	**0**	**1**	**0**	**1**
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.07	0.00	0.00	0.07	0.00	0.02
	WM	0.00	0.00	0.00	0.00	0.00	0.00
	Trust	**0.04**	**0.00**	**0.00**	**0.04**	**0.00**	**0.01**

Medication Safety Incidents

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



In-Month Performance

	Medication Related Safety Incidents per 1000 Bed Days	Medication Related Safety Incidents With Moderate or Above Harm
CW	4.75	0.0%
WM	4.67	1.6%
Trust	**4.71**	**0.8%**

Year-to-Date Performance

	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Medication Related Safety Incidents per 1000 Bed Days (Target: >=4.2)	CW	6.63	6.33	7.58	5.01	4.75	5.74
	WM	4.28	5.35	4.34	4.46	4.67	4.49
	Trust	**5.44**	**5.83**	**5.90**	**4.74**	**4.71**	**5.11**
Medication Related Safety Incidents % Moderate or Above Harm (Target: <1%)	CW	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%
	WM	0.0%	0.0%	0.0%	0.0%	1.6%	0.5%
	Trust	**0.7%**	**0.0%**	**0.0%**	**0.0%**	**0.8%**	**0.2%**

Narrative

Targets achieved across all areas.

Medication Safety Group review reported medication-related incidents with harm, highlight shared learning, ensure appropriate actions and disseminate key messages

Monthly Medication Safety Bulletins are disseminated Trust wide on medication safety focal areas, and include shared learning from incidents and actions to prevent recurrence

Medication safety and the reduction of incidents with moderate harm is a quality priority for 2025/26

Incidents Reported on STEIS (Sis/PSIIs)

Safe

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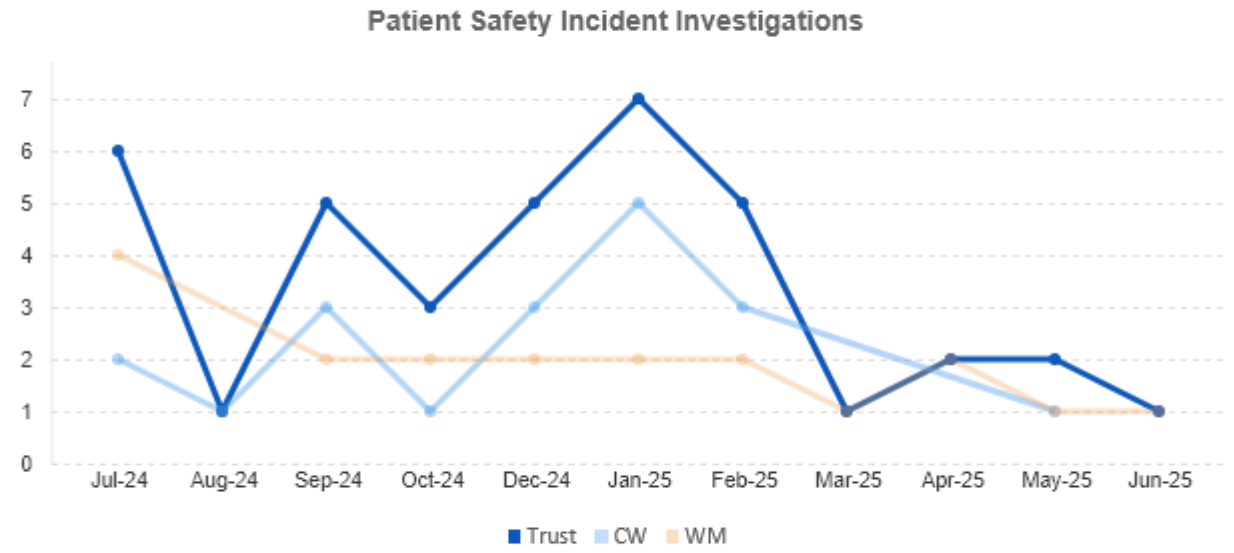
Trend



Narrative

Performance: The trend shows a reduction in the number incidents reported externally on StEIS. This is expected with PSIRF encouraging proportionate responses focused on learning opportunities.
Within the 12-month rolling period, the PSII indication was as follows: 58% (22) locally defined incidents requiring local PSII, 37% (14) Nationally defined priority – MNSI and 5% (2) Nationally defined incident – Never events.

The PSII reported in June, is an MNSI case relating to placental abruption. There were no never events reported in June 2025.

Improvements: Themes are regularly reviewed and used to identify local quality and safety priorities and inform our Patient Safety Incident Response Plans (PSIRPs), which are currently being updated for 2025/26.

Work streams continue for priority areas including care of the deteriorating patient and implementation of the new national safety standards for invasive procedures (which supports never event improvement).

Forecast Risks: The trust is seeing delays in the completion of learning responses which is partly being caused by the learning curve and culture change that PSIRF requires. Local actions are underway with a focus on training and support for staff.

In-Month Performance

	Patient Safety Incident Investigations	Never Events	Learning Resp. Declared (AAR)	Learning Responses Declared (Thematic Review)	Learning Responses Declared (MDT)
CW	0	0	2	0	1
WM	1	0	2	0	0
Trust	**1**	**0**	**4**	**0**	**1**

Year-to-Date Performance

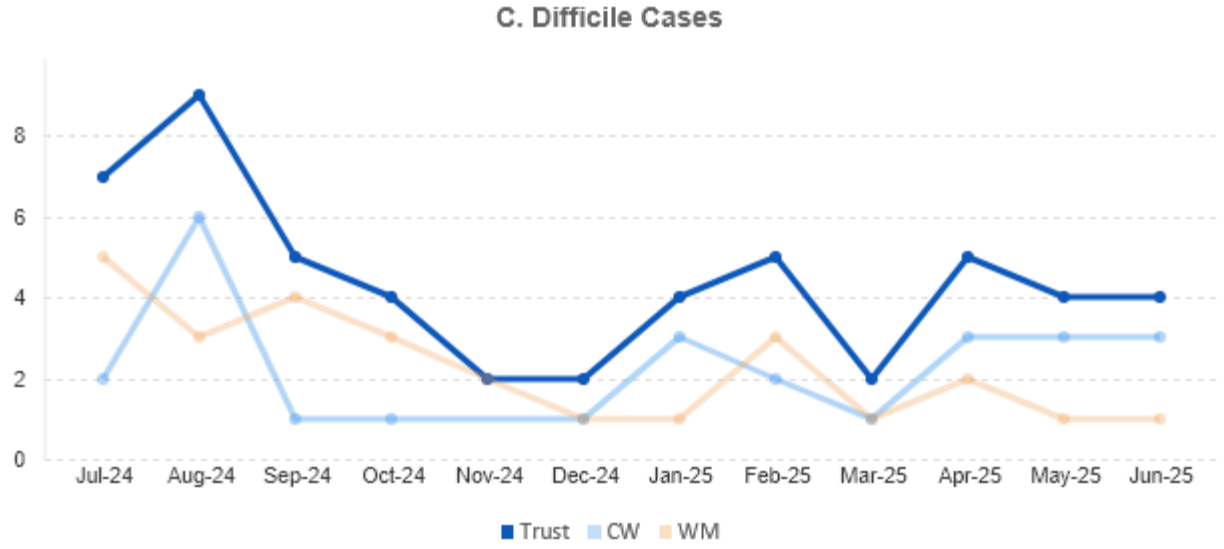
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Patient Safety Incident Investigations	CW	3	0	0	1	0	1
	WM	2	1	2	1	1	4
	Trust	**5**	**1**	**2**	**2**	**1**	**5**
Never Events (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**0**	**0**	**0**
Learning Responses Declared (AAR)	CW	2	2	4	2	2	8
	WM	3	2	0	2	2	4
	Trust	**5**	**4**	**4**	**4**	**4**	**12**
Learning Responses Declared (Thematic Review)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**0**	**0**	**0**
Learning Responses Declared (MDT)	CW	0	0	0	1	1	2
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**1**	**1**	**2**

Infection Prevention and Control

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

C.difficile (CDI)

Performance: There were 4 cases of CDI against an annual threshold of 33 and CWFT continues to review how to ensure that thresholds are not breached over the coming year.

Recovery Plan: Every case is reviewed to determine if there have been any lapses in care or opportunities for improvement, this includes an MDT PSIRF review with the Infection Control team (IPC), AMS, Clinical, nursing and Infectious Diseases and Microbiology team. Improvement work is underway using learning from case reviews and each case generates an action plan for divisional oversight. An audit reviewing the appropriateness of sample collection against the digital C.diff checklist was conducted and the IPC team have planned teaching to improve understanding and clarity on the actions to take when a case is suspected or identified, including use of the checklist ahead of a re-audit. APC work is underway to improve and redesign documentation on Cerner.

Improvements: Trend analysis from all PSIRF meetings is completed in real time and presented at the Infection Control meeting with learning, including: stool samples collected not clinically indicated, stool charts poorly completed leading to delay in identifying patients and stools sent whilst on laxatives inappropriately. There is ongoing work focussing on timeliness and appropriateness of sampling, isolating patients and strengthening guidance and policies. In addition there is further work to be done around stool charts and early recognition of cases.

Forecast Risks: Given a very low threshold compared to peer organisations, CWFT may breach.

MRSA 0 recorded ytd.

In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	3	0
WM	1	0
Trust	**4**	**0**

Year-to-Date Performance

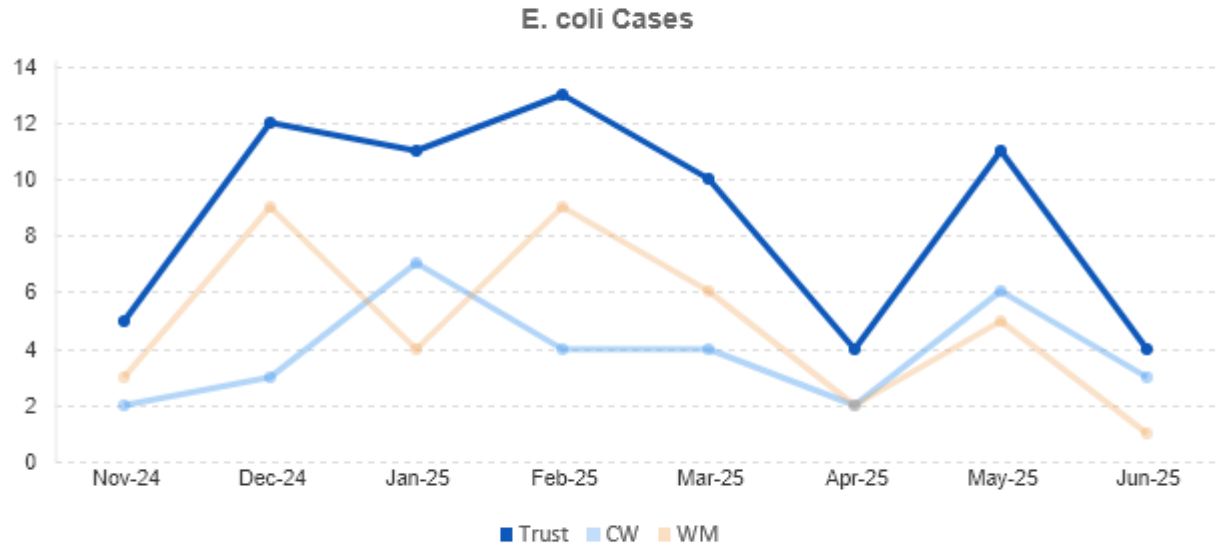
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
C. Difficile Cases (Target: <33)	CW	2	1	3	3	3	9
	WM	3	1	2	1	1	4
	Trust	**5**	**2**	**5**	**4**	**4**	**13**
MRSA Bacteraemia (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**0**	**0**	**0**

Healthcare Associated E.Coli Infections

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

E.coli

Performance: There were 4 Trust apportioned *E.coli* cases for June 2024. Three at the CW site and one at WM. All cases are reviewed in a cross-site blood stream infection MDT with the IPC, Infectious Diseases and Microbiology team and infection pharmacists to understand the likely cause and inform further investigation and management. Cases are classified through a CWFT derived definition as 1. Non-modifiable. 2. Modifiable: non-preventable – link between healthcare interaction and bacteraemia but care was optimal. E.g. Catheter source but catheter care was optimised and documentation complete. 3. Modifiable: preventable – link between healthcare interaction and bacteraemia with sub-optimal care that likely contributed to the development of the bacteraemia. 2/4 *E.coli* cases were modifiable, non-preventable, related to intravascular devices and 2/4 non-modifiable (x1 GI and x1 Lower urinary tract infection).

There have been 19 cases to date against the set threshold of 99, published for 2025/26.

Recovery Plan: CWFT is focused on reduction of *E.coli* Blood stream infections (BSI). We review Gram negative infections, a regular ICS-led Gram-negative blood stream infection meeting is in place to drive improvement as a significant proportion are attributed to community acquisition. Reduction requires a whole health economy approach, analysing trends and local risk factors. Line and device care is being optimised through regular audit and education with oversight through the infection control committee.

Improvements: Impact of actions taken through the CWFT reduction plan are monitored monthly at the Gram negative infection meeting and IPCG and trends reviewed and shared on a quarterly basis at the IPCG

Forecast Risks: N/A

In-Month Performance

	E. Coli Cases	Hand Hygiene Compliance
CW	3	95.8%
WM	1	97.5%
Trust	**4**	**96.5%**

Year-to-Date Performance

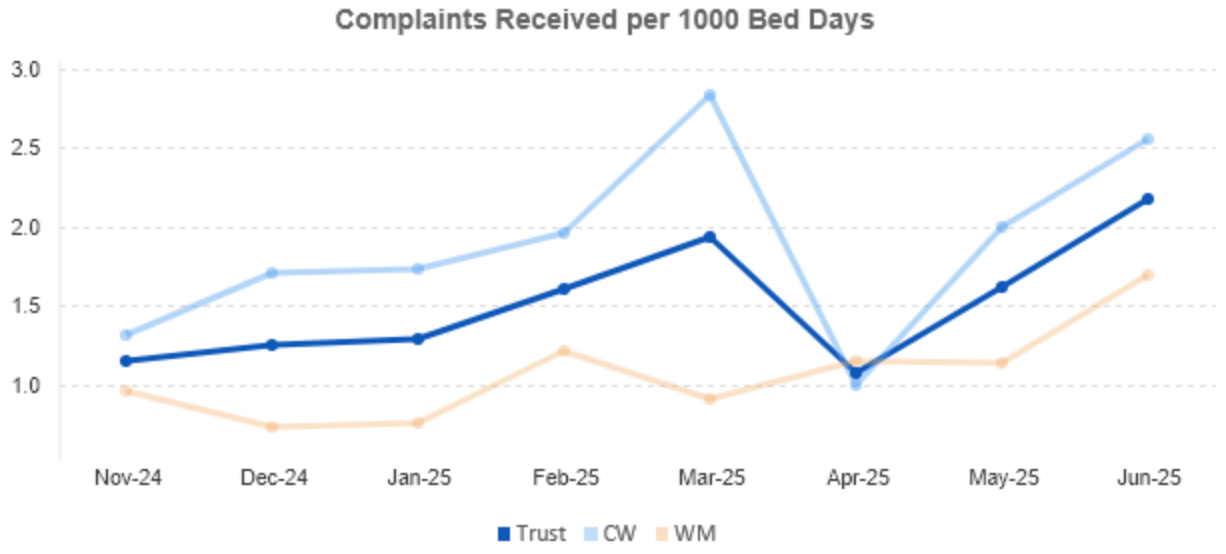
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
E. coli Cases	CW	4	4	2	6	3	11
	WM	9	6	2	5	1	8
	Trust	**13**	**10**	**4**	**11**	**4**	**19**
Hand Hygiene Compliance (Target: >95%)	CW	96.3%	92.5%	96.1%	94.6%	95.8%	95.5%
	WM	97.9%	97.1%	95.8%	98.7%	97.5%	97.4%
	Trust	**97.0%**	**94.6%**	**95.9%**	**96.6%**	**96.5%**	**96.3%**

Formal Complaints

Responsive

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

•Complaints received increased in the month of June to a rate of 2.2 per 1000 bed days which was an increase from last month of 1.6. This increase was seen predominantly at the Chelsea site although there was an increase at West Middlesex. The Specialist Care Division had the highest increase in reported complaints.
•The increase in complaints adversely impacted response time performance which for the trust overall was 75%. While this is an improvement from the previous month there is a significant amount of work to do across both sites to meet compliance.
•Vacancies within the complaints team impacted performance in month. These posts have now been recruited to.
•Divisional complaint meetings have been refocussed on the compliance KPI

Learning from complaints:
•CW Maternity – patient reported issues with medication for her baby. QI Project in place to focus on the administration and documentation of Vitamin K, ensuring families receive consistent information.
•WM UTC – missed fracture (paediatrics). Information has been displayed re protocol for clinical management in UTC, audit of cases of specific clinician undertaken.

In-Month Performance

	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	2.6	68.2%	0	0
WM	1.7	85.7%	0	1
Trust	**2.2**	**75.0%**	**0**	**1**

Year-to-Date Performance

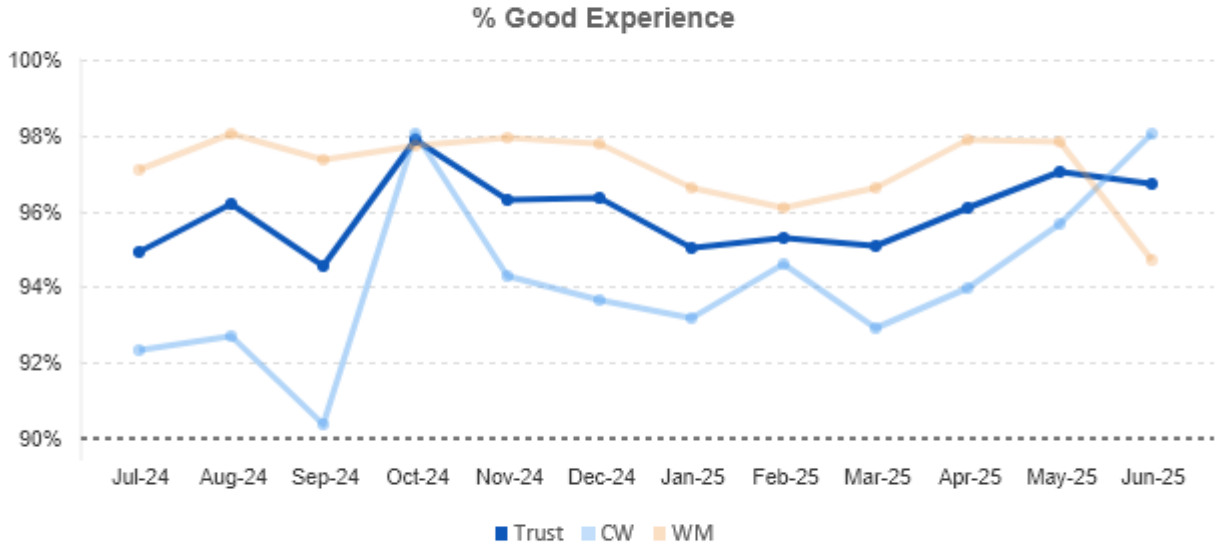
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Complaints Received per 1000 Bed Days	CW	2.0	2.8	1.0	2.0	2.6	1.9
	WM	1.2	0.9	1.2	1.1	1.7	1.3
	Trust	**1.6**	**1.9**	**1.1**	**1.6**	**2.2**	**1.6**
Complaints Responded to <25 Working Days (Target: >90%)	CW	73.9%	77.8%	87.1%	77.8%	68.2%	78.8%
	WM	75.0%	76.9%	81.8%	60.0%	85.7%	77.1%
	Trust	**74.3%**	**77.5%**	**85.7%**	**73.0%**	**75.0%**	**78.3%**
Complaints Responded to <45 Working Days (Target: >90%)	CW				85.2%	Reports a month in arrears	85.2%
	WM				90.0%		90.0%
	Trust				**86.5%**		**86.5%**
Complaints Upheld by PHSO	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**0**	**0**	**0**
Complaints Open > 90 Days	CW	0	0	0	0	0	0
	WM	0	0	0	0	1	1
	Trust	**0**	**0**	**0**	**0**	**1**	**1**

Inpatient Friends & Family Test

Caring

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	203	24.4%	98.0%	92.0%
WM	132	75.0%	94.7%	96.0%
Trust	**335**	**33.2%**	**96.7%**	**94.6%**

Year-to-Date Performance

	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Responses	CW	461	437	430	346	203	979
	WM	408	593	516	594	132	1,242
	Trust	**869**	**1,030**	**946**	**940**	**335**	**2,221**
Response Rate (Target: >10%)	CW	29.8%	25.3%	26.5%	20.4%	24.4%	23.6%
	WM	34.3%	41.8%	37.1%	36.8%	75.0%	39.0%
	Trust	**31.8%**	**32.8%**	**31.4%**	**28.4%**	**33.2%**	**30.3%**
% Good Experience (Target: >90%)	CW	94.6%	92.9%	94.0%	95.7%	98.0%	95.4%
	WM	96.1%	96.6%	97.9%	97.8%	94.7%	97.5%
	Trust	**95.3%**	**95.0%**	**96.1%**	**97.0%**	**96.7%**	**96.6%**
Treated With % Dignity and Respect (Target: >90%)	CW	91.1%	91.4%	93.0%	95.8%	92.0%	93.5%
	WM	94.8%	94.8%	95.9%	95.2%	96.0%	95.7%
	Trust	**93.1%**	**93.5%**	**94.7%**	**95.4%**	**94.6%**	**94.9%**

Narrative

Strong Satisfaction Performance: Despite a slight dip in WM's satisfaction rate, both hospital sites continue to surpass the 90% target threshold for overall patient satisfaction.

Patient Involvement & Communication: The way patients are communicated with and involved in their care remains an area of inconsistency. This continues to be a key theme raised through feedback channels, and improvement initiatives are actively being identified and developed by departments. This aligns with findings from the latest national inpatient survey.

Sleep & Rest Environment: Sleep disruption has emerged as a notable concern across wards. Over the next few months patient experience team in collaboration with divisional leadership will be exploring innovative approaches to enhance restfulness and promote better recovery environments for inpatients.

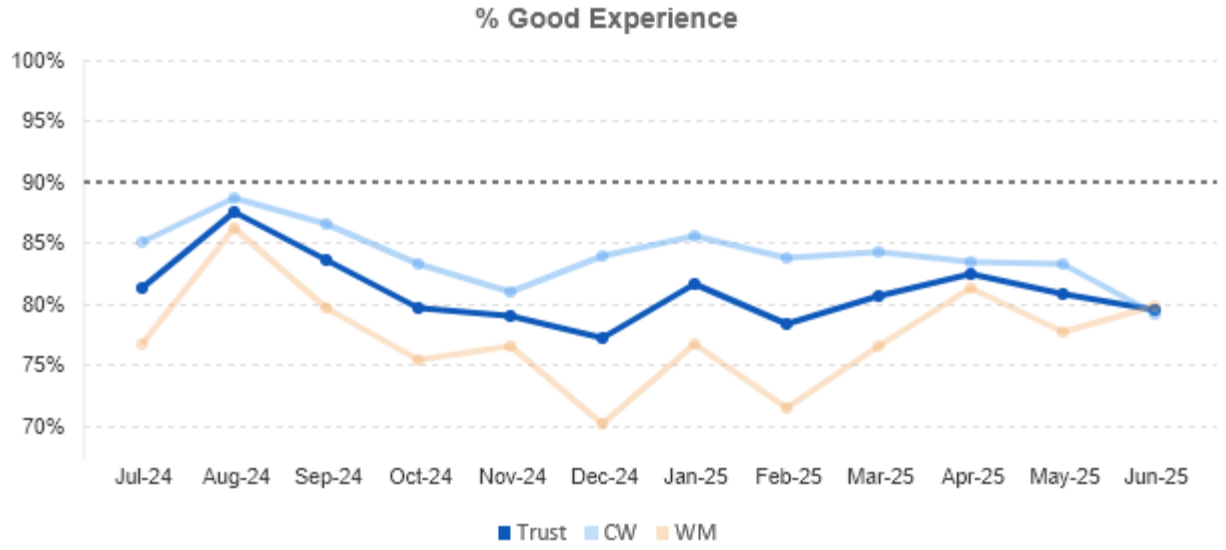
Nutrition, Hydration & Dignified Care: Encouragingly, patients consistently report feeling well-supported in terms of nutrition and hydration. Furthermore, dignified and respectful care remains a strong feature of the Trust's patient experience.

Emergency Department Friends & Family Test

Caring

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

• CW scores dropped in June, but this fits a broader downward trend over the last six months suggesting the need for greater focus on improvement initiatives.

• West Middlesex shows a clear improvement, likely due to targeted efforts around wait times, communication and service flow.

• A&E scores are stronger than UTC across most survey themes including waiting, communication, and respect.

• Response rates match the national average but have declined due to a survey method change, offering deeper insight.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	950	15.8%	79.2%	86.0%
WM	768	13.2%	79.8%	84.0%
Trust	**1,718**	**14.5%**	**79.5%**	**85.1%**

Year-to-Date Performance

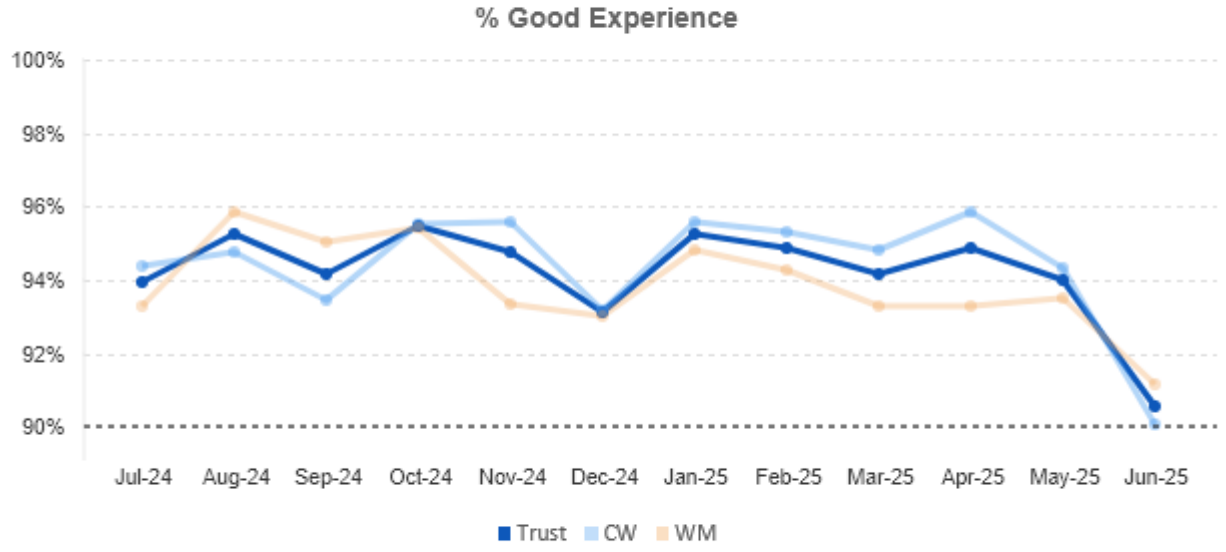
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Responses	CW	920	880	1,022	995	950	2,967
	WM	741	761	788	823	768	2,379
	Trust	**1,661**	**1,641**	**1,810**	**1,818**	**1,718**	**5,346**
Response Rate (Target: >10%)	CW	10.2%	8.9%	10.2%	9.6%	15.8%	11.2%
	WM	8.0%	7.7%	8.0%	7.8%	13.2%	9.1%
	Trust	**9.1%**	**8.3%**	**9.1%**	**8.7%**	**14.5%**	**10.2%**
% Good Experience (Target: >90%)	CW	83.8%	84.2%	83.4%	83.3%	79.2%	82.0%
	WM	71.5%	76.5%	81.3%	77.8%	79.8%	79.6%
	Trust	**78.3%**	**80.6%**	**82.5%**	**80.8%**	**79.5%**	**80.9%**
% Treated With Dignity and Respect (Target: >90%)	CW	84.2%	82.3%	84.9%	82.9%	86.0%	84.6%
	WM	69.7%	74.0%	79.6%	76.7%	84.0%	79.9%
	Trust	**77.7%**	**78.5%**	**82.5%**	**80.1%**	**85.1%**	**82.5%**

Outpatient Friends & Family Test

Caring

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Response Totals and Provider Change: June saw a significant rise in outpatient response totals. This improvement is linked to a change in FFT provider and increased output. Enhancing response levels was a focus for 25/26 to match APC performance across outpatient areas.

Satisfaction Scores: Overall satisfaction across both sites has declined. Despite the drop, scores remain above the 90% target threshold.

Key Themes in Patient Experience
Positives include:
• Respect and dignity
• Empathetic and kind communication

Areas needing attention:
• Inconsistencies in information provision
• Patient involvement in treatment and care decisions
• Waiting times
These issues are being flagged and addressed at a local level.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,602	19.8%	90.1%	95.0%
WM	1,399	25.8%	91.1%	96.0%
Trust	**3,001**	**22.2%**	**90.6%**	**95.5%**

Year-to-Date Performance

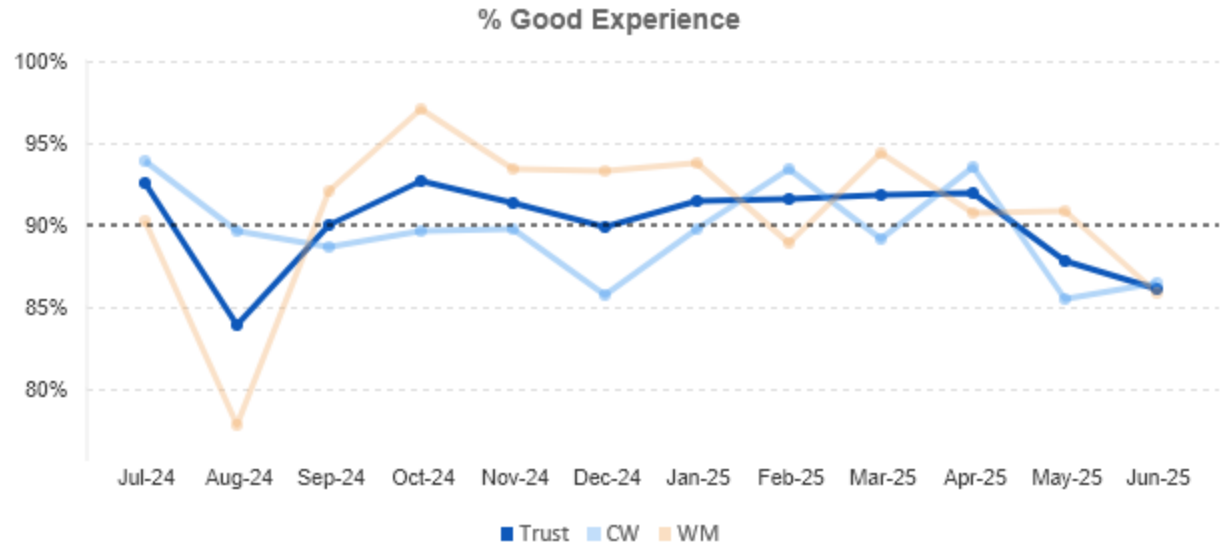
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Responses	CW	1,131	910	914	913	1,602	3,429
	WM	804	684	583	649	1,399	2,631
	Trust	**1,935**	**1,594**	**1,497**	**1,562**	**3,001**	**6,060**
Response Rate (Target: >10%)	CW	7.2%	5.4%	6.1%	5.4%	19.8%	8.6%
	WM	5.8%	4.5%	5.0%	4.9%	25.8%	8.7%
	Trust	**6.6%**	**5.0%**	**5.6%**	**5.2%**	**22.2%**	**8.6%**
% Good Experience (Target: >90%)	CW	95.3%	94.8%	95.8%	94.3%	90.1%	92.7%
	WM	94.3%	93.3%	93.3%	93.5%	91.1%	92.2%
	Trust	**94.9%**	**94.2%**	**94.9%**	**94.0%**	**90.6%**	**92.5%**
% Treated With Dignity and Respect (Target: >90%)	CW	95.1%	94.6%	95.4%	94.4%	95.0%	95.0%
	WM	95.4%	93.8%	95.5%	97.1%	96.0%	96.1%
	Trust	**95.2%**	**94.3%**	**95.4%**	**96.2%**	**95.5%**	**95.5%**

Maternity Friends & Family Test

Caring

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

Response Rates and Issues: Response rates for maternity services significantly dropped in June. Contributing factors included:
• Ward areas failing to input paper forms.
• Problems with survey posters.
These issues have been addressed locally and improvements in July response rates are expected.

Decline in Satisfaction Scores: June satisfaction rates fell further at West Middlesex (WM). Both CW and WM sites are currently below the 90% satisfaction target.

Themes for Improvement: Persistent concerns around information, involvement, and women feeling their concerns are taken seriously. CW's Maternity Assessment Suite continues to perform poorly. Additional negative feedback seen in June for Ann Stewart (CW) and the Antenatal ward (WM) across all domains.

Positive Areas
Women receiving care in the Birth Centre and Labour Ward continue to report strong positive experiences.

Emerging Demographic Insights
Women aged over 35 and those from Asian backgrounds report worsening experiences in June. More data is needed to confirm whether this pattern represents a developing trend.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	59	18.2%	86.4%	91.0%
WM	106	10.0%	85.8%	88.0%
Trust	**165**	**11.9%**	**86.1%**	**89.1%**

Year-to-Date Performance

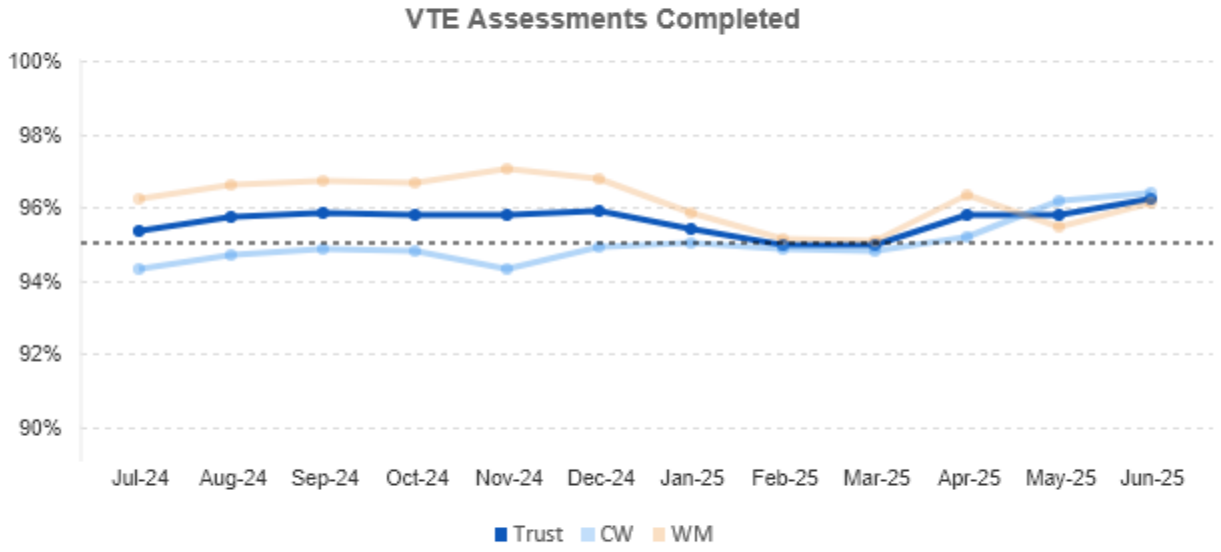
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Responses	CW	91	101	92	110	59	261
	WM	63	107	118	87	106	311
	Trust	**154**	**208**	**210**	**197**	**165**	**572**
Response Rate (Target: >10%)	CW	19.8%	19.2%	16.8%	20.2%	18.2%	18.4%
	WM	14.1%	23.9%	28.2%	19.7%	10.0%	16.2%
	Trust	**17.0%**	**21.4%**	**21.7%**	**20.0%**	**11.9%**	**17.1%**
% Good Experience (Target: >90%)	CW	93.4%	89.1%	93.5%	85.5%	86.4%	88.5%
	WM	88.9%	94.4%	90.7%	90.8%	85.8%	89.1%
	Trust	**91.6%**	**91.8%**	**91.9%**	**87.8%**	**86.1%**	**88.8%**
% Treated With Dignity and Respect (Target: >90%)	CW	89.0%	89.4%	89.8%	99.0%	91.0%	93.1%
	WM	90.4%	90.0%	86.9%	84.2%	88.0%	86.5%
	Trust	**89.6%**	**89.7%**	**88.4%**	**91.9%**	**89.1%**	**89.6%**

VTE Risk Assessments Completed

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



In-Month Performance

	VTE Assessments Completed	Hospital Aquired VTE Cases	Hospital Aquired VTE per 1000 FCE Bed Days
CW	96.4%	0	0.0
WM	96.1%	5	0.4
Trust	**96.2%**	**5**	**0.2**

Year-to-Date Performance

	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
VTE Assessments Completed (Target: >=95%)	CW	94.8%	94.8%	95.2%	96.2%	96.4%	95.9%
	WM	95.1%	95.1%	96.3%	95.5%	96.1%	96.0%
	Trust	**95.0%**	**95.0%**	**95.8%**	**95.8%**	**96.2%**	**96.0%**
Hospital Aquired VTE Cases	CW	0	0	0	1	0	1
	WM	3	9	6	6	5	17
	Trust	**3**	**9**	**6**	**7**	**5**	**18**
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.0	0.0	0.0	0.1	0.0	0.0
	WM	0.2	0.6	0.4	0.4	0.4	0.4
	Trust	**0.1**	**0.3**	**0.2**	**0.2**	**0.2**	**0.2**

Narrative

VTE Risk Assessment: Target achieved. Monthly VTE risk assessment performance by site, division, speciality and ward disseminated for leads to review and action as appropriate.

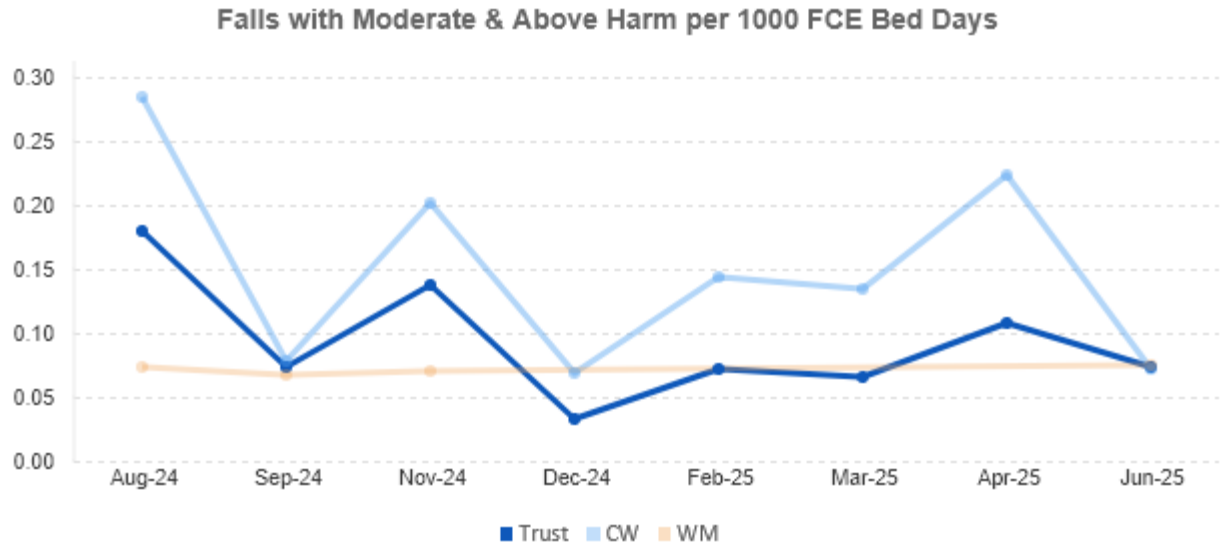
Hospital Associated VTE (HAT) Events: Awaiting Business Analyst team to develop and implement digital identification and reporting of HATs from Cerner patient admission records. All reported HATs on Datix undergo investigation with VTE lead clinical review, shared learning and actions to prevent recurrence.

Patient Falls

Safe/Effective

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Falls with Harm: 2 falls with harm in month with incident reviews in progress. Overall rate of falls per bed day has reduced.

Key Learning being actioned

• Bay tagging not appropriately initiated, there is now a short video available to explain the process which has been very well received, Bay tagging has also been added to the twice daily safety huddle as part of the big 4 for safety.

• education on cohorting will be added to the weekly teaching session

• One ward area has implemented a falls information sheet, detailing where falls risk patients are on the ward and which bays require bay tagging this is updated on every shift, if successful, we will share with all ward areas.

Risk assessment compliance: Remains an area of focus, with small increases noted. Monthly compliance reports sent to all ward areas and matrons, live data shared and reviewed at monthly falls steering group.

In-Month Performance

	Inpatient Falls with Moderate & Above Harm	Inpatient Falls Resulting in Severe Harm or Death	Falls with Moderate & Above Harm per 1000 FCE Bed Days	Falls per 1000 FCE Bed Days	Compliance with Falls Risk Assessment
CW	1	0	0.07	4.27	44.7%
WM	1	1	0.07	3.14	46.9%
Trust	**2**	**1**	**0.07**	**3.71**	**45.9%**

Year-to-Date Performance

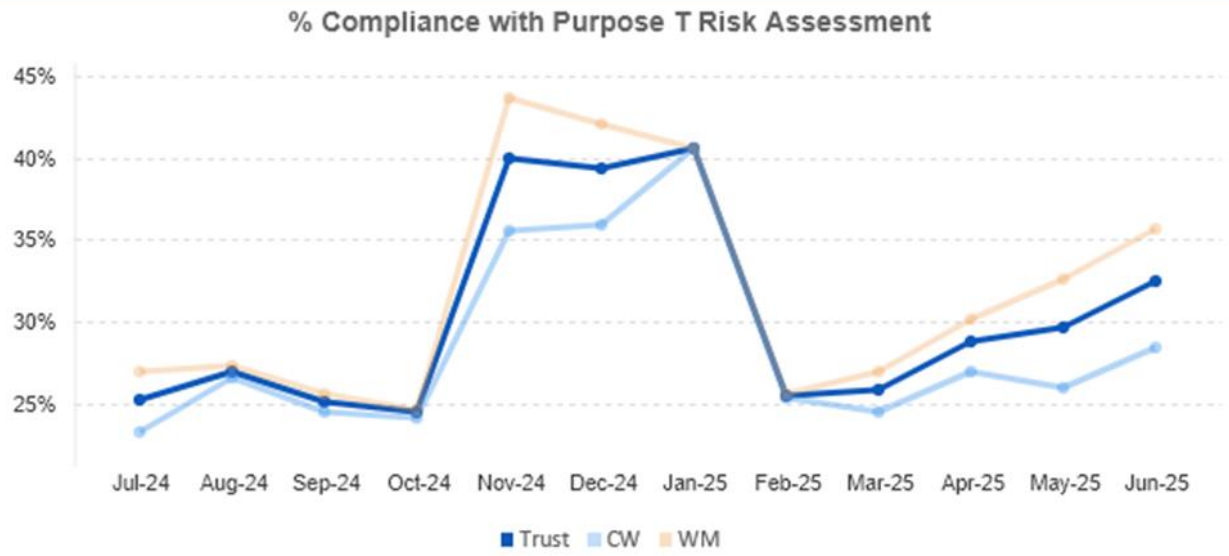
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Inpatient Falls with Moderate & Above Harm	CW	2	2	3	0	1	4
	WM	0	0	0	0	1	1
	Trust	**2**	**2**	**3**	**0**	**2**	**5**
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	1	0	1	0	0	1
	WM	0	0	0	0	1	1
	Trust	**1**	**0**	**1**	**0**	**1**	**2**
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.14	0.13	0.22	0.00	0.07	0.10
	WM	0.00	0.00	0.00	0.00	0.07	0.02
	Trust	**0.07**	**0.07**	**0.11**	**0.00**	**0.07**	**0.06**
Falls per 1000 FCE Bed Days	CW	5.33	3.10	4.90	3.76	4.27	4.30
	WM	3.23	3.97	4.68	4.25	3.14	4.05
	Trust	**4.26**	**3.55**	**4.79**	**4.00**	**3.71**	**4.17**
Compliance with Falls Risk Assessment (Target: >=90%)	CW	43.0%	41.7%	44.4%	42.9%	44.7%	44.0%
	WM	38.4%	39.7%	41.5%	44.8%	46.9%	44.3%
	Trust	**40.5%**	**40.6%**	**42.7%**	**44.0%**	**45.9%**	**44.2%**

Pressure Ulcers

Safe/Effective

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

Category 3&4 pressure damage: no category 3 & 4 pressure damage reported in month, this is a decrease from the previous month.
Category 2: there have been 5 category 2's reported in month which is an increase from May and April

Themes
- Community acquired pressure damage being coded as hospital acquired
- Incorrect grading
- Assessments not taking place on admission in a timely manner

Actions: there is a trust wide action plan in place with regards to reducing hospital acquired pressure damage in addition to local action plans for areas of high prevalence. Key actions to note
- Reduction in time to assessment
- Band 6 review of pressure damage to ensure grading correctness
- Added to big 4 as part of trust wide safety huddle

Risk assessment compliance: Remains an area of focus, with small increases noted. Monthly compliance reports sent to all ward areas and matrons, live data shared and reviewed at monthly falls steering group.

In-Month Performance

	Compliance with Purpose T Risk Assessment	Category 2 Pressure Ulcers	Category 3 Pressure Ulcers	Category 4 Pressure Ulcers	Category 3/4 Pressure Ulcers per 1000 FCE Bed Days
CW	28.4%	1	0	0	-
WM	35.6%	4	0	0	-
Trust	**32.4%**	**5**	**0**	**0**	-

Year-to-Date Performance

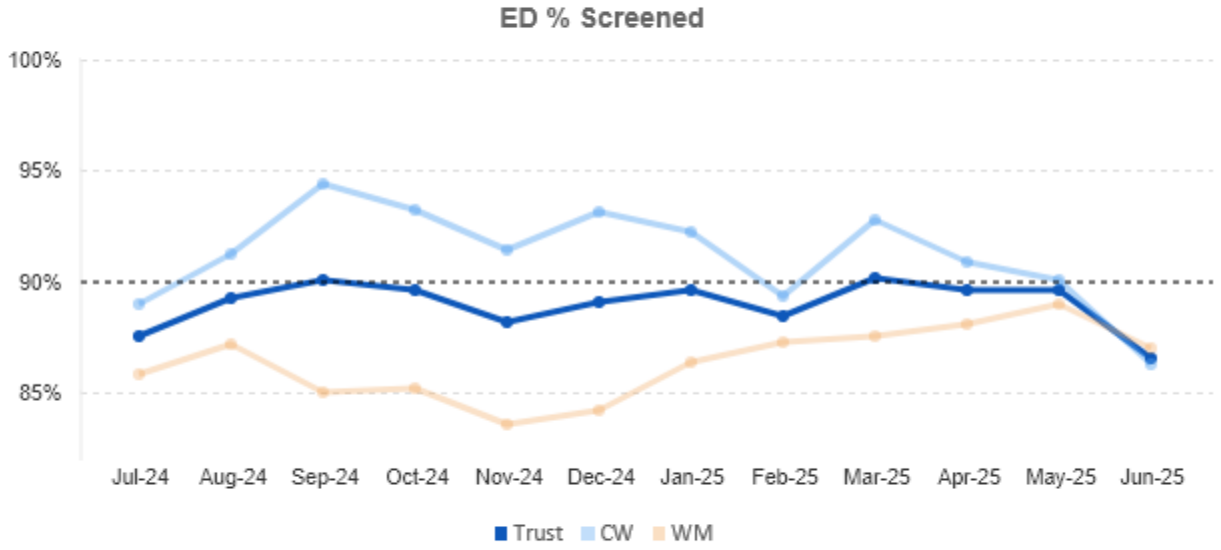
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Compliance with Purpose T Risk Assessment (Target: >=90%)	CW	25.3%	24.5%	27.0%	26.0%	28.4%	27.1%
	WM	25.6%	26.9%	30.1%	32.6%	35.6%	32.6%
	Trust	**25.5%**	**25.9%**	**28.7%**	**29.6%**	**32.4%**	**30.2%**
Category 2 Pressure Ulcers	CW	1	2	0	1	1	2
	WM	5	2	2	1	4	7
	Trust	**6**	**4**	**2**	**2**	**5**	**9**
Category 3 Pressure Ulcers (Target: 0)	CW	1	0	0	0	0	0
	WM	1	0	2	2	0	4
	Trust	**2**	**0**	**2**	**2**	**0**	**4**
Category 4 Pressure Ulcers (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**0**	**0**	**0**
Medical Device Related Pressure Ulcers	CW	2	0	0	0	1	1
	WM	2	0	0	1	2	3
	Trust	**4**	**0**	**0**	**1**	**3**	**4**

Sepsis

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

• Drop in performance across all areas (except clinical review on the wards) is being reviewed given the sustained upward trajectory prior to the month of June.

• Sepsis screening has been incorporated into the Quality priority for 2025/26, and will be run across the APC. A clear operational, strategic and oversight structure has been established.

In-Month Performance

	ED % Screened	ED % Potential Red Flags Reviewed	Ward % Screened	Ward % Potential Red Flags Reviewed
CW	86.3%	82.7%	86.8%	94.0%
WM	87.0%	92.4%	88.5%	95.5%
Trust	**86.6%**	**86.6%**	**87.7%**	**94.9%**

Year-to-Date Performance

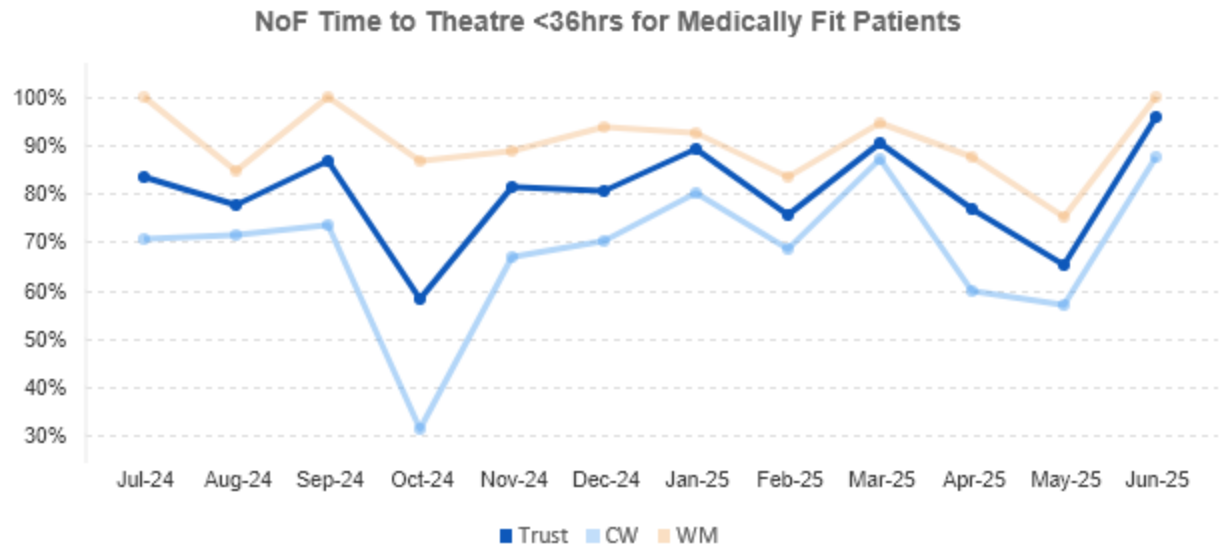
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
ED % Screened (Target: >90%)	CW	89.3%	92.8%	90.9%	90.1%	86.3%	89.1%
	WM	87.3%	87.5%	88.1%	89.0%	87.0%	88.0%
	Trust	**88.4%**	**90.1%**	**89.6%**	**89.6%**	**86.6%**	**88.6%**
ED % Potential Red Flags Reviewed (Target: >90%)	CW	80.4%	79.2%	84.7%	86.3%	82.7%	84.6%
	WM	92.1%	92.4%	91.0%	92.2%	92.4%	91.9%
	Trust	**85.0%**	**84.9%**	**87.3%**	**88.7%**	**86.6%**	**87.6%**
Ward % Screened (Target: >90%)	CW	85.3%	83.7%	84.7%	87.6%	86.8%	86.4%
	WM	91.6%	89.9%	91.7%	92.5%	88.5%	90.9%
	Trust	**88.4%**	**86.8%**	**88.3%**	**90.1%**	**87.7%**	**88.7%**
Ward % Potential Red Flags Reviewed (Target: >90%)	CW	95.7%	96.4%	95.1%	94.6%	94.0%	94.6%
	WM	97.9%	96.8%	93.8%	97.3%	95.5%	95.6%
	Trust	**96.9%**	**96.6%**	**94.4%**	**96.0%**	**94.9%**	**95.1%**

Best Practice

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

NOF time to theatre: WM compliance for the month of June is positive.
Action plan in place for the CW site including a plan to reduce the waiting tome for anaesthetic review, an agreed escalation process, improved trauma list utilisation and a review of the standard protocol

Breach of Same Sex Accommodation: Delayed stepdown in ITU WM, we are unable to accommodate patients in side rooms with bathroom facilities. Continue to collaborate with the site team to identify any complex step-downs early in the patient's admission and escalate any delays to the command and control centre.

Time Spent on a dedicated Stroke Unit: Following some challenges in early spring, patients have been able to be cared for on dedicated acute stroke units for greater than 80% of their stay

Dementia Care Screening: Remains stable, achieving the target of 90% and above. This has recently moved to include the 4AT as a means of screening, identifying both potential dementia and Delirium. Remains challenging to achieve, a wider MDT contribution is required to reduce burden on small teams completing

In-Month Performance

	NoF Time to Theatre <36hrs for Medically Fit Patients	Breach of Same Sex Accomodation	Time Spent on Dedicated Stroke Unit	Dementia Screening Case Finding
CW	87.5%	0	95.2%	93.6%
WM	100.0%	47	94.7%	90.8%
Trust	**95.7%**	**47**	**95.0%**	**92.1%**

Year-to-Date Performance

	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
NoF Time to Theatre <36hrs for Medically Fit Patients (Target: 100%)	CW	68.4%	87.0%	60.0%	57.1%	87.5%	65.6%
	WM	83.3%	94.4%	87.5%	75.0%	100.0%	88.4%
	Trust	**75.7%**	**90.2%**	**76.9%**	**65.4%**	**95.7%**	**78.7%**
Breach of Same Sex Accomodation	CW	0	0	0	0	0	0
	WM	19	29	23	31	47	101
	Trust	**19**	**29**	**23**	**31**	**47**	**101**
Time Spent on Dedicated Stroke Unit (Target: >80%)	CW	71.4%	81.3%	75.0%	100.0%	95.2%	90.9%
	WM	82.4%	77.3%	94.7%	90.0%	94.7%	92.6%
	Trust	**77.4%**	**78.9%**	**87.1%**	**92.7%**	**95.0%**	**92.0%**
Dementia Screening Case Finding (Target: >90%)	CW	89.8%	92.1%	93.9%	96.6%	93.6%	94.8%
	WM	96.6%	91.4%	97.8%	94.5%	90.8%	94.5%
	Trust	**93.8%**	**91.7%**	**96.3%**	**95.5%**	**92.1%**	**94.6%**

Maternity

Chelsea and Westminster Hospital
NHS Foundation Trust

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Apr-25	May-25	Jun-25	2025-2026	Apr-25	May-25	Jun-25	2025-2026	Apr-25	May-25	Jun-25	2025-2026 Q1	2025-2026	Trend charts	
Workforce	Midwife to birth ratio (Target: 1:30)	1:23	1:23	1:23	1:23	1:25	1:25	1:25	1:25	1:24	1:24	1:24	1:24	1:24		-
	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	1:98	1:98	1:98	1:98		-
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	434	412	427	1273	363	367	366	1096	797	779	793	2369	2369		-
	Total number of bookings (Target:> CW 580 WM 478)	578	598	574	1750	439	465	462	1366	1017	1063	1036	3116	3116		-
	Maternity 1:1 care in established labour (Target: >95%)	99.0%	99.0%	99.0%	99.0%	97.0%	98.0%	97.0%	97.3%	98.0%	98.5%	98.0%	98.2%	98.2%		-
Safety	Admissions >37/40 to NICU/SCBU	29	0	6	35	18	12	5	70	47	12	11	35	35		-
	Number of reported Serious Incidents	7	3	3	13	6	0	2	8	13	3	5	21	21		-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	1	0	0	1	1	0	0	1	1		-
	Pre-term (gestation <37 weeks) as % of mothers delivered	6.0%	3.4%	8.0%	5.8%	6.0%	5.5%	5.5%	5.7%	6.0%	4.5%	6.8%	5.7%	5.7%		-
	Number of stillbirths	2	0	2	4	1	1	2	4	3	1	4	8	8		-
	Number of Infant deaths	1	1	0	2	5	1	2	8	6	2	2	10	10		-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Outcomes	% of women on a continuity of care pathway	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-
	Spontaneous unassisted vaginal births	25.0%	28.0%	24.0%	25.7%	29.0%	27.0%	29.0%	28.3%	27.0%	27.5%	26.5%	27.0%	27.0%		-
	Vaginal Births - spontaneous & induced	37.0%	41.0%	38.0%	38.7%	43.0%	41.0%	43.0%	42.3%	40.0%	41.0%	40.5%	40.5%	40.5%		
	Instrumental deliveries	51	76	53	180	47	39	35	121	98	115	88	301	301		-
	Pre-labour elective caesarean sections	91	61	96	248	50	63	59	172	141	124	155	420	420		-
	Emergency caesarean sections in labour	128	104	112	344	106	114	113	333	234	218	225	677	677		-

Maternity

Chelsea and Westminster Hospital
NHS Foundation Trust

Please note that some of the metrics require full validation and will be updated in the following months report.

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

Workforce: In June, the midwifery staffing ratios were reported as 1:25 at the Chelsea site and 1:23 at West Middlesex. The latest *Birthrate Plus* (2024) recommendations advise revised staffing ratios of 1:23 at Chelsea (previously 1:26) and 1:21 at West Middlesex (previously 1:22), reflecting current levels of acuity and activity. While the national birth rate continues to decline, local data indicates an increase in acuity particularly among women categorised as levels 4 and 5 (high risk) with a corresponding reduction in low-risk (category 1) cases. This evolving case mix has important implications for workforce planning and the delivery of safe maternity care. Despite significant investment a staffing shortfall of 32.77 WTE remains. In response, the Executive Management Board has approved demand management measures to maintain safety across both sites. These include reducing births at the Chelsea site by 509 (from 700 annual bookings) and at the West Middlesex site by 336 (from 400 annual bookings), enabling alignment with the revised staffing ratios.

The maternity team is currently reviewing all incoming and outgoing referrals within North West London and will implement a tiered triage process to ensure equitable access. Collaborative planning has begun with neighbouring hospitals expected to see increased activity due to these changes. Importantly, women with high-risk pregnancies or those who book later in pregnancy will not be disadvantaged by the demand management strategy.

Red flags and Birthrate Plus Compliance: All red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input.

WMUH Site: Labour ward reported stable compliance for June at 85%, with 3 red flags reported: delay or cancelled time critical activity (n=1), delay between presentation and triage (n=1) and Coordinator unable to maintain supernumerary status- NOT providing 1:1 care (n=1).
Following the rollout of the BR+ Acuity App on the AN and PN wards WMUH reported a continued increase in compliance from 72% in May to 75.8% for antenatal ward however a significant increase in red flags was seen (n=13) Delayed or cancelled time critical activity (n=1), missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1), delay in providing pain relief (n=1) and delay between admission for induction and beginning of process (n=10). Postnatal ward compliance remained stable at 87.5% in June but also saw a significant increase in red flags reported (n=11) delayed or cancelled time critical activity (n=1), missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=2), missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication) (n=1), delay in providing pain relief (n=4) and delay between admission for induction and beginning of process (n=3). Overall there was a continued increase in red flag reported in June, the senior leadership are reviewing the incidents to establish the causation.

Chelsea Site: Labour ward compliance was 76% for June no change since May (75%), with 1 red flag reported for a delay or cancelled time critical activity. On the Simpson Unit (Recovery & HDU) compliance declined to 51% with 5 red flags reported delayed or cancelled time critical activity (n=1), any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour (were the nursing ratio does not meet the acuity of the women) (n=4). CW site went live and launched the acuity app on the inpatient wards in March, AN ward compliance declined to 57% in June from 67.50% in May with 0 red flags reported. The postnatal ward compliance increased to 76% in June from 21.34% in May, with 1 red flag reported, delayed or cancelled time critical activity. Compliance continues to be monitored on the safety production boards to track compliance on a weekly basis

Neonatal Staffing: The neonatal leadership team continue to enhance the local QIS programme to optimise skill mix, as there has been a slight decline this month (now at 40%) on the CW site of the number of nurses who have QIS. At WM a decline from 89% to 70%. There are a number of nurses on a QIS course which is due for completion in spring next year. It is predicted that WM will be over 70% for QIS by November and CW by February 2026. Phase 1 and 2 of the recruitment business case have been successfully recruited into. This will increase the current staffing establishment to 23WTE above current budgeted establishment and demonstrates the Trust's commitment to meeting BAPM compliance.
Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice daily ward rounds. The MIS year 7, 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'. In addition (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 data regarding compliance. A detailed summary was included in the Q4 Maternity and Neonatal Staffing Report. The paediatric workforce at WM are utilising additional locums to provide cover for the service to meet BAPM standards for a level 2 unit. The Trust have now received confirmation from the ICB that we can progress with redesignating the SCBU to a level 2 LNU. Various task and finish groups will be implemented to ensure all aspects are appropriately project managed, and support and guidance sought from another hospital who has recently redesignated their SCBU to an LNU.

Safety:
WM site: There were 2 (possible) patient safety incident awaiting IIR process to confirm
Baby who had seizures in PNW 2/7 post SVB
Placental abruption and SB at 34/40 with maternal admission to ITU
Datix reporting system: There were 122 reported incidents in June (132 reported in May)
Main themes arising: Maternal readmission (7), Category 1 Caesarean Birth (5), Transfusion policy error (25)
CWH site: There were 3 patient safety incidents: Indirect maternal death (MBRRACE referral), Intrapartum Stillbirth (MNSI), Unconfirmed: Unexpected admission to NICU
Datix reporting system: There was an increase in incidents reported in June n=172 in comparison to May n=137.
Main themes arising: Transfusion policy error (as per new MOH policy - the BT department was not informed when the event was stood down) (28), Communication (8), Post-Partum Haemorrhage 1500mls (20)
PMRT (Cross site): CW site reported 1 case: IUD (Twins 25+3 weeks gestation), further case reported by another Trust booked at CW Intrapartum Stillbirth. WMUH reported 2 cases: x2 Stillbirth 34+1 and 28+3 weeks gestation.
ATAIN (Cross site): Awaiting ratification of data on both sites for June.

Audit program: All national and local audits have been registered and a cycle of audit and leads have been identified. A review of obstetric metrics has been undertaken and full dilatation CS will now be reviewed monthly given the increased associated risk to preterm birth in subsequent pregnancies.
SBLCBv3 (launched in May 2023) update. Agreement of local trajectory with the LMNS and quarterly reviews to confirm progress is now required. The service are declaring 86% compliance for Q4 this is pending LMNS validation.
Element 1: Reducing smoking: **The service are currently compliant with 6/10 interventions.**
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 demand and capacity assessment of USS cross site has been completed and the service expect to be compliant with all interventions by June 2025. **Compliant with 16/20 interventions.**
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. **Compliant with 2/2 interventions.**
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. **Compliant with 5/5 interventions.**
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. **Compliant with 26/27 interventions. Element 6:** Management of Pre-existing Diabetes in pregnancy: **Compliant with 6/6 interventions.**

Perinatal Quality Surveillance Model

Chelsea and Westminster Hospital NHS Foundation Trust

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
Domain	Indicator	Apr-25	May-25	Jun-25	2025-2026	Apr-25	May-25	Jun-25	2025-2026	Apr-25	May-25	Jun-25	2025-2026 Q1	2025-2026
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	87.0%	87.0%	89.0%	87.7%	84.0%	91.3%	92.0%	89.0%	85.5%	89.1%	90.5%	88.3%	88.3%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	92.0%	92.0%	95.0%	93.0%	92.0%	88.0%	94.0%	91.3%	92.0%	90.0%	94.5%	92.2%	92.2%
	Service User Feedback FFT	93.5%	85.5%	86.4%	88.5%	90.7%	90.8%	85.8%	89.1%	91.9%	87.8%	86.1%	88.8%	88.8%
	Staff Feedback from board safety champion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0	0
	Coroner Reg 28 made directly to Trust	0	0	0	0	9	0	0	9	9	0	0	9	9
	Progress in achievements of NHSR MIS (10 safety actions) Green									5	9	0	14	14
	Progress in achievements of NHSR MIS (10 safety actions) Amber									0.5	1	0	1.5	1.5
	Progress in achievements of NHSR MIS (10 safety actions) Red									10	0	0	10	10
	Ockenden compliance against 7 IEA's (49 complaince questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

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 71.3%) Midwives WMUH 80.85%, CW 79.29%. B) (Trust average 72%) Midwives 83% WMUH 80.85%, CW 84.17%.
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 71.3%) Obstetricians WMUH 71.43%, CW 66.67%. B) (Trust average 77.6%) Obstetricians WMUH 85.71%. CW 81.48%.
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)	2023 Cross-site 93.55% (WMUH 93.01%, CW 94.20%) of trainees reported excellent or good (increased from 90.54% in 2022)

Perinatal Quality Surveillance Model

Chelsea and Westminster Hospital
NHS Foundation Trust

Chelsea and West Middlesex are not on the national maternity safety support programme as there are no concerns regarding thequality and safety of the maternity service.
Multi-professional mandatory training and fetal monitoring training: In June, overall multi-disciplinary training compliance increased to 91%, up from 89% in May. Fetal monitoring training continues to exceed the 90% compliance target, at 95% across both sites. All newly appointed staff have been scheduled to attend mandatory training within the next three months. While training compliance naturally varies depending on individual staff training cycles, the Practice Development and Fetal Monitoring teams have a clear, structured plan to ensure all staff complete both training components within a rolling 12-month period.
The training needs analysis is aligned with the Core Competency Framework, and the new training year has commenced with revised content. This includes the introduction of 'Trauma-Informed Care' as a key component. Cultural safety training, which formed part of last year's curriculum, remains embedded within the current programme, reflecting the department's ongoing commitment to fostering diversity, inclusion, and culturally responsive care for both staff and service users.

Service user feedback: The maternity service receives monthly feedback through the Friends and Family Test (FFT). At the Chelsea site, positive feedback increased from 82.35% in May to 86.89% in June. Of the respondents, 40.68% identified as White British, 27.12% as White–Other, and 61.02% were aged between 25 and 34 years. The lowest scoring question at this site was: "If you raised a concern during your care, did you feel it was taken seriously?" This theme is also reflected in both formal and informal complaints. Conversely, 94.92% of women reported that they were given the opportunity to ask questions if they did not understand something.
At the West Middlesex site, the percentage of positive responses declined from 89.47% in May to 80.85% in June. Among respondents, 36.96% identified as Asian or Asian British–Indian, 10.87% as Asian or Asian British–Pakistani, and 13.04% as White–Other. A majority (65.22%) were aged 25–34 years. As with the Chelsea site, the lowest scoring question was related to whether concerns raised during care were taken seriously, although a high proportion of women felt they were given the opportunity to ask questions.

Across both sites, recurring themes in negative feedback include concerns about staff attitude, communication, and delays incare.
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. Site safety visits enable opportunity for the safety champions to meet the wider team and talk to our women and birthing people as they use our maternity and neonatal services. This feedback and improvements in the service are discussed at the 6 weeklyboard and maternity safety champion meetings. All maternity updates and reports are shared specifically reviewing quality, outcomes and patient experience. On-going scrutiny continues in relation to addressing health inequalities that we know are specific to patient demographic and those living in the lowest indices of deprivation.

Maternity (Perinatal) incentive Scheme year 7: MIS Year 7, Version 1.0 was published on 2 April 2025 and marks the beginningof a new reporting period. Revisions to elements of the technical guidance have been made and are currently under review by the senior midwifery team. The Trust reported full compliance with all 10 safety actions for MIS Year 6. However, ongoing action plans remain in place for Safety Action 3 (Transitional Care at the WMUH site) and Safety Action 4 (Neonatal Nursing at the CW site).
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 progress on the 14 should do's continue and are being tracked via a cross-site assurance group. (7 for WM and 7 for CW). 4 of the should do actions are on track and 10 have been completed, 1 should do action awaits the outcome of the WM consultant consultation. The CQC have recently published 16 maternity recommendations, of which 7 are specifically relevant to all NHS maternity Trusts. A bench marking piece has been undertakento review our compliance and to demonstrate we are able to meet these standards, and as such we do not have any concerns in our ability to do so.

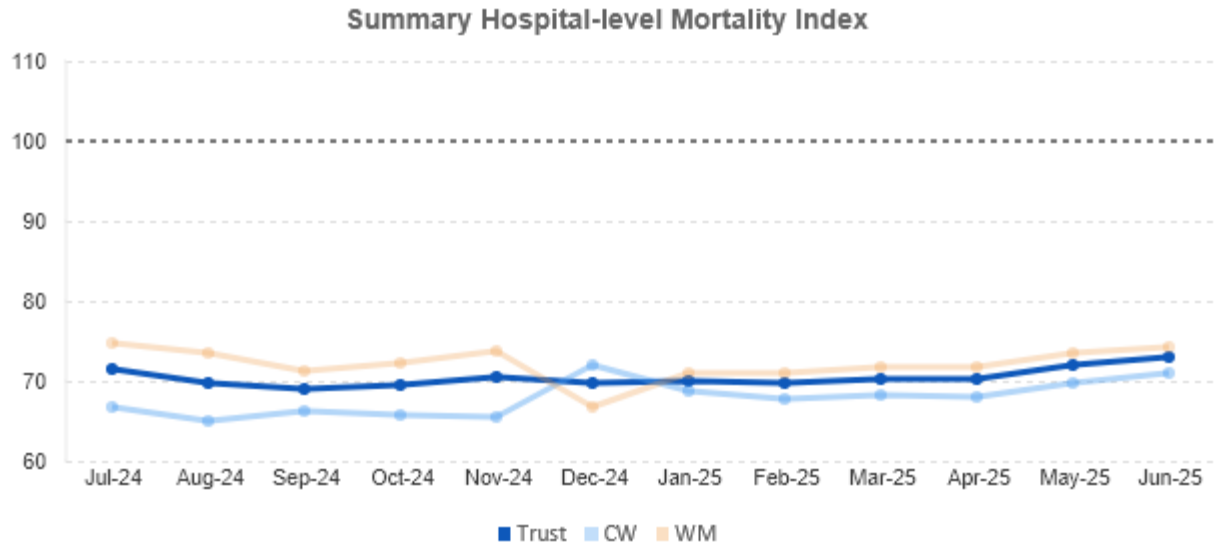
Mortality

Summary Hospital-level Mortality Index

Effective

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Hospital mortality across both SHMI (72.9) and HSMR (76.9)remain significantly lower than predicted. Performance is favourable compared to expected mortality (standardised to 100) and across the APC and nationally.

There is no statistic significance in mortality trends by weekends compared to weekdays.

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	71.0	69.7
WM	74.3	82.0
Trust	**72.9**	**76.9**

Year-to-Date Performance

	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
SHMI (Target: <100)	CW	67.8	68.2	68.0	69.7	71.0	69.6
	WM	71.0	71.8	71.7	73.5	74.3	73.1
	Trust	**69.7**	**70.4**	**70.2**	**71.9**	**72.9**	**71.7**
HSMR (Target: <100)	CW	75.6	69.7	67.8	70.1	69.7	69.1
	WM	93.0	85.8	87.3	87.4	82.0	85.5
	Trust	**85.6**	**79.0**	**79.0**	**80.4**	**76.9**	**78.7**

Patient Access

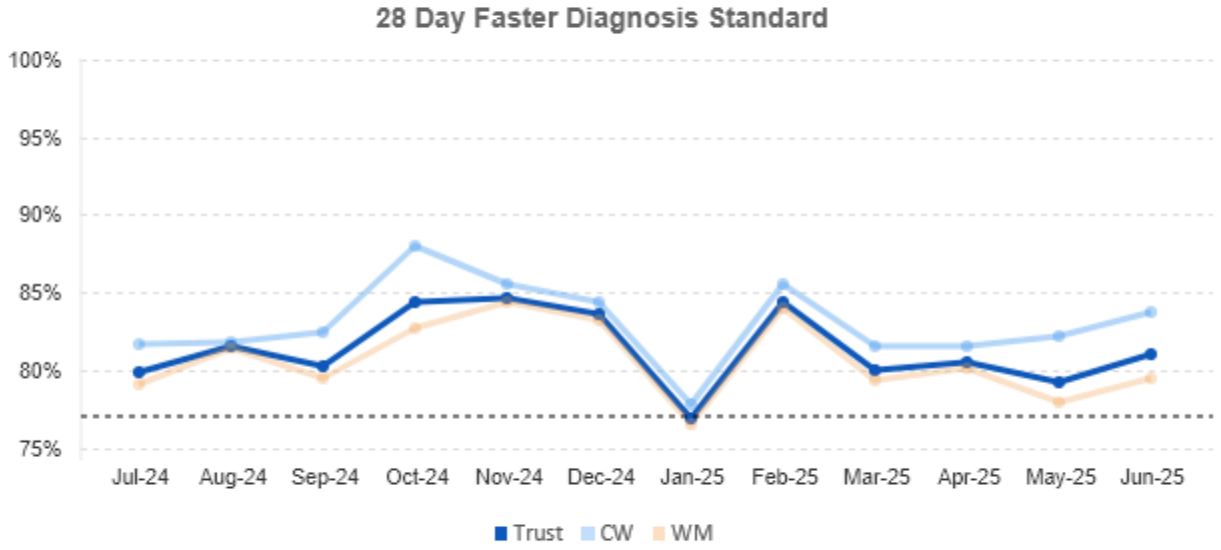
NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Access to Cancer Care (Diagnosis)

Responsive – Operating Plan

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

The Trust has continued to meet the national standards for the 28D FDS being 77%, with our internal target being 80% and is holding the position and the current unvalidated June position is 81%. The service anticipates that this will hold above 80%.

We continue to see challenges in the areas of Haematology, Urology, and Head and Neck due to a variety of reasons with mitigations from the services being reviewed.

In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	83.7%	95.8%
WM	79.4%	93.5%
Trust	**81.0%**	**94.4%**

Year-to-Date Performance

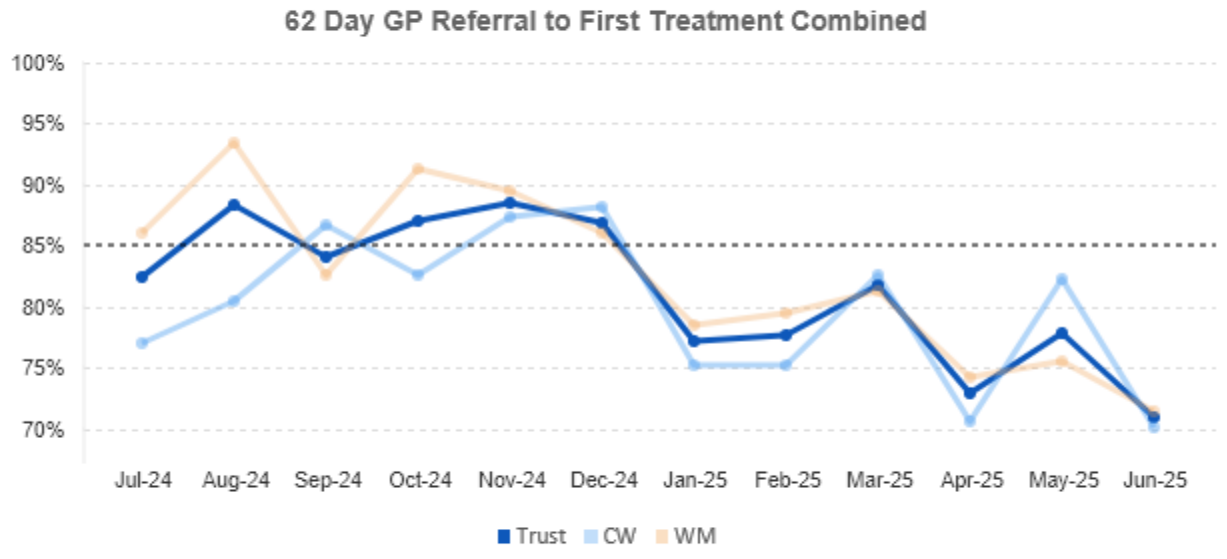
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
28 Day Faster Diagnosis Standard (Target: >=77%)	CW	85.5%	81.5%	81.6%	82.1%	83.7%	82.6%
	WM	84.0%	79.4%	80.1%	77.9%	79.4%	79.2%
	Trust	**84.4%**	**80.0%**	**80.5%**	**79.2%**	**81.0%**	**80.3%**
2 Weeks from Referral to First Seen (All Urgent Referals) (Target: >=96%)	CW	98.8%	99.3%	93.9%	96.1%	95.8%	95.3%
	WM	99.7%	99.4%	97.6%	98.2%	93.5%	96.4%
	Trust	**99.3%**	**99.4%**	**96.1%**	**97.3%**	**94.4%**	**95.9%**

Access to Cancer Care (Treatment)

Responsive – Operating Plan

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



In-Month Performance

	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	70.1%	98.8%	
WM	71.5%	98.0%	
Trust	**70.9%**	**98.3%**	**95**

Year-to-Date Performance

	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	75.2%	82.5%	70.5%	82.3%	70.1%	74.0%
	WM	79.4%	81.3%	74.2%	75.5%	71.5%	73.8%
	Trust	**77.7%**	**81.8%**	**72.8%**	**77.8%**	**70.9%**	**73.9%**
31 Day Diagnosis to First or Subsquent Treatment (Target: >=96%)	CW	100.0%	94.0%	98.4%	95.6%	98.8%	97.6%
	WM	96.6%	98.8%	100.0%	97.6%	98.0%	98.5%
	Trust	**98.0%**	**96.7%**	**99.4%**	**96.9%**	**98.3%**	**98.2%**
62+ Day Backlog (Target: 100)	CW						
	WM						
	Trust	**77**	**85**	**108**	**99**	**95**	**95**

Narrative

The Trusts 31D position remains strong and above the national KPI of 96% with the unvalidated June position currently standing at 96.3%. There have been some challenges within the Skin pathway primarily, but the service is doing a huge amount of work to improve this, which is being reflected in July's position at present.

The Trusts 62D has been challenged since January 2025, where prior to this we had seen in the latter half of the year a strong and steady incremental increase in performance. The current unvalidated June position is 70.9% , which falls below the internal 85% metric.

Currently the Trust is seeing very high levels of confirmed cancers, which has put additional pressure on services. These challenges are multifactorial, from a large aspect of patient choice post-Christmas, histopathology delays in turnaround times due to outsourcing and capacity challenges, the shift nationally on additional sessions from April, service capacity challenges and workforce gaps diagnostic timely turnaround times, such as PET CT and Navigational Bronchoscopies. The key challenged areas is Urology which holds is roughly half of the overall Trusts breaches, where a recovery plan is being worked through and wider assurance meetings are in place with all challenged tumour sites.

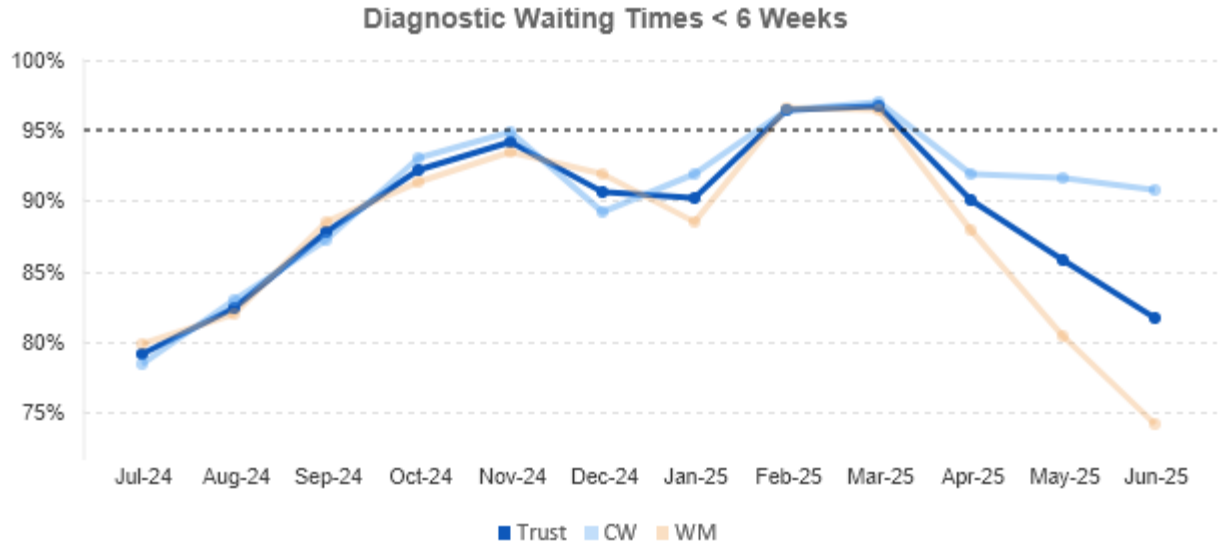
Services have worked very hard with the Cancer Backlog of patients over 63+ days, which has been kept within the target of <100 patients.

Access to Diagnostics

Responsive – Operating Plan

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

The DM01 performance for June 2025 shows a further decline of 4.15% pts from the position in May. This decline is compounded by the response to the high volumes of cancer pathways and RTT performance, while reducing some of the operating costs. This is evidenced by the performance distribution. While declining, CW site has only reduced performance by 0.83% whereas WM site has seen a 6.19% decline in performance. This is expected as WM is the site holding majority of cancer pathways and as such majority of available resources are diverted to these pathways. The main challenged modalities at WM site are all endoscopy modalities followed by physiological science modalities.

Overall demand for diagnostics across the trust has not declined significantly and services such as the above, that reduced their overall capacity from April more than 10% are in a more than projected precarious position as the projected reduction in demand has not materialised in the same rate. The number of patients waiting less than 6 weeks indicates the demand in the first quarter of 2025/2026 has reduced approx. 4.3% when compared to the average demand of last year.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	90.8%	489	0
WM	74.2%	1,680	0
Trust	**81.6%**	**2,169**	**0**

Year-to-Date Performance

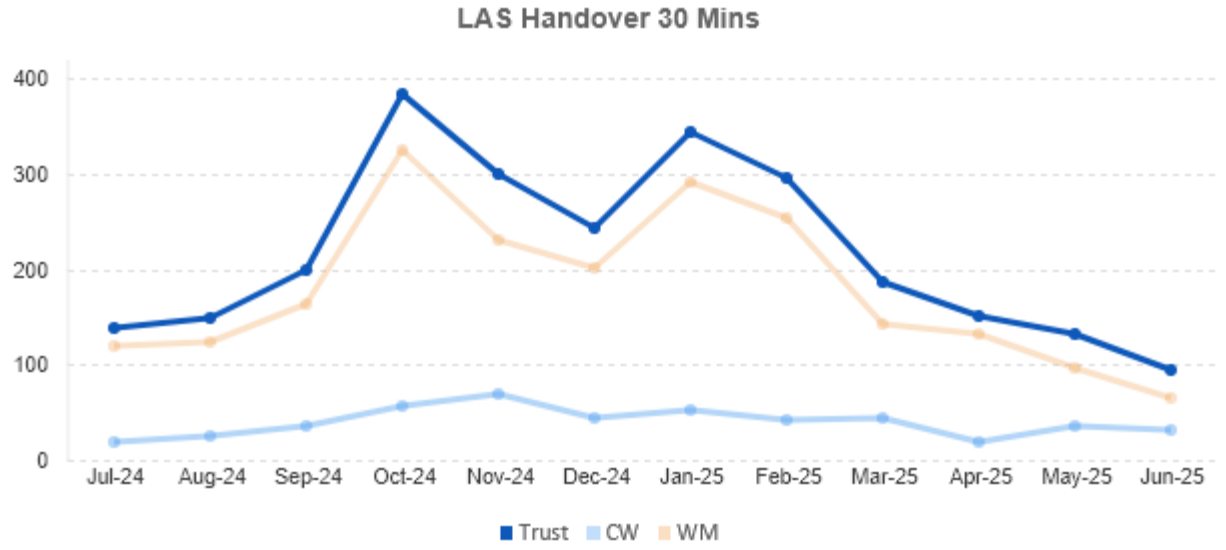
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	96.4%	97.0%	91.9%	91.6%	90.8%	91.4%
	WM	96.5%	96.4%	87.9%	80.4%	74.2%	80.3%
	Trust	**96.5%**	**96.7%**	**90.0%**	**85.8%**	**81.6%**	**85.7%**
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	209	173	473	473	489	489
	WM	187	183	629	1,193	1,680	1,680
	Trust	**396**	**356**	**1,102**	**1,666**	**2,169**	**2,169**
Diagnostic Waiters 13+ Weeks	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**0**	**0**	**0**

Ambulance Handover Waits

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Performance
The Trust's overall performance for ambulance handovers remains strong. The 15min handover was non-compliant across both sites reporting times slightly above 15mins and the Trust is working towards reducing the number of breaches against this target.

Improvement
The focus is on reducing length of stay through the departments for all patients on arrival. There are a number of schemes being managed through the ED Improvement program including maximising the opportunity that the 'Fit to sit' area provides.

Risk
Cubicle capacity in the department and planned industrial action.

In-Month Performance

	LAS 15 Min Breach Performance	LAS Time Lost (Hours)	LAS Handovers 30 Mins	LAS Handovers 60 Mins
CW	707	73.1	31	0
WM	772	89.8	64	0
Trust	**1,479**	**162.9**	**95**	**0**

Year-to-Date Performance

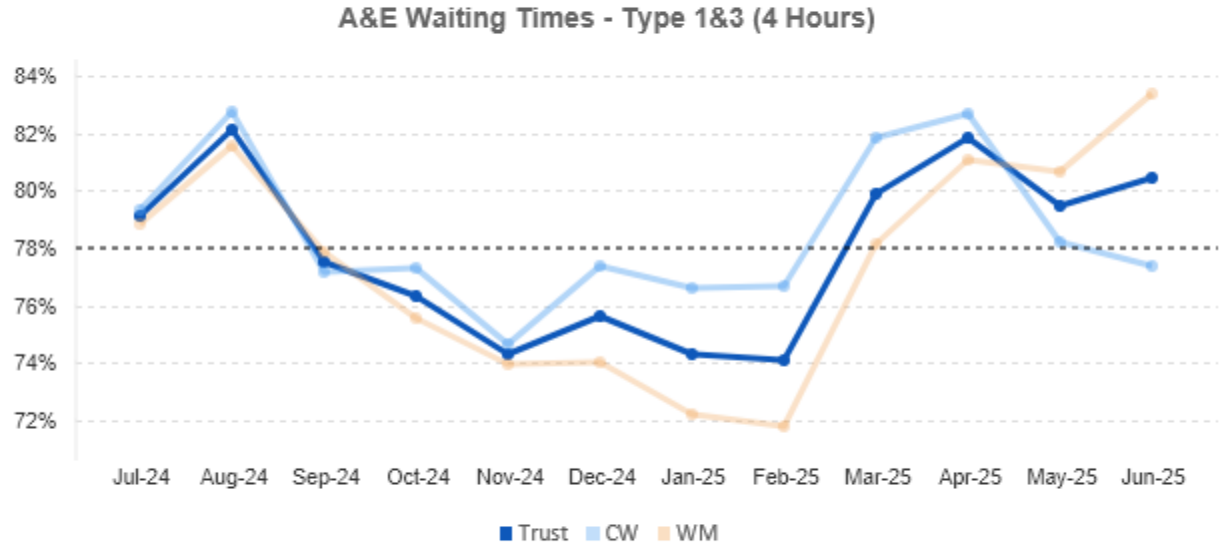
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
LAS 15 Min Breach Performance	CW	841	913	656	799	707	2,162
	WM	950	968	970	844	772	2,586
	Trust	**1,791**	**1,881**	**1,626**	**1,643**	**1,479**	**4,748**
LAS Time Lost (Hrs)	CW	98.9	106.9	61.6	75.9	73.1	210.6
	WM	187.5	137.1	134.5	103.4	89.8	327.7
	Trust	**286.4**	**244.0**	**196.1**	**179.3**	**162.9**	**538.3**
LAS Handovers 30 Mins	CW	41	45	19	36	31	86
	WM	254	142	133	97	64	294
	Trust	**295**	**187**	**152**	**133**	**95**	**380**
LAS Handovers 60 Mins	CW	0	0	0	1	0	1
	WM	10	0	3	1	0	4
	Trust	**10**	**0**	**3**	**2**	**0**	**5**

Urgent & Emergency Department Waits

Safe/Responsive – Operating Plan

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Performance
Performance against the 4-hour standard in June 2025 was compliant at 80.4%. West Middlesex achieved 83.4% with 13,537 attendances and the Chelsea site 77.3% with 13,151 attendances.

The 12-hour performance remains strong at 1.4% against our operating plan trajectory target of 2.8% with both sites meeting the target.

Improvement
In Month 3, West Middlesex ED took over streaming from LCW (London Central West) and the streaming process continues meet the 15-minute national target. On the Chelsea site we have implemented a "Fit to Sit" area that will be relocated , which will increase the available seating capacity to 15 chairs. This is currently under review to understand the impact.

Risk
Increased mental health presentation (MH) and long length of stay patients who have a decision to admit (DTA).

In-Month Performance

	A&E Waiting Times Type 1&3 (4 Hrs)	A&E Waiting Times Type 1&3 (12 Hrs)	A&E Time to Triage	Total Attendances Type 1&3	Referrals to SDEC	12hr Trolley Waits
CW	77.3%	1.7%	00:16	13,151	702	37
WM	83.4%	1.1%	00:08	13,537	922	19
Trust	**80.4%**	**1.4%**	**00:13**	**26,688**	**1,624**	**56**

Year-to-Date Performance

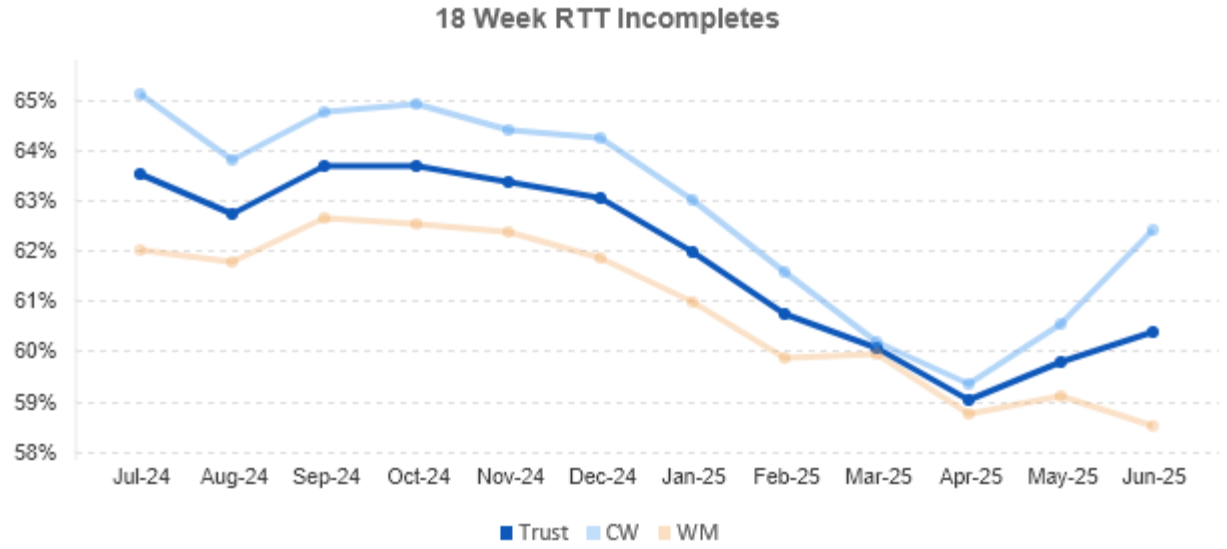
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
A&E Waiting Times Type 1&3 4 Hrs) Target: 78%)	CW	76.7%	81.8%	82.7%	78.2%	77.3%	79.3%
	WM	71.7%	78.1%	81.0%	80.7%	83.4%	81.7%
	Trust	**74.1%**	**79.9%**	**81.8%**	**79.5%**	**80.4%**	**80.5%**
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	2.2%	1.7%	1.0%	2.0%	1.7%	1.5%
	WM	4.7%	2.6%	1.9%	1.9%	1.1%	1.6%
	Trust	**3.5%**	**2.1%**	**1.5%**	**1.9%**	**1.4%**	**1.6%**
A&E Time to Triage (Target: 15mins)	CW	00:17	00:16	00:14	00:16	00:16	00:16
	WM	00:14	00:15	00:12	00:13	00:08	00:11
	Trust	**00:16**	**00:15**	**00:13**	**00:14**	**00:13**	**00:14**
Total Attendances Type 1&3	CW	11,464	13,118	12,253	13,353	13,151	38,757
	WM	12,458	14,037	13,336	13,960	13,537	40,833
	Trust	**23,922**	**27,155**	**25,589**	**27,313**	**26,688**	**79,590**
Referrals to SDEC (Target as Per Op Plan)	CW	619	718	683	687	702	2,072
	WM	836	993	922	988	922	2,832
	Trust	**1,455**	**1,711**	**1,605**	**1,675**	**1,624**	**4,904**

Referral to Treatment Waits

Responsive – Operating Plan

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

Performance: Elective Referral to Treatment (RTT) 18-Week Wait performance increased in June 2025, reported at 60.38%, slightly above 60% which is ahead of our external target for Q1. The 52ww performance however remains challenged across the surgical specialties. The main driver impacting the position is the ERF cap in current year operating plans, translating to activity reductions and subsequent reduced clock-stops.

Improvement : Each specialty has tailored recovery trajectories with non-compliant specialties in weekly additional assurance oversight. Clinic templates are being reviewed and altered across the Trust and waiting list reviews are commencing to ensure prioritisation of patients.

Risk : Upcoming Industrial action

In-Month Performance

	18 Week RTT Incompletes	18 Week RTT Incompletes Paeds	52 Week RTT Incompletes	52 Week Waiters	65 Week Waiters
CW	62.4%	72.0%	1.3%	432	8
WM	58.5%	52.7%	1.7%	606	3
Trust	**60.4%**	**61.3%**	**1.5%**	**1,038**	**11**

Year-to-Date Performance

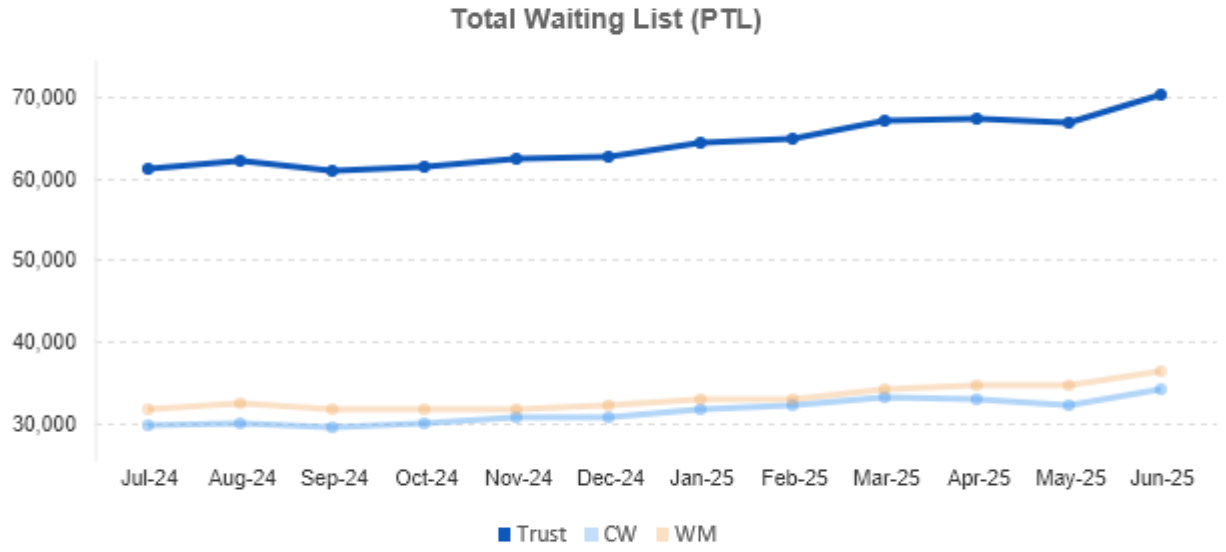
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
18 Week RTT Incompletes (Target: >60%)	CW	61.6%	60.2%	59.3%	60.5%	62.4%	62.4%
	WM	59.9%	59.9%	58.7%	59.1%	58.5%	58.5%
	Trust	**60.7%**	**60.1%**	**59.0%**	**59.8%**	**60.4%**	**60.4%**
18 Week RTT Incompletes Paeds	CW	72.5%	72.8%	70.4%	69.9%	72.0%	72.0%
	WM	55.9%	58.4%	56.2%	54.6%	52.7%	52.7%
	Trust	**63.4%**	**64.9%**	**62.4%**	**61.2%**	**61.3%**	**61.3%**
52 Week RTT Incompletes (Target: <1%)	CW	0.9%	0.4%	0.8%	1.1%	1.3%	1.3%
	WM	0.7%	0.5%	0.7%	1.1%	1.7%	1.7%
	Trust	**0.8%**	**0.5%**	**0.7%**	**1.1%**	**1.5%**	**1.5%**
52 Week Waiters	CW	297	142	249	353	432	432
	WM	240	161	225	385	606	606
	Trust	**537**	**303**	**474**	**738**	**1,038**	**1,038**
65 Week Waiters	CW	10	2	5	4	8	8
	WM	9	1	4	2	3	3
	Trust	**19**	**3**	**9**	**6**	**11**	**11**

Referral to Treatment Waits

Responsive – Operating Plan

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Performance: The total RTT Patient Treatment List (PTL) has increased to 70,323. The focus remains on ensuring less patients are awaiting first appointments and continually addressing chronological booking for the 52ww backlog cohort as enhanced oversight and targeted interventions continue for at-risk specialities.

Improvement : Trajectories are in place at specialty level to address recovery with weekly meetings focusing on at-risk specialties. These include Vascular Surgery, Urology, ENT, Paediatrics ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery. The Trust has stood up administrative validation to support identifying the right short of patients requiring treatment.

Risk: Upcoming industrial action presents a risk to current plans.

In-Month Performance

	Total Waiting List (PTL)	Total Waiting List (PTL) Paeds	Patients Waiting < 18 Weeks for First Appointment	RTT Clearance Time: Size of Waiting List
CW	33,960	4,611	67.6%	6.4
WM	36,363	5,727	61.9%	7.3
Trust	**70,323**	**10,338**	**64.5%**	**6.8**

Year-to-Date Performance

	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Total Waiting List (PTL)	CW	32,043	33,050	32,776	32,147	33,960	33,960
	WM	32,901	34,067	34,523	34,653	36,363	36,363
	Trust	**64,944**	**67,117**	**67,299**	**66,800**	**70,323**	**70,323**
Total Waiting List (PTL) Paeds	CW	4,096	4,174	4,066	4,129	4,611	4,611
	WM	4,966	5,087	5,209	5,412	5,727	5,727
	Trust	**9,062**	**9,261**	**9,275**	**9,541**	**10,338**	**10,338**
Patients Waiting < 18 Weeks for First Appointment	CW	67.1%	66.6%	67.4%	67.5%	67.6%	67.6%
	WM	65.2%	64.7%	64.7%	63.8%	61.9%	61.9%
	Trust	**66.1%**	**65.6%**	**65.9%**	**65.5%**	**64.5%**	**64.5%**
RTT Clearance Time: Size of Waiting List	CW	6.1	6.0	6.6	6.1	6.4	6.4
	WM	5.9	6.1	7.3	6.9	7.3	7.3
	Trust	**6.0**	**6.1**	**7.0**	**6.4**	**6.8**	**6.8**

Operating Plan and Capacity

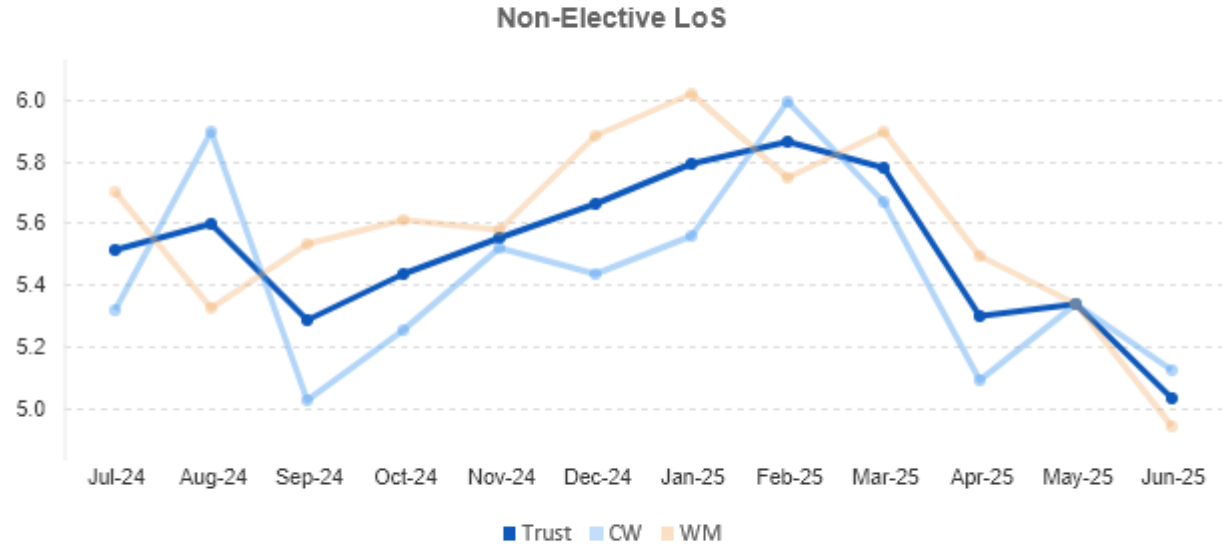
NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Flow & Discharge – Admitted Care

Responsive/Effective

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Non-Elective LOS

Elective LoS is compliant with the target and Non-Elective LOS is non-compliant, with improvement seen at the WM site. Overall Non-Elective long stayers for both >7 and >21 days have decreased. Continued focus through long length of stay and performance meetings. Neuro rehab capacity remains a challenged area.

Critical Care Occupancy

Critical Care Occupancy in line with expected levels for Q1 and reflects similar position to other trusts in NWL, with CRITCON 0 consistently reported . Nursing staffing has been flexed to reflect reduced capacity demands.

In-Month Performance

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy
CW	2.7	5.1	418	121	78.7%
WM	2.9	4.9	484	110	98.9%
Trust	**2.8**	**5.0**	**902**	**231**	**88.2%**

Year-to-Date Performance

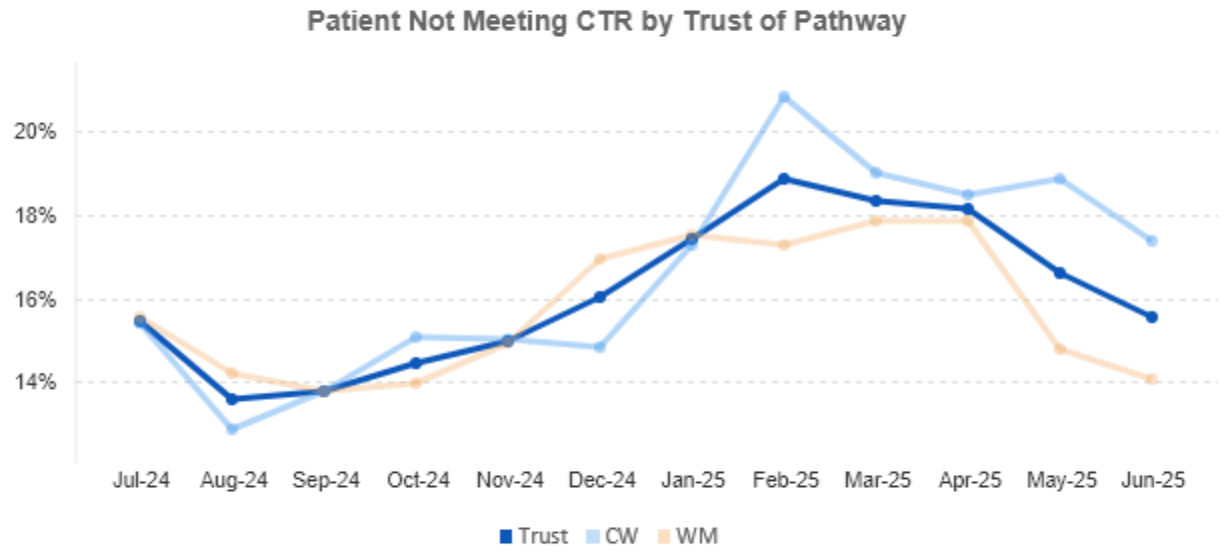
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Elective LoS (Target: <2.9)	CW	2.7	2.7	2.6	2.6	2.7	2.7
	WM	2.5	2.1	2.2	2.8	2.9	2.6
	Trust	**2.6**	**2.5**	**2.5**	**2.7**	**2.8**	**2.6**
Non-Elective LoS (Target: <3.95)	CW	6.0	5.7	5.1	5.3	5.1	5.2
	WM	5.7	5.9	5.5	5.3	4.9	5.3
	Trust	**5.9**	**5.8**	**5.3**	**5.3**	**5.0**	**5.2**
Non-Elective Long Stays (>=7 days)	CW	427	503	408	464	418	1,290
	WM	543	555	548	523	484	1,555
	Trust	**970**	**1,058**	**956**	**987**	**902**	**2,845**
Non-Elective Long Stays (>=21 Days)	CW	122	136	101	125	121	347
	WM	137	162	135	143	110	388
	Trust	**259**	**298**	**236**	**268**	**231**	**735**
Critical Care Occupancy (Target: <85%)	CW	127.1%	85.2%	71.7%	71.6%	78.7%	74.0%
	WM	113.6%	92.3%	99.0%	89.2%	98.9%	95.8%
	Trust	**120.4%**	**88.7%**	**85.3%**	**80.0%**	**88.2%**	**84.5%**

Flow & Discharge – Discharges

Responsive

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Percentage of discharges on discharge ready date remains stable. The percentage of patients with nCTR is above the trust target of 14%.
Readmission rates are below the Trust target.

Work with boroughs within and outside NWL underway to reduce timescales for pathway discharges to align with the NWL target for 25/26. Work internally to improve timescales of EDN / ADD completion. Focus to continue on patients with nCTR and LOS. Monitoring to continue via the weekly discharge improvement meetings.

Identified risk and challenges include equipment provision via NRS and planned industrial action.

In-Month Performance

	Patients Not Meeting CTR Daily Average	Discharges Before 12	Discharge Date Same as Discharge Ready Date	Discharge Date After Discharge Ready Date	Emergency Re-admissions < 30 Days of Discharge
CW	17.4%	13.5%	90.0%	10.0%	4.6%
WM	14.1%	13.8%	87.6%	12.4%	6.2%
Trust	**15.5%**	**13.6%**	**88.8%**	**11.2%**	**5.3%**

Year-to-Date Performance

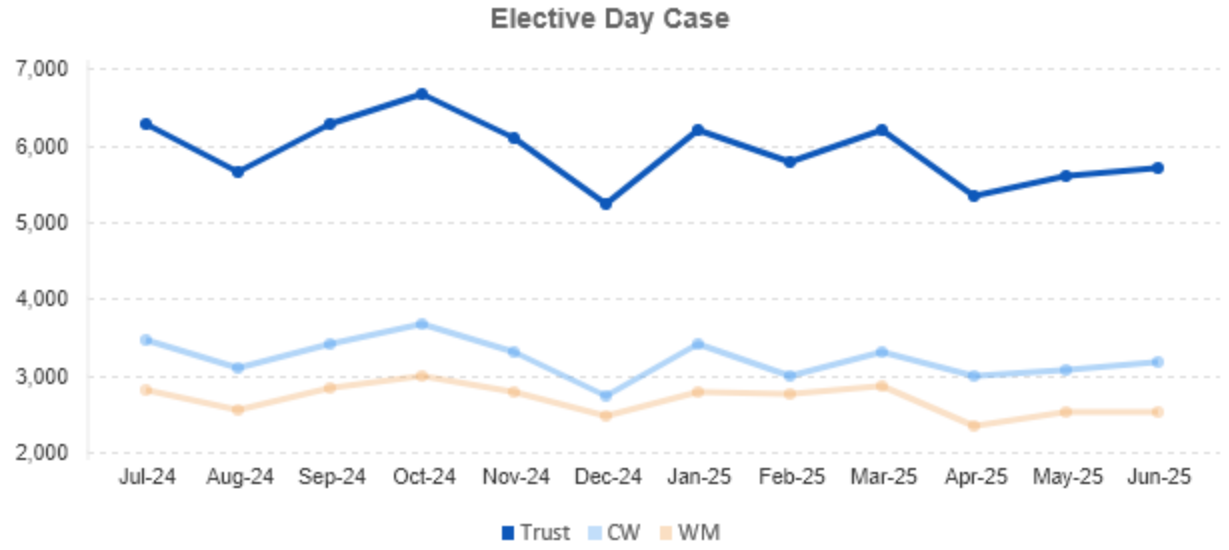
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Patient Not Meeting CTR Daily Average	CW	20.8%	19.0%	18.5%	18.9%	17.4%	18.2%
	WM	17.3%	17.8%	17.8%	14.8%	14.1%	15.6%
	Trust	**18.9%**	**18.3%**	**18.1%**	**16.6%**	**15.5%**	**16.8%**
Discharges Before 12	CW	13%	13%	13%	15%	14%	14%
	WM	15%	14%	12%	16%	14%	14%
	Trust	**14%**	**13%**	**12%**	**16%**	**14%**	**14%**
Discharge Date Same as Discharge Ready Date	CW	86.4%	89.4%	88.9%	88.6%	90.0%	89.2%
	WM	81.4%	85.6%	85.3%	85.3%	87.6%	86.0%
	Trust	**83.8%**	**87.3%**	**86.9%**	**86.9%**	**88.8%**	**87.5%**
Discharge Date After Discharge Ready Date	CW	13.6%	10.6%	11.1%	11.4%	10.0%	n/a
	WM	18.6%	14.4%	14.7%	14.7%	12.4%	n/a
	Trust	**16.2%**	**12.7%**	**13.1%**	**13.1%**	**11.2%**	**n/a**
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	5.1%	4.3%	4.8%	4.8%	4.6%	4.7%
	WM	5.6%	6.2%	6.4%	6.2%	6.2%	6.3%
	Trust	**5.3%**	**5.2%**	**5.5%**	**5.5%**	**5.3%**	**5.4%**

Operating Plan Performance

Responsive – Operating Plan

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

Overall Trust operating plans are broadly being met for elective activity despite the planned reduction in activity in 2025/26 due to the ERF cap. Outpatient activity however remains challenged. Plans are in place to review clinic templates to address the balance across first and follow-up ratios.
There is a residual risk that upcoming BMA industrial action could further impact the positions.

In-Month Performance

	Elective Day Cases	Elective Ordinary Admissions	OP Procedures	OP First Attendance Without Procedure	OP FUp Attendance Without Procedure
CW	3,175	391	5,248	9,557	17,398
WM	2,531	174	3,065	8,543	10,668
Trust	**5,706**	**565**	**8,313**	**18,100**	**28,066**

Year-to-Date Performance

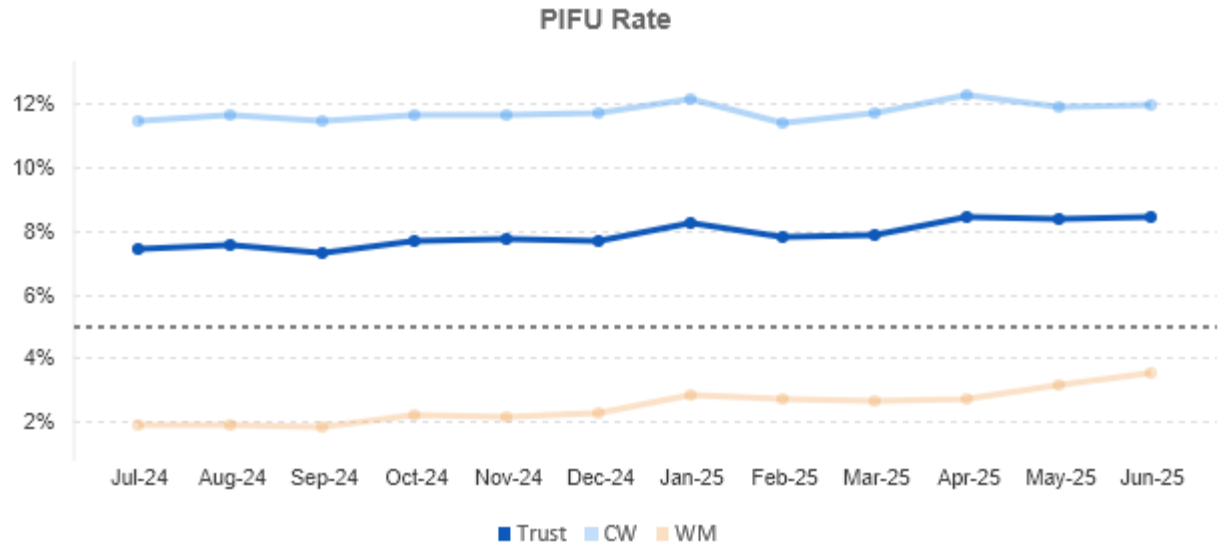
	Site	Mar-25	Apr-25	May-25	Jun-25	Plan YTD	2025-2026
Elective Day Cases	CW	3,306	3,005	3,079	3,175	8,576	9,259
	WM	2,877	2,337	2,527	2,531	7,768	7,395
	Trust	**6,183**	**5,342**	**5,606**	**5,706**	**16,343**	**16,654**
Elective Ordinary Admissions	CW	387	386	400	391	1,114	1,177
	WM	208	167	178	174	438	519
	Trust	**595**	**553**	**578**	**565**	**1,551**	**1,696**
OP Procedures	CW	5,057	4,870	5,387	5,248	13,258	15,505
	WM	3,195	3,139	3,155	3,065	8,533	9,359
	Trust	**8,252**	**8,009**	**8,542**	**8,313**	**21,791**	**24,864**
OP First Attendance Without Procedure	CW	10,222	9,559	9,780	9,557	31,465	28,896
	WM	8,644	7,586	7,735	8,543	24,578	23,864
	Trust	**18,866**	**17,145**	**17,515**	**18,100**	**56,044**	**52,760**
OP FUp Attendance Without Procedure	CW	18,084	18,110	18,218	17,398	49,139	53,726
	WM	11,577	10,575	10,522	10,668	34,605	31,765
	Trust	**29,661**	**28,685**	**28,740**	**28,066**	**83,743**	**85,491**

Outpatient Transformation

Responsive

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

PIFU rates are inching up, with good progress in the Planned Care and West London Children's divisions. This continues to be a key indicator for the Trust to move its new-to-follow up ratio as we continue to undertake work above income tolerances.

DNA is slightly up at Chelsea with a reduction noted at West Middlesex hospital. Work under way to review the detail to establish whether this is seasonal or an issue of some sort.

In-Month Performance

	PIFU Rate	DNA Rates - First Appointment	DNA Rates - Follow Up Appointment	Virtual Contacts
CW	12.0%	10.9%	8.6%	4,112
WM	3.5%	9.5%	6.9%	3,797
Trust	**8.4%**	**10.2%**	**7.9%**	**7,909**

Year-to-Date Performance

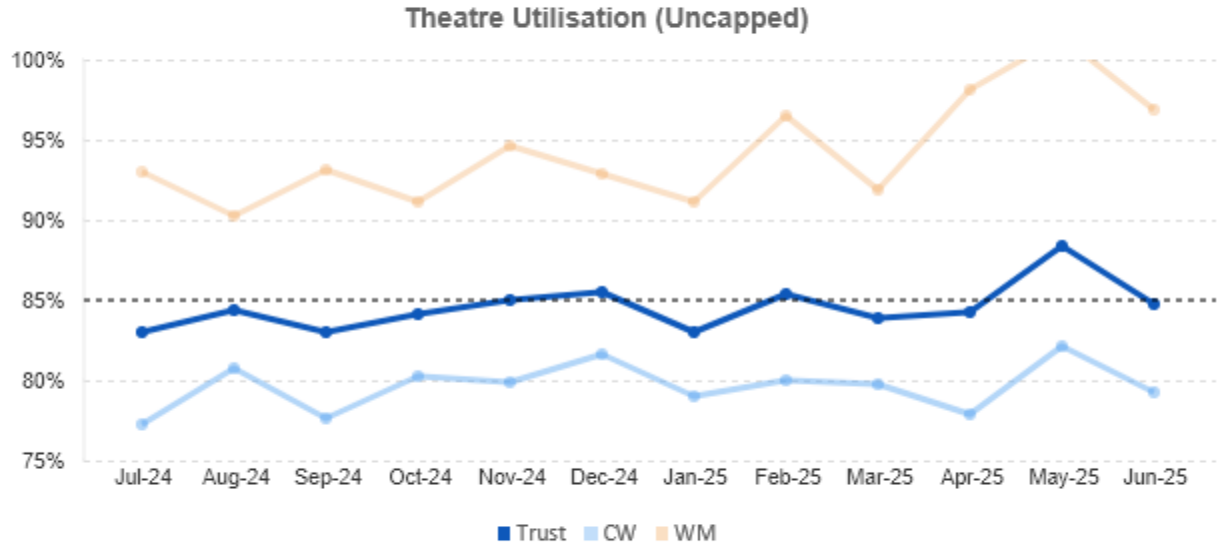
	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
PIFU Rate (Target: 5%)	CW	11.4%	11.7%	12.3%	11.9%	12.0%	12.0%
	WM	2.7%	2.6%	2.7%	3.2%	3.5%	3.1%
	Trust	**7.8%**	**7.9%**	**8.4%**	**8.4%**	**8.4%**	**8.4%**
DNA Rates - First Appointment	CW	9.9%	9.8%	10.1%	10.5%	10.9%	10.5%
	WM	9.7%	9.4%	9.6%	10.2%	9.5%	9.8%
	Trust	**9.8%**	**9.6%**	**9.9%**	**10.3%**	**10.2%**	**10.1%**
DNA Rates - Follow Up Appointment	CW	7.9%	7.8%	8.0%	8.3%	8.6%	8.3%
	WM	7.1%	6.9%	7.0%	7.1%	6.9%	7.0%
	Trust	**7.6%**	**7.4%**	**7.6%**	**7.8%**	**7.9%**	**7.8%**
Virtual Contacts	CW	3,829	3,984	4,185	4,105	4,112	12,402
	WM	3,712	4,134	3,432	3,638	3,797	10,867
	Trust	**7,541**	**8,118**	**7,617**	**7,743**	**7,909**	**23,269**

Theatre Utilisation

Responsive

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Trust-Wide utilisation decreased slightly to a non-compliant position in June 2025, at84.8%. Theatre utilisation remains significantly above the 85% target at 96.9% on the WestMiddlesex site. The Chelsea site remains below the 85% target, this is driven by utilisation significantly below the 85% target in Paediatric Theatres, in part driven by the high volume day case workload and high cancellations on the day due to patient sickness.

Day case rates improved in June, up to 88.3%. Both sites remain about the 85% target

OTD cancellations not re-booked had 3 breaches in June, giving a total of 10 in 25/26. Theon the day cancellation rate remains a focus on improvement workstreams, and working closely with operational teams to identify capacity to rebook (particularly in T&O)

In-Month Performance

	Basket Procedures Carried Out as Daycases	OTD Non-Clinical Cancellations as % Elective Admissions	OTD Cancellations Not Re-booked < 28 Days	Theatre Utilisation (Uncapped)
CW	85.9%	0.6%	3	79.2%
WM	95.9%	0.5%	0	96.9%
Trust	**88.3%**	**0.6%**	**3**	**84.8%**

Year-to-Date Performance

	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	88.8%	85.8%	87.3%	83.3%	85.9%	85.4%
	WM	83.8%	86.6%	87.1%	90.8%	95.9%	90.5%
	Trust	**87.0%**	**86.1%**	**87.3%**	**85.6%**	**88.3%**	**86.9%**
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	0.6%	0.3%	0.7%	0.5%	0.6%	0.6%
	WM	1.5%	0.7%	0.7%	0.4%	0.5%	0.5%
	Trust	**1.0%**	**0.5%**	**0.7%**	**0.5%**	**0.6%**	**0.6%**
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	4	1	3	0	3	6
	WM	3	1	4	0	0	4
	Trust	**7**	**2**	**7**	**0**	**3**	**10**
Theatre Utilisation (Uncapped) (Target: >85%)	CW	80.0%	79.7%	77.8%	82.1%	79.2%	79.7%
	WM	96.5%	91.8%	98.1%	101.4%	96.9%	98.8%
	Trust	**85.4%**	**83.8%**	**84.2%**	**88.4%**	**84.8%**	**85.8%**

Workforce

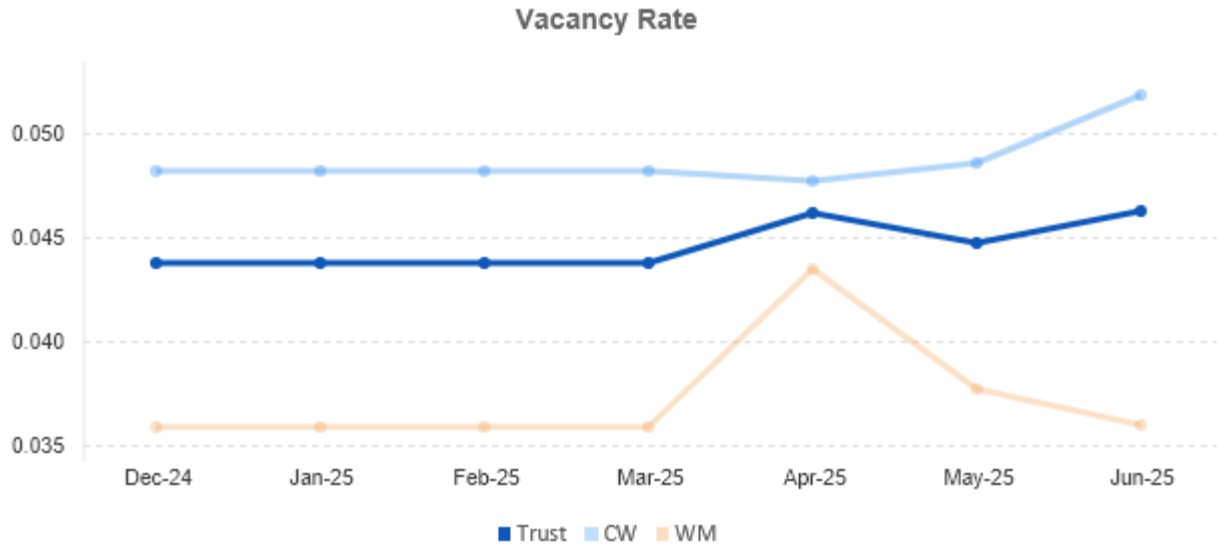
NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Workforce

Safe/Responsive – Operating Plan

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

The staffing (excluding maternity and career breaks) is in excess of establishment by 47.08 FTE of 0.63%. This is an offset position with Corporate, CSD and WLCH posting under establishment, PCD coming in with a minimal over usage (0.09%)and EIC (119.31 FTE variance, 6.63%) and SCD (75.20 FTE variance, 4.58%) over established. All Divisions and the Trust position are within Operating Plan target Agency spends in Month and YTD in line with the position against the operating plan. The Trust is also within the monthly and YTD Bank target Spends but again this is an offset position with EIC and CSD posting in month over spends against target (£35K and £51K respectively). All Divisions bar CSD (£87K over) are posting a YTD bank spend under target. This remains a very challenging position moving into quarter 3 with a focus required on identification and delivery of cost improvement programmes through divisions.

The pressure indicators associated with GRIP and control are currently performing well with vacancy rates at 4.62% and voluntary turnover rates at 8.91%. Both are well within stretch target levels The former has no unexpected outliers (corporate rates are above 10% in line with the vacancy holds). On the later (Voluntary turnover), CSD and WLCH remain outliers with CSDs rate stabilising in month and WLCH deteriorating.

The key marker for concern regarding pressure is the sickness levels which rose again in month by 0.30% to 3.65% with particular pressure in CSD at circa 4% in month. SCD and WLCH both exceeding the 4% threshold for rolling sickness rates. The Divisions supported by Business Partners and the ER Team are proactively intervening and providing managers support but we need to continue to acknowledged that the team is stretched with current holds on A&C posts.

In-Month Performance

	Vacancy Rate	Voluntary Turnover	Sickness Absence	Agency Usage	Bank Usage
CW	5.18%	9.5%	3.5%	0.4%	8.6%
WM	3.59%	7.9%	3.9%	0.1%	11.9%
Trust	**4.62%**	**8.9%**	**3.6%**	**0.3%**	**9.8%**

Year-to-Date Performance

	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Vacancy Rate	CW	4.8%	4.8%	4.8%	4.9%	5.2%	5.2%
	WM	3.6%	3.6%	4.3%	3.8%	3.6%	3.6%
	Trust	**4.4%**	**4.4%**	**4.6%**	**4.5%**	**4.6%**	**4.6%**
Voluntary Turnover	CW		9.5%	9.2%	9.0%	9.5%	9.5%
	WM		8.5%	7.9%	7.6%	7.9%	7.9%
	Trust		**9.2%**	**8.7%**	**8.5%**	**8.9%**	**8.9%**
Sickness Absence	CW		3.3%	3.3%	3.4%	3.5%	3.5%
	WM		3.4%	3.2%	3.3%	3.9%	3.9%
	Trust		**3.3%**	**3.3%**	**3.3%**	**3.6%**	**3.6%**
% Agency Usage	CW	1.0%	0.9%	0.4%	0.4%	0.4%	0.4%
	WM	1.1%	0.9%	0.3%	0.2%	0.1%	0.1%
	Trust	**1.0%**	**0.9%**	**0.4%**	**0.3%**	**0.3%**	**0.3%**
% Bank Usage	CW	7.1%	6.7%	6.5%	9.4%	8.6%	8.6%
	WM	9.1%	8.8%	8.9%	12.6%	11.9%	11.9%
	Trust	**7.8%**	**7.4%**	**7.3%**	**10.6%**	**9.8%**	**9.8%**

Workforce

Safe/Responsive – Operating Plan

NHS
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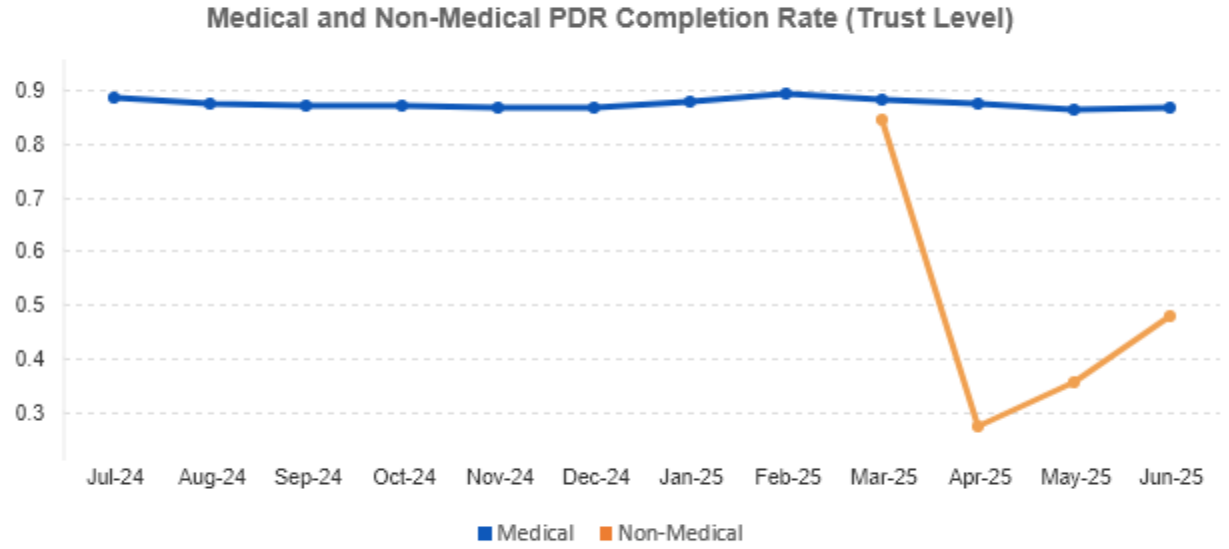
Trend



Narrative

PDR rates remain healthy and within trajectory targets to meet 90% by the close of September with Corporate falling marginally behind the target trajectories and Clinical Support Division remaining an outlier. This will be monitored in the Divisional review meetings for assurance on any remedial actions required to address the position.

Core Skills training across the Trust continues to exceed target at 93% (+0.2%), maintaining performance above target levels. Additional support and focus will be provided regarding Mandatory training.

In-Month Performance

	Medical PDR Completion Rate (Trust Only)	Non-Medical PDR Completion Rate	Core Skills Completion Rate
CW	-	46.0%	92.0%
WM	-	50.9%	93.4%
Trust	**86.5%**	**47.7%**	**92.5%**

Year-to-Date Performance

	Site	Feb-25	Mar-25	Apr-25	May-25	Jun-25	2025-2026
Medical PDR Completion Rate (Trust Only)	CW						
	WM						
	Trust	**89.4%**	**88.0%**	**87.3%**	**86.4%**	**86.5%**	**86.5%**
Non-Medical PDR Completion Rate	CW		83.5%	26.4%	34.8%	46.0%	46.0%
	WM		86.4%	28.6%	37.3%	50.9%	50.9%
	Trust		**84.5%**	**27.2%**	**35.7%**	**47.7%**	**47.7%**
Core Skills Completion Rate	CW	91.1%	91.1%	91.8%	91.9%	92.0%	92.0%
	WM	92.2%	92.2%	92.8%	93.0%	93.4%	93.4%
	Trust	**91.5%**	**91.5%**	**92.2%**	**92.3%**	**92.5%**	**92.5%**

Safe Staffing & Patient Quality Indicators – Chelsea & Westminster Site

Chelsea and Westminster Hospital NHS Foundation Trust

	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage 1 & 2		Stage 3, 4 & nonstage		No Harm & Mild		Moderate &Severe					
	RN	HCA	RN	HCA										M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD		
Maternity	95%	94%	99%	94%	7.3	2.3	0.0	0.0	9.63	12.8	-9.64%	4.27%	5.28%	0	0	0	0	0	0	0	0	9	22	0	0	8	22	94.07%	
Annie Zunz	97%	108%	100%	113%	6.5	3.1	0.0	0.0	9.59	8.73	-5.56%	8.53%	0.00%	3	4	0	0	0	0	0	0	1	1	0	0	0	0	100.00%	
Apollo	100%	-	94%	-	21.6	0.0	0.0	0.0	21.61	N/A	4.53%	7.33%	0.00%	0	0	0	0	0	0	0	0	1	11	0	0	0	0		
Mercury	101%	-	102%	-	7.2	0.0	0.0	0.0	7.16	9.94	5.87%	12.83%	23.47%	0	2	0	0	0	0	0	0	3	21	0	0	1	1	91.67%	
Neptune	122%	-	130%	-	7.4	0.0	0.0	0.2	7.52	13.1	18.49%	15.04%	0.00%	0	1	0	0	0	0	0	0	4	13	0	0	0	1	100.00%	
NICU	99%	-	99%	-	14.3	0.0	0.0	0.3	14.62	26.9	-18.72%	8.31%	0.00%	0	0	0	0	0	0	0	0	1	0	0	0	1	2	91.67%	
AAU	107%	101%	102%	120%	7.3	2.0	0.0	0.0	9.37	8.4	2.93%	7.13%	21.99%	8	19	0	0	0	1	0	0	8	25	0	0	1	2	100.00%	
Nell Gwynne	98%	74%	109%	91%	4.1	3.6	0.0	0.1	7.80	7.82	-1.35%	0.00%	11.49%	3	17	0	1	0	0	0	0	1	4	0	0	0	2	100.00%	
David Erskine	120%	75%	84%	108%	3.5	2.4	0.0	0.2	6.18	7.14	-4.19%	3.98%	11.23%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100.00%	
Edgar Horne	113%	107%	100%	131%	3.5	3.7	0.0	0.0	7.10	6.78	4.88%	4.88%	11.43%	5	13	0	1	0	0	0	0	1	4	0	0	0	3		
Lord Wigram	86%	70%	100%	87%	4.7	2.4	0.3	0.2	7.58	7.81	11.50%	4.48%	16.70%	4	11	0	0	0	0	0	0	0	4	0	0	1	2	100.00%	
St Mary Abbots	103%	95%	103%	95%	4.2	2.6	0.2	0.0	7.02	7.55	7.96%	0.00%	13.23%	2	7	0	1	0	0	0	0	5	9	0	0	0	6	100.00%	2
David Evans	85%	79%	97%	83%	5.9	3.2	0.2	0.1	9.56	7.55	1.70%	3.77%	0.00%	1	4	0	0	0	0	0	0	0	1	0	0	0	6	100.00%	2
Chelsea Wing	138%	118%	101%	95%	10.9	6.2	0.0	0.0	17.00	7.55	5.54%	12.04%	0.00%	1	1	0	0	0	0	0	0	5	8	0	0	0	0		
Burns Unit	126%	109%	217%	123%	27.0	4.0	0.0	0.0	31.07	N/A	8.30%	10.80%	0.00%	1	1	0	0	1	1	0	0	1	1	0	0	2	2		
Ron Johnson	106%	170%	112%	123%	5.1	3.7	0.0	0.0	8.72	5.51	14.80%	11.93%	25.00%	4	17	0	0	1	1	0	0	3	5	0	0	1	2	100.00%	
ICU	99%	-	101%	-	26.7	0.0	0.0	0.2	26.90	26.9	2.49%	6.88%	20.00%	0	1	0	0	1	1	0	0	9	15	0	0	0	0		
Rainsford Mowlem	96%	83%	87%	95%	3.6	3.5	0.1	0.1	7.22	7.5	-4.15%	10.30%	12.06%	6	20	0	0	0	0	0	0	3	10	0	0	2	5	100.00%	
Nightingale	79%	50%	100%	59%	4.1	2.4	0.0	0.0	6.47	7.5	21.27%	0.00%	6.49%	11	16	0	0	0	0	0	0	2	6	0	0	0	1		
Averages /Totals	**104%**	**95%**	**107%**	**101%**	**9.2**	**2.4**	**0.0**	**0.1**	**11.69**		**3.51%**	**6.97%**	**9.39%**	**49**	**134**	**0**	**3**	**3**	**4**	**0**	**0**	**57**	**160**	**0**	**0**	**17**	**57**	**98.26%**	**4**

Safe Staffing & Patient Quality Indicators – West Middlesex

Chelsea and Westminster Hospital NHS Foundation Trust

	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage 1 & 2		Stage 3, 4 & nonstage		No Harm & Mild		Moderate &Severe					
	RN	HCA	RN	HCA										M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD		
Lampton FU	99%	87%	100%	93%	3.4	3.2	0.0	0.0	6.57	7.5	8.30%	0.00%	6.56%	3	12	0	0	3	3	0	0	3	0	0	0	2	5	100.00%	
Richmond	99%	69%	96%	72%	4.5	2.9	0.3	0.0	7.67	7.55	12.46%	0.00%	9.60%	0	3	0	0	0	0	0	0	2	5	0	0	2	4	100.00%	2
Syon 1 cardiology	98%	91%	100%	104%	4.3	1.8	0.0	0.2	6.25	7.93	5.42%	0.00%	29.21%	2	12	0	0	0	0	0	0	2	5	0	0	1	4	95.74%	
Syon 2	108%	101%	99%	106%	3.7	3.4	0.2	0.0	7.32	7.14	3.38%	4.28%	0.00%	5	15	0	0	1	2	0	1	7	11	0	0	3	5	100.00%	
Starlight	128%	-	114%	-	10.5	0.0	0.0	0.0	10.54	13.1				0	0	0	0	0	0	0	0	2	6	0	0	3	3		
Kew (Lampton)	-	-	-	-	0.0	0.0	0.0	0.0	0.00	7.5	3.69%	0.00%	0.00%	2	12	0	0	1	2	0	1	6	0	0	0	2	6	100.00%	
DRU (Crane)	101%	74%	101%	60%	3.2	2.7	0.1	0.1	6.05	7.5	-1.08%	5.40%	11.62%	0	0	0	0	0	0	0	0	0	0	0	0	1	4	96.08%	
Osterley 1	94%	88%	93%	110%	3.8	2.5	0.1	0.1	6.49	7.81	4.39%	3.69%	14.10%	4	17	0	0	0	0	0	1	2	14	0	0	1	8	100.00%	1
Osterley 2	100%	91%	97%	102%	3.6	2.8	0.1	0.0	6.41	7.55	3.06%	8.24%	0.00%	3	6	0	0	0	0	0	0	1	9	0	0	3	10	100.00%	
MAU	98%	88%	106%	103%	6.7	2.6	0.0	0.1	9.36	8.4	9.43%	1.56%	0.00%	7	24	0	0	3	4	0	0	10	18	0	0	3	13	93.08%	1
Maternity	100%	103%	106%	108%	7.5	2.0	0.0	0.0	9.49	12.8	-3.64%	1.45%	0.00%	0	0	0	0	0	0	0	0	4	11	0	0	6	9	87.04%	
Special Care Baby Unit	93%	-	97%	-	11.5	0.0	0.0	0.0	11.50	13.1	12.78%	7.75%	9.24%	0	0	0	0	0	0	0	0	0	2	0	0	0	0		
Marble Hill 1	96%	113%	101%	123%	4.1	3.5	0.1	0.0	7.73	6.8	-0.69%	3.80%	5.76%	5	24	0	0	0	3	0	0	5	19	0	0	2	3	70.59%	1
Marble Hill 2	108%	135%	106%	152%	3.6	4.4	0.2	0.0	8.16	6.78	-4.34%	0.00%	10.73%	3	12	0	0	0	0	0	1	6	11	0	0	2	5	100.00%	
ITU	86%	-	89%	-	26.0	0.0	0.0	0.0	26.03	26.9	5.04%	12.67%	33.33%	0	0	0	0	1	2	0	0	4	11	0	0	0	0		
Redlees (Kew)	104%	86%	104%	97%	3.9	3.2	0.2	0.6	7.94	7.82	-2.75%	4.69%	0.00%	1	9	0	0	0	0	0	0	2	0	0	0	0	0	100.00%	
Averages /Totals	**101%**	**94%**	**100%**	**102%**	**6.3**	**2.2**	**0.1**	**0.1**	**8.6**		**3.70%**	**3.57%**	**8.68%**	**35**	**146**	**0**	**0**	**9**	**16**	**0**	**4**	**56**	**122**	**0**	**0**	**31**	**79**	**95.58%**	**5**

Safer Staffing

Chelsea and Westminster Hospital
NHS Foundation Trust

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: Kew Ward remained closed for the majority of June with staff redeployed to support other areas. Both Marble Hill 1 & 2 had increased night shift HCA fill rates to support the enhanced observation of confused patients at risk of falls and leaving the ward. DRU Ward had reduced HCA fill rates during both day and night shifts due to changes in clinical need, with staff redeployed to support other areas. Richmond wards reported low HCA fill rates during the day and night due to staff sickness and challenges in securing bank staff, though safety was maintained through support from supernumerary staff and ward managers. CHPPD was not compromised.

Chelsea and Westminster site: Ron Johnson Ward required increased HCA fill rates day and night to provide 1:1 supervision for patients that required enhanced observations. Chelsea Wing saw increased RN fill rates as a result of supernumerary staffing and staff on compassionate leave. Nell Gwynne experienced low HCA fill rates during the day due to staff sickness and an inability to secure bank cover. David Erskine had low daytime HCA fill rates due to long term sickness inability to secure bank cover, night RN fill rates were also low due to reduced patient acuity, with staffing adjusted accordingly, CHPPD remained unaffected. Edgar Horne had increased HCA fill rates at night to provide enhanced observations for patients requiring specialing. Beds were closed on Nightingale Ward, so staff fill rates were reduced and staff were redeployed to support other clinical areas.
Lord Wigram experienced low HCA daytime fill rates due to staff sickness and inability to fill with bank cover , David Evans Ward had reduced RN and HCA fill rates during the day and night due to a decrease in elective procedures, with staff redeployed to other planned care areas. The Burns Unit had increased RN fill rates during day shifts due to patients requiring enhanced observations by RMNs.

Incidents: In June there were 0 incidents with harm reported.

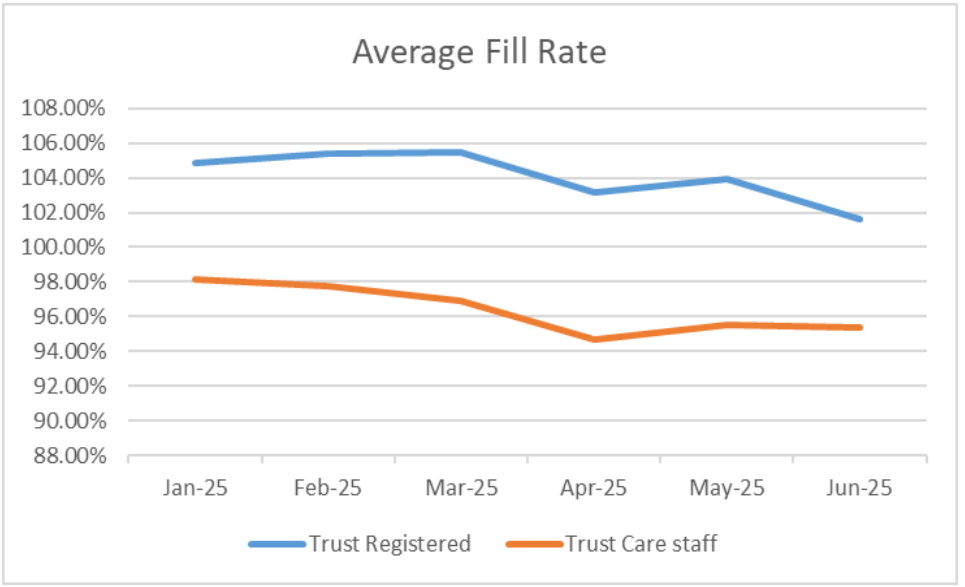
The Friends and Family Test showed eight wards at WM and ten wards at CW scoring 100%. Marble Hill 1 scored 70%. The decrease in patient satisfaction revealed no clear trend. Training on the new patient feedback system CIVICA is planned this month, and once in use, will provide more comprehensive information about patient experience. Please note all incident figures are correct at time of extraction from DATIX. There were nine red flags raised in June, five at WMUH and four at CW. They are all related to staffing shortfalls. The vacancy rate and turnover are from June 2025.

Safer Staffing

Chelsea and Westminster Hospital
NHS Foundation Trust

Nursing, Midwifery and care staff average fill rate June 2025				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
101.59% ↓	95.38% ↔	6.3 ↑	2.4 ↓	8.8 ↔

RN/M Fill Rates (ward areas) decreased from 103.95% in May 2025 to 101.59% in June 2025. The RN vacancy rate (whole trust) in June 2025 was 1.73 % slightly up from May 2025– 1.51%.



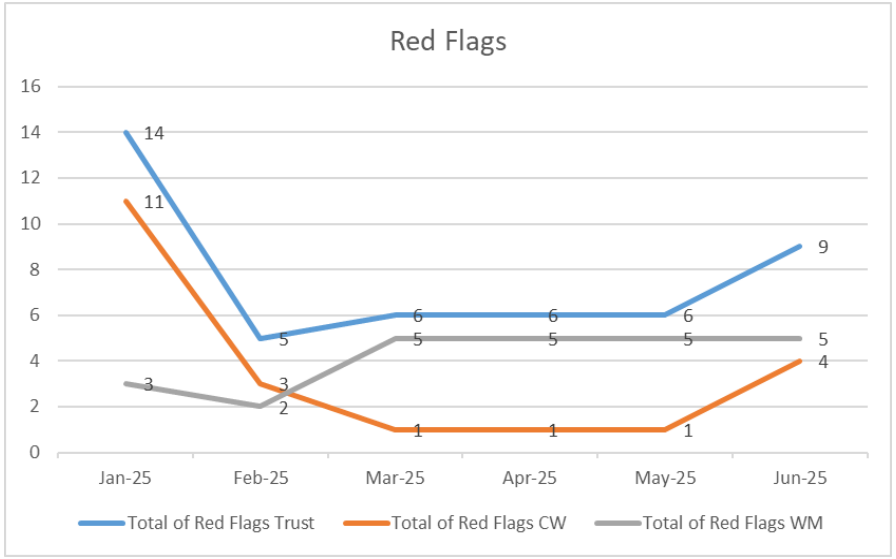
Care Staff Fill Rates (ward areas) has remained stable (95.52% in May 2025, 95.38% in June 2025). The HCA vacancy rate (whole trust) in June 2025 was 11.3%, up from 10.35% in May 2025. Extensive HCSW recruitment continues.

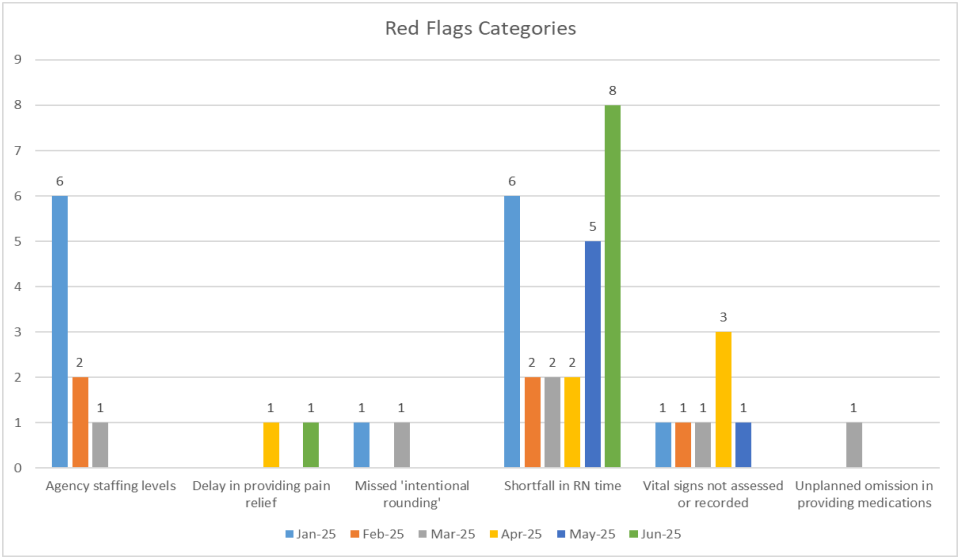
The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 99.73% in May 2025 to 98.48% in June 2025.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (March 2025) was 8.5. This is equivalent to the national median but lower than the other acute trusts in the ICB. Trust workforce data confirms the CHPPD remained stable at 8.8 for May & June 2025.

Safe Staffing Red Flags – 9 red flags from the 5 categories (tables below) were reported during June 2025: the majority being a shortfall in RN time.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – March 2025
Trust	8.5
Hillingdon Hospital	9.3
London NW	9.1
Imperial	10.4
National Median	8.5





Finance

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Finance

Chelsea and Westminster Hospital
NHS Foundation Trust

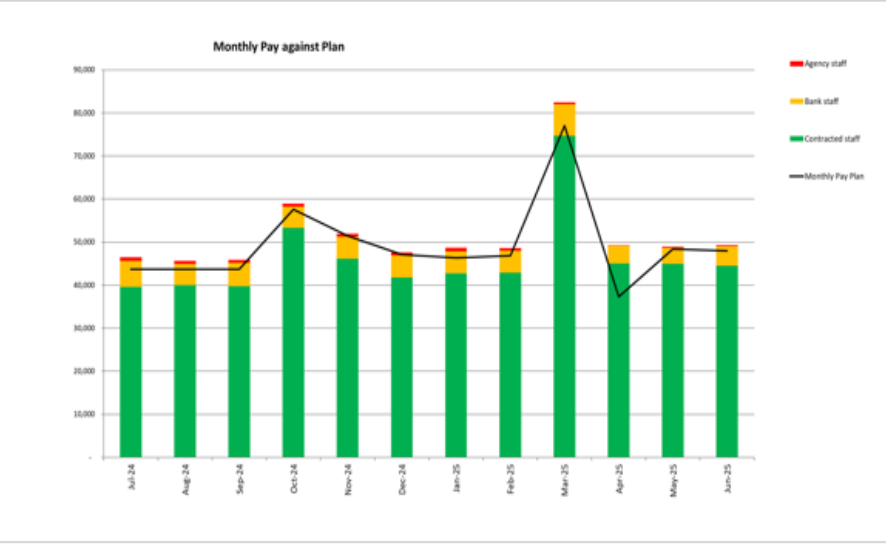
Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	251,911	249,273	(2,638)
Expenditure			
Pay	(143,210)	(147,461)	(4,251)
Non-Pay	(93,511)	(91,824)	1,686
EBITDA	**15,191**	**9,988**	**(5,202)**
EBITDA %	6%	4.01%	-2.0%
Depreciation	(8,618)	(8,633)	(15)
Non-Operational Exp-Inc	(3,738)	(3,406)	332
Surplus/Deficit	**2,834**	**(2,050)**	**(4,884)**
Control total Adj - Donated asset, Impairment & Other	(3,822)	(1,172)	2,650
PFI Model recalculation		188	188
Adjusted financial performance surplus/(deficit)	**(988)**	**(3,034)**	**(2,046)**

The adjusted financial position at month 3 is a £3.03m deficit which is £2.05m against plan.

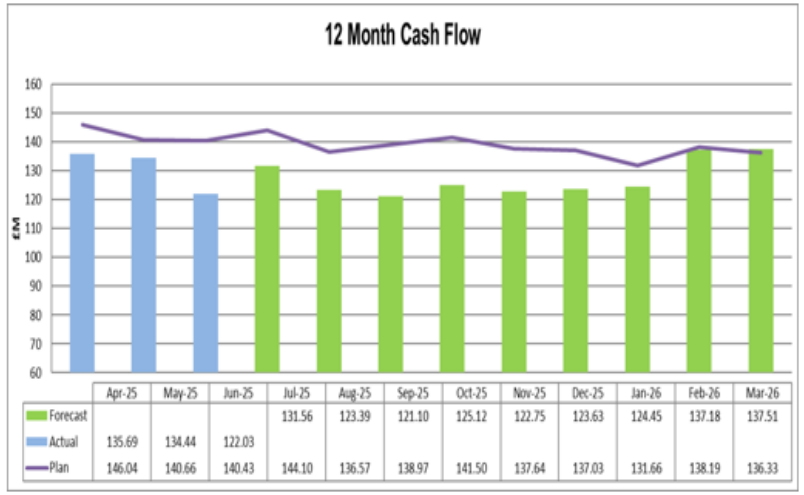
Pay: £4.25m adverse against plan. The position includes £5m unidentified CIP target, without this target there is a an underspend of £0.75m. Despite the underspend there are areas of overspend across the trust where temporary staffing has been used to cover WLI, vacancies, sickness, gaps in rota and other forms of leave, this has been mitigated by vacancies not being fully covered.

Non-Pay: There is a £1.69m favourable variance which includes adjustment to budget to match NHSi return.

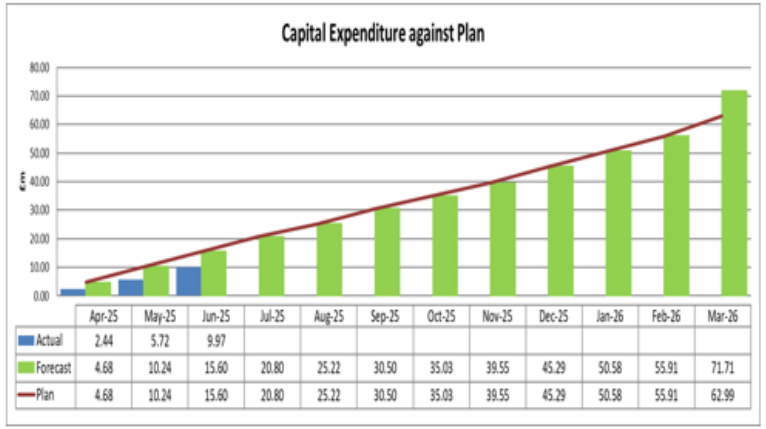
Income: M03 Income is behind plan but improved in M03 compared to run rate as contract negotiations have been finalised. Sexual health contract remains on 24/25 terms until end of Jul when new agreements will take place. The other variable elements of the contract have been recognised and accrued for.



Comment: Mar 25 12 payroll figures include additional spend for 9.4% Pension contribution £30.79 a notional figure). In October 24 AFC staff, consultants and SAS doctor recieved YTD pay awards resulting in the in month spike.



Comment: The negative cash variance to plan in M3 of £18.40m is negative cash variance b/fwd from M2 of £6.22m, lower receipts to plan of £5.01m (ICB & NHS England & FT's £2.67m lower, Local Authority & AR £1.18m higher, Other Income £0.09m higher, PP Income £0.36m higher, Interest Income £0.03m higher Donations £4.0m lower) plus higher cash outflows to plan £7.17m (higher Creditor payments & higher Payroll)



Comment: The original capital programme for 2025/26 was £62.99m, which has been adjusted to £71.71m following the carry forward of the additional grant for the IECCP project from 2024/25, the new grant donation of £400k for the CW Paeds ED waiting room project and the allocation of £6.19m from the ICS reserves/contingency. The capital budget has been allocated to the various departments, with £32.57m for the ADC Project, £1.28m for the Treatment Centre, £1.77m for Medical Equipment, £2.0m for IT equipment, £3.38m for Estates schemes, £6.3m for the Human Challenge Fund, £1.88m for IFRS16, £3.50m for IECCP, £0.13m for WM site development, £6.39m contingency fund and £10m for PDC funded projects which will be allocated to support the ADC project.
Individual budgets have been allocated from the available capital budgets and business cases for these projects will be submitted to CPB for approval through the year. The P03 YTD underspend of £5.63m relates to timing differences and will be spent in the upcoming months.

Appendix: A
Glossary

Chelsea and Westminster Hospital
NHS Foundation Trust

AAR = After Action Review
CW = Chelsea and Westminster Hospital
CTR = Criteria to Reside
DNA = Did not Attend
CQC = Care Quality Commission
ED = Emergency Department
FFT = Friends and Family Test
FCE = Finished Consultant Episode
HSMR = Hospital Standardised Mortality Ratio
LOS = Length of Stay
KPI = Key Performance Indicator
MDT = Multiple Discipline Team
MRSA = Methicillin-Resistant Staphylococcus Aureus
OPFU = Outpatient Follow-up
OPFA = Outpatient First Attendance
OP = Outpatient
PHSO = Parliamentary and Health Service Ombudsman
PDR = Performance Development Review
PIFU = Patient Initiated Follow-up
PSII = Patient Safety Incident Investigations
PTL = Patient Tracking List
PU = Pressure Ulcer
RTT = Referral to Treatment Time
SDEC = Same Day Emergency Care
SHMI = Summary Hospital-level Mortality Index
STEIS = Strategic Executive Information System
VTE = Venous Thromboembolism
WM = West Middlesex Hospital