

GREEN PLAN – APPENDICES

Appendix 1: Our action plan and cornerstone development in year one

Cornerstone	Action	Rationale	Tasks	Outputs
LEADERSHIP AND CAPACITY	We will establish a Sustainability Team to lead the implementation of our Green Plan	A Sustainability Team, with a named lead-Director, provides a clear signal to all staff and external partners of our commitment to reduce our impact on the environment. It builds capability and capacity within the Trust required to coordinate and prioritise efforts for becoming a sustainable net zero organisation.	<p>In 2021/22:</p> <ul style="list-style-type: none"> We [Imperial College Healthcare NHS Trust] will establish a Sustainability Team and clearly articulate its purpose, role and responsibilities with respect to the implementation of our Green Plan We [the Sustainability Team] will support the effective operation of a new Sustainability Implementation Group, and in collaboration will initiate and support targeted actions and produce regular action plans and measure and report progress against NHS and staff priorities e.g. carbon, air quality and plastics etc. We [the Sustainability Team] will be recognised and act as a first point of contact to support all staff to make improvements that contribute directly to, or are mindful, of our ambition to be a sustainable net zero organisation. 	<p>What this looks like:</p> <ul style="list-style-type: none"> A resourced Sustainability Team A named Sustainability lead at Board level A short summary update report that can be used for the sustainability section in 2020/21 and 2021/22 Trust Annual Report An updated two-year action plan to synchronise with the

				2022/23 business planning cycle
DATA, MEASUREMENT AND IMPACT	We will collate more detailed and granular data that will allow us to better understand our sustainability and environmental impact, alongside the economic and financial impacts, so we can evaluate progress of our Green Plan	High-quality data and measures and metrics are vital to: understand where the biggest opportunities are to reduce our environmental impact; assess, evaluate and report progress and improvement; and prioritise actions in annual plans. Ensuring that we act early to collect standardised NHS progress metrics can mitigate against any future legislation that incorporates those standardised metrics into financial settlements or contractual obligations.	<p>In 2021/22:</p> <ul style="list-style-type: none"> We [the Sustainability Team] will, in the absence of robust and comprehensive measurement approaches for all scopes of GHGE, will design a top-down and bottom-up measurement plan to can detect our movement towards net zero, and sense check this with internal and external stakeholders including system stewards responsible for national sustainability measurement. We [the Sustainability Team] will collaborate with stakeholders across the Trust to establish high-level reporting measures and metrics, and to support local data collection and measurement. We will also ensure that as national standardised measures are developed our measurement plan aligns with these. We [the Sustainability Team] will work with stakeholders across the Trust to understand how existing local and national datasets and the analysis of these (e.g., Estates Return Information, SDAT, Model Hospital, NHS Future Collaboration Hub etc.) can feed into our measurement plan to provide us 	<p>What this looks like:</p> <ul style="list-style-type: none"> An ICHNT sustainability measurement approach and plan A clearly defined high-level measure for the Executive scorecard A database with baseline and appropriate benchmarked data, with a mapping for a feasible future dashboard Engaging with others across the Trust and embedding data collection that can help us to better

			<p>with holistic insight to support prioritisation of actions in our action plans.</p> <ul style="list-style-type: none"> • We [the Sustainability Team] will explore how best to improve our understanding of our environmental impact related to travel e.g., using Health Outcomes Travel Tool, a staff survey, routine administrative data (such as car parking information, agile working, outpatient virtual consultations etc.), SDU Natural Resources Footprint resource and we will also explore the potential for collaboration with Imperial College that support this in ways that tie in to air quality and population health. • We [the Sustainability Team] will explore, and if appropriate, work with stakeholders across the Trust to complete the replacement to the Sustainable Development Unit SDAT tool in ways so as to support our understanding of progress and to make recommendations for our regular action plans. • We [the Sustainability Team] will begin work with local teams to explore opportunities to integrate clinical data with environmental data • We [the Sustainability Team] will begin work with colleagues from finance and Imperial College to identify and collate 	<p>understanding the environmental impact of their work programmes</p>
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			the appropriate data that will allow us to understand the health, economic and financial impacts of implementing our Green Plan	
COMMUNICATION	We will implement an awareness-raising communication campaign for our Green Plan that builds on the existing passion of individuals and teams.	A communication campaign is critical to the implementation of our Green Plan. An effective communication campaign will ensure that staff, patients, and our partners become aware of our Green Plan, the requirement for the Trust to become net carbon zero by 2050, and the adverse impact of climate change on health and inequalities. The campaign will allow us to test assumptions about our Green Plan and will support the identification of those that are passionate and wish to contribute and drive the Green Plan locally. The campaign will ensure that we have a consistent narrative from Board to ward and will reinforce the importance	<p>In 2021/22:</p> <ul style="list-style-type: none"> We [Communications Team] will work with other stakeholders across the Trust to co-produce and implement a communication plan that positions the Trust as a serious player in tackling net zero targets, creates widespread awareness and support for the Green Plan amongst all key target audiences; creates a high impact launch campaign to kick start our Green Plan and ensures that staff can interact with and co-produce Green Plan initiatives. Our communication plans will also ensure that the connection and synergies between the Green Plan and the Trust's other strategic programmes including developing our role as an anchor institution, digital transformation and integrated care, is clearly articulated and that it reinforces the Trust's commitment to continuous learning and innovation. We [the Sustainability Team] will explore the benefits of undertaking a comprehensive staff survey (versus piggybacking on the annual NHS Staff 	<p>What this looks like:</p> <ul style="list-style-type: none"> Design and delivery of a 'live' and ongoing communications strategy to galvanise all staff to act Secure awareness raising opportunities to raise carbon literacy and the adverse impact of climate change on health and inequalities with the Board, Executive, Divisions, staff, patients and the population

		and urgency of climate change and that we all have a part to play in reducing our impact on the environment.	<p>Survey) to: better understand attitudes to waste reduction, cutting carbon emissions, and delivering cost savings through supporting the environment; and to ascertain the best methods to engage, encourage and support staff to contribute to reducing our impact on the environment.</p> <ul style="list-style-type: none"> We [the Sustainability Implementation Group] will identify opportunities to continue to raise awareness and interest with the Board, the Executive, and Divisions (learning from NW Ambulances and Chapter Zero, the Directors' Climate Forum) on the sustainability and net zero agenda. 	
ENGAGEMENT AND LEARNING	We will creatively engage and learn with staff, patients and our local communities to galvanise and support local informed action that supports our Green Plan, using Big Room	Creative staff engagement creates the belief and desire to take active action to reduce our impact on the environment. The NHS staff survey has identified that three in four of our staff feel that we need to work in ways that reduce our impact on the environment, even if it costs more in the short-term; however, less than one in two staff feel that the Trust supports working	<p>In 2021/22:</p> <ul style="list-style-type: none"> We [the Sustainability Team] will co-produce a green network or community with staff, patients and key partners, making clear the scope, ways of working and expectations of the network. We [the Sustainability Team] will co-produce a Green Plan Big Room to dovetail with the green network or community and other Big Rooms. It will aim to galvanise and support local improvements through robust methodology, coaching and distributed leadership and will ensure that 	<p>What this looks like:</p> <ul style="list-style-type: none"> Launch a semi-autonomous green network or community Launch our Big Room Design an online sustainability education module for all staff and incorporate

	methodology and a green network or community as key drivers for learning and change.	in this way: this creates a perceived values gap where staff feel that they value sustainability more highly than their organisation does. Engagement, co-production and learning can narrow this gap and can empower staff to act on their intrinsic motivation and values to reduce our impact on the environment. Successful engagement will ensure that all staff have a voice in our Green Plan and are encouraged to identify local opportunities for improvement and are simultaneously supported to take action.	<p>sustainability is considered in other pathway Big Room actions.</p> <ul style="list-style-type: none"> • We [the Sustainability Team] will work with the Improvement Team and Imperial College London to design and deliver an online module on carbon literacy and sustainability into our quality improvement education offer at the Trust • We [the Sustainability Team] will act as a first point of contact, connectors and networkers to support the translation of ideas into local action and to support the capture and mobilisation of insights and learning to support local implementation and to celebrate success. • We [the Sustainability Team] will engage with staff to sense check our Green Vision for the Trust. • We [the Sustainability Implementation Group] will engage with Divisions to explore how best to engage staff with our Green Plan • We [the Sustainability Team] will explore how lay partners, patients and communities can contribute to and support our Green Plan. 	<p>sustainability into our Flow Coaching Academy curriculum</p> <ul style="list-style-type: none"> • Organise events for all staff to learn more about sustainability e.g., Lunch and Learn • Collate insights and share learning with a wide audience, including partners and system stewards • Engage with our Lay partner Forum to explore opportunities for patient and public involvement
VISIBLE ACTION AND IMPROVEMENT	We will ensure that local improvements	Ensuring that all those that have a role to play in implementing our Green	<p>In 2021/22:</p> <ul style="list-style-type: none"> • We [the Sustainability Team] will collate and share case studies of 	What this looks like:

	<p>that contribute to realising our aim to be a sustainable and net carbon zero organisation are rapidly initiated and visible to our staff, patients and population.</p>	<p>Plan are supported and their efforts are visible to all will: demonstrate our organisational commitment; inspire and engage others; and supports embedding culture. Recognising and celebrating success – especially successes that are unseen or less tangible – can be a powerful motivator for individuals and teams through showing appreciation which in turn will motivate staff to take the next step towards achieving our ambitious goals.</p>	<p>improvements that have a demonstrable impact on reducing our impact on the environment</p> <ul style="list-style-type: none"> • We [the Sustainability Team] will engage with stakeholders to secure local leads and teams to initiate key clinical GHGE improvements e.g. clinically appropriate switching from more harmful anaesthetic gases and inhalers to less harmful options, and encouraging more recycling and reuse. More information in appendix 2. • We [the Sustainability Team] will ‘shadow, test and learn’ to explore ways in which sustainability can be incorporated into procurement decisions and the support needed to make this a reality. And will explore how to better understand the financial impact of embedding sustainability into procurement decisions • We [the Sustainability Team] will support embedding digital solutions to ‘crowdsource’ local improvement opportunities that will reduce our impact on the environment, and we will support and coach teams to use organisational improvement methods when initiating action. • We [the Sustainability Team] will plan for a celebration event for year one of our Green Plan 	<ul style="list-style-type: none"> • A dedicated content and resource rich microsite on our Intranet for our Green Plan • Prioritise and Initiate a number of key NHS priority improvements outlined in appendix 2. • Publicly showcasing individuals and team successes through case studies and blogs • Updates to staff, patients and our communities on the Trust's progress and journey towards become a sustainable net zero organisation
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			<ul style="list-style-type: none"> We [the Sustainability Team] will explore the opportunity to focus a future round of Imperial Charity's Innovation Fund on sustainability, and will encourage staff to submit abstracts and secure external speaking opportunities about their actions that have reduced our impact on the environment 	<ul style="list-style-type: none"> Sharing insights and learning with other NHS organisations and the For a Greener NHS to facilitate and encourage action Contributing a sustainability perspective to internal work streams and consultations
PARTNERSHIPS	We will build partnerships with local authorities, local businesses, Imperial College and wider industry (including within our redevelopment work) to leverage	Building partnerships is critical to tackling complex problems that span organisational boundaries. By building successful partnerships we will strengthen our collective capacity, broaden our reach, and quickly identify new ideas, new insights and new resources, which will accelerate progress towards shared environmental and health goals.	<p>In 2021/22:</p> <ul style="list-style-type: none"> We [the Sustainability Team] will strengthen our relationship with the Shelford Group through contributing to and participating in the Sustainability Group so that we can share and learn in ways that accelerate our collective progress We [the Sustainability Team] will build relationships with Imperial College to explore opportunities for partnerships and collaboration to achieve our respective sustainability and strategic ambitions We [the Sustainability Team] will strengthen our relationship with 	<p>What this looks like:</p> <ul style="list-style-type: none"> An up-to-date external contacts database Contribution to CEO briefs as part of their programme of key stakeholder engagements and meetings Initiation of a small number of collaborations

	maximum impact.		<p>Imperial Charity to explore how the Charity can contribute to and support the implementation of our Green Plan</p> <ul style="list-style-type: none"> • We [the Sustainability Team] will work closely with and take the lead on the sustainability aspect of our anchors work stream • We [the Sustainability Team] will build relationships with north-west London local authorities to identify and contribute to partnerships and joint-initiatives that can support our respective sustainability and environmental ambitions • We [the Sustainability Team] will look to build close relationships with the For a Greener NHS Team to influence national policy and direction through our insights and learning • We [the Sustainability Team] will horizon scan the sustainability and net zero funding landscape and creatively engage with commercial partners to identify and secure grants that can support research and innovation and facilitate accelerated actions. 	<p>with Imperial Charity (starting with measuring air quality) and Imperial College</p> <ul style="list-style-type: none"> • Participation in national and pan-London sustainability networks and working groups • Identification of national and local external funding opportunities and from 2022/23 to securing a small number of external grants or funding opportunities that support implementation of our Green Plan.
GOVERNANCE	We will establish and implement an appropriate governance	Implementing a robust governance structure with agreed two-way reporting is a foundational step in embedding environmental	<p>In 2021/22:</p> <ul style="list-style-type: none"> • We [the Sustainability Team] will establish a Sustainability Implementation Group and associated 	<p>What this looks like:</p> <ul style="list-style-type: none"> • An implemented governance and

	<p>structure for our Green Plan, so that the outputs of the work are monitored, and their impact understood, and will ensure that the governance also provides assurance to other decision-making forum at the Trust</p>	<p>sustainability as a core organisation priority for the Trust. To support and reinforce the governance structure also needs to explore which elements of our Green Plan need to feature in the remit of our Board Committees. The Trust is required to become a net carbon zero organisation over the next 25 years, and achieving this will need capital investment and Executive and Board buy-in. By implementing a robust governance structure, we will have not only established clear lines of reporting and accountability, but also mitigated against future changes in Board and Executive leadership at the Trust so as to maintain continuity towards becoming a net carbon zero organisation.</p>	<p>Working Groups. We will agree the terms and reference of this Group, and secure cross-departmental membership including lay partners.</p> <ul style="list-style-type: none"> • We [the Sustainability Implementation Group] will agree and implement an appropriate governance structure for our Green Plan. • We [the Sustainability Implementation Group] will agree the format and reporting cycle to the Executive and the Board, ensuring that we are in alignment with the Imperial Management and Improvement System. • We [the Sustainability Team] will raise awareness of our Green Plan with the Chairs of our five Board Committees and work with them to explore aspects of the Green Plan that are relevant to their respective remits. 	<p>reporting framework for our Green Plan that ensures progress against the areas of priority action will be tracked and reported into our Executive Measurement Board and then up to Trust Board.</p>
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In addition to our Green Plan priority action areas for 2021/22 – that are described in the body of the main paper – we will establish seven key foundational cornerstones – see table below. These cornerstones will provide the support structures to accelerate progress toward reducing GHGE across the organisation, see table 1.

Table 1: Our seven foundation cornerstones of our Green Plan

CORNERSTONES	ACTIONS FOR 2021/22
1. Leadership and capacity	We will establish a Sustainability Team to lead the implementation of our Green Plan, and to provide leadership on this agenda within the organisation.
2. Data, measurement and impact	We will collate more detailed and granular data, and begin to collect scope 3 data, that will allow us to better understand our sustainability and environmental impact, alongside the economic and financial impacts, so we can evaluate progress of our Green Plan
3. Communication	We will implement a high-impact and ongoing ‘awareness-raising’ and empowering communication campaign for our Green Plan that builds on the existing passion of individuals and teams
4. Engagement and learning	We will creatively engage and learn with staff, patients and our local communities to galvanise and support local action that supports our Green Plan, using Big Room methodology and a green network as key drivers for learning and change
5. Visible action	We will ensure that local improvements that contribute to realising our aim to be a sustainable and net carbon zero organisation are rapidly initiated and made highly visible to our staff, patients and population
6. Partnerships	We will build partnerships with local authorities, local businesses, Imperial College and wider industry, including within our redevelopment work, to leverage maximum impact, and seek external funding that will allow us to accelerate our progress
7. Governance	We will establish and implement a governance structure for our Green Plan, so that the outputs of the programme are monitored, and their impact understood.

Cornerstones 1 and 2 – Leadership, capacity and governance: Our approach to becoming a sustainable net zero organisation begins with establishing a small core Sustainability Team to lead on the implementation of our Green Plan. This team will play a critical role in coordinating, connecting, supporting, learning, sharing, tracking and reporting progress from a wide range of work streams across the Trust that will transform us into a sustainable “net zero” organisation by 2045 – see Appendix 9 for articulation of the key long-term drivers within our Green Plan. We will use our first year to develop our foundational cornerstones and to develop longer term plans that capitalise on immediate opportunities, alongside providing overarching high-level stewardship towards “net zero” targets. We will name a Board level sustainability lead to chair a Sustainability Implementation Group. The new sustainability team will be led through our Strategy, Research and Innovation function to

signal that sustainability and environmental stewardship is everybody's business but will draw upon the leadership of Executive colleagues and their teams across a wide range of responsibilities

Cornerstone 3 – Data, measurement and impact: We will use year one of our Green Plan to reset around the new “net zero” targets and improve our baseline GHGE data. We will also explore how best we can utilise existing tools to shape and report on progress. Based on this we will improve the specificity of our core executive scorecard metric of reduction in GHGE. We will begin to explore ways in which we can better understand the financial and economic impact of becoming a sustainable net zero organisation and how to develop business cases and tenders that incorporate sustainability as an assessment domain. Our annual report 2019/20 highlights that we have a board approved plan to spend a minimum of £131 million on priority backlog maintenance items. By ensuring that this significant investment considers our environmental impact we will go a long way to learning how we can reduce our GHGE. And we will build partnerships with academics at Imperial College to better understand our impact on population health, quality of life, and health inequalities.

Cornerstones 4 and 5 – Communication, engagement and learning: We will adopt the principles of the successful Flow Coaching Academy and Big Room approach that has been adopted across our organisation to drive improvement and establish a Big Room. Using lessons from successful networks at the Trust and the Q Community Network we will co-produce our organisational communication campaign and our approach to engagement and learning. We believe that through co-production and the adoption of behavioural ‘nudges’ we can identify opportunities and empower our staff to act on intrinsic motivation and values to reduce our impact on the environment. A key engagement, insights and learning vehicle will be the establishment of a well-supported green network or community, with our aspiration being to match the highly successful 300+ Green Champions at Newcastle upon Tyne Hospitals NHS Foundation Trust within 5 years. We will devise innovate ways to support this network.

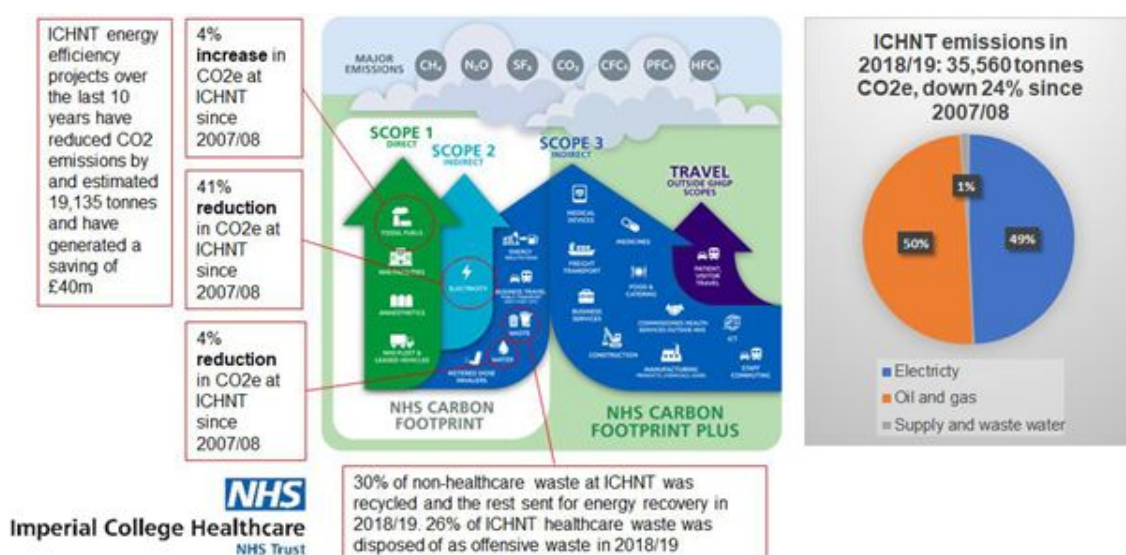
Cornerstone 6 – Visible action: We will create a content rich webpage on the Intranet and external website to ensure that sustainability initiatives are showcased, and members of staff are celebrated, and will plan for a celebration event as we collate examples of excellence and success from across the organisation. We will work with the Improvement Team to launch a module on sustainability and carbon literacy into our virtual quality improvement education offer to support local improvements driven by 90-day improvement cycles.

Cornerstone 7 – Partnerships: Partnerships – with local authorities, charities, and other health and care providers – will be critical to tackling this complex environmental problem that spans organisational boundaries. We will identify partnerships that will strengthen our collective capacity, broaden our reach, and rapidly identify new ideas, insights and learning and sources of external funding, that can accelerate progress towards shared partnership goals: in particular we will look to strengthen our partnerships with Imperial Health Charity and Imperial College London to explore ways that we can influence and support one another to achieve respective environmental goals, and horizon scan sustainability and net zero related funding opportunities that will accelerate our progress.

Appendix 2: Our data, measurement, and impact plan

Our greenhouse gas emissions (GHGE) can be split into our NHS carbon footprint and our NHS carbon footprint plus. Our NHS carbon footprint includes scopes 1, 2 and 3 and are GHGE that we can directly act upon; our larger NHS carbon footprint plus adds other scope 3 and travel GHGE that we can act in ways to influence others to decarbonise their organisations and their behaviours – see figure 1.

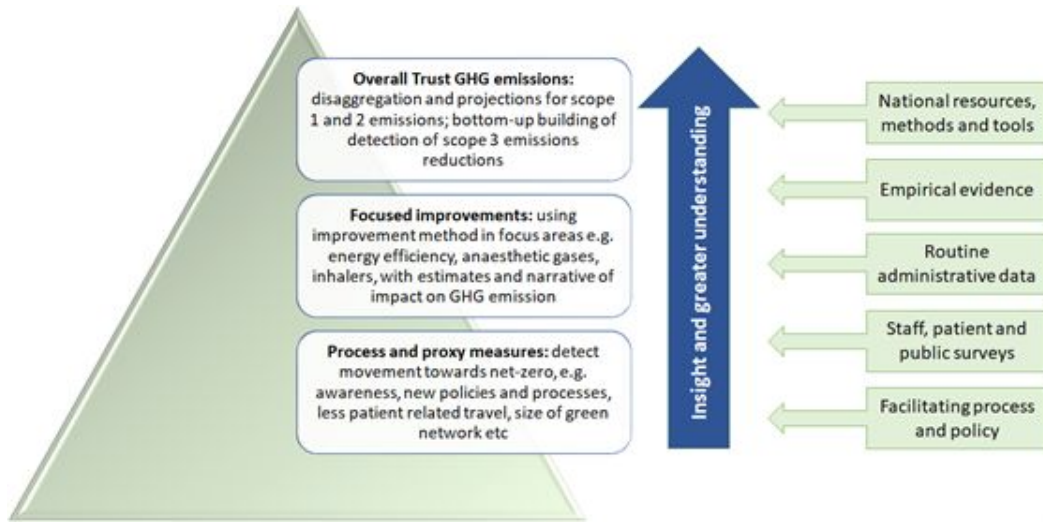
Figure 1: Greenhouse Gas Protocol scopes in the context of the NHS and a snapshot of progress to date at ICHNT



To date, we have a reasonable time series of our scopes 1 and 2 GHGE and have collated historical information relating to the impact of energy efficiency projects on GHGE and some information on waste reduction. We have very little knowledge of the more difficult to measure and our bigger NHS carbon footprint plus. Methods to establish an NHS organisation's baseline for scope 3 GHGE, whilst helpful, are fundamentally flawed for detecting movement towards net-zero. New resources that align more closely with the ambitions in Delivering a net-zero NHS are currently being developed nationally.

The use of reliable data and measurement is key to assessing the impact of our Green Plan. Our Green Plan measurement approach adopts a blend of logic, pragmatism and an improvement focus to assess progress towards net-zero. We will use existing data and resources where useful, generate relevant new data, embrace emerging methods, and frame data creatively to raise awareness, engagement and action. Our measurement plan focuses on three levels: overall Trust GHG emissions; specific areas of improvement; and process and proxy measurement. At all levels we will be generating knowledge that will allow us to estimate GHGE and to detect movement towards net-zero, waste reduction and improved air quality – see figure 2.

Figure 2: Our proposed Green Plan measurement approach



Overall Trust GHG emissions: We will improve the completeness of our overall scope 1 and 2 GHGE (e.g. adding GHGE associated with anaesthetic gas use), disaggregate data it into different sites, and explore the usefulness of other derived measures, e.g. GHGE per floorspace, per patient, or per staff, to help us detect movement towards net-zero. We will use readily available information (e.g. Energy Performance Contract plans) to model trajectories for scope 1 and 2 GHGE and assess them against interim net-zero targets. Finally, we will clarify our core executive scorecard metric of reduction in GHGE.

Each year we will update our overall position related to scope 1 and 2 GHGE highlighting actions that have or will reduce scope 1 and 2 GHGE and report on absolute GHGE reductions.

From 2021/22 we will prioritise securing visible action and improvement in the following areas, see table 1.

Table 2: Priority actions linked to our overall Trust GHG emissions

Priority action areas: overall Trust GHGE	Scope	Ambition
Remove fossil fuel heating	1	By 31 March 2022 to have a plan on how we will phase out oil and coal primary heating and replace with less polluting alternatives
Renewable electricity	2	Ensure that all electricity purchased is from renewable sources; consider on-site renewables
Greener NHS Fleet and leased vehicles	1	By 31 March 2022 to have a plan of actions on how we will educe air pollution from fleet vehicles: transitioning to exclusive use of low and ultra-low emissions vehicles; ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) by 2028; ensure car leasing schemes restrict high-emissions and promote ultra-low emission vehicles; cut business mileages and NHS fleet air pollutant emissions by 20% by 2023/24

Focused improvements: Our limited knowledge on scope 3 GHGE and the absence of a useful method to establish this, has led us to adopt a bottom-up approach to detect movement towards net-zero for scopes 1 and 3 GHGE. We will adopt local measurement plans (including cost information if possible) to generate relevant new data within focused improvements. As an illustration, a focused improvement to reduce the use of more environmentally harmful

anaesthetic gases and metered dose inhalers will allow us to monitor volumes of clinically appropriate switching of desflurane to sevoflurane and volumes of clinically appropriate switching from metered-dose inhalers to dry power-inhalers. This newly generated data will allow us to estimate a corresponding reduction in GHGE.

Our focus on specific improvements will be prioritised according to: internal resources; national direction; ‘quick wins’ and ‘high impact’; staff-initiated improvements; the SDAT; and unexpectedly opportunities that have high engagement. Not improvements will necessarily be suited to adopt measures that can allow for GHGE to be estimated. In such instances, we will encourage staff to consider and narrate the likely environment impact. And as new evidence emerges, we will explore if we can retrofit estimates of reductions in GHGE. Each year we will showcase successful improvements that have demonstrated movement towards net-zero. We will collate insights from these, and where efforts have not led to improvement, and will share the learning widely. And where GHGE have been estimated we will feed these into our overall Trust GHGE. From 2021/22 we will prioritise securing visible action and improvement in the following areas, see table 2:

Table 3: Priority actions linked to focused improvement

Priority action areas: Focused improvement	Scope	Ambition
Reduce harmful anaesthetics gases	1	By 31 March 2022 to reduce nitrous oxide and fluorinated gases used in anaesthetic gases: reduce proportion of desflurane to sevoflurane used in surgery to less than 10% by volume
Reduce impact of MDIs	3	By 31 March 2022 reduce nitrous oxide and fluorinated gases used in inhalers through clinically appropriate prescribing of lower GHG emitting inhalers and increase frequency of greener disposal of used inhalers
Reduce water use and waste	3	By 31 March 2022 to have a plan of action on how we will reduce water usage and waste through best practice efficiency standards and new innovations
ICT	3	Reduced reliance on office paper by 50% through digitisation, and 100% switch to recycled for all office-based functions; off-site servers
More sustainable use of medical devices	3	By 31 March 2022 to reduce use of (avoidable) single use plastics: consider signing up to the Plastics Pledge; maximise the rate of return of walking aids for re-use or recycling so 40% of all walking aids refurbished in the next 5 years; reduce, refurbish and reuse disposable (single use) products through a 10% reduction in clinical single-use plastics in the short term
More sustainable business travel	3	By 31 March 2022 to develop and operate expenses policies which promote sustainable travel choices: cut business mileages and NHS fleet air pollutant emissions by 20% by 2023/24: end business travel reimbursement for any domestic flights within England, Wales and Scotland; and ensure that any car leasing schemes restrict the availability of high-emission vehicles

Process and proxy measures: Proxy and process measures are important indicators of our direction of travel towards net-zero and build a picture of progress in the absence of time lagged data on GHGE. Measures include: staff and patient awareness; uptake of remote care; uptake of active travel; uptake of agile or remote working; on-site uptake of more sustainable food options; securing external funding; size and reach of our green network; improvement ideas; uptake of sustainability education; amendments to corporate policies and processes; assessment of the environmental credentials of suppliers; partnerships established; external sharing and showcasing opportunities; contribution to national policymaking etc.

Although in isolation most process and proxy measures will not tell us about GHGE reductions, however, in some cases supplemental analysis on associated reductions in distances travelled of staff, patients and suppliers may well do. We will work with our data analysts to explore how to capture and collate distance measures and to link it with other datasets that may allow us to generate estimates of GHGE.

Each year we will summarise, share and publicise corporate processes adapted that support our movement to net-zero. We will capture insights from implementing these and share our learning widely. From 2021/22 we will prioritise securing visible action and improvement in the following areas, see table 3.

Table 4: Priority actions linked to process and proxy measures

Priority action areas: Process and proxy measures	Scope	Ambition
Sustainable food and catering	3	By 31 March 2022 as far as clinically appropriate, to cease use at the premises of single use cutlery and plates, and cups made from expanded polystyrene or oxo-degradable plastic; and to reduce the use at the premises of single use plastic food and beverage containers, cup, covers and lids
Support sustainable staff commuting	3	To have a Trust Green Travel Plan that includes targeted interventions that provide support to shift away from cars, and in line with NHS People Plan sets out how staff can be offered flexibility in working patterns to choose sustainable commuting
Procurement: business cases	3	Decarbonising the supply chain through more efficient use of supplies; low carbon substitutions and innovation; and ensuring clear long-term signals on direction of travel to suppliers to encourage decarbonisation of their own processes
Procurement: Greener NHS estates and facilities	1	Procurement of more sustainable options (e.g. air conditioning, building fabric, space heating, ventilation etc.) as part of the maintenance and upkeep plans; replace lighting with 100% LED alternatives during routine maintenance activities; implementation of Estates and Facilities Management Stretch programme.
Reduce patient and visitor travel	3	Digital transformation that will significantly reduce travel and journeys to healthcare locations, with preventative care, care closer to home being delivered through remote consultations and monitoring
Construction	3	NHS organisations must ensure all new builds and refurbishment projects are delivered to net zero carbon standards

Appendix 3: Our consultation exercise and the key themes and principles that emerged

Our consultation exercise included:

- Discussions with 15 Trust colleagues*
- Discussions with other Trusts, Imperial College, Imperial Charity, arm’s length bodies and the IHI
- Reviewed other Trust Green Plans
- Reviewed key policy documents
- Light-touch review of existing sustainability initiatives at the Trust
- Mapped organisational strategy across to our Green Plan
- Engagement at the Lay Partners Forum
- Engagement at the Board seminar

* Director of Research, Strategy & Innovation, ICHNT; Director of Estates, ICHNT; Director of Redevelopment, ICHNT; Director of Communications, ICHNT; Director and Deputy Directors of Transformation, ICHNT; Chief Finance Officer and Deputy Chief Finance Officers, ICHNT; Deputy Director of HR, ICHNT; Clinical Fellow, ICHNT; Energy Manager, ICHNT; Waste Manager, ICHNT; Head of ICT Operations, ICHNT; Head of Grants, Imperial Health Charity; Sustainability Lead, Imperial College; Chief Executive, Asthma UK and Non-Executive Director ICHNT; Head of Sustainability, The Newcastle upon Tyne Hospitals NHS Foundation Trust; Utilities, Waste and Sustainability Manager, Kingston Hospital; Acting Associate Director Sustainability, Sussex Community NHS Foundation Trust; National Sustainability and Workforce Lead, NHS England and NHS Improvement; and Project Manager, Institute for Healthcare Improvement.

Four themes emerged from our consultation; these were:

- A Green Plan that is vision led and aligns to our values and anchor mission
- A Green Plan that is ambitious, flexible and holistic
- A Green Plan that makes sustainability visible to staff, patients and the public
- A Green Plan that leverages partnerships for greater impact

THEME 1: A Green Plan that is vision led and aligns to our values and anchor mission

1. Our Green Plan will align with our values and other wider strategies such as our status as an anchor organisation. We will ensure our Green Plan makes explicit the connection between climate change and health and wellbeing of staff, patient and the public. Our aim is for our Green Plan to be valued and prized as highly as our quality and safety “Golden Thread”.
2. Our Green Plan will embed the sustainability agenda into the heart of our organisation. We will ensure that we have strong governance that will remain locked-in irrespective of future leadership and staff changes. Our ambition is to

shift the default mindset that sustainability is only an estates and facilities concern to one where it is everyone's business to unlock synergistic wins.

3. Our Green Plan will be based on a vision that speaks of hope and recognises that we can have a cleaner, greener, healthier and more equitable future. We will ensure our Green Plan vision is co-produced. Our aim is to produce a positively framed vision that uses language that resonates with what matters to people.

THEME 2: A Green Plan that is ambitious, flexible and holistic

4. Our Green Plan will be mindful and responsive to the wider context in which we operate. We will ensure that our Green Plan adopts a regular annual cycle of reporting and two-year action plans. Our aim is to use our insight and learning to sequence a long-term path to becoming a net carbon zero organisation.
5. Our Green Plan will be underpinned with data, benchmarking, and measures and metrics so we can evaluate progress and success. We will ensure that our Green Plan collates tiered measures and metrics, with the high-level metrics aligning to national targets, supported by a range of local process data checkpoints that give us an indication of progress towards national targets. Our aim is to ensure that we remain flexible in prioritising actions that will have the greatest impact.
6. Our Green Plan will contain actions to reduce both direct and indirect CO₂ emissions. We will ensure that our Green Plan focuses on tackling some of the hardest challenges at the earliest opportunity for example the carbon footprint from the supply chain and procurement (i.e. elements of our carbon footprint plus). Our aim is to raise awareness that scope 3 emissions are a large source of emissions and is a critical challenge to becoming a net carbon zero organisation.
7. Our Green Plan will explore how best to support decision making that embraces sustainability as a criterion. We will ensure that our Green Plan contains focused actions on how to embed sustainability into internal business cases through learning from others and learning from experimentation. Our aim is to shape an offer of support and resources for teams to broaden purchasing and models of care decision making to include sustainability.

THEME 3: A Green Plan that makes sustainability visible to staff, patients and the public

8. Our Green Plan will ensure that we share, showcase and celebrate all our sustainability initiatives widely. We will ensure that our Green Plan raises the visibility to staff, patients and the public of all that we do as we move to becoming a net carbon zero organisation, valuing behind the scenes work as much as more visible local improvement. Our aim is to ensure that we are positioned and viewed as a learning organisation and leader in sustainable services.
9. Our Green Plan will be inclusive of all staff, patients and the public and empower them to play their part in achieving our sustainability ambitions. We will ensure that our Green Plan identifies and provides resources, support, and training for Green Champions to act as agents of change. Our aim is to support and mobilise

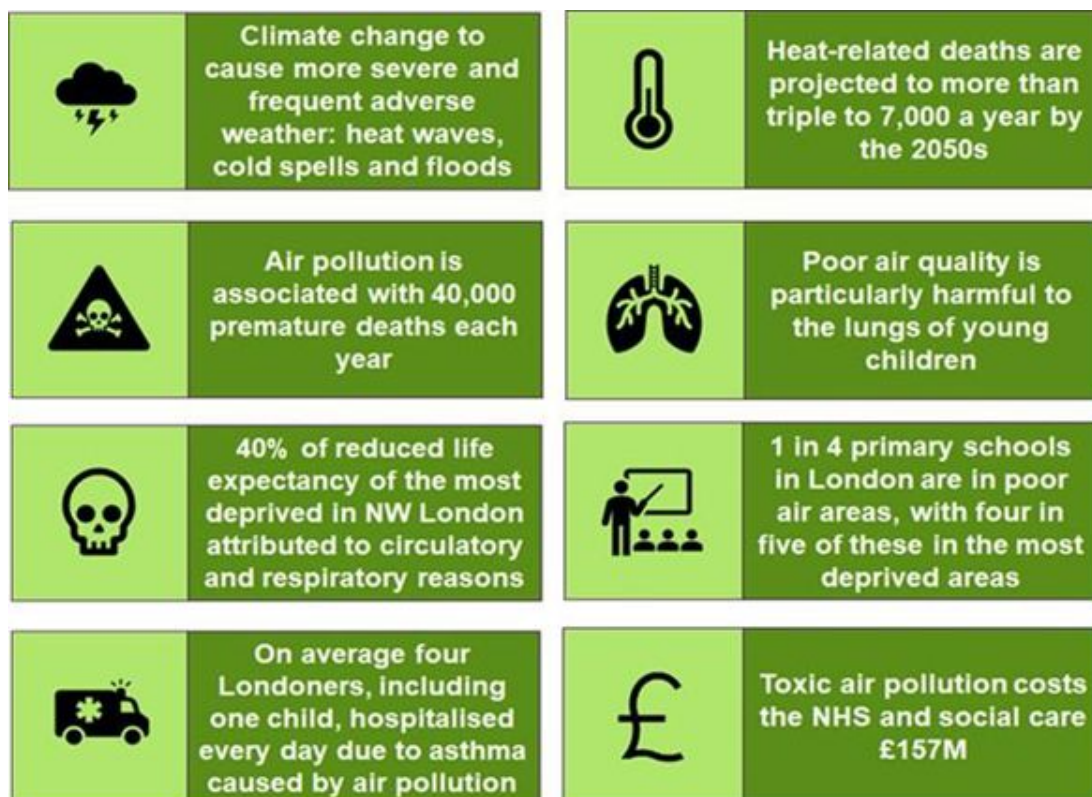
the expertise and intrinsic passion of our staff, patients and population to bring about sustained improvement and behaviour change.

THEME 4: A Green Plan that leverages partnerships for greater impact

10. Our Green Plan will build partnerships and relationships to leverage our resources in a joined-up and complementary way to have an even larger impact on reducing the carbon footprint across north west London. We will ensure that our Green Plan explores opportunities for wider collaboration and sources of external funding. Our aim is to position ourselves as a collaborative and influential partner that can accelerate sustainable development across north west London.

Appendix 4: Impact of climate change and air pollution on population health and health inequalities

Figure 3: Impact of climate change and air pollution on population health and health inequalities



Note: Circulatory includes heart disease and stroke. Respiratory includes flu, pneumonia, and chronic lower respiratory disease.

Sources: <https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution>;
<http://nora.nerc.ac.uk/id/eprint/512103/1/N512103CR.pdf>; House of Commons Environmental Audit Committee. Heatwaves: adapting to climate change. House of Commons; 2018
 (<https://publications.parliament.uk/pa/cm201719/cmselect/cmenvaud/826/826.pdf>);
https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf;
<https://www.london.gov.uk/press-releases/mayoral/poor-air-quality-aggravates-london-asthmatics>; <https://analytics.phe.gov.uk/apps/segment-tool/>.

Table 5: UK cities and the total damage costs of air pollution in 2018

City	Total annual damage	Per capita damage	Cost due to mortality	Cost due to morbidity
London (Greater London)	€ 11,380,722,416	€ 1,294	78.1%	21.9%
Greater Manchester	€ 2,409,496,795	€ 864	77.1%	22.9%
West Midlands urban area	€ 1,806,623,126	€ 715	75.5%	24.5%
Greater Glasgow	€ 725,554,288	€ 728	79.2%	20.8%
Tyneside conurbation	€ 693,464,304	€ 815	79.1%	20.9%
Leeds	€ 681,348,752	€ 870	76.8%	23.2%
Greater Nottingham	€ 573,415,750	€ 853	76.2%	23.8%
Bristol	€ 482,624,443	€ 1,055	75.8%	24.2%
Sheffield	€ 449,659,802	€ 781	78.4%	21.6%
City of Edinburgh	€ 405,596,047	€ 795	79.5%	20.5%
Belfast	€ 313,386,390	€ 922	78.7%	21.3%
Coventry	€ 307,482,400	€ 862	73.2%	26.8%
Leicester	€ 256,946,162	€ 731	71.7%	28.3%
Aberdeen City	€ 216,513,624	€ 944	75.8%	24.2%
Kingston-upon-Hull	€ 180,771,520	€ 694	73.2%	26.8%
Portsmouth	€ 178,880,114	€ 836	74.4%	25.6%
Stoke-on-trent	€ 175,038,211	€ 688	76.1%	23.9%
Plymouth	€ 162,987,147	€ 620	75.0%	25.0%
Thurrock	€ 139,404,477	€ 823	76.9%	23.1%
Reading	€ 125,521,630	€ 771	76.5%	23.5%
Warwick	€ 107,244,167	€ 767	76.8%	23.2%
Derry & Strabane Local Government District	€ 99,596,899	€ 663	76.7%	23.3%
Norwich	€ 90,023,372	€ 643	72.8%	27.2%

Source: <https://epha.org/how-much-is-air-pollution-costing-our-health/>

Appendix 5: Delivering a “Net Zero” NHS

Figure 4: Greenhouse Gas Protocol scopes in the context of the NHS

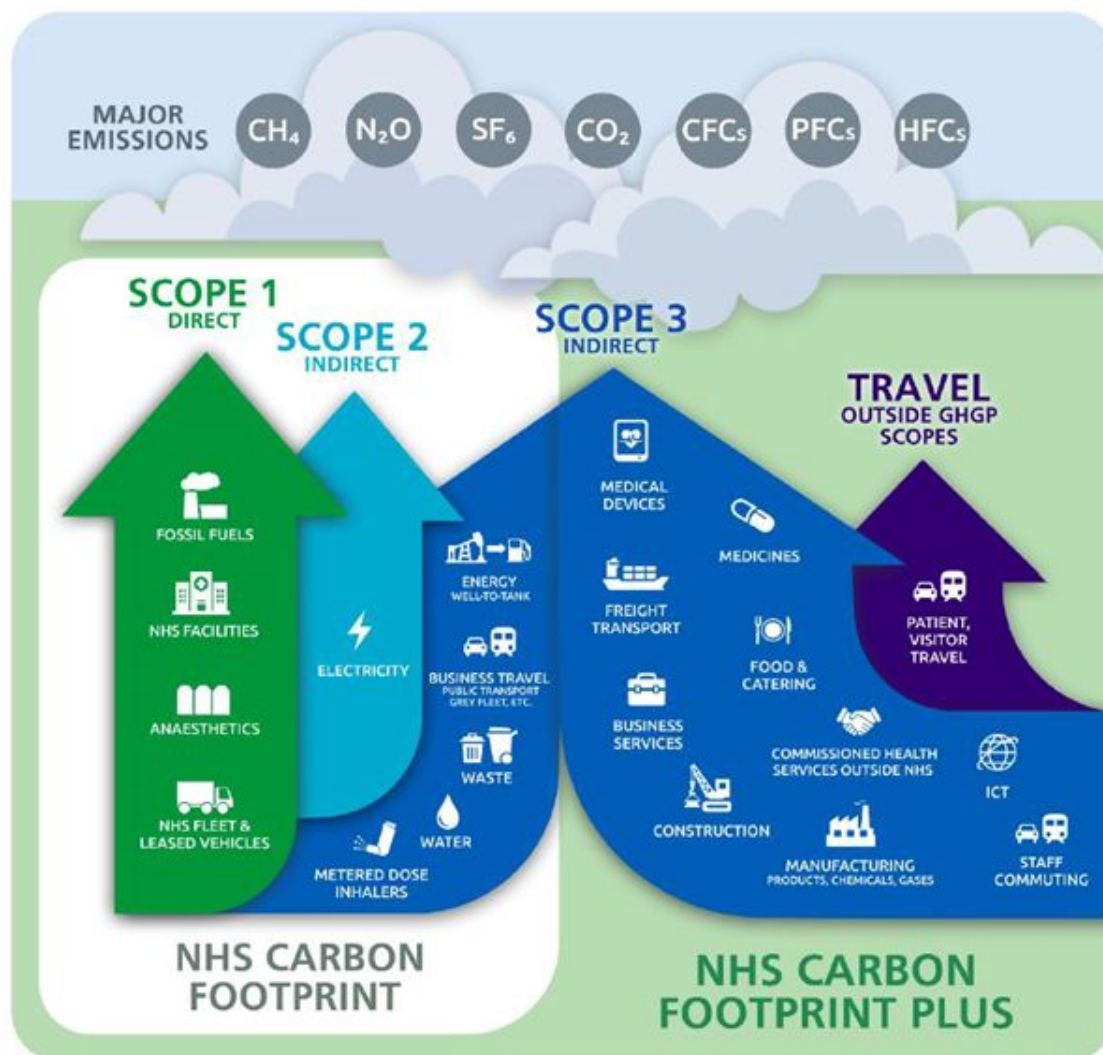


Table 6: Delivering a net zero NHS: interim and net zero targets for our carbon footprint and our carbon footprint plus

	Interim target	Net zero
Our NHS carbon footprint: GHGE we control directly	80% reduction by 2028	2040
Our NHS carbon footprint plus: GHGE we can influence	80% reduction by 2036	2045

Figure 5: Sources of carbon emissions by proportion of NHS Carbon Footprint Plus

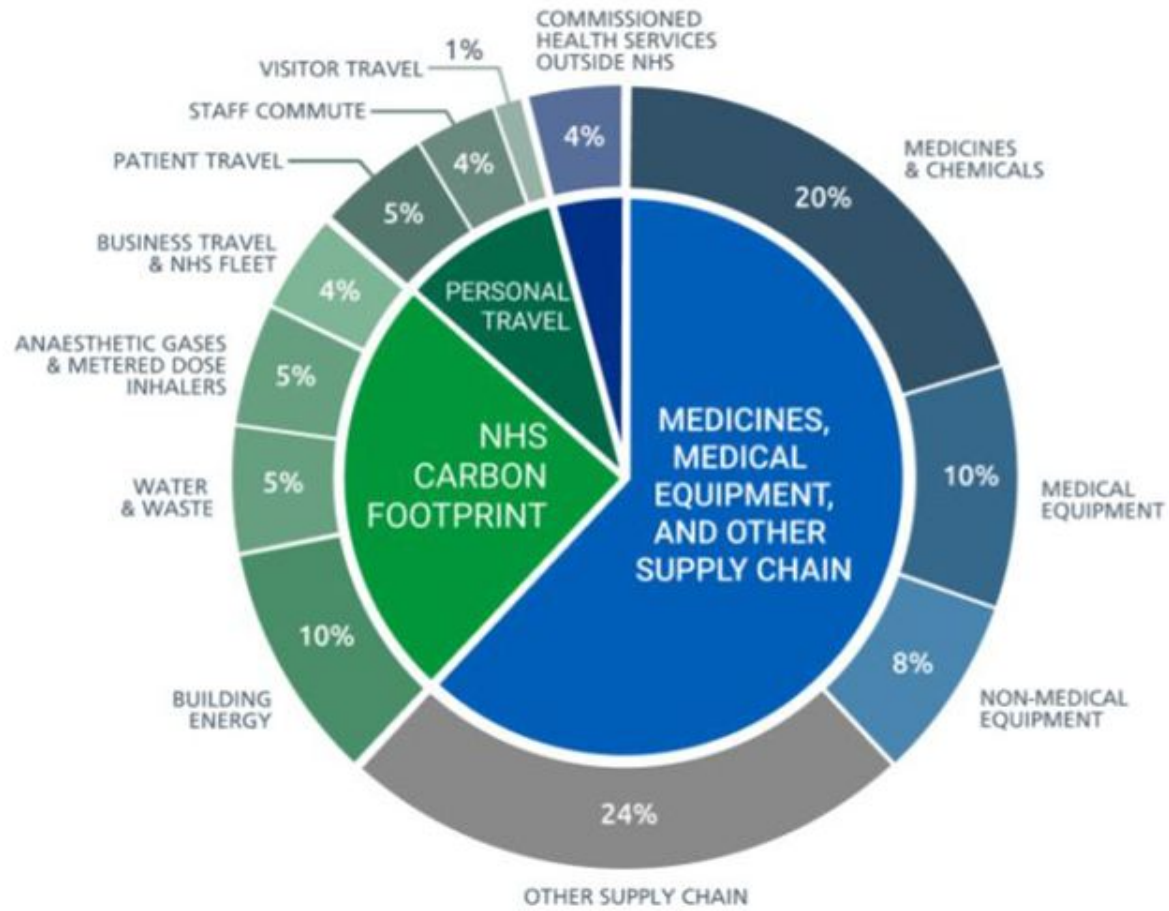
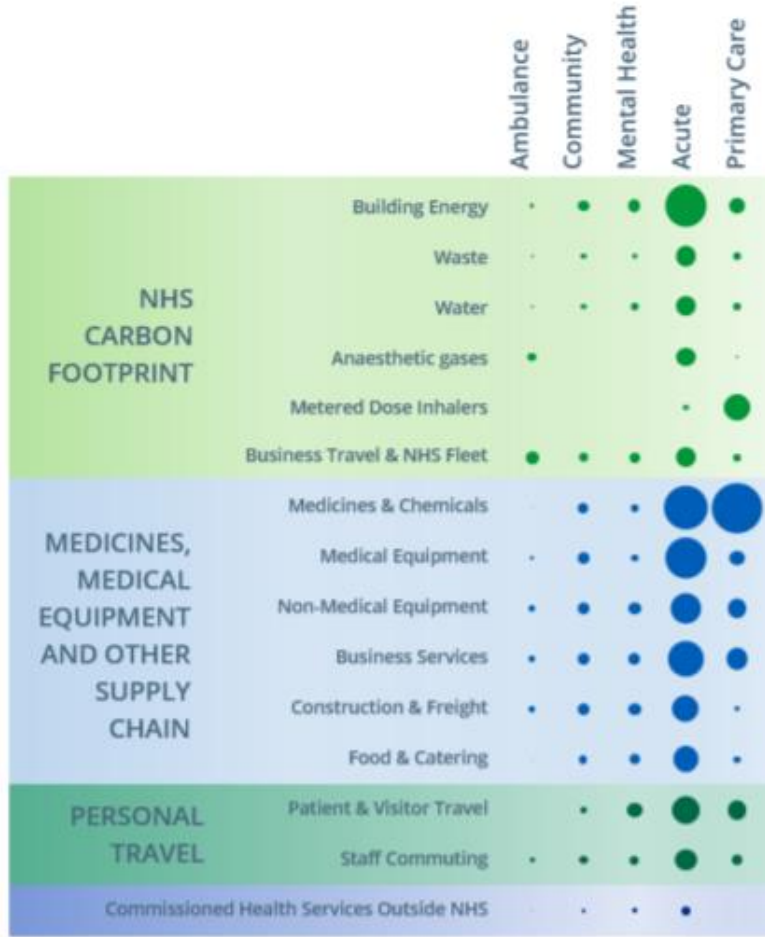


Figure 6: Sources of carbon emissions by activity type and setting of care



Appendix 6: ICHNT energy consumption and emissions 2007-08 to 2018-19

Table 7: ICHNT energy and water consumption between 2007/08 and 2018/19

Utilities	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Electricity (kWh)	59,076,028	46,769,819	64,634,406	42,198,672	39,289,008	38,851,307	52,601,644	53,481,451	53,444,000	54,757,547	56,038,735	56,987,818
Gas (kWh)	90,158,221	92,155,737	92,184,349	101,017,722	82,068,603	91,911,080	85,332,368	81,615,266	86,702,998	86,716,176	94,980,256	94,905,199
Oil (kWh)	743,339	1,922,238	1,089,731	1,028,508	1,135,198	628,156	552,656	4,451,195	2,843,588	658,070	1,248,875	565,174
Supply Water consumption (m3)	454,229	542,758	337,419	408,457	461,951	450,823	446,440	408,319	428,001	447,780	473,262	431,031
Waste Water consumption (m3)	406,125	515,620	320,548	388,034	438,853	428,282	424,118	387,903	406,601	425,391	449,599	409,479

Table 8: ICHNT carbon emissions between 2007/08 and 2018/19

Carbon emissions (tCO ₂ e)	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Electricity emissions (tCO ₂ e)	29,726	25,005	34,444	22,129	19,278	19,284	25,437	28,745	26,741	24,604	21,543	17,507
Gas emissions (tCO ₂ e)	16,698	17,068	17,073	18,709	15,200	17,023	15,705	15,097	15,992	15,956	17,492	17,459
Oil emissions (tCO ₂ e)	199	516	292	276	305	169	149	1,200	762	182	345	156
Supply Water emissions (tCO ₂ e)	156	187	116	141	159	155	154	141	147	154	163	148
Waste Water emissions (tCO ₂ e)	288	365	227	275	311	303	300	275	288	301	318	290
Travel emissions (tCO ₂ e)	83	83	83	83	83	83	83	83	83	83	83	83
TOTAL	47,152	43,225	52,237	41,613	35,336	37,018	41,827	45,540	44,014	41,280	39,944	35,643

Figure 7: Snapshot of ICHNT progress in reducing our carbon footprint against net zero targets

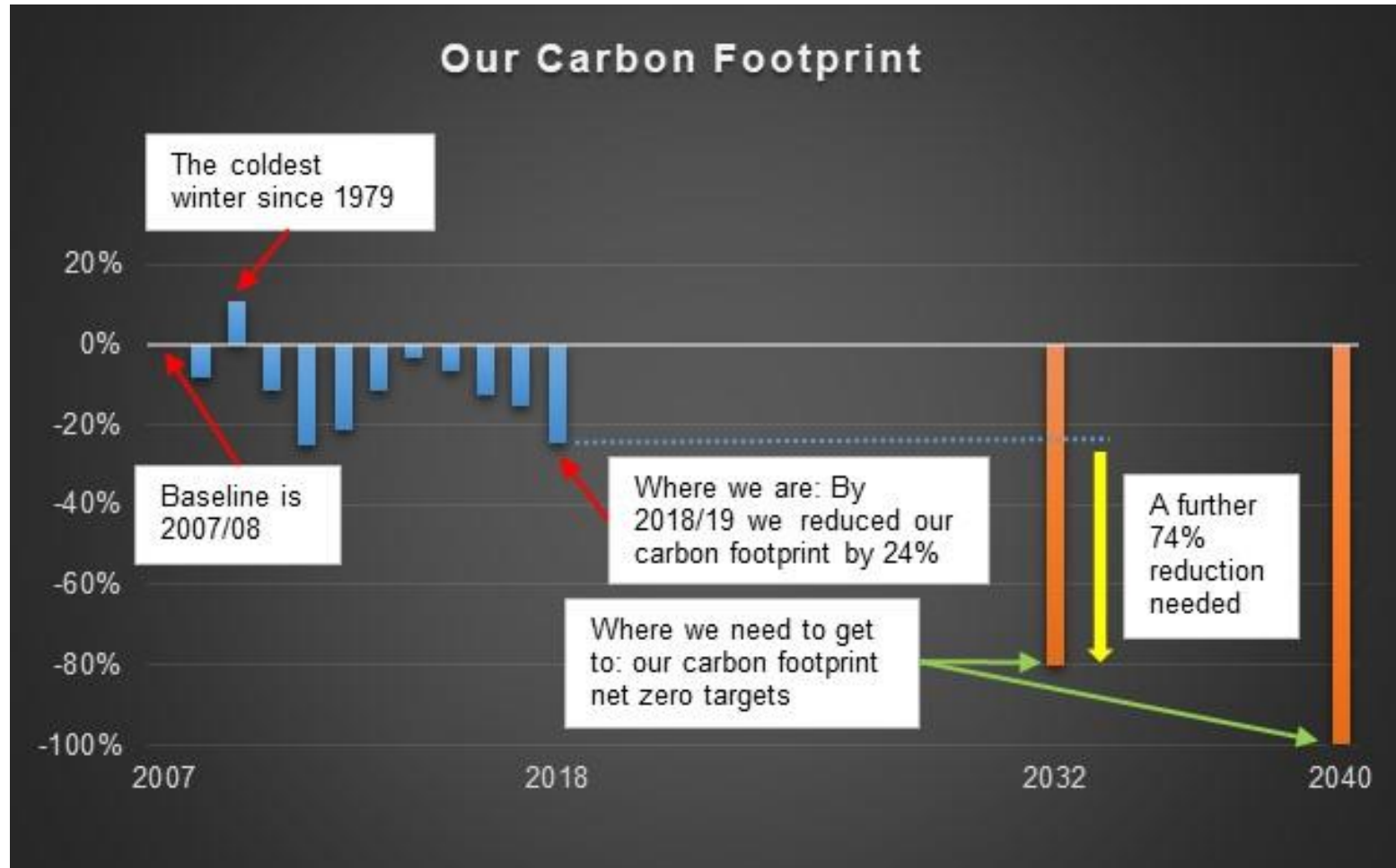
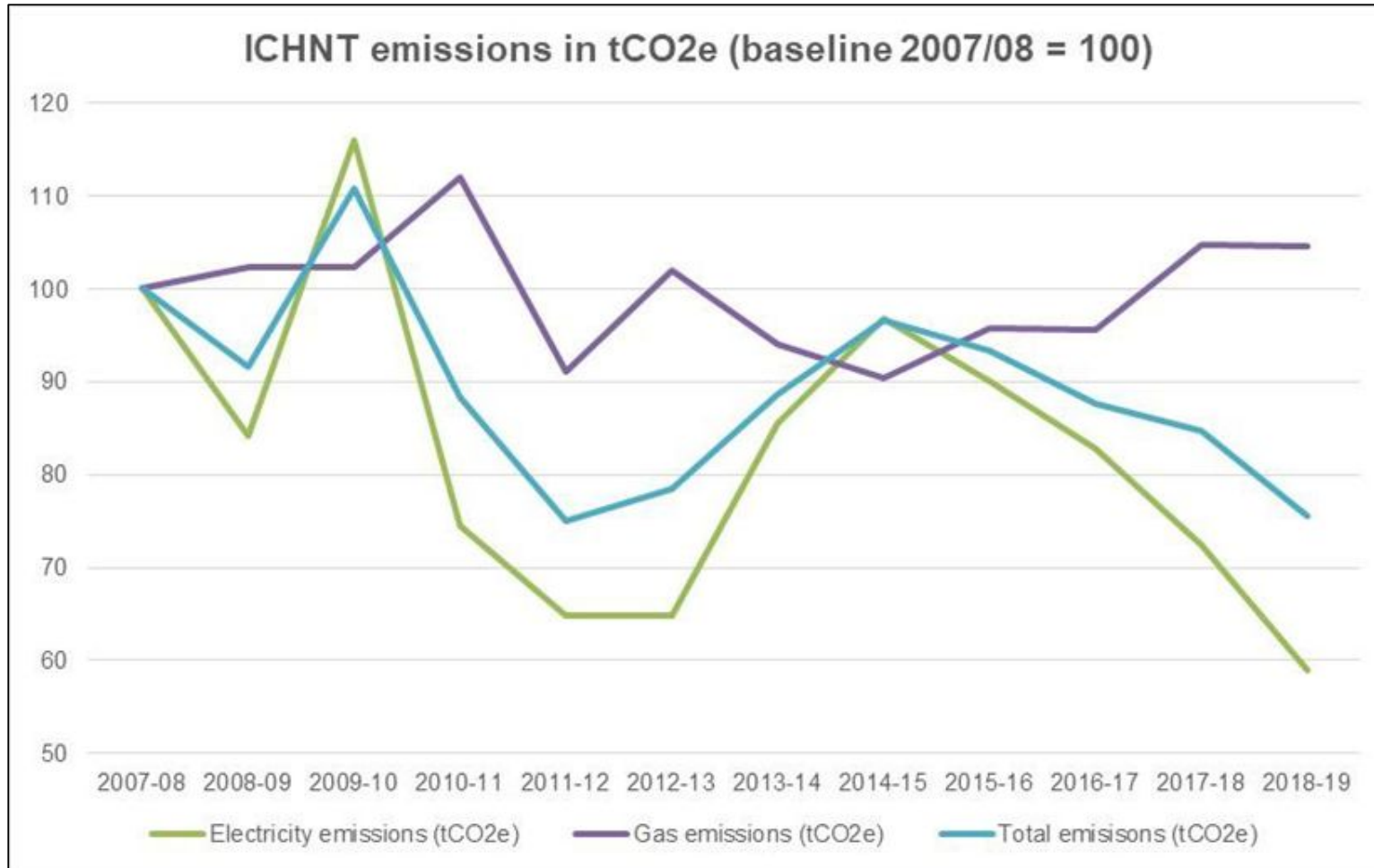


Figure 8: ICHNT carbon emissions associated with electricity and gas consumption between 2007/08 and 2018/19



Appendix 7: Existing initiatives at the Trust that contribute towards becoming a sustainable “net zero” organisation

Reducing energy consumption

Over the last 10 years through Salix Finance Ltd interest free loans we have completed 35 energy efficiency projects. These initiatives have led to a cumulative reduction in CO2 emissions by 19,135 tonnes a year and a projected lifetime saving of £40 million (through reduced energy use) against an investment of £10 million.

As of late 2020 we were progressing to extend the heat recovery system at Hammersmith and installing a new system at St Mary's which is expected to reduce CO2 emissions of around 2,300 tonnes a year (through reduced gas use) and is anticipated to result in an annual reduction in energy spend of £288,000 (or £3.7 million over 20 years) against an interest free loan cost of £1.3 million.

And in early 2021, we successfully secured a £26.9 grant million through the Public Sector Decarbonisation Fund that will lead to a reduction in our carbon footprint by 8,800 tonnes per annum. The associated work will be carried out by a specialist energy performance contractor. The grant will be used to secure an air source heat pump, which extracts heat from the air which can then be used to provide heating and hot water across the site, reducing the consumption of natural gas. In addition, it will be used to address some of the long-standing backlog maintenance matters, replacing old boilers and steam systems with modern, energy efficient equipment. Further investment will be made to improve the energy efficiency of lighting, pumping, HVAC and energy controls around the Trust hospitals, and photovoltaic solar panels will be installed to provide a sustainable green source for electricity and reduce the reliance on grid electricity. Depending on the implementation plans we are expecting to see cost savings on energy bills and reductions in emissions by the second half of 2022.

Reducing patient related travel emissions

We have significantly reconfigured how we deliver our outpatient services, in response to Covid-19, from face-to-face to virtual, which has saved patient travelling time, travel costs and reduced their exposure to social contact during the pandemic. We are continuing to explore how best we can embed telephone or video consultations as the norm for clinical consultation, advice and treatment planning. With annual outpatient appointments being well over a million virtual clinics that reduce patient travel to and from the hospital can significantly reduce associated CO2 emissions.

We are also making good progress with two projects that are looking to transform our renal services by encouraging post-transplant clinic patients to receive the majority of their outpatient care virtually and to increase the uptake of dialysis at home rather than in our satellite clinics. One in ten of our patient's currently undertake their dialysis at home and we are targeting a 5 to 10% increase in this number, by September 2021,

with a business case to increase the capacity of the home therapies team. The benefits to patients are that dialysis treatment can be done in the comfort of their own home, patients have the freedom to choose a dialysis schedule, and patients feel more in control of both their treatment and their leisure time. With renal services being among the biggest users of patient transport services increases in home dialysis and virtual clinics can significantly reduce CO2 emissions related to our travel and transport carbon footprint.

Reducing staff related travel emissions

We have produced a remote and agile working policy, as part of our ongoing recovery and reset work, and is framed to actively promote remote and agile working at the Trust. Around 2,000 staff (or 15% of staff) could switch to remote and agile working which will have a significant impact on reducing staff travel emissions – which are part of our wider carbon footprint plus. Other anticipated benefits include greater productivity (due to reduced travel time), greater work-life balance, improved recruitment and retention (including access to a larger recruitment pool of national candidates) and reduced onsite desk space and IT equipment (that can lead to a lower demand on space and energy).

We are moving a large part of our education and training offer to virtual and digital platforms and we have successfully adopted MS Teams and video conferencing as the primary mode of communication and collaboration. This is expected to reduce cross site travel of staff (with an associated saving in travel time) and may lead to a reduction in demand for use of the cross site 'Hopper', both of which will have a small impact on reducing staff travel emissions.

We have been supporting active travel for staff, and in response to a significant rise in demand due to Covid-19 have relaunched our Cycle to Work scheme. We are exploring how best to ensure the scheme can be more inclusive and we are promoting cycling as part of our Wellbeing Plan. We have refreshed our intranet pages, had Dr Bike come in to offer free maintenance sessions as part of our Thank You week, will be launching a Bike Users Group (BUG) and as part of our staff spaces workstream have funding earmarked from Imperial Charity to improve our cycling infrastructure and resources. We have also been supporting the #Weactive campaign and trialling and encouraging walking groups. The primary benefit is the health and wellbeing of our staff, with a secondary benefit potentially being reduced staff travel emissions as staff switch to less carbon dependent modes of travel such as cycling and walking.

Reducing staff and patient scope 3 emissions: re-imaging food and shop provision

Following various pieces of engagement work in the context of our Covid-19 response, we have been exploring the future direction of our on-site food and shops provision. Our food and retail transformation programme is centred on strengthening our staff support offering further, and we will explore how our retail provision can play a part in

elevating our role as an anchor institution. It also presents a timely opportunity to simultaneously reduce our carbon footprint.

As of late February 2021, the consultants appointed to undertake the first stages of scoping our food and retail programme offer have consulted a range of staff and hosted workshops. We have influenced those conversations and have sustainability and net zero targets amongst the wide range of criteria that the Trust need to consider when delivering a new food and retail offer for staff. We will continue to work with the consultants to guide what good looks like and will explore how best to detect movement towards net zero from our existing food and retail offer.

Reducing canal boat fumes entering St Mary's through partnerships with Westminster Council

We are working in partnership with Westminster Council who have been exploring with the Canal and River Boat Trust to look at long term solutions to the canal boat fumes that are entering parts of our St Mary's site and causing problems for staff and patients. A solution being explored include electronic charging points at the canal for boats to moor and charge electronically: a concept that a number of local authorities are looking into with Islington Council already in the process of implementation. Our partnership to date consists of us supporting Westminster Council's application to DEFRA for funding to be able to plan and design how this would work, and to look at engagement and consultation with stakeholders.

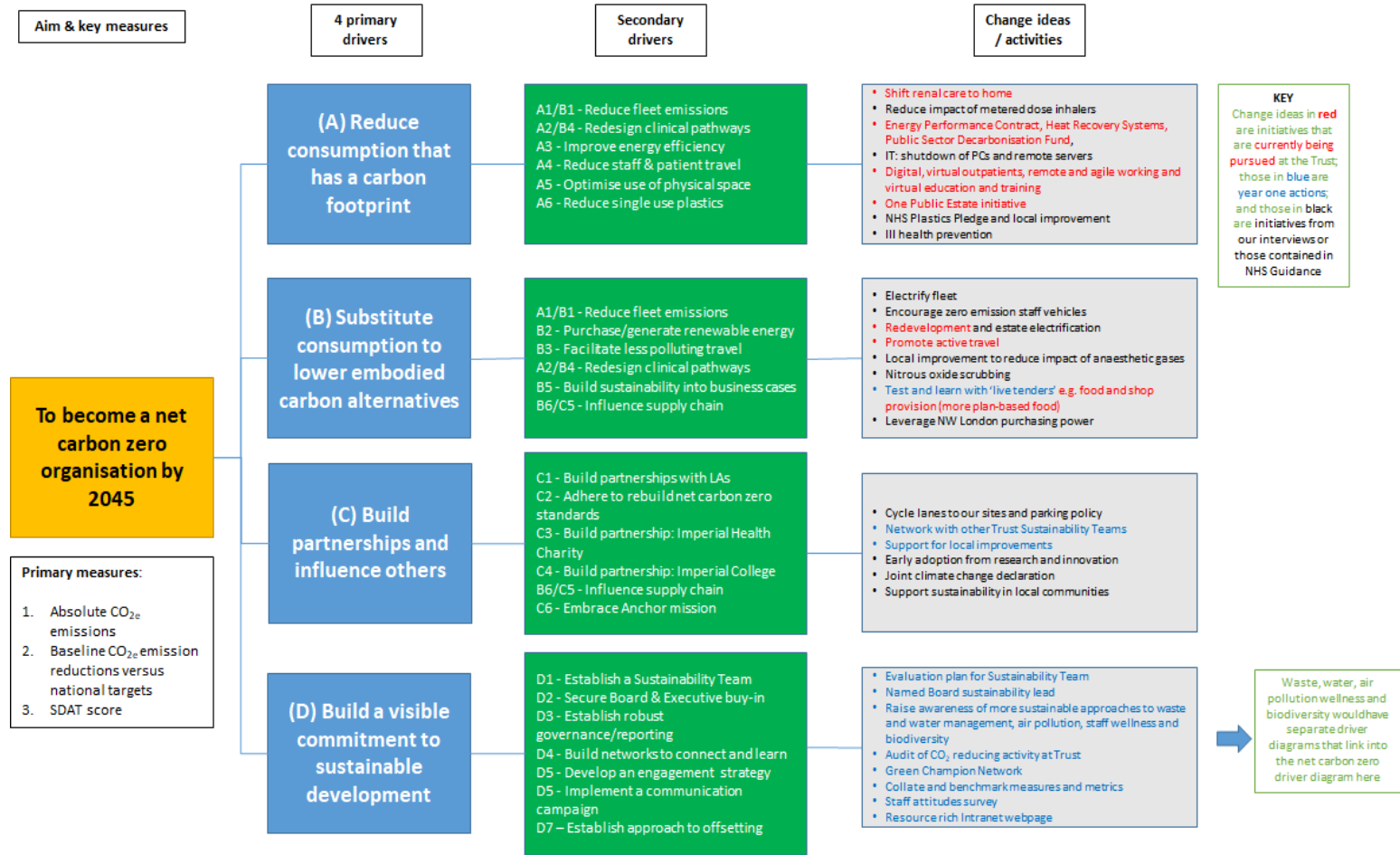
Appendix 8: The symbiotic relationship between our strategic goals and our Green Plan

Figure 9: The symbiotic relationship between ICHNT’s strategic goals and the ambitions of our Green Plan



Appendix 9: Driver diagram – articulating the key drivers of our Green Plan

Figure 10: Driver diagram for achieving net zero by 2045



Maternity services assessment and assurance tool



Quality and Safety Committee

Appendix 1:

We have devised this tool to support providers to assess their current position against the 7 Immediate and Essential Actions (IEAs) in the Ockenden Report and provide assurance of effective implementation to their boards, Local Maternity System and NHS England and NHS Improvement regional teams. Rather than a tick box exercise, the tool provides a structured process to enable providers to critically evaluate their current position and identify further actions and any support requirements. We have cross referenced the 7 IEAs in the report with the urgent clinical priorities and the ten Maternity incentive scheme safety actions where appropriate, although it is important that providers consider the full underpinning requirements of each action as set out in the technical guidance.

We want providers to use the publication of the report as an opportunity to objectively review their evidence and outcome measures and consider whether they have *assurance* that the 10 safety actions and 7 IEAs are being met. As part of the assessment process, actions arising out of CQC inspections and any other reviews that have been undertaken of maternity services should also be revisited. This holistic approach should support providers to identify where existing actions and measures that have already been put in place will contribute to meeting the 7 IEAs outlined in the report. We would also like providers to undertake a maternity workforce gap analysis and set out plans to meet Birthrate Plus (BR+) standards and take a refreshed view of the actions set out in the [Morecambe Bay](#) report. We strongly recommend that maternity safety champions and Non-Executive and Executive leads for Maternity are involved in the self-assessment process and that input is sought from the Maternity Voices Partnership Chair (MVP) to reflect the requirements of IEA 2.

Fundamentally, boards are encouraged to ask themselves whether they really know that mothers and babies are safe in their maternity units and how confident they are that the same tragic outcomes could not happen in their organisation. We expect boards to robustly assess and challenge the assurances provided and would ask providers to consider utilising their internal audit function to provide independent assurance

Maternity services assessment and assurance tool



that the process of assessment and evidence provided is sufficiently rigorous. If providers choose not to utilise internal audit to support this assessment, then they may wish to consider including maternity audit activity in their plans for 2020/21.

Regional Teams will assess the outputs of the self-assessment and will work with providers to understand where the gaps are and provide additional support where this is needed. This will ensure that the 7 IEAs will be implemented with the pace and rigour commensurate with the findings and ensure that mothers and their babies are safe.

Section 1

Immediate and Essential Action 1: Enhanced Safety

Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.

- Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.
- External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.
- All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months

Link to Maternity Safety actions:

Action 1: Are you using the [National Perinatal Mortality Review Tool](#) (PMRT) to review perinatal deaths to the required standard?

Action 2: Are you submitting data to the Maternity Services Dataset to the required standard?

Action 10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to [NHS Resolution's Early Notification scheme?](#)

Link to urgent clinical priorities:	
<p>(a) A plan to implement the Perinatal Clinical Quality Surveillance Model</p> <p>(b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB</p>	
What do we have in place currently to meet all requirements of IEA 1?	<p>Structured reporting mechanisms for the maternity dashboard are in place. They are reported and actioned within the Trust at Directorate and Divisional levels and exceptions are reported to the Executive Management Committee (Quality) by the Head of Midwifery or Trust Board Safety Champion. The trust governance process was reviewed and updated from September 2020 to improve the escalation through to board level. An executive huddle has also been implemented each week for urgent issues to be escalated to board level.</p> <p>The LMS review and actions dashboards formally every month.</p> <p>External clinical specialist opinion from outside the Trust is sought in all cases of Intrapartum Fetal Death (Health Service Investigation Branch, HSIB), maternal death (either from HSIB via an NHS England recommended specialist). Cases of neonatal brain injury and neonatal death that meet the criteria for HSIB investigation have External clinical specialist opinion from outside the Trust. A proportion of PMRT cases are reviewed by an external specialist as part of the Multidisciplinary Team (MDT) review panel. This external specialist opinion is arranged via the Local Maternity System (LMS), Imperial are partnered with Chelsea and Westminster Trust. This therefore leaves a small group of cases since November 2018 of neonatal brain injury and neonatal death where historically external clinical specialist opinion from outside the Trust has not been sought. As per CNST safety action 1 Perinatal Mortality review Tool (PMRT), 45/56 cases (80%) of perinatal death since 20.12.2019 meeting the PMRT criteria have been reviewed with an external member on the MDT review panel. Since June 2020 all review panels have had an external member present. All other required standards for Clinical Negligence Scheme for Trusts (CNST) safety action 1, PMRT, are 100% compliant to date. We continue to use the national PMRT to review perinatal deaths to the required standard.</p>

	<p>All maternity SI reports (and a summary of the key issues) are reported to the Executive Management Committee (Quality) on a monthly basis and to the local LMS for scrutiny, oversight and transparency. Historically the LMS had a process where some SIs with common learning themes were shared. This has now been changed to include all Maternity SIs.</p> <p>Data is submitted to the Maternity Services Data Set (MSDS) to the required standard and have met the 11 criteria for August 2020 data submission onwards.</p> <p>100% of qualifying cases have been reported to HSIB and (for 2019/20 births only) reported these to NHS Resolution's Early Notification scheme. All qualifying cases continue to be notified to HSIB.</p> <p>We are committed to implementation the Perinatal Clinical Quality Surveillance Model.</p>
<p>Describe how we are using this measurement and reporting to drive improvement?</p>	<p>There are clear examples internally and at LMS level where dashboard scrutiny has led to focussed audits, deep dives and shared learning internally and across the LMS. Examples include Friends and Family Test , Caesarean Section (CS) rates and second stage CS.</p> <p>As part of the CNST safety action 2 MSDS, the maternity service has been improving the documentation of ethnicity at the point of referral into maternity services. This is supporting a review of data in relation to women from BAME backgrounds. Data of women from areas of high levels of deprivation is also being reported. Both these categories and additional continuity of care plan fields, support the review and development of continuity of care teams within the maternity service.</p>
<p>How do we know that our improvement actions are effective and that we are learning at system and trust level?</p>	<p>Actions arising from SIs, dashboard monitoring etc. are followed up as part of the cycle of governance. Learning is shared across the Trust and LMS where relevant and equally learning from other Divisions is shared and actioned where relevant.</p> <p>Review of data has supported development of an action plan to ensure the trust meets targets for continuity of care set by NHS England. These are reported to the NWL LMS. The data continues to be reviewed each month and further actions implemented to improve the quality of data extracted from the maternity system.</p>

What further action do we need to take?	<p>We need to ensure that the small group of cases of neonatal brain injury prior to 37+0 that currently do not have external clinical specialist opinion from outside the Trust (HSIB) have this introduced.</p> <p>To continue ensuring all PMRT cases are reviewed with an external member on the review panel. The external member continues to be a consultant obstetrician.</p> <p>CNST Safety action 10 – to provide evidence of trust board oversight of qualifying cases from 1.10.2020 to 13.03.2021 and that they are assured that:</p> <ol style="list-style-type: none"> 1. The family have received information on the role of HSIB and the Early Notification scheme 2. There has been compliance in respect of Duty of Candour
Who and by when?	<p>The current Serious incident policy will be reviewed to ensure we explicitly describe the processes in place to investigate and learn from incidents in maternity including external scrutiny, dissemination of learning points and actions across the organisation. Timescale for final policy review will be April 2021.</p> <p>Interim lead midwife to confirm CNST safety action 10 compliance.</p>
What resource or support do we need?	<p>Funding will be required to remunerate the external experts for the cases of neonatal brain injury. Cost To Bb Confirmed.</p> <p>Funding to support safety action 1 compliance - 1.0 WTE PMRT band 7 midwife. Previous interim funding was achieved by the Maternity Transformation Programme (MTP).</p> <p>Funding to support safety action 1 compliance – 1 PA Consultant for PMRT reviews.</p>
How will mitigate risk in the short term?	<p>From January 2021 when 72 hour reports are reviewed by the Governance Panel, the group will ensure that all cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death requiring investigation have an external expert contributing to the investigation and recommendations.</p>
<p>Immediate and essential action 2: Listening to Women and Families</p> <p>Maternity services must ensure that women and their families are listened to with their voices heard.</p>	

- Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.
- The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.
- Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.

Link to Maternity Safety actions:

Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Action 9: Can you demonstrate that the Trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?

Link to urgent clinical priorities:

- (a) Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.
- (b) In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard.

What do we have in place currently to meet all requirements of IEA 2?	<p>The independent senior advocate role which reports to both the Trust and the LMS Boards will be a completely new role for the organisation. Currently there is no specific role in place and no job or role description to benchmark against.</p> <p>CNST safety action 1 PMRT - Please refer to IEA 1 to demonstrate compliance.</p> <p>CNST safety action 7 MVP - Imperial has an active MVP who are prioritising hearing the voices of women from BAME backgrounds and those living in high areas of deprivation. There were two recent events and another planned for February 2021 listening to women from BAME backgrounds. There has also been a listening event over seven weeks in October and November 2020. A co-chair has recently been appointed. FFT action plan have been followed through and clear examples of improvements following FFT and National Survey feedback.</p> <p>CNST safety action 9 – The trust is meeting compliance with this action in line with the updated guidance at relaunch of the scheme on 1st October 2020.</p> <p>We have an appointed a Non-Executive Director with oversight of Maternity Services.</p>
How will we evidence that we are meeting the requirements?	<p>The independent senior advocate role in place and carrying out the designated role (clarity over the specifics of the role has been requested from NHSE).</p> <p>MVP minutes, Terms of Reference, events, Whatsapp message, Antenatal Big room attendance, participation in quality improvement initiatives and feedback from events will be submitted.</p> <p>The Non-Executive Director carrying out their prescribed role.</p> <p>Stage 3 UNICEF Baby Friendly status achieved. Assessment fully based on user feedback.</p>
How do we know that these roles are effective?	<p>Feedback from women will be sought in regards to the independent senior advocate role.</p> <p>MVP involvement and contribution to maternity service development.</p> <p>NED participation in safety activities.</p>

<p>What further action do we need to take?</p>	<p>Ratify the Maternity Voice Partnership Terms of Reference (ToR).</p> <p>Clinical Commissioning Group to host MVP meetings as per NHSE guidance.</p> <p>Appoint the independent senior advocate role(s) and agree a pathway following confirmation from NHSE. The trust is awaiting further information.</p>
<p>Who and by when?</p>	<p>Head of Midwifery and MVP chair currently agreeing the updated ToR to reflect CNST requirements by end of March 2021.</p> <p>Independent senior advocate role appointment within the timeframe set by NSHE</p>
<p>What resource or support do we need?</p>	<p>Independent senior advocate job description and funding for the position.</p> <p>Funding to support midwifery leadership of the maternity quality and safety improvement programme – band 8b 1.0 WTE. Currently an interim position until the end of May 2021.</p>
<p>How will we mitigate risk in the short term?</p>	<p>The lack of independent senior advocate role is partially mitigated by-</p> <ul style="list-style-type: none"> • Our strong and active MVP group • HSIB • External expert as part of PMRT MDT review process • Consultant Midwifery support • Birth options clinics • Duty of Candour compliance • PMA's and birth reflections process • Complaints response/ PALS • Review of FFT data • Maternity Instagram account which provides up to date information and responds to queries • Review and action NHS Choices feedback • Imperial twitter account information sharing and responses to queries • Communications attend maternity service senior team Covid meetings and ensure timely dissemination of information via social media and intranet

	<ul style="list-style-type: none"> • Maternity helpline extended hours
<p>Immediate and essential action 3: Staff Training and Working Together</p> <p>Staff who work together must train together</p> <ul style="list-style-type: none"> • Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year. • Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward. • Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only. 	
<p>Link to Maternity Safety actions:</p> <p>Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?</p> <p>Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?</p>	
<p>Link to urgent clinical priorities:</p> <p>(a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.</p> <p>(b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place</p>	

<p>What do we have in place currently to meet all requirements of IEA 3?</p>	<p>We can give assurance that multidisciplinary training and working occurs and can provide evidence of this. However currently the evidence is not externally validated through the LMS, 3 times a year.</p> <p>Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.</p> <p>We can give assurance that consultant-led and present multidisciplinary ward rounds occur on the labour wards. There is 84 hour consultant presence at SMH 8am-8pm every day including weekends. There is 98 hr consultant presence at QCCH 8am-11pm every weekday and 8.30 am to 8pm on Saturdays and Sundays. The consultant obstetrician performs a multidisciplinary ward round at least twice daily with the junior medical staff on LW, midwifery coordinator, individual midwife from each room and anaesthetist. On occasion the anaesthetist may need to go to perform an epidural within 30 minutes of request and may need to leave the ward round, however, this will be updated.</p> <p>CNST safety action 8 – Multi-professional system testing has been in place at both labour wards. PROMPT has been reinstated since the relaunch of the CNST Maternity incentive scheme. Virtual half day sessions were on-going for all relevant staff groups to ensure compliance by end of March 2021. This included Covid-19, fetal monitoring training and neonatal resuscitation as per CNST requirements. The trust has cancelled all study leave in view of current surge of Covid-19 from 6.1.2021. Plans are in place to restart full day face to face training in April 2021. This may need to be reviewed in view of the current surge.</p> <p>We can give assurance that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only</p>
<p>What are our monitoring mechanisms?</p>	<p>LMS processes regarding monitoring of MDT training compliance and monitoring weekly hours of consultant presence on labour ward, ensuring compliance with a minimum of step 1 of the London Maternity Quality Standards.</p>
<p>Where will compliance with these requirements be reported?</p>	<p>Training compliance - locally at directorate Q&S meeting quarterly.</p> <p>Monthly CNST compliance updates to directorate and divisional meetings.</p> <p>LMS three times per year.</p>

What further action do we need to take?	<p>Ensure the LMS introduce Monitoring process for MDT training and working compliance including ensuring twice daily (morning and evening consultant ward rounds).</p> <p>Monitor trust changes to study leave and adjust plans for MDT training appropriately.</p>
Who and by when?	<p>LMS chair. End February 2021.</p> <p>HoM & CNST Lead Midwife review training in regards to trust advice and CNST guidance.</p>
What resource or support do we need?	<p>LMS requires appropriate funding of chairs to fulfil additional workload.</p> <p>Investment of 3.5 Programmed Activity for Consultant led elective CS lists on both sites. Currently there is no prospective cover for some of our lists. These additional PAs would ensure all elective CSs list are consultant delivered.</p> <p>Investment of 0.4 WTE band 5 scrub nurse for SMH elective caesarean section lists.</p> <p>Investment of Consultant 4 PA's for PROMPT (Practical Obstetric Multi- Professional Training). Previous interim funding was achieved by the Maternity Transformation Programme (MTP).</p> <p>Investment of 0.4 WTE band 5 admin support for PROMPT. Previous interim funding was achieved by the Maternity Transformation Programme (MTP).</p>
How will we mitigate risk in the short term?	<p>New starters have been prioritised for training since reinstating PROMPT.</p> <p>Plans when training restarted were for additional sessions to ensure all staff attended from December 2020 to end of March 2021.</p> <p>Recruitment of lead midwives for fetal monitoring.</p> <p>Datix review and escalation of risk concerns via trust governance pathway.</p> <p>Addition of training concerns to maternity risk register.</p>
Immediate and essential action 4: Managing Complex Pregnancy	

<p>There must be robust pathways in place for managing women with complex pregnancies</p> <p>Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.</p> <ul style="list-style-type: none"> • Women with complex pregnancies must have a named consultant lead • Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team 	
<p>Link to Maternity Safety Actions:</p> <p>Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?</p>	
<p>Link to urgent clinical priorities:</p> <ul style="list-style-type: none"> a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place. b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres. 	
<p>What do we have in place currently to meet all requirements of IEA 4?</p>	<p>Queen Charlotte's and Chelsea Hospital effectively functions as the North West London tertiary level Maternal Medicine Centre and NW London have put in an expression of interest for the region to be a National Maternal Medicine Network with QCCH as the Maternal Medicine Centre working in collaboration with all other units in NW London and further afield.</p> <p>NW London LMS has a Maternal Medicine CRG set up and Chaired by the Co-Chair of the LMS who is also Clinical Director of Maternity at ICHNT and the obstetric lead for the QCCH Maternal Medicine Centre. All units have identified leads for their maternal medicine service and are meeting monthly to establish a NW London maternal medicine directory of staff and pathways and referral criteria. The NW London Maternal Medicine co-chair sits on the London Maternal Medicine Steering Group and is involved with development of London-wide referral pathways.</p>

	<p>All women with complex pregnancies have a named consultant lead. Where a complex pregnancy is identified, there is early specialist involvement which can be at the point of referral to the maternity service. Management plans are created and agreed by the woman and the team.</p> <ul style="list-style-type: none"> • Both SMH and QCCH have joint obstetric diabetic clinics seeing women with pre-existing and gestational diabetes. The consultants leading these clinics take on the care of these women. • Women from St Mary's Hospital with highly complex medical problems are referred to QCCH. • QCCH has a fully staffed obstetric medicine service with obstetric physicians and speciality physicians conducting joint clinics with maternal medicine obstetricians and specialist midwives. Women are often seen from referring units and will deliver at the most appropriate unit either locally following advice from the tertiary centre, or at the centre itself if the additional expertise and support is required for delivery. • Continuity of care midwifery teams are in place at SMH for all complex pregnancies. • Named midwives attend the QCCH obstetric medicine clinics and there are plans in place for a continuity of care team of midwives for this group of women. <p>We are on track to have fulfilled all 5 elements of the SBLV2 by July 2021.</p>
What are our monitoring mechanisms?	<p>Datix for any woman with a complex medical problem who has not been referred to obstetric medicine clinic.</p> <p>Datix for any woman with an abnormally invasive placenta who has not been referred to AIP service at QCCH.</p> <p>Interim lead midwife for quality and safety, monitors overall compliance with SBLv2 and provide monthly reports to maternity Directorate and Division. Compliance is reported to the Trust board as per CNST guidance. Quarterly surveys are completed and submitted to the London reporting structure.</p>
Where is this reported?	<p>Directorate of Maternity Q&S and Management Board</p> <p>Division of Women, Children's and Clinical Support Q&S</p> <p>Imperial College Healthcare NHS Trust Board</p>

	<p>NW London Maternal Medicine CRG</p> <p>NW London Fetal Medicine CRG</p> <p>London Maternity Clinical Leadership Group</p>
<p>What further action do we need to take?</p>	<p>Create mechanisms to regularly audit compliance of having a consultant lead for complex pregnancies.</p> <p><u>CNST safety action 6 SBL:</u></p> <p>Complete quarterly SBL care bundle surveys.</p> <p>Implement audits for each element of CNST safety action 6 compliance. These are in development.</p> <p>Ensure submission of MSDS data from specification standards when required by NHS Digital.</p> <p>Element 1 - Restart Carbon Monoxide screening when identified safe within all areas of the maternity service environment.</p> <p>Element 2 – Recruit further sonographers to support the service. Improve the process of identification of women who meet the high risk criteria for growth scans. Currently there is no failsafe pathway in place. Ensure all staff receive annual training for use of symphysis fundal height charts. Study leave had been cancelled during the pandemic and midwifery education restarted in October 2020. However study leave has again been cancelled from 05.01.2021.</p> <p>Element 3 – Ensure women are being provided with the reduced fetal movement leaflet in different languages. The website has been forwarded to midwives.</p>
<p>Who and by when?</p>	<p>Audit leads for auditing compliance with consultant leads by April 2021.</p> <p>Interim lead midwife ensures SBL/ CNST compliance by July 2021.</p> <p>IT midwives continue to support the Business Intelligence Unit to ensure reporting of MSDS and development of audit data collation directly from Cerner system by July 2021.</p> <p>Updated antenatal care guideline to reflect recommended practice. Lead Obstetric consultant for the Antenatal Big Room by March 2021.</p>

What resources or support do we need?	<p>Need NHSE to declare where the National Maternal Medicine Networks NMMS will be located</p> <p>Require funding from NHSE for consultant obstetrician, consultant obstetric physician and specialist maternal medicine midwife to lead NMMN centres. The funding stream for this will be agreed with NHSE and the successful Service.</p> <p>Funding to support midwifery leadership of the maternity quality and safety improvement programme – band 8b 1.0 WTE.</p> <p>Funding to support substantively 2.0 WTE IT midwife posts. Previous interim funding was achieved by the Maternity Transformation Programme (MTP).</p> <p>Funding to support an audit midwife 1.0 WTE band 7 to enable development of action plans and improve performance of the SBL elements.</p> <p>Funding to support recruitment of additional 1.5 WTE band 7 sonographers.</p>
How will we mitigate risk in the short term?	<p><u>CNST safety action 6 SBL:</u></p> <p>Element 1 – women are being referred to smoking cessation services and data is being reviewed to ensure compliance with appendix H. Funding agreed and recruitment in progress for 0.6 WTE smoking cessation support person who will lead on referral to all services for the maternity departments. Interim lead midwife is working collaboratively with the NWL LMS sector wide approach for MatNeoSIP to reduce smoking in pregnancy.</p> <p>Element 2 – Full compliance with SBL appendix C. Appendix D full compliance from September 2020.</p> <p>Element 3 – Review of all women who attended triage/ MDAU with reduced fetal movements to ensure they had the appropriate documentation and computerised CTG completed.</p> <p>Element 5 – Pre-term assessment clinic compliant with appendix F. Failsafe process implemented September 2020 to review all women’s MSU result at their booking appointment to ensure completion of MSU test and action for abnormal results.</p>
<p>Immediate and essential action 5: Risk Assessment Throughout Pregnancy</p> <p>Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.</p>	

- All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional
- Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.

Link to Maternity Safety actions:

Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Link to urgent clinical priorities:

- A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.

What do we have in place currently to meet all requirements of IEA 5?

Antenatal on-going risk assessment information included within the antenatal care guideline.

Antenatal guideline includes:

- Screening questions, 'what matters to you' at 16 & 28 weeks
- birth planning at 32 & 36 weeks
- referral process to birth options clinic
- referral process to home birth team

Cerner documentation - antenatal risk assessment documentation on obs and assessment at each visit.

	<p>Continue pathway for women who request birthing outside of guidance.</p> <p>Birth options clinics for women birthing outside of guidance. The birth options clinic is led by the consultant midwife and supported by a link consultant obstetrician. The team has recently expanded to support the increasing demand for this cross-site service. Referrals are received from the multidisciplinary team via the birth options referral form.</p> <p>Common reasons for referral are:</p> <ul style="list-style-type: none"> -a history of complex birth -considering birthing outside of clinical guidance -previous traumatic birth and considering options for this birth -choosing to have a caesarean section <p>Consultations are either midwifery-led and/or midwifery/consultant-led. Professional interpretation services are offered for non-English speaking women. The one-hour consultation offers an opportunity for women and their partners to explore their options whilst ensuring that a discussion takes place based on best available evidence and the recommendations for a safe birth are discussed. Women are offered additional appointments if necessary. If women choose to birth outside of clinical guidance – a robust care plan is created and disseminated to the teams. The consultant midwife provides ongoing support during the pregnancy pathway to the midwifery team. On call support for out of guidance birth is provided by the consultant midwife and the midwifery managers on call.</p> <p>MVP and service users have been involved in the development of 'Women who Choose to Birth outside of Guidance' guideline via ICHT Antenatal Bigroom.</p> <p>The guideline includes:</p> <ul style="list-style-type: none"> -referral flow chart -guidance on care planning -care plan template
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	SBL appendix E included in the Clinical Risk Assessment guideline. This is available on the trust intranet.
What are our monitoring mechanisms and where are they reported?	To give further assurance auditing of risk assessment completion will commence from Jan 2021. Audits for SBL are in development. Please refer to IEA 4. Regular Audit mechanisms are in place to assess compliance with personalised Care and Support Plan via the LMS Mum and Baby app.
Where is this reported?	Directorate of Maternity Q&S and Management Board Division of Women, Children's and Clinical Support Q&S Imperial College Healthcare NHS Trust Board
What further action do we need to take?	Ratify the updated antenatal care guideline. Cerner obs and assessment available for 38/40 weeks gestation.
Who and by when?	Antenatal care guideline author - Consultant obstetrician by end March 2021. IT midwife to address the Cerner change with the maternity Cerner user group. Date TBC as current freeze on changes.
What resources or support do we need?	Funding for sonographers, PMAs, IT and audit midwives as per IEA 4.
How will we mitigate risk in the short term?	Escalation of concerns with scan capacity to directorate as required. Review of datix and risk. Dissemination of care plan to senior midwifery managers for women choosing to birth outside of guidance.

	<p>Senior midwifery out of hours on-call support.</p> <p>Consultant midwife support and attendance for women choosing to birth outside of guidance.</p> <p>Support from the safeguarding team which includes specialist midwifery support.</p>
<p>Immediate and essential action 6: Monitoring Fetal Wellbeing</p> <p>All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.</p> <p>The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: -</p> <ul style="list-style-type: none"> • Improving the practice of monitoring fetal wellbeing – • Consolidating existing knowledge of monitoring fetal wellbeing – • Keeping abreast of developments in the field – • Raising the profile of fetal wellbeing monitoring – • Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported – • Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice. • The Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training. • They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. • • The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 and subsequent national guidelines. 	
<p>Link to Maternity Safety actions:</p> <p>Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?</p> <p>Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?</p>	

<p>Link to urgent clinical priorities:</p> <p>a) Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.</p>	
<p>What do we have in place currently to meet all requirements of IEA 6?</p>	<p>We have allocated Lead Consultant Obstetricians Charity Khoo at QCCH and Pippa Letchworth at SMH. Recruitment to the midwifery roles (fetal Monitoring Midwives) is in progress and they will be in place in January 2021. 1.0 WTE band 7 midwife each site.</p> <p>Training was reinstated in a virtual format after the first wave of Covid-19. To ensure compliance with CNST, the following was implemented:</p> <ol style="list-style-type: none"> 1. Virtual PROMPT training included fetal monitoring session 2. Completion of K2 package (CNST acknowledge this as a half day of training) 3. Pass K2 assessment (pass mark 85%) <p>All relevant staff to attend and complete the above before the end of March 2021.</p> <p>In addition to this, weekly virtual fetal monitoring meetings were implemented since November 2020.</p> <p>Midwifery education resumed in a virtual format in October 2020. To ensure compliance for all relevant staff groups with a full day training for fetal monitoring, a half day MDT fetal monitoring session was included, however all staff will not have attended by the end of March 2020 as above.</p> <p>From 05.01.2021 all study leave has been cancelled by the trust due to the pandemic. Once the trust advises that study leave can be resumed a plan will ensure timely training for staff.</p>
<p>How will we evidence that our leads are</p>	<p>Leads in Post.</p> <p>Improved practice regarding Fetal monitoring.</p> <p>Training compliance.</p>

undertaking the role in full?	<p>CNST compliance by July 2021.</p> <p>Improved fresh eyes data following monthly audits and implemented actions.</p>
What outcomes will we use to demonstrate that our processes are effective?	<p>Improved practice regarding Fetal monitoring in labour.</p> <p>Training compliance</p> <p>Reduced SIs and incidents related to Fetal Monitoring.</p>
What further action do we need to take?	<p>Await guidance to restart mandatory training.</p> <p>Continue to assess training compliance and prioritise staff for the next available sessions.</p>
Who and by when?	<p>Education team to maintain training compliance records and prioritise staff, On-going. Awaiting confirmation when to restart study leave.</p>
What resources or support do we need?	<p><u>L</u>ong term funding for Fetal Monitoring Midwives. Current Funding is only for 4 months. 2.0 WTE band 7. Interim funding was achieved by the Maternity Transformation Programme (MTP).</p> <p>Long term funding for Lead Obstetricians.</p> <p>K2 package funding.</p>
How will we mitigate risk in the short term?	<p>Continue to review fresh eyes data.</p> <p>Review of datix and risk.</p> <p>All relevant staff were requested to continue completion of K2 package and ensure compliance with pass of assessment.</p>
Immediate and essential action 7: Informed Consent	

<p>All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.</p> <p>All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care</p> <p>Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care</p> <p>Women's choices following a shared and informed decision-making process must be respected</p>	
<p>Link to Maternity Safety actions:</p> <p>Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?</p>	
<p>Link to urgent clinical priorities:</p> <p>a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.</p>	
<p>What do we have in place currently to meet all requirements of IEA 7?</p>	<p>MVP involvement in service development and quality improvement.</p> <p>What Matters to You Campaign.</p> <p>ICHT maternity website under restructure – incorporating cross-site maternity virtual tours.</p> <p>Mum and Baby app.</p> <p>Offer of birth options clinics for women choosing to birth outside of guidance.</p> <p>Ratification of antenatal guideline to include relevant pathways for birth planning with women's involvement.</p> <p>Patient information leaflets (RCOG, TOMMY's) including different languages.</p>

	<p>PRISM – Bespoke virtual antenatal education for women and partners offered to all women accessing the maternity service. Consists of 5 core modules and specialised modules – all modules cover pathways of care.</p> <p>Development of e-course workbook combined with education videos.</p> <p>E-course workbook being translated into top ICHT non-English speaking languages.</p> <p>Home Birth Guideline</p>
Where and how often do we report this?	<p>CNST updates monthly to directorate and divisional Q&S meetings.</p> <p>App use is monitored via the LMS</p>
How do we know that our processes are effective?	<p>Mum and Baby app data provided by LMS.</p> <p>Feedback from women.</p> <p>FFT.</p> <p>Review of complaints.</p>
What further action do we need to take?	<p>Ratification of the antenatal care guideline.</p> <p>Audits to ensure women are provided with leaflets for reduced fetal movements as part of CNST safety action 6 SBL.</p>
Who and by when?	<p>Antenatal care guideline author - Consultant obstetrician by end March 2021.</p> <p>IT midwife to continue developing SBL audits.</p>

<p>What resources or support do we need?</p>	<p>Funding for an audit midwife as detailed previously.</p> <p>Additional Consultant Midwife</p>
<p>How will we mitigate risk in the short term?</p>	<p>Review of datix and risk.</p> <p>MDT support and clear birth planning for women who birth outside of guidance.</p>

Section 2	
MATERNITY WORKFORCE PLANNING	
Link to Maternity safety standards: Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	
We are asking providers to undertake a maternity work-force gap analysis, to have a plan in place to meet the Birthrate Plus (BR+) (or equivalent) standard by the 31st January 2020 and to confirm timescales for implementation.	
What process have we undertaken?	<p>Safety action 5 – midwifery workforce</p> <p>We have undertaken a recent midwifery workforce gap analysis. The analysis confirmed that the maternity service is fully meeting the safe midwifery staffing levels as recommended by BirthRate Plus.</p> <p>Safety action 4 – clinical medical workforce</p> <p>Gap analysis being undertaken and all areas requiring obstetric, anaesthetic and neonatal support being reviewed to ensure compliance with:</p> <ul style="list-style-type: none"> • Requirement of London Maternity Quality Standards <ul style="list-style-type: none"> ○ minimum step1 consultant obstetric presence on LW- compliant ○ consultant anaesthetist allocated to each CS list- compliant • CNST standards <ul style="list-style-type: none"> ○ Addressing junior obstetric doctor rota gaps - in progress

	<ul style="list-style-type: none"> ○ Anaesthesia Clinical Services Accreditation (ACSA) standards 1.7.2.5, 1.7.2.1 and 1.7.2.6- in progress. Compliance confirmed with standards on prior CNST guidance (February 2020). ○ British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing of neonatal unit - meet the BAPM standards for optimal staffing levels on both units ○ neonatal nursing standards in neonatal unit – non-compliant. SOP is in place to follow and any deviation is reported via Datix and investigated. ● Other Ockenden standards <ul style="list-style-type: none"> ○ twice daily consultant obstetrician led multidisciplinary ward rounds- compliant ○ obstetric and midwifery leads for fetal monitoring- compliant from Jan 2021
How have we assured that our plans are robust and realistic?	We have an assigned lead to review all plans who updates Directorate of Maternity Management Board monthly
How will ensure oversight of progress against our plans going forwards?	<p>Directorate of Maternity Management Board</p> <p>Divisional Board</p> <p>Trust Board</p> <p>NW London LMS Board</p>
What further action do we need to take?	<p>Complete gap analysis</p> <p>Implementation of staffing solutions where gaps identified</p>
Who and by when?	<p>Clinical Directors in Maternity, Anaesthetics and Paediatrics</p> <p>Nursing lead Children's</p> <p>Gap analysis complete by 31/1/21</p> <p>Implementation and action plans if required in place by May 2021</p>

What resources or support do we need?	Resource for any additional staffing required as detailed in previous sections
How will we mitigate risk in the short term?	Cross cover

MIDWIFERY LEADERSHIP

Please confirm that your Director/Head of Midwifery is responsible and accountable to an executive director and describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in [Strengthening midwifery leadership: a manifesto for better maternity care](#)

At ICHT the Divisional Director of Nursing and Midwifery is responsible and accountable to an executive director. The Head of Midwifery is professionally accountable to the DDNM and the Chief Nurse (Exec Director). He has regular contact in formal forums with both the DDNM and the Chief Nurse as well as one to one meetings. This will be further strengthened as part of the review of the current Midwifery Leadership Structure as per our action for step 1 below.

ICHT Benchmarking against- Seven steps to strengthen midwifery leadership as set out in the RCM Manifesto:

	ICHT Position	RAG Status	Actions	Date
1 A Director of Midwifery (the most senior practising midwife) in every trust and more Heads of Midwifery across the service.	The most senior practicing midwife is the Head of Midwifery who currently essentially carries out the role described as a Director of Midwifery. The Service currently has 4 operational Lead Midwives reporting to the HoM. They are in effect undertaking the operational roles of HoMs.		Review of current Midwifery Leadership Structure to improve clarity of titles, roles and reporting lines.	June 2021
2 A lead midwife at a senior level in all parts of the NHS, both nationally and regionally	Not Applicable to ICHT	Not Applicable to ICHT		

3 More consultant midwives	<p>ICHT currently only have 1wte Consultant Midwife.</p> <p>Benchmarking with similar services to ourselves have around 3 wte. Currently there is no specific recommended numbers of Consultant midwives. The previous London Maternity Quality Standards would again indicate that INHST would require 3.</p> <p>This is insufficient for our service needs and has been identified as an issue during Midwifery Establishment reviews.</p>		<p>Identification of Funding for 1 additional Consultant Midwife</p> <p>Recruitment to the role</p>	<p>April 2021</p> <p>July 2021</p>	
4 Specialist midwives in every trust	<p>ICHT have a wide range of Specialist Midwives to meet the needs of women and families. They include-</p> <ul style="list-style-type: none"> • IT • Risk Support Midwives • Bereavement Midwives • Midwifery Education Team • Perinatal Mental Health 		<p>Ongoing monitoring of any changing needs via Q&S processes and establishment reviews.</p>		

	<ul style="list-style-type: none"> • Infectious Diseases and Antenatal Screening • Infant feeding • Female Genital Mutilation • Maternal Medicine • Diabetes 				
5 Strengthening and supporting sustainable midwifery leadership in education and research	Though this is not directly in the remit of ICHT as maternity provider, we are fully supportive and collaborative with our research partners in Imperial College and our HEIs.				
6 A commitment to fund ongoing midwifery leadership development	Mentoring and coaching available through the Trust for midwifery leaders. Whilst training and development has been reduced during the COVID 19 pandemic there is a strong commitment from ICHT to invest in leadership training for midwives. We have clear examples of Leaders and Aspiring Leaders accessing and being support through leadership training and support.				
7 Professional input into the appointment of midwife leaders	In place. Appointment panels for midwifery leaders always have a string and significant midwifery				

	presence complemented by MDT colleagues.				
NICE GUIDANCE RELATED TO MATERNITY					
<p>We are asking providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Where non-evidenced based guidelines are utilised, the trust must undertake a robust assessment process before implementation and ensure that the decision is clinically justified.</p>					
What process do we have in place currently?	<p>All NICE Guidance are added to the Trust's Divisional NICE trackers. The Clinical Governance Lead for the division assigns the most appropriate audit lead in the Directorate. The audit lead is sent the Trust's NICE template report as well as the NICE Guidance and is asked to make a review the Trust's compliance against the recommendations made. This is done through checking all Trust guidelines and SOPs as well as local audits. Once a report is drafted by the audit lead and the risk is rag rated, this will then go to Directorate Q&S meeting for sign off and then Divisional Q&S.</p>				
Where and how often do we report this?	<p>Directorate and Divisional Q&S meetings. This is completed as frequently as NICE Guidance is published with a 90 day deadline. Compliance would be completed sooner than the 90 days deadline should clinical safety dictate that.</p>				
What assurance do we have that all of our guidelines are clinically appropriate?	<p>All guidelines are reviewed generally every 3 years and in some circumstances every 2 years if drug related at our Guidelines Group which includes Consultants, Doctors, Nurses and AHPs. However, If a new or revised NICE Guidance or any other national guidance is published, this must be checked against our existing guidelines and updated (if necessary). For example, the audit lead would document in the Trust NICE report that a specific guideline would be amended in line with NICE (this would be put down as an action).</p>				

<p>What further action do we need to take?</p>	<p>At the moment we have a process in place and any amber/red rag rated guidance is flagged at the Trust Clinical Effectiveness and Audit Group. An action plan is also mandatory.</p>
<p>Who and by when?</p>	<p>By the audit lead within 90 days of the published guidance. Compliance would be completed sooner than the 90 days deadline should clinical safety dictate that.</p>
<p>What resources or support do we need?</p>	<p>At the moment we have support at Divisional and Trust level through Q&S and CAEG meetings. Risks can also be added to the Directorate/Divisional Risk Register if more support is required.</p>
<p>How will we mitigate risk in the short term?</p>	<p>This is discussed on an individual basis at Directorate Q&S and Divisional Q&S meetings, including the action plans. Actions are tracked on the Maternity Q&S action log.</p>

DIVISION OF MEDICINE AND INTEGRATED CARE- ESTABLISHMENT DATA SEPTEMBER 2019							DIVISION OF MEDICINE AND INTEGRATED CARE- ESTABLISHMENT DATA SEPTEMBER 2019							Differences September 2019 to September 2020						
Clinical area	Inpatient area?	Number of beds	Total registered nurse and unregistered care staff WTE	Registered nurse and unregistered care staff breakdown WTE		Registered nurse to unregistered care staff ratio		Clinical area	Inpatient area?	Number of beds	Total registered nurse and unregistered care staff WTE	Registered nurse and unregistered care staff breakdown WTE		Registered nurse to unregistered care staff ratio		Difference in overall Totals (WTE)	Difference (WTE) Staff Type and Banding		Difference in ratio	
				RN	CS	RN	CS					RN	CS	RN	CS		RN	CS	RN	CS
OVERALL TOTAL			1708.47	1250.01	458.46	73%	27%	OVERALL TOTAL			1711.24	1252.19	459.05	73%	27%	2.77	2.18	0.59	0.00	0.00
Cxh Acute & Specialistmedicine			318.95	214.07	104.88	67%	33%	Cxh Acute & Specialistmedicine			321.34	215.32	106.02	67%	33%	2.39	1.25	1.14	0.00	0.00
21000 - Lady Skinner Ward		15	21.21	13.75	7.46	65%	35%	21000 - Lady Skinner Ward		15	21.21	13.75	7.46	65%	35%	0.00	0.00	0.00	0.00	0.00
band 2			7.46					band 2			7.46					0.00				
band 5			10.79					band 5			10.79					0.00				
band 6			1.96					band 6			1.96					0.00				
band 7			1.00					band 7			1.00					0.00				
ACASU - Acute Assessment Unit		24	42.29	29.36	12.93	69%	31%	ACASU - Acute Assessment Unit		24	42.29	29.36	12.93	69%	31%	0.00	0.00	0.00	0.00	0.00
band 2			12.93					band 2			12.93					0.00				
band 5			20.61					band 5			20.61					0.00				
band 6			7.75					band 6			7.75					0.00				
band 7			1.00					band 7			1.00					0.00				
EL130 - 8 West Ward		22	34.55	21.69	12.86	63%	37%	EL130 - 8 West Ward		22	34.39	21.69	12.70	63%	37%	-0.16	0.00	-0.16	0.00	0.00
band 2			12.86					band 2			12.70					-0.16				
band 5			15.52					band 5			15.52					0.00				
band 6			5.17					band 6			5.17					0.00				
band 7			1.00					band 7			1.00					0.00				
EL150 - 8 North Ward		22	34.91	22.41	12.50	64%	36%	EL150 - 8 North Ward		22	34.78	22.28	12.50	64%	36%	-0.13	-0.13	0.00	0.00	0.00
band 2			12.50					band 2			12.50					0.00				
band 5			15.00					band 5			16.11					1.11				
band 6			6.41					band 6			5.17					-1.24				
band 8a			1.00					band 8a			1.00					0.00				
GM120 - Marjory Warren Amu		37 can flex to 20	84.04	63.34	20.70	75%	25%	GM120 - Marjory Warren Amu		37 can flex to 20	85.55	63.55	22.00	74%	26%	1.51	0.21	1.30	-0.01	0.01
band 2	Y		20.70					band 2	Y		22.00					1.30				
band 5			42.13					band 5			42.34					0.21				
band 6			17.21					band 6			17.21					0.00				

band 7		3.00					band 7		3.00										
band 8b		1.00					band 8b		1.00										
RN380 - Ward 8 South	25	36.04	20.52	15.52	57%	43%	RN380 - Ward 8 South	25	37.21	21.69	15.52	58%	42%	1.17	1.17	0.00	1%	-1%	
band 2		15.52					band 2		15.52					0.00					
band 5		14.52					band 5		15.69					1.17					
band 6		5.00					band 6		5.00					0.00					
band 8a		1.00					band 8a		1.00					0.00					
RS110 - 7 West	26	34.93	22.00	12.93	63%	37%	RS110 - 7 West	26	34.93	22.00	12.93	63%	37%	0.00	0.00	0.00	0%	0%	
band 2		12.93					band 2		12.93					0.00					
band 5		18.00					band 5		18.00					0.00					
band 6		3.00					band 6		3.00					0.00					
band 7		1.00					band 7		1.00					0.00					
WWC01 - 4 South	21	30.98	21.00	9.98	68%	32%	WWC01 - 4 South	21	30.98	21.00	9.98	68%	32%	0.00	0.00	0.00	0%	0%	
band 2		9.98					band 2		9.98					0.00					
band 5		15.00					band 5		15.00					0.00					
band 6		5.00					band 6		5.00					0.00					
band 7		1.00					band 7		1.00					0.00					
Hh Specialist Medicine		114.93	88.76	26.17	77%	23%	Hh Specialist Medicine		115.15	88.98	26.17	77%	23%	0.22	0.22	0.00	0%	0%	
63200 - Hh Endoscopy		16.56	14.56	2.00	88%	12%	63200 - Hh Endoscopy		16.56	14.56	2.00	88%	12%	0.00	0.00	0.00	0%	0%	
band 2		1.00					band 2		1.00					0.00					
band 3		1.00					band 3		1.00					0.00					
band 5		8.00					band 5		8.00					0.00					
band 6		4.76					band 6		4.76					0.00					
band 7		1.80					band 7		1.80					0.00					
GM130 - John Humphrey Ward	Y 21	30.05	20.66	9.39	69%	31%	GM130 - John Humphrey Ward	Y 21	30.05	20.66	9.39	69%	31%	0.00	0.00	0.00	0%	0%	
band 2		9.39					band 2		9.39					0.00					
band 5		15.72					band 5		15.72					0.00					
band 6		3.94					band 6		3.94					0.00					
band 7		1.00					band 7		1.00					0.00					

GM160 - Christopher Booth Ward		28 110 PIU & 10	33.35	22.53	10.82	68%	32%	GM160 - Christopher Booth Ward		28 110 PIU & 10	33.35	22.53	10.82	68%	32%	0.00	0.00	0.00	0%	0%	
band 2	Y		10.82					band 2	Y		10.82					0.00					
band 5			16.63					band 5			16.63						0.00				
band 6			4.90					band 6			4.90						0.00				
band 7			1.00					band 7			1.00						0.00				
band 8a			0.00					band 8a			0.00						0.00				
MED05 - Smh Endoscopy Unit			20.66	18.66	2.00	90%	10%	MED05 - Smh Endoscopy Unit			20.88	18.88	2.00	90%	10%	0.22	0.22	0.00	0%	0%	
band 2			2.00					band 2			2.00						0.00				
band 5			13.78					band 5			14.00						0.22				
band 6			2.88					band 6			2.88						0.00				
band 7			2.00					band 7			2.00						0.00				
RA050 - Cxh Endoscopy	N		14.31	12.35	1.96	86%	14%	RA050 - Cxh Endoscopy	N		14.31	12.35	1.96	86%	14%	0.00	0.00	0.00	0%	0%	
band 3			1.96					band 3			1.96						0.00				
band 5			7.61					band 5			7.61						0.00				
band 6			2.74					band 6			2.74						0.00				
band 7			1.00					band 7			1.00						0.00				
band 8b			1.00					band 8b			1.00						0.00				
MED28 - Opat			5.00	5.00	0.00	100%	0%	MED28 - Opat			5.00	5.00	0.00	100%	0%	0.00	0.00	0.00	0%	0%	
band 5			0.40					band 5			0.40					0.00					
band 6			2.00					band 6			2.00					0.00					
band 7			2.60					band 7			2.60					0.00					
Integrated Care			23.44	19.44	4.00	83%	17%	Integrated Care			25.00	21.00	4.00	84%	16%	1.56	1.56	0.00	1%	-1%	
MED44 - Discharge Services			23.44	19.44	4.00	83%	17%	MED44 - Discharge Services			25.00	21.00	4.00	84%	16%	1.56	1.56	0.00	1%	-1%	
band 2			4.00					band 2			4.00					0.00					
band 5			3.00					band 5			3.00					0.00					
band 6			14.44					band 6			15.00					0.56					
band 7			2.00					band 7			3.00					1.00					
band 8a			0.00					band 8a			0.00					0.00					
Neurosciences & Stroke			217.77	160.40	57.37	74%	26%	Neurosciences & Stroke			218.89	160.52	58.37	73%	27%	1.12	0.12	1.00	0%	0%	

HAS01 - 9 North Hasu	21 - 23	47.85	39.03	8.82	82%	18%	HAS01 - 9 North Hasu	21 - 23	47.85	39.03	8.82	82%	18%	0.00	0.00	0.00	0%	0%
band 2		8.82					band 2		8.82					0.00				
band 3		0.00					band 3		0.00					0.00				
band 5		27.42					band 5		27.42					0.00				
band 6		10.61					band 6		10.61					0.00				
band 7		1.00					band 7		1.00					0.00				
NE010 - 10 North Ward Neurology	21	33.61	26.63	6.98	79%	21%	NE010 - 10 North Ward Neurology	21	33.61	26.63	6.98	79%	21%	0.00	0.00	0.00	0%	0%
band 2		6.98					band 2		6.98					0.00				
band 5		18.75					band 5		18.75					0.00				
band 6		4.88					band 6		4.88					0.00				
band 7		1.00					band 7		1.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
band 8b		1.00					band 8b		1.00					0.00				
NE020 - 11 South Neurosurgery	25	46.65	34.35	12.30	74%	26%	NE020 - 11 South Neurosurgery	25	47.77	34.47	13.30	72%	28%	1.12	0.12	1.00	-1%	1%
band 2		12.30					band 2		13.30					1.00				
band 5		27.47					band 5		27.47					0.00				
band 6		5.88					band 6		6.00					0.12				
band 8a		1.00					band 8a		1.00					0.00				
NE180 - 5 South NTU		20.00	20.00	0.00	100%	0%	NE180 - 5 South NTU		20.00	20.00	0.00	100%	0%	0.00	0.00	0.00	0%	0%
band 5		7.00					band 5		7.00					0.00				
band 6		6.00					band 6		5.00					-1.00				
band 7		4.00					band 7		5.00					1.00				
band8a		3.00					band8a		3.00					0.00				
NE220 - Neuro Rehab	16	31.70	18.70	13.00	59%	41%	NE220 - Neuro Rehab	16	31.70	18.70	13.00	59%	41%	0.00	0.00	0.00	0%	0%
band 2		13.00					band 2		13.00					0.00				
band 5		11.20					band 5		11.20					0.00				
band 6		5.50					band 6		5.50					0.00				
band 7		1.00					band 7		1.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
STK01 - Stroke Unit/ New 9 West	22	37.96	21.69	16.27	57%	43%	STK01 - Stroke Unit/ New 9 West	22	37.96	21.69	16.27	57%	43%	0.00	0.00	0.00	0%	0%

band 2		16.27					band 2		16.27									
band 5		14.73					band 5		14.73									
band 6		5.96					band 6		5.96									
band 7		1.00					band 7		1.00									
Renal		417.35	303.22	114.13	73%	27%	Renal		418.74	304.25	114.49	73%	27%	1.39	1.03	0.36	0%	0%
70200 - Peritoneal Dialysis		10.67	10.00	0.67	94%	6%	70200 - Peritoneal Dialysis		10.67	10.00	0.67	94%	6%	0.00	0.00	0.00	0%	0%
band 3		0.67					band 3		0.67					0.00				
band 5		0.00					band 5		0.00					0.00				
band 6		4.00					band 6		4.00					0.00				
band 7		5.00					band 7		5.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
82400 - Hdc St Charles		26.08	18.54	7.54	71%	29%	82400 - Hdc St Charles		27.08	19.54	7.54	72%	28%	1.00	1.00	0.00	1%	-1%
band 2		7.54					band 2		7.54					0.00				
band 3		0.00					band 3		0.00					0.00				
band 5		11.74					band 5		11.74					0.00				
band 6		5.80					band 6		6.80					1.00				
band 7		1.00					band 7		1.00					0.00				
RN130 - 1 South Renal		24.88	18.88	6.00	76%	24%	RN130 - 1 South Renal		24.88	18.88	6.00	76%	24%	0.00	0.00	0.00	0%	0%
band 2		6.00					band 2		6.00					0.00				
band 5		11.00					band 5		11.00					0.00				
band 6		5.88					band 6		5.88					0.00				
band 7		1.00					band 7		1.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
RN330 - West Middlesex Renal Unit		11.34	10.36	0.98	91%	9%	RN330 - West Middlesex Renal Unit		11.34	10.36	0.98	91%	9%	0.00	0.00	0.00	0%	0%
band 2		0.98					band 2		0.98					0.00				
band 5		6.40					band 5		6.40					0.00				
band 6		2.96					band 6		2.96					0.00				
band 8a		1.00					band 8a		1.00					0.00				
RN360 - Ealing Satellite		23.98	17.44	6.54	73%	27%	RN360 - Ealing Satellite		23.98	17.44	6.54	73%	27%	0.00	0.00	0.00	0%	0%

band 2		6.54					band 2	
band 5		10.53					band 5	
band 6		4.91					band 6	
band 7		1.00					band 7	
band 8a		1.00					band 8a	
RN370 - Hayes Renal Unit		28.78	20.90	7.88	73%	27%	RN370 - Hayes Renal Unit	
band 2		7.88					band 2	
band 3		0.00					band 3	
band 5		13.00					band 5	
band 6		5.90					band 6	
band 7		1.00					band 7	
band 8a		1.00					band 8a	
RN390 - Handfield Jones Ward	21	26.63	18.63	8.00	70%	30%	RN390 - Handfield Jones Ward	
band 2		8.00					band 2	
band 5		13.71					band 5	
band 6		3.92					band 6	
band 8a		1.00					band 8a	
RN400 - Peters Ward	20	31.47	18.64	12.83	59%	41%	RN400 - Peters Ward	
band 2		12.83					band 2	
band 5		13.72					band 5	
band 6		3.92					band 6	
band 8a		1.00					band 8a	
RN410 - De Wardener Ward	Y	12 - level 2 x 6	25.97	20.57	5.40	79%	21%	RN410 - De Wardener Ward
band 2		5.40					band 2	
band 5		9.79					band 5	
band 6		9.80					band 6	
band 7		0.98					band 7	
RN420 - Kerr Ward	22	21.47	13.63	7.84	63%	37%	RN420 - Kerr Ward	
band 2		7.84					band 2	

		6.54																	
		10.53																	
		4.91																	
		1.00																	
		1.00																	
		28.78	20.90	7.88	73%	27%													
		7.88																	
		0.00																	
		13.00																	
		5.90																	
		1.00																	
		1.00																	
		26.63	18.63	8.00	70%	30%													
		8.00																	
		13.71																	
		3.92																	
		1.00																	
		31.47	18.64	12.83	59%	41%													
		12.83																	
		13.72																	
		3.92																	
		1.00																	
		25.97	20.57	5.40	79%	21%													
		5.40																	
		9.79																	
		9.80																	
		0.98																	
		21.47	13.63	7.84	63%	37%													
		7.84																	

band 5		8.71					band 5		8.71									
band 6		3.92					band 6		3.92									
band 7		1.00					band 7		1.00									
RN430 - Renal Acute Dx		46.00	37.00	9.00	80%	20%	RN430 - Renal Acute Dx		46.00	37.00	9.00	80%	20%	0.00	0.00	0.00	0%	0%
band 2		9.00					band 2		9.00					0.00				
band 3		0.00					band 3		0.00					0.00				
band 5		20.00					band 5		20.00					0.00				
band 6		13.00					band 6		13.00					0.00				
band 7		3.00					band 7		3.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
RN440 - Northwick Park Satellite Renal		57.97	40.99	16.98	71%	29%	RN440 - Northwick Park Satellite Renal		58.02	41.02	17.00	71%	29%	0.05	0.03	0.02	0%	0%
band 2		16.98					band 2		17.00					0.02				
band 5		23.15					band 5		23.18					0.03				
band 6		12.96					band 6		12.96					0.00				
band 7		3.00					band 7		3.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
band 8b		0.88					band 8b		0.88					0.00				
RN450 - St Charles Satellite		30.00	22.00	8.00	73%	27%	RN450 - St Charles Satellite		30.00	22.00	8.00	73%	27%	0.00	0.00	0.00	0%	0%
band 2		8.00					band 2		8.00					0.00				
band 5		14.00					band 5		14.00					0.00				
band 6		6.00					band 6		6.00					0.00				
band 7		1.00					band 7		1.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
RN460 - Watford Satellite	N	20.66	13.80	6.86	67%	33%	RN460 - Watford Satellite		20.61	13.80	6.81	67%	33%	-0.05	0.00	-0.05	0%	0%
band 2		6.86					band 2		6.81					-0.05				
band 5		8.00					band 5		8.00					0.00				
band 6		4.00					band 6		4.00					0.00				
band 7		1.00					band 7		1.00					0.00				
band 8a		0.80					band 8a		0.80					0.00				
band 8c		0.00					band 8c		0.00					0.00				
RN470 - Central Middlesex Unit		23.29	16.68	6.61	72%	28%	RN470 - Central Middlesex Unit		23.68	16.68	7.00	70%	30%	0.39	0.00	0.39	-1%	1%

band 2		6.61					band 2		7.00					0.39				
band 5		9.78					band 5		9.78					0.00				
band 6		4.90					band 6		4.90					0.00				
band 7		1.00					band 7		1.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
RN580 - Piu (Planned Inv. Unit)		8.16	5.16	3.00	63%	37%	RN580 - Piu (Planned Inv. Unit)		8.16	5.16	3.00	63%	37%	0.00	0.00	0.00	0%	0%
band 2		1.00					band 2		1.00					0.00				
band 3		1.00					band 3		1.00					0.00				
band 4		1.00					band 4		1.00					0.00				
band 5		1.16					band 5		1.16					0.00				
band 6		3.00					band 6		3.00					0.00				
band 7		1.00					band 7		1.00					0.00				
Smh Acute & Specialistmedicine		349.57	240.94	108.63	69%	31%	Smh Acute & Specialistmedicine		340.04	233.34	106.70	69%	31%	-9.53	-7.60	-1.93	0%	0%
CAS01 - Joseph Toynbee	16	33.04	22.69	10.35	69%	31%	CAS01 - Joseph Toynbee	16	32.04	21.69	10.35	68%	32%	-1.00	-1.00	0.00	-1%	1%
band 2		10.35					band 2		10.35					0.00				
band 5		15.52					band 5		15.52					0.00				
band 6		5.17					band 6		5.17					0.00				
band 7		1.00					band 7		1.00					0.00				
band 8b		1.00					band 8b		0.00					-1.00				
CAS31 - Cdu	12 trolleys/	19.61	11.35	8.26	58%	42%	CAS31 - Cdu	12 trolleys/	19.61	11.35	8.26	58%	42%	0.00	0.00	0.00	0%	0%
band 2		8.26					band 2		8.26					0.00				
band 5		7.35					band 5		7.35					0.00				
band 6		3.00					band 6		3.00					0.00				
band 7		1.00					band 7		1.00					0.00				
CAS32 - Amu	17	31.31	26.14	5.17	83%	17%	CAS32 - Amu	17	31.34	26.17	5.17	84%	16%	0.03	0.03	0.00	0%	0%
band 2		5.17					band 2		5.17					0.00				
band 5		19.97					band 5		20.00					0.03				
band 6		5.17					band 6		5.17					0.00				
band 7		1.00					band 7		1.00					0.00				
HIV02 - Almroth Wright	15+8	37.10	24.17	12.93	65%	35%	HIV02 - Almroth Wright	15+8	37.28	24.28	13.00	65%	35%	0.18	0.11	0.07	0%	0%
band 2		12.93					band 2		13.00					0.07				

band 5		17.17		includes 1 x TNA			band 5		17.28		includes 1 x TNA			0.11				
band 6		6.00					band 6		6.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
MED10 - Lewis Ward	15	24.29	13.94	10.35	57%	43%	MED10 - Lewis Ward	15	23.94	13.94	10.00	58%	42%	-0.35	0.00	-0.35	1%	-1%
band 2	Y	10.35					band 2	Y	10.00					-0.35				
band 5		9.94					band 5		9.94					0.00				
band 6		3.00					band 6		3.00					0.00				
band 7		1.00					band 7		1.00					0.00				
MED11 - Manvers/ARU	17 +8 ARU	61.50	51.15	10.35	83%	17%	MED11 - Manvers/ARU	17 +8 ARU	61.50	51.15	10.35	83%	17%	0	0.00	0.00	0%	0%
band 2		10.35					band 2		10.35					0.00				
band 5		38.80					band 5		38.80					0.00				
band 6		10.35					band 6		10.35					0.00				
band 7		1.00					band 7		1.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
MED15 - Samuel Lane Ward (Med)	17 moving to East	29.46	19.11	10.35	65%	35%	MED15 - Samuel Lane Ward (Med)	17 moving to East	29.46	19.11	10.35	65%	35%	0.00	0.00	0.00	0%	0%
band 2		10.35					band 2		10.35					0.00				
band 5		15.11		includes 1 x TNA			band 5		15.11		includes 1 x TNA			0.00				
band 6		3.00					band 6		3.00					0.00				
band 7		1.00					band 7		1.00					0.00				
WIT01 - Witherow Ward	12	24.29	13.94	10.35	57%	43%	WIT01 - Witherow Ward	12	24.64	13.94	10.70	57%	43%	0.35	0.00	0.35	-1%	1%
band 2		10.35					band 2		10.70					0.35				
band 5		9.94					band 5		9.94					0.00				
band 6		3.00					band 6		3.00					0.00				
band 8a		1.00					band 8a		1.00					0.00				
WWS01 - Thistlethwaite (Med)	20 MFE	35.63	19.11	16.52	54%	46%	WWS01 - Thistlethwaite (Med)	20 MFE	35.63	19.11	16.52	54%	46%	0.00	0.00	0.00	0%	0%
band 2		16.52					band 2		16.52					0.00				
band 5		15.11		includes 1 x TNA			band 5		15.11		includes 1 x TNA			0.00				
band 6		3.00					band 6		3.00					0.00				
band 7		1.00					band 7		1.00					0.00				
HIV25 - Gu Nursing		42.24	31.24	11.00	74%	26%	HIV25 - Gu Nursing		33.40	24.40	9.00	73%	27%	-8.84	-6.84	-2.00	-1%	1%
band 3		7.00					band 3		6.00					-1.00				

band 4		4.00					band 4		3.00					-1.00				
band 5		8.60					band 5		6.00					-2.60				
band 6		8.64					band 6		4.60					-4.04				
band 7		10.00					band 7		10.80					0.80				
band 8a		2.00					band 8a		1.00					-1.00				
band 8b		1.00					band 8b		1.00					0.00				
band 8d		1.00					band 8d		1.00					0.00				
HIV26 - Hiv Nursing		11.10	8.10	3.00	73%	27%	HIV26 - Hiv Nursing		11.20	8.20	3.00	73%	27%	0.10	0.10	0.00	0%	0%
band 3		3.00					band 3		3.00					0.00				
band 5		1.00					band 5		1.00					0.00				
band 6		3.00					band 6		3.00					0.00				
band 7		3.10					band 7		3.20					0.10				
band 8a		1.00					band 8a		1.00					0.00				
Urgent Care,Emergency Medicine		266.46	223.18	43.28	84%	16%	Urgent Care,Emergency Medicine		272.08	228.78	43.30	84%	16%	5.62	5.60	0.02	0%	0%
AE110 - Cxh Cdu		27.54	18.70	8.84	68%	32%	AE110 - Cxh Cdu		27.76	18.92	8.84	68%	32%	0.22	0.22	0.00	0%	0%
band 2		8.84					band 2		8.84					0.00				
band 5		14.70					band 5		14.92					0.22				
band 6		3.00					band 6		3.00					0.00				
band 7		1.00					band 7		1.00					0.00				
AE120 - Cxh Ed Nursing		77.95	69.94	8.01	90%	10%	AE120 - Cxh Ed Nursing		78.85	70.84	8.01	90%	10%	0.90	0.90	0.00	0%	0%
band 2		0.00					band 2		0.00					0.00				
band 3		8.01					band 3		8.01					0.00				
band 5		40.48					band 5		41.38					0.90				
band 6		20.05					band 6		20.05					0.00				
band 7		8.41					band 7		8.41					0.00				
band 8a		1.00					band 8a		1.00					0.00				
CAS04 - Smh Ed Nursing		86.15	77.35	8.80	90%	10%	CAS04 - Smh Ed Nursing		88.76	77.96	8.80	88%	10%	2.61	0.61	0.00	-2%	0%

band 2	N	0.00					band 2	N	0.00												
band 3		8.80					band 3		8.80												
band 5		41.38					band 5		41.38												
band 6		24.97					band 6		24.47												
band 7		10.00					band 7		11.11												
band 8a		1.00					band 8a		1.00												
							band 8c		1.00												
							band 8d		1.00												
CAS07 - Paediatric Ed & Cdu		32.50	27.13	5.37	83%	17%	CAS07 - Paediatric Ed & Cdu		35.89	30.50	5.39	85%	15%	3.39	3.37	0.02	2%	-2%			
band 2		0.00					band 2		0.00					0.00							
band 3		5.37					band 3		5.39					0.02							
band 5		12.13					band 5		15.50					3.37							
band 6		12.00					band 6		12.00					0.00							
band 7		2.00					band 7		2.00					0.00							
band 8a		1.00					band 8a		1.00					0.00							
PFH02 - Pfh Unplanned Care		22.71	18.71	4.00	82%	18%	PFH02 - Pfh Unplanned Care		23.21	19.21	4.00	83%	17%	0.50	0.50	0.00	0%	0%			
band 3		4.00					band 3		4.00					0.00							
band 7		17.71					band 7		18.21					0.50							
band 8a		1.00					band 8a		1.00					0.00							
AECCX - Ambulatory Emergency Care Cx		11.62	9.00	2.62	77%	23%	AECCX - Ambulatory Emergency Care Cx		11.62	9.00	2.62	77%	23%	0.00	0.00	0.00	0%	0%			
band 3		2.62					band 3		2.62					0.00							
band 5		2.00					band 5		2.00					0.00							
band 6		5.00					band 6		5.00					0.00							
band 7		1.00					band 7		1.00					0.00							
band 8a		1.00					band 8a		1.00					0.00							
OL001 - Ambulatory Emergency Care Smh		13.55	10.93	2.62	81%	19%	OL001 - Ambulatory Emergency Care Smh		13.28	10.66	2.62	80%	20%	-0.27	-0.27	0.00	0%	0%			
band 3		2.62					band 3		2.62					0.00							
band 5		3.66					band 5		3.66					0.00							
band 6		4.27					band 6		4.00					-0.27							

		1.00										0.00				
		2.00										0.00				
12 trolleys/ beds		19.61	11.35	8.26	58%	42%	CAS31 - Cdu					0.00	0.00	0.00	0%	0%
		8.26					band 2					0.00				
		7.35					band 5					0.00				
		3.00					band 6					0.00				
		1.00					band 7					0.00				

		1.00					band 7								
		2.00					band 8a								
12 trolleys/ beds		19.61	11.35	8.26	58%	42%	CAS31 - Cdu								
		8.26					band 2								
		7.35					band 5								
		3.00					band 6								
		1.00					band 7								

band 7
band 8a
CAS31 - Cdu
band 2
band 5
band 6
band 7

DIVISION OF SURGERY, CANCER AND CARDIOVASCULAR SCIENCES ESTABLISHMENT DATA SEPTEMBER 2019							DIVISION OF SURGERY, CANCER AND CARDIOVASCULAR SCIENCES ESTABLISHMENT DATA SEPTEMBER 2020							Differences September 2019 to September 2020						
Clinical area	Inpatient area?	Number of beds	Total registered nurse and unregistered care staff WTE	Registered nurse and unregistered care staff breakdown WTE		Registered nurse to unregistered care staff ratio		Clinical area	Inpatient area?	Number of beds	Total registered nurse and unregistered care staff WTE	Registered nurse and unregistered care staff breakdown WTE		Registered nurse to unregistered care staff ratio		Difference in overall Totals (WTE)	Difference (WTE) Staff Type and Banding		Difference in ratio	
				RN	CS	RN	CS					RN	CS	RN	CS		RN	CS	RN	CS
OVERALL TOTAL			1549.43	1269.74	279.69	82%	18%	OVERALL TOTAL			1545.58	1268.02	277.56	82%	18%	-3.85	-1.72	-2.13	0.00	0.00
Cardiac			190.77	167.34	23.43	88%	12%	Cardiac			138.67	116.24	22.43	84%	16%	-52.10	-51.10	-1.00	-4%	4%
58300 - HH Ward A9	Y	20	24.22	18.61	5.61	77%	23%	58300 - HH Ward A9	Y	20	24.22	18.61	5.61	77%	23%	0.00	0.00	0.00	0%	0%
band 2				3.61				band 2				3.61					0.00	0.00		
band 3				2.00				band 3				2.00					0.00	0.00		
band 5				13.00				band 5				12.61					-0.39	0.00		
band 6				4.61				band 6				5.00					0.39	0.00		
band 7				1.00				band 7				1.00					0.00	0.00		
58400 - HH Cardiology Ward A7	Y	27	39.69	34.69	5.00	87%	13%	58400 - HH Cardiology Ward A7	Y	27	40.08	35.08	5.00	88%	12%	0.39	0.39	0.00	0%	0%
band 2				3.00				band 2				3.00					0.00	0.00		
band 3				2.00				band 3				2.00					0.00	0.00		
band 5				26.02				band 5				26.41					0.39	0.00		
band 6				6.67				band 6				6.67					0.00	0.00		
band 7				1.00				band 7				1.00					0.00	0.00		
band 8a		1.00				band 8a		1.00					0.00	0.00						
58500 - HH Citu (A6)	Y	16	52.49	51.49	1.00	98%	2%	58500 - HH Citu (A6)	Y	16	0.00	0.00	0.00	#DIV/0!	#DIV/0!	-52.49	-51.49	-1.00	#DIV/0!	#DIV/0!
band 2				1.00				band 2				0	0.00				0.00	-1.00		
band 5				26.54				band 5				0	0				-26.54	0.00		
band 6				17.95				band 6				0.00	0				#REF!	0.00		
band 7				5.00				band 7				0.00	0				-5.00	0.00		
band 8a				2.00				band 8a				0.00	0				-2.00	0.00		
58600 - HH Ccl & Day-Ward Nurse Staff			50.15	43.33	6.82	86%	14%	58600 - HH Ccl & Day-Ward Nurse Staff			50.15	43.33	6.82	86%	14%	0.00	0.00	0.00	0%	0%

band 2	Y				1.82			band 2	Y				1.82				0.00	0.00				
band 3					5.00			band 3							5.00				0.00	0.00		
band 5					22.53			band 5							21.53				-1.00	0.00		
band 6					16.80			band 6							17.80				1.00	0.00		
band 7					3.00			band 7							3.00				0.00	0.00		
band 8a					1.00			band 8a							1.00				0.00	0.00		
65500 - Ward C8			24.22	19.22	5.00	79%	21%	65500 - Ward C8			24.22	19.22	5.00	79%	21%	0.00	0.00	0.00	0%	0%		
band 2	Y	20			5.00			band 2	Y	20			5.00				0.00	0.00				
band 5					12.22			band 5							12.22				0.00	0.00		
band 6					6.00			band 6							6.00				0.00	0.00		
band 7					1.00			band 7							1.00				0.00	0.00		
Clinical Haematology			99.82	89.82	10.00	90%	10%	Clinical Haematology			100.29	90.29	10.00	90%	10%	0.47	0.47	0.00	0%	0%		
67800 - Weston Ward	Y	15	22.80	20.80	2.00	91%	9%	67800 - Weston Ward	Y	15	22.80	20.80	2.00	91%	9%	0.00	0.00	0.00	0%	0%		
band 2					2.00			band 2							2.00				0.00	0.00		
band 5					12.00			band 5							11.00				-1.00	0.00		
band 6					8.00			band 6							9.00				1.00	0.00		
band 7					0.80			band 7							0.80				0.00	0.00		
71400 - Fraser Gamble	Y	21	39.00	33.00	6.00	85%	15%	71400 - Fraser Gamble	Y	21	39.08	33.08	6.00	85%	15%	0.08	0.08	0.00	0%	0%		
band 2					6.00			band 2							6.00				0.00	0.00		
band 5					25.00			band 5							25.08				0.08	0.00		
band 6					7.00			band 6							7.00				0.00	0.00		
band 7					1.00			band 7							1.00				0.00	0.00		
71500 - Dacie Ward	Y	14	23.46	21.46	2.00	91%	9%	71500 - Dacie Ward	Y	14	23.85	21.85	2.00	92%	8%	0.39	0.39	0.00	0%	0%		
band 2					2.00			band 2							2.00				0.00	0.00		
band 3					0.00			band 3							0.00				0.00	0.00		
band 5					11.76			band 5							12.15				0.39	0.00		
band 6					8.70			band 6							8.70				0.00	0.00		
band 7					1.00			band 7							1.00				0.00	0.00		
71700 - Renal Haem Triage	N	8	14.56	14.56	0.00	100%	0%	71700 - Renal Haem Triage	N	8	14.56	14.56	0.00	100%	0%	0.00	0.00	0.00	0%	0%		
band 5					6.56			band 5							6.56				0.00	0.00		
band 6					6.00			band 6							6.00				0.00	0.00		
band 7					2.00			band 7							2.00				0.00	0.00		
Critical Care			356.38	343.44	12.94	96%	4%	Critical Care			409.56	395.62	13.94	97%	3%	53.18	52.18	1.00	0%	0%		

72300 - ICU - HH	Y	12	83.92	80.92	3.00	96%	4%	72300 - ICU - HH	Y	12	135.49	131.49	4.00	97%	3%	51.57	50.57	1.00	1%	-1%			
band 2					2.00			band 2					3.00						0.00	1.00			
band 3							1.00				band 3									0.00	0.00		
band 5					46.00						band 5			72.93						26.93	0.00		
band 6					27.92						band 6			45.56						17.64	0.00		
band 7					6.00						band 7			11.00						5.00	0.00		
band 8a					1.00						band 8a			2.00						1.00	0.00		
ANA01 - ICU - SMH	Y	16	157.41	152.47	4.94	97%	3%	ANA01 - ICU - SMH	Y	16	158.31	153.37	4.94	97%	3%	0.90	0.90	0.00	0%	0%			
band 2					4.94			band 2					4.94						0.00	0.00			
band 5					78.18			band 5					78.61							0.43	0.00		
band 6					62.49			band 6					62.96							0.47	0.00		
band 7					10.00			band 7					10.00							0.00	0.00		
band 8a					1.80			band 8a					1.80							0.00	0.00		
IT010 - Level 2 & 3 CXH	Y	24	115.05	110.05	5.00	96%	4%	IT010 - Level 2 & 3 CXH	Y	24	115.76	110.76	5.00	96%	4%	0.71	0.71	0.00	0%	0%			
band 2					2.00			band 2					2.00						0.00	0.00			
band 3							3.00				band 3			3.00						0.00	0.00		
band 5					60.42			band 5					60.42							0.00	0.00		
band 6					40.79			band 6					41.34							0.55	0.00		
band 7					7.84			band 7					8.00							0.16	0.00		
band 8a					1.00			band 8a					1.00							0.00	0.00		
General & Vascular Surgery			155.81	114.35	41.46	73%	27%	General & Vascular Surgery			161.49	119.03	42.46	74%	26%	5.68	4.68	1.00	0%	0%			
66200 - Ward A8 HH	Y	20	31.53	24.40	7.13	77%	23%	66200 - Ward A8 HH	Y	20	36.13	29.00	7.13	80%	20%	4.60	4.60	0.00	3%	-3%			
band 2					4.25			band 2					4.25						0.00	0.00			
band 3							1.88				band 3			1.88						0.00	0.00		
band 4							1.00				band 4			1.00						0.00	0.00		
band 5					16.40			band 5					21.00							4.60	0.00		
band 6					7.00			band 6					7.00							0.00	0.00		
band 8a					1.00			band 8a					1.00							0.00	0.00		
CIR13 - Zachary Cope Ward	Y	22 (incl. 5 Level	43.20	32.79	10.41	76%	24%	CIR13 - Zachary Cope Ward	Y	22 (incl. 5 Level	43.28	32.87	10.41	76%	24%	0.08	0.08	0.00	0%	0%			
band 2					8.88			band 2					8.88						0.00	0.00			
band 3							1.53				band 3			1.53						0.00	0.00		
band 5					20.14			band 5					20.22							0.08	0.00		

Appendix 3b

band 6		2)		10.65				band 6		2)					0.00	0.00			
band 7				1.00				band 7							0.00	0.00			
band 8a				1.00				band 8a							0.00	0.00			
SIC02 - Surgical Assessment Unit (Sau)				15.00	11.00	4.00	73%	27%	SIC02 - Surgical Assessment Unit (Sau)						0.00	0.00	0.00	0%	0%
band 3	Y	2 Trolley			4.00				band 3	Y	2 Trolley			4.00				0.00	0.00
band 5				5.00					band 5				5.00					0.00	0.00
band 6				5.00					band 6				5.00					0.00	0.00
band 7				1.00					band 7				1.00					0.00	0.00
SUR16 - New Charles Pannett				41.08	30.16	10.92	73%	27%	SUR16 - New Charles Pannett						0.00	0.00	0.00	0%	0%
band 2	Y	25			6.92				band 2	Y	25			6.92				0.00	0.00
band 3					3.00				band 3					3.00				0.00	0.00
band 4					1.00				band 4					1.00				0.00	0.00
band 5				22.55					band 5				22.55					0.00	0.00
band 6				6.61					band 6				6.61					0.00	0.00
band 8a				1.00					band 8a				1.00					0.00	0.00
SUR22 - Paterson Ward				25.00	16.00	9.00	64%	36%	SUR22 - Paterson Ward						26.00	16.00	10.00	62%	38%
band 2	Y	18			8.00				band 2	Y	18			9.00				0.00	1.00
band 3					1.00				band 3					1.00				0.00	0.00
band 5				13.00					band 5				13.00		includes x1 TNA			0.00	0.00
band 6				3.00					band 6				3.00					0.00	0.00
band 7				0.00					band 7				0.00					0.00	0.00
Oncology & Palliative Care				65.37	45.33	20.04	69%	31%	Oncology & Palliative Care						64.75	44.63	20.12	69%	31%
CA210 - 6 South Ward				29.64	20.70	8.94	70%	30%	CA210 - 6 South Ward						29.02	20.00	9.02	69%	31%
band 2	Y	25			6.00				band 2	Y	25			6.08				0.00	0.08
band 3					2.94				band 3					2.94				0.00	0.00
band 5				10.70					band 5				10.00					-0.70	0.00
band 6				9.00					band 6				9.00					0.00	0.00
band 7				1.00					band 7				1.00					0.00	0.00
CA230 - 6 North Ward				35.73	24.63	11.10	69%	31%	CA230 - 6 North Ward						35.73	24.63	11.10	69%	31%
band 2	Y	26			9.14				band 2	Y	26			9.14				0.00	0.00
band 3					1.96				band 3					1.96				0.00	0.00

band 5			18.63			includes 1 x TNA	band 5			18.63			includes 1 x TNA	0.00	0.00					
band 6			5.00				band 6			5.00				0.00	0.00					
band 8a			1.00				band 8a			1.00				0.00	0.00					
Ophthalmology			18.86	12.36	6.50	66%	34%	Ophthalmology			18.86	12.36	6.50	66%	34%	0.00	0.00	0.00	0%	0%
EYE02 - Alex Cross Eye Ward			18.86	12.36	6.50	66%	34%	EYE02 - Alex Cross Eye Ward			18.86	12.36	6.50	66%	34%	0.00	0.00	0.00	0%	0%
band 2	Y	4			6.50			band 2	Y	4			6.50			0.00	0.00			
band 5					11.36			band 5					11.36			0.00	0.00			
band 6					1.00			band 6					1.00			0.00	0.00			
Specialist Surgery			111.28	83.28	28.00	75%	25%	Specialist Surgery			111.28	83.28	28.00	75%	25%	0.00	0.00	0.00	0%	0%
SM260 - Ward Riverside			37.50	28.50	9.00	76%	24%	SM260 - Ward Riverside			37.50	28.50	9.00	76%	24%	0.00	0.00	0.00	0%	0%
band 2					8.00			band 2					8.00			0.00	0.00			
band 3					1.00			band 3					1.00			0.00	0.00			
band 5	Y	26 beds/18 trolleys			21.50			band 5	Y	26 beds/18 trolleys			21.50			0.00	0.00			
band 6					5.00			band 6					5.00			0.00	0.00			
band 7					1.00			band 7					0.00			-1.00	0.00			
band 8a					1.00			band 8a					2.00			1.00	0.00			
SU030 - 7 North Urology			39.37	28.37	11.00	72%	28%	SU030 - 7 North Urology			39.37	28.37	11.00	72%	28%	0.00	0.00	0.00	0%	0%
band 2					10.00			band 2					10.00			0.00	0.00			
band 3					0.00			band 3					0.00			0.00	0.00			
band 4	Y	26			1.00			band 4	Y	26			1.00			0.00	0.00			
band 5					22.37			band 5					22.37			0.00	0.00			
band 6					5.00			band 6					5.00			0.00	0.00			
band 8a					1.00			band 8a					1.00			0.00	0.00			
TN110 - Ward 10 Sth - Hnb & Plastics			34.41	26.41	8.00	77%	23%	TN110 - Ward 10 Sth - Hnb & Plastics			34.41	26.41	8.00	77%	23%	0.00	0.00	0.00	0%	0%
band 2					4.00			band 2					4.00			0.00	0.00			
band 3					4.00			band 3					4.00			0.00	0.00			
band 5	Y	23			17.41		includes 1 x TNA	band 5	Y	23			17.41		includes 1 x TNA	0.00	0.00			
band 6					8.00			band 6					8.00			0.00	0.00			
band 8a					1.00			band 8a					1.00			0.00	0.00			
Theatres, Anaesthetics & Pain			411.34	318.58	92.76	77%	23%	Theatres, Anaesthetics & Pain			400.55	311.00	89.55	78%	22%	-10.79	-7.58	-3.21	0%	0%
71800 - Theatres Main HH			88.50	68.17	20.33	77%	23%	71800 - Theatres Main HH			80.83	61.43	19.40	76%	24%	-7.67	-6.74	-0.93	-1%	1%
band 2					18.33			band 2					17.40			0.00	-0.93			
band 3					1.00			band 3					1.00			0.00	0.00			

band 4	N			1.00	excludes ODPs (now AHPs)		band 4	N			1.00			0.00	0.00								
band 5			31.44				band 5			25.46					-5.98	0.00							
band 6			27.73				band 6			26.97						-0.76	0.00						
band 7			8.00				band 7			8.00						0.00	0.00						
band 8a			1.00				band 8a			1.00						0.00	0.00						
TH110 - Theatres Main CXH		159.43	123.00	36.43	77%	23%	TH110 - Theatres Main CXH		155.24	119.60	35.64	77%	23%	-4.19	-3.40	-0.79	0%	0%					
band 2	N			29.43	excludes ODPs (now AHPs)	includes 1 x TNA	band 2	N			30.43	excludes ODPs (now AHPs)	includes 1 x TNA			0.00	1.00						
band 3				6.00					band 3						4.21				0.00	-1.79			
band 4				1.00					band 4						1.00				0.00	0.00			
band 5				66.00					band 5						64.82					-1.18	0.00		
band 6				46.00					band 6						43.78					-2.22	0.00		
band 7			10.00		band 7				10.00					0.00	0.00								
band 8a			1.00		band 8a				1.00					0.00	0.00								
THE01 - Main Theatre SMH		163.41	127.41	36.00	78%	22%	THE01 - Main Theatre SMH		164.48	129.97	34.51	79%	21%	1.07	2.56	-1.49	1%	-1%					
band 2	N			28.00	excludes ODPs (now AHPs)		band 2	N			27.48	excludes ODPs (now AHPs)				0.00	-0.52						
band 3				6.00					band 3						5.03				0.00	-0.97			
band 4				2.00					band 4						2.00				0.00	0.00			
band 5				53.80					band 5						56.80					3.00	0.00		
band 6				61.61					band 6						61.17					-0.44	0.00		
band 7			10.00		band 7				10.00					0.00	0.00								
band 8a			1.00		band 8a				1.00					0.00	0.00								
band 8b			1.00		band 8b				1.00					0.00	0.00								
Trauma		139.80	95.24	44.56	68%	32%	Trauma		140.13	95.57	44.56	68%	32%	0.33	0.33	0.00	0%	0%					
LHD01 - Albert Ward		43.25	24.51	18.74	57%	43%	LHD01 - Albert Ward		43.58	24.84	18.74	57%	43%	0.33	0.33	0.00	0%	0%					
band 2	Y	30			14.78	includes 1 x TNA	band 2	Y	30			14.78	includes 1 x TNA			0.00	0.00						
band 3					2.96					band 3				2.96				0.00	0.00				
band 4					1.00					band 4				1.00					0.00	0.00			
band 5					18.59					band 5				18.92					0.33	0.00			
band 6					4.92					band 6				4.92					0.00	0.00			
band 7			0.00		band 7			0.00					0.00	0.00									
band 8a			1.00		band 8a			1.00					0.00	0.00									
MIT03 - Major Trauma Ward		36.55	22.61	13.94	62%	38%	MIT03 - Major Trauma Ward		36.55	22.61	13.94	62%	38%	0.00	0.00	0.00	0%	0%					
band 2				11.00			band 2				10.61			0.00	-0.39								

band 3	Y	16			2.94			band 3	Y	16			3.33			0.00	0.39			
band 5			15.61				band 5	15.61					0.00	0.00						
band 6			6.00				band 6	6.00					0.00	0.00						
band 8a			1.00				band 8a	1.00					0.00	0.00						
SUR14 - Valentine Ellis			34.87	27.87	7.00	80%	20%	SUR14 - Valentine Ellis			34.87	27.87	7.00	80%	20%	0.00	0.00	0.00	0%	0%
band 2	Y	24			5.00			band 2	Y	24			5.00			0.00	0.00			
band 3					2.00		band 3					2.00			0.00	0.00				
band 5			18.87				band 5	18.87					0.00	0.00						
band 6			6.00				band 6	6.00					0.00	0.00						
band 7			2.00				band 7	2.00					0.00	0.00						
band 8a	1.00				band 8a	1.00			0.00	0.00										
TN120 - Ward 7 South - T&O			25.13	20.25	4.88	81%	19%	TN120 - Ward 7 South - T&O			25.13	20.25	4.88	81%	19%	0.00	0.00	0.00	0%	0%
band 2	Y	25			4.88			band 2	Y	25			4.88			0.00	0.00			
band 5			15.25				band 5	15.25					0.00	0.00						
band 6			4.00				band 6	4.00					0.00	0.00						
band 8a			1.00				band 8a	1.00					0.00	0.00						

DIVISION OF WOMENS CHILDRENS AND CLINICAL SUPPORT - ESTABLISHMENT DATA SEPTEMBER 2019							DIVISION OF WOMENS CHILDRENS AND CLINICAL SUPPORT - ESTABLISHMENT DATA SEPTEMBER 2020							Differences September 2019 to September 2020						
Clinical area	Inpatient area?	Number of beds	Total registered nurse and unregistered care staff WTE	Registered nurse and unregistered care staff breakdown WTE		Registered nurse to unregistered care staff ratio		Clinical area	Inpatient area?	Number of beds	Total registered nurse and unregistered care staff WTE	Registered nurse and unregistered care staff breakdown WTE		Registered nurse to unregistered care staff ratio		Difference in overall Totals (WTE)	Difference (WTE) Staff Type and Banding		Difference in ratio	
				RN	CS	RN	CS					RN	CS	RN	CS		RN	CS	RN	CS
OVERALL TOTAL			897.37	692.78	204.59	77%	23%	OVERALL TOTAL			911.78	719.30	192.48	79%	21%	14.41	26.52	-12.11	0.02	-0.02
Childrens Services			288.47	267.42	21.05	93%	7%	Childrens Services			288.51	268.46	20.05	93%	7%	0.04	1.04	-1.00	0%	0%
46500 - Qcch Neonatal Unit	Y	24	65.31	60.71	4.60	93%	7%	46500 - Qcch Neonatal Unit	Y	24	65.31	60.71	4.60	93%	7%	0.00	0.00	0.00	0%	0%
band 4				4.60			band 4				4.60					0.00	0.00			
band 5				5.71			band 5				5.71					0.00	0.00			
band 6				47.00			band 6				47.00					0.00	0.00			
band 7				8.00			band 7				8.00					0.00	0.00			
62200 - David Harvey Unit	N	0 (Ambulatory 8am - 6pm)	7.00	6.00	1.00	86%	14%	62200 - David Harvey Unit	N	0 (Ambulatory 8am - 6pm)	6.40	5.40	1.00	84%	16%	-0.60	-0.60	0.00	-1%	1%
band 3				1.00			band 3				1.00					0.00	0.00			
band 5				1.00			band 5				1.00					0.00	0.00			
band 6				4.00			band 6				3.40					-0.60	0.00			
band 7				1.00			band 7				1.00					0.00	0.00			
NEO09 - Winnicott Baby Unit	Y	22	46.17	41.72	4.45	90%	10%	NEO09 - Winnicott Baby Unit	Y	22	47.17	42.72	4.45	91%	9%	1.00	1.00	0.00	0%	0%
band 4				4.45			band 4				4.45					0.00	0.00			
band 5				17.47			band 5				17.47					0.00	0.00			
band 6				20.25			band 6				20.25					0.00	0.00			
band 7				4.00			band 7				5.00					1.00	0.00			
band 8a			0.00			band 8a			0.00					0.00	0.00					
PAE01 - Westway	N	4+ Ambulatory	7.00	6.00	1.00	86%	14%	PAE01 - Westway	N	4+ Ambulatory	0.00	0.00	0.00	#DIV/0!	#DIV/0!	-7.00	-6.00	-1.00	#DIV/0!	#DIV/0!
band 3				1.00			band 3				0.00					0.00	-1.00			
band 5				3.00			band 5				0.00					-3.00	0.00			
band 6				2.00			band 6				0.00					-2.00	0.00			

Column A-

band 7			1.00				band 7			0.00					-1.00	0.00				
PAE02 - Grand Union	Y	14	30.99	30.99	0.00	100%	0%	PAE02 - Grand Union	Y	14	31.73	31.73	0.00	100%	0%	0.74	0.74	0.00	0%	0%
band 3				0.00			band 3					0.00				0.00	0.00			
band 5			23.77				band 5			23.77						0.00	0.00			
band 6			6.22				band 6			6.96						0.74	0.00			
band 7			1.00				band 7			1.00						0.00	0.00			
PAE03 - Great Western/Pssu Staff	Y	20 + 4	41.67	36.67	5.00	88%	12%	PAE03 - Great Western/Pssu Staff	Y	20 + 4	48.17	43.17	5.00	90%	10%	6.50	6.50	0.00	2%	-2%
band 3				5.00			band 3					5.00				0.00	0.00			
band 5			26.41				band 5			29.37						2.96	0.00			
band 6			10.26				band 6			12.80						2.54	0.00			
band 7			0.00				band 7			1.00						1.00	0.00			
band 8a			0.00				band 8a			0.00						0.00	0.00			
PAE07 - Paediatrics Icu	Y	7 + 3	78.33	78.33	0.00	100%	0%	PAE07 - Paediatrics Icu	Y	7 + 3	78.33	78.33	0.00	100%	0%	0.00	0.00	0.00	0%	0%
band 3							band 3									0.00	0.00			
band 5			49.77				band 5			49.77						0.00	0.00			
band 6			19.34				band 6			19.34						0.00	0.00			
band 7			9.22				band 7			9.22						0.00	0.00			
band 8a			0.00				band 8a			0.00						0.00	0.00			
PAE08 - Paediatric Outpatients	N	OPD	6.50	2.50	4.00	38%	62%	PAE08 - Paediatric Outpatients	N	OPD	6.00	2.00	4.00	33%	67%	-0.50	-0.50	0.00	-5%	5%
band 3				4.00			band 3					4.00				0.00	0.00			
band 5			0.00				band 5			0.00						0.00	0.00			
band 6			1.50				band 6			1.00						-0.50	0.00			
band 7			1.00				band 7			1.00						0.00	0.00			
PAE12 - Clinical Haematology/ Phdu		5 + 5 + Ambulatory	5.50	4.50	1.00	82%	18%	PAE12 - Clinical Haematology/ Phdu		5 + 5 + Ambulatory	5.40	4.40	1.00	81%	19%	-0.10	-0.10	0.00	0%	0%
band 3				1.00			band 3					1.00				0.00	0.00			
band 4				0.00			band 4					0.00				0.00	0.00			

band 5	N		0.60				band 5	N		0.00				-0.60	0.00					
band 6			2.90				band 6			3.40					0.50	0.00				
band 7			1.00				band 7			1.00					0.00	0.00				
band 8b			0.00				band 8b			0.00					0.00	0.00				
Gynaecology & Reproductive Med			77.31	50.32	26.99	65%	35%	Gynaecology & Reproductive Med			76.20	52.22	23.98	69%	31%	-1.11	1.90	-3.01	3%	-3%
58900 - Victor Bonney Ward	Y	20 + 4 + DU (6 trolleys)	27.94	20.57	7.37	74%	26%	58900 - Victor Bonney Ward	Y	20 + 4 + DU (6 trolleys)	27.98	20.61	7.37	74%	26%	0.04	0.04	0.00	0%	0%
band 2					7.37			band 2					7.37				0.00	0.00		
band 3						0.00		band 3					0.00				0.00	0.00		
band 5					16.63			band 5					16.61				-0.02	0.00		
band 6					2.94			band 6					3.00				0.06	0.00		
band 7					1.00			band 7					1.00				0.00	0.00		
59000 - Gynaecology Outpatients	N	OPD	9.40	4.00	5.40	43%	57%	59000 - Gynaecology Outpatients	N	OPD	8.00	5.00	3.00	63%	38%	-1.40	1.00	-2.40	20%	-20%
band 2					3.00			band 2					2.00				0.00	-1.00		
band 3						2.00		band 3					1.00				0.00	-1.00		
band 4						0.40		band 4					0.00				0.00	-0.40		
band 5					3.00			band 5					4.00				1.00	0.00		
band 6					1.00			band 6					0.00				-1.00	0.00		
band 7					0.00			band 7					1.00				1.00	0.00		
band 8a					0.00			band 8a					0.00				0.00	0.00		
64500 - Ivf Clinic		N	Ambulatory and Recovery	11.00	8.00	3.00	73%	27%		64500 - Ivf Clinic	N	Ambulatory and Recovery	11.00	8.00	3.00	73%	27%	0.00	0.00	0.00
band 2					1.00			band 2					1.00				0.00	0.00		
band 3						2.00		band 3					2.00				0.00	0.00		
band 5					2.00			band 5					2.00				0.00	0.00		
band 6					4.00			band 6					4.00				0.00	0.00		

band 7			2.00					band 7			2.00					0.00	0.00			
band 8a			0.00					band 8a			0.00					0.00	0.00			
GYN02 - Lillian Holland Ward	Y	13 + Paintin	20.53	13.55	6.98	66%	34%	GYN02 - Lillian Holland Ward	Y	13 + Paintin	21.22	14.61	6.61	69%	31%	0.69	1.06	-0.37	3%	-3%
band 2					6.00			band 2					5.61			0.00	-0.39			
band 3					0.98			band 3					1.00			0.00	0.02			
band 5					10.57			band 5					9.61			-0.96	0.00			
band 6					2.98			band 6					4.00			1.02	0.00			
band 7					0.00			band 7					1.00			1.00	0.00			
GYN06 - Gynae - Opd	N	OPD	8.44	4.20	4.24	50%	50%	GYN06 - Gynae - Opd	N	OPD	8.00	4.00	4.00	50%	50%	-0.44	-0.20	-0.24	0%	0%
band 2					0.74			band 2					3.00			0.00	2.26			
band 3					3.50			band 3					1.00			0.00	-2.50			
band 5					3.20			band 5					3.00			-0.20	0.00			
band 6					1.00			band 6					0.00			-1.00	0.00			
band 7					0.00			band 7					1.00			1.00	0.00			
Imaging			43.82	37.25	6.57	85%	15%	Imaging			44.82	38.25	6.57	85%	15%	1.00	1.00	0.00	0%	0%
63000 - Radiology Nursing	N	3 suites	43.82	37.25	6.57	85%	15%	63000 - Radiology Nursing	N	3 suites	44.82	38.25	6.57	85%	15%	1.00	1.00	0.00	0%	0%
band 2					4.57			band 2					6.57			0.00	2.00			
band 3					2.00			band 3					0.00			0.00	-2.00			
band 5					15.25			band 5					17.25			2.00	0.00			
band 6					19.00			band 6					18.00			-1.00	0.00			
band 7					3.00			band 7					3.00			0.00	0.00			
band 8a					0.00			band 8a					0.00			0.00	0.00			
band 8b					0.00			band 8b					0.00			0.00	0.00			
Maternity			398.41	303.39	95.02	76%	24%	Maternity			416.82	322.94	93.88	77%	23%	18.41	19.55	-1.14	1%	-1%
47100 - Caseload Midwives Smh/Qcch		0	16.00	16.00	0.00	100%	0%	47100 - Caseload Midwives Smh/Qcch		0	19.00	18.00	1.00	95%	5%	3.00	2.00	1.00	-5%	5%

band 2	N			0.00			band 2	N			1.00				0.00	1.00				
band 3				0.00			band 3					0.00				0.00	0.00			
band 6				6.00			band 6					6.00				0.00	0.00			
band 7				10.00			band 7					12.00				2.00	0.00			
48700 - Fetal Medicine (4e)		0	9.62	6.00	3.62	62%	38%	48700 - Fetal Medicine (4e)		0	8.84	5.22	3.62	59%	41%	-0.78	-0.78	0.00	-3%	3%
band 2	N						band 2	N							0.00	0.00				
band 3				3.62			band 3					3.62			0.00	0.00				
band 6				3.00			band 6					4.22			1.22	0.00				
band 7				3.00			band 7					1.00			-2.00	0.00				
band 8a							band 8a							0.00	0.00					
50200 - Mda & Triage		0	0.00	0.00	0.00	0%	0%	50200 - Mda & Triage		0	0.00	0.00	0.00	0%	0%	0.00	0.00	0.00	0%	0%
band 3	N				0.00			N				0.00			0.00	0.00				
band 6				0.00			band 6					0.00			0.00	0.00				
band 7				0.00			band 7					0.00			0.00	0.00				
50300 - Specialist Midwives		0	0.00	0.00	0.00	0%	0%	50300 - Specialist Midwives		0	0.00	0.00	0.00	#DIV/0!	#DIV/0!	0.00	0.00	0.00	#DIV/0!	#DIV/0!
band 6	N			0.00				N				0.00			0.00	0.00				
band 7				0.00			band 7					0.00			0.00	0.00				
band 8a				0.00			band 8a					0.00			0.00	0.00				
band 8c				0.00			band 8c					0.00			0.00	0.00				
54700 - Qcch Labour Ward		19	84.50	69.62	14.88	82%	18%	54700 - Qcch Labour Ward		19	86.59	72.45	14.14	84%	16%	2.09	2.83	-0.74	1%	-1%
band 2	Y				10.88			Y				10.14			0.00	-0.74				
band 3					4.00		band 3					4.00			0.00	0.00				
band 5				6.83			band 5					6.83			0.00	0.00				
band 6				45.63			band 6					47.46			1.83	0.00				
band 7				17.16			band 7					18.16			1.00	0.00				
band 8a					0.00		band 8a					0.00			0.00	0.00				
55500 - Smh Outpatients		OPD	10.43	6.81	3.62	65%	35%	55500 - Smh Outpatients		OPD	6.23	2.61	3.62	42%	58%	-4.20	-4.20	0.00	-23%	23%
band 2					3.00										0.00	-0.38				

band 3	N			0.62			band 3	N		1.00				0.00	0.38					
band 6				5.81			band 6			1.61				-4.20	0.00					
band 7				1.00			band 7			1.00				0.00	0.00					
56100 - Edith Dare Ward		34	43.56	30.16	13.40	69%	31%	56100 - Edith Dare Ward		34	43.66	30.16	13.50	69%	31%	0.10	0.00	0.10	0%	0%
band 2	Y				5.79			band 2	Y				5.89			0.00	0.10			
band 3					7.61			band 3					7.61			0.00	0.00			
band 4					0.00			band 4					0.00							
band 6					27.16			band 6					27.16			0.00	0.00			
band 7					3.00			band 7					3.00			0.00	0.00			
56200 - Lewis Suite		14	15.92	10.75	5.17	68%	32%	56200 - Lewis Suite		14	21.09	15.92	5.17	75%	25%	5.17	5.17	0.00	8%	-8%
band 2	Y				3.17			band 2	Y				3.17			0.00	0.00			
band 3					2.00			band 3					2.00			0.00	0.00			
band 6					9.75			band 6					9.92			0.17	0.00			
band 7					1.00			band 7					6.00			5.00	0.00			
56300 - Stanley Clayton Ward Priv Pats		8	13.54	8.37	5.17	62%	38%	56300 - Stanley Clayton Ward Priv Pats		8	13.44	8.27	5.17	62%	38%	-0.10	-0.10	0.00	0%	0%
band 2	Y				0.00			band 2	Y				0.00			0.00	0.00			
band 3					5.17			band 3					5.17			0.00	0.00			
band 6					5.37			band 6					5.27			-0.10	0.00			
band 7					3.00			band 7					3.00			0.00	0.00			
band 8b					0.00			band 8b					0.00			0.00	0.00			
58800 - Birth Centre Qcch		7	22.60	17.48	5.12	77%	23%	58800 - Birth Centre Qcch		7	22.35	17.18	5.17	77%	23%	-0.25	-0.30	0.05	0%	0%
band 2	Y				1.00			band 2	Y				0.00			0.00	-1.00			
band 3					4.12			band 3					5.17			0.00	1.05			
band 6					13.87			band 6					13.57			-0.30	0.00			
band 7					3.61			band 7					3.61			0.00	0.00			
MAT01 - Smh Maternity Inpatients Ab2		34	0.00	0.00	0.00	0%	0%	MAT01 - Smh Maternity Inpatients Ab2		34	0.00	0.00	0.00	#DIV/0!	#DIV/0!	0.00	0.00	0.00	#DIV/0!	#DIV/0!
band 2	Y				0.00			band 2	Y				0.00			0.00	0.00			
band 3					0.00			band 3					0.00			0.00	0.00			
band 6					0.00			band 6					0.00			0.00	0.00			

Column A-

band 7			0.00				band 7			0.00					0.00	0.00						
band 8a							band 8a								0.00	0.00						
MAT04 - Community		0	60.32	50.32	10.00	83%	17%	MAT04 - Community		0	63.78	52.38	11.40	82%	18%	3.46	2.06	1.40	-1%	1%		
band 3	N				10.00			band 3	N				11.40				0.00	1.40				
band 6				45.32			band 6					45.32					0.00	0.00				
band 7				5.00			band 7					7.06					2.06	0.00				
band 8a				0.00			band 8a					0.00					0.00	0.00				
MAT10 - Smh Maternity Inpatients Ab1/MDAU/Triage		13	84.54	62.64	21.90	74%	26%	MAT10 - Smh Maternity Inpatients Ab1/MDAU/Triage		13	90.14	70.89	19.25	79%	21%	5.60	8.25	-2.65	5%	-5%		
band 2	Y				8.45			band 2	Y				5.80				0.00	-2.65				
band 3					13.45		band 3						13.45				0.00	0.00				
band 6				44.64			band 6					52.89					8.25	0.00				
band 7				18.00			band 7					18.00					0.00	0.00				
MAT11 - Birth Centre Smh		5	17.22	11.75	5.47	68%	32%	MAT11 - Birth Centre Smh		5	16.92	11.75	5.17	69%	31%	-0.30	0.00	-0.30	1%	-1%		
band 3	Y				5.47			band 3	Y				5.17				0.00	-0.30				
band 6				8.75			band 6					8.75					0.00	0.00				
band 7				3.00			band 7					3.00					0.00	0.00				
58700 - QCCH Outpatients		0	20.16	13.49	6.67	67%	33%	58700 - QCCH Outpatients		0	24.78	18.11	6.67	73%	27%	4.62	4.62	0.00	6%	-6%		
band 2	N				0.00			band 2	N				0.00				0.00	0.00				
band 3					6.67		band 3						6.67				0.00	0.00				
band 6				9.49			band 6					15.51					6.02	0.00				
band 7				4.00			band 7					2.60					-1.40	0.00				
															0.00	0.00						
Outpatients			89.36	34.40	54.96	38%	62%	Outpatients			85.43	37.43	48.00	44%	56%	-3.93	3.03	-6.96	5%	-5%		
NE040 - Hh & Cxh Outpatients (CXH OPD)		N	OPD	37.56	15.00	22.56	40%	60%	NE040 - Hh & Cxh Outpatients (CXH OPD)		N	OPD	37.83	18.83	19.00	50%	50%	0.27	3.83	-3.56	10%	-10%
band 2					1.00			band 2					0.00			0.00	-1.00					

band 3				18.56			band 3				16.00				0.00	-2.56				
band 4				3.00			band 4				3.00				0.00	0.00				
band 5				9.60			band 5			13.43					3.83	0.00				
band 6				4.40			band 6			4.40					0.00	0.00				
band 7				1.00			band 7			1.00					0.00	0.00				
OPD01 - Smh & Sch Outpatients (SMH OPD)	N	OPD	26.00	9.00	17.00	35%	65%	OPD01 - Smh & Sch Outpatients (SMH OPD)	N	OPD	24.80	10.80	14.00	44%	56%	-1.20	1.80	-3.00	9%	-9%
band 2				1.00			band 2				0.00				0.00	-1.00				
band 3				16.00			band 3				12.00				0.00	-4.00				
							band 4				2.00				0.00	2.00				
band 5				6.00			band 5			7.80					1.80	0.00				
band 6				2.00			band 6			2.00					0.00	0.00				
band 7				1.00			band 7			1.00					0.00	0.00				
GM 140 - Medicine General Outpatients (HH OPD)	N	0	25.80	10.40	15.40	40%	60%	GM 140 - Medicine General Outpatients (HH OPD)	N	0	22.80	7.80	15.00	34%	66%	-3.00	-2.60	-0.40	-6%	6%
band 2				0.00			band 2				0.00				0.00	0.00				
band 3				15.40			band 3				13.00				0.00	-2.40				
band 4				0.00			band 4				2.00				0.00	2.00				
band 5				7.40			band 5			4.80					-2.60	0.00				
band 6				2.00			band 6			2.00					0.00	0.00				
band 7				1.00			band 7			1.00					0.00	0.00				

IMPERIAL PRIVATE HEALTHCARE - ESTABLISHMENT DATA SEPTEMBER 2019								IMPERIAL PRIVATE HEALTHCARE - ESTABLISHMENT DATA SEPTEMBER 2020						Differences SEPTEMBER 2020 to September 2020						
Clinical area	Inpatient area?	Number of beds	Total registered nurse and unregistered care staff	Registered nurse and unregistered care staff breakdown		Registered nurse to unregistered care staff ratio		Clinical area	Inpatient area?	Number of beds	Total registered nurse and unregistered care staff	Registered nurse and unregistered care staff breakdown		Registered nurse to unregistered care staff ratio		Difference in overall Totals	Difference (WTE) Staff Type and Banding		Difference in ratio	
				RN	CS	RN	CS					RN	CS	RN	CS		RN	CS		
OVERALL TOTAL			198.38	156.47	41.91	79%	21%	OVERALL TOTAL			199.50	156.37	43.13	78%	22%	1.12	-0.10	1.22	0.00	0.00
Charing Cross Private Patients			46.01	39.01	7.00	85%	15%	Charing Cross Private Patients			46.62	39.01	7.61	84%	16%	0.61	0.00	0.61	-1%	1%
PR010 - Pp Cx - Thames View	Y	19 + 10 (currently vacant)	46.01	39.01	7.00	85%	15%	PR010 - Pp Cx - Thames View	Y	19 + 10 (currently vacant)	46.62	39.01	7.61	84%	16%	0.61	0.00	0.61	-1%	1%
band 3				7.00			band 3				7.61						0.00	0.61		
band 5				19.40			band 5				19.40						0.00	0.00		
band 6				14.61			band 6				14.61						0.00	0.00		
band 7				5.00			band 7				5.00						0.00	0.00		
band 8A							band 8A										0.00	0.00		
band 8b							band 8b										0.00	0.00		
Hammersmith Private Patients			42.02	36.02	6.00	86%	14%	Hammersmith Private Patients			44.22	37.22	7.00	84%	16%	2.20	1.20	1.00	-2%	2%
1100 - Pp Hh Lisa Sainsbury Wil	Y	26	42.02	36.02	6.00	86%	14%	1100 - Pp Hh Lisa Sainsbury Wil	Y	26	44.22	37.22	7.00	84%	16%	2.20	1.20	1.00	-2%	2%
band 3				6.00			band 3				7.00						0.00	1.00		
band 5				19.00			band 5				19.00						0.00	0.00		
band 6				14.02			band 6				14.22						0.20	0.00		
band 7				3.00			band 7				4.00						1.00	0.00		
band 8A							band 8A										0.00	0.00		
Lindo Wing St. Marys			110.35	81.44	28.91	74%	26%	Lindo Wing St. Marys			108.66	80.14	28.52	74%	26%	-1.69	-1.30	-0.39	0%	0%
LIN04 - Lindo Maternity	Y	+ 5 labour b	53.97	34.06	19.91	63%	37%	LIN04 - Lindo Maternity	Y	+ 5 labour b	52.28	32.76	19.52	63%	37%	-1.69	-1.30	-0.39	0%	0%
band 3				12.61			band 3				12.61						0.00	0.00		
band 4				7.30			band 4				6.91						0.00	-0.39		
band 6				19.07			band 6				19.23						0.16	0.00		
band 7				12.99			band 7				12.53						-0.46	0.00		
band 8a				2.00			band 8a				1.00						-1.00	0.00		
LIN05 - Lindo Nursing	Y	13 + 5 day case + 5	36.38	29.38	7.00	81%	19%	LIN05 - Lindo Nursing	Y	13 + 5 day case + 5	36.38	29.38	7.00	81%	19%	0.00	0.00	0.00	0%	0%
band 3				6.00			band 3				6.00						0.00	0.00		
band 4				1.00			band 4				1.00						0.00	0.00		
band 5				20.38			band 5				20.38						0.00	0.00		
band 6				8.00			band 6				8.00						0.00	0.00		
band 7				1.00			band 7				1.00						0.00	0.00		
band 8a							band 8a										0.00	0.00		
band 8b							band 8b										0.00	0.00		
LIN08 - Lindo Theatres			20.00	18.00	2.00	90%	10%	LIN08 - Lindo Theatres			20.00	18.00	2.00	90%	10%	0.00	0.00	0.00	0%	0%

band 3	N			2.00				band 3	N					2.00				0.00	0.00		
band 5				4.00				band 5						4.00				0.00	0.00		
band 6				13.00				band 6						13.00				0.00	0.00		
band 7				1.00				band 7						1.00				0.00	0.00		

TRUST BOARD (PUBLIC)

Paper title: Research Report (Q3 2020/21)

Agenda item 21.2 Reading Room

Authors: Paul Craven, Mark Thursz, Joanne Holloway, Bob Klaber
Executive Director: Bob Klaber, Director of Strategy, Research & Innovation

Purpose: For information

Meeting date: 31 March 2021

Executive summary

1. Introduction and background

- 1.1. The quality and scale of biomedical and clinical research carried out across the bilateral Imperial College Healthcare NHS Trust (ICHT) and Imperial College London (ICL) partnership - including through the NIHR Imperial Biomedical Research Centre (BRC) and other NIHR infrastructure programmes, as well as commercially-sponsored research, and the broader activity delivered by the NIHR NWL Clinical Research Network – will drive innovation and impact future patient care.
- 1.2. COVID-19 has had a major impact on the portfolio of research being undertaken within Imperial and the local sector, as well as on the way this research is delivered. Research will provide the route out of the pandemic and the Imperial response has been of national and international relevance. Our experiences provide opportunities for learning and will shape our forward strategy.
- 1.3. Translating and embedding research into clinical care is a strategic aim of ICHT. A number of important long-term research infrastructures will undergo re-application in the next year which, if successful, will underpin the environment and direction for research within NW London.

2. Purpose

- 2.1. To raise awareness of the breadth, excellence and relevance of research and development (R&D) being undertaken across the Trust. Clinical research is currently a hot topic – aligning with ICHT strategic goals, we have an opportunity to agree clear direction and priorities to support these aims, translating new science into real-world clinical care, for demonstrable patient benefit and establishing research as an integral part of thinking, planning and improving care in the Trust.
- 2.2. A summary of recent progress with respect to various clinical research initiatives within the bilateral partnership and highlights key areas of focus for the next 12-24 months. Separate annual reports will present the various NIHR infrastructure annual reports.

3. Executive Summary

- 3.1. The main body of the report is structured into three sections:
 - i. A strategic overview of research being undertaken in and through ICHT, including priority areas of focus for R&D over the next 12-24 months;
 - ii. An update on the latest NIHR Imperial BRC research activity, outputs and objectives;
 - iii. A summary of the performance of the NIHR Clinical Research Network (CRN).

- 3.2. The strategic overview presents priority areas of work to develop and grow the ICHT clinical research profile, based on the development of a draft strategic plan for research developed by the Director of Research and Director of Strategy, Research & Innovation.
- 3.3. The report was discussed and noted at the March Quality Committee.

4. Next steps

- 4.1. To finalise and formalise our strategic plan for research, bringing in our plans for the upcoming BRC re-application, such that it becomes a key driver to the delivery of the Trust's organisational strategy, while also creating a strong research underpinning to our integrated care system (ICS) in north west London as it grows and matures.

5. Recommendation(s)

- 5.1. The Board is asked to note the attached research report.

6. Strategic R&D Overview & Areas of Priority Focus

- 6.1. From an excellent field of candidates, we have offered the new post of Lead Nurse for Clinical Research Workforce. This role will be part of the Nursing Directorate reporting to Prof Mary Wells but will work closely with the R&D Directorate. They will have leadership and professional accountability for the development and sustainability of a high-quality, resilient and flexible clinical research delivery workforce, and will be integral to ensuring communication with senior nurses across the Trust as well as across the complex research infrastructure, contributing to our aim of closer integration between the clinical and research activities of the organisation. They will work with the Divisional Research Management teams to ensure clinical research studies recruit 'to time and target'.
- 6.2. Following on from the above, a further paper is in preparation for EMB within the next few weeks to address the strategic development of nursing, midwifery and AHP research with the Trust.
- 6.3. As well as the BRC (£90m over 5 years) ICHT also holds contracts for several other NIHR infrastructure, again delivered through partnership with Imperial College London:
 - 6.3.1. NIHR Imperial Clinical Research Facility (Prof M Wilkins; £10.9m; Apr17-Nov22) – a dedicated facility on the ground floor of the ICTEM building in Hammersmith, which provides specialised staff and equipment to deliver first-in-human experimental medicine research studies.
 - 6.3.2. NIHR Imperial Patient Safety Translational Research Centre (Prof the Lord A Darzi / Dr Julian Redhead; £7.3m; Aug17-Jul22) – research across 6 specific themes working to advance the scientific understanding of patient safety, address safety challenges as healthcare evolves, and working with local, national and international partners to support the wider dissemination and implementation of patient safety improvements and interventions.
 - 6.3.3. NIHR London In Vitro Diagnostics Co-operative (Prof G Hanna; £1.36m; Jan18-Dec22) - supports diagnostics developers in the design and validation of new diagnostic tests and platforms, including Point of Care Tests (POCTs).
 - 6.3.4. NIHR/CRUK Imperial Experimental Cancer Medicine Centre (Prof M Seckl & Prof E Aboagye; £846k; Apr17-Mar22) - programme developing technology and its application in clinical studies involving imaging, biomarkers and surgery. Early phase trials with a focus on reversing therapy resistance in breast, ovary, haematological, prostate, lung and pancreatic cancers.
 - 6.3.5. Each of these NIHR infrastructures will be required to submit an annual report to the NIHR over the next 3-6 months. NIHR has yet to confirm dates for report submission and may well extend deadlines due to other pressures. Each infrastructure director has been informed that their annual report must go through the same Trust EMB oversight process as the BRC.
 - 6.3.6. We are liaising with the various NIHR infrastructures to ensure that ICHT is properly and fully represented in terms of branding and ownership of these programmes of research.

- 6.4. We are working with the ICHT Director of Communications to fund a time-limited post/project to develop the internal and external profile of Imperial College Healthcare NHS Trust R&D and to promote its value and importance. This will include the above branding of NIHR infrastructures, strengthened patient information, refresh of R&D on the Trust internet, and links into the BRC.
- 6.5. To some degree, originally planned BRC objectives have been delayed by COVID, and new activities have taken their place (e.g. Urgent Public Health studies, vaccine studies, own COVID research studies). We are working with the Director of Finance and team to optimally re-profile and re-forecast the BRC budget over the current and next financial years, taking into account COVID recovery income received between April and December 2020 which was deferred to the balance sheet.
- 6.6. Supported by the Joint Research Office (JRO) and Divisional Research Management teams, ICHT hosts a diverse portfolio of commercially sponsored research. This has been significantly disrupted by COVID. In a typical year, we would expect this to generate ~£800k of retained overhead income. This year to date we have claimed over £1m already as of M9, from total revenue of £5.8m. To a degree this reflects a recent push to claim for historic activity/income by the JRO.
- 6.7. We are trialling a new online system (called 'Nmible') to make it easier for our patients who participate in clinical trials at ICHT sites, to claim their expenses quickly and easily. The current system of cheque reimbursement is cumbersome and slow and can cause financial difficulties for some patients. The new system will allow the JRO to confirm claims quickly and authorise direct payments to individuals' bank accounts. The system has been through the New Applications ICT Committee.
- 6.8. The Trust is also working in collaboration with Chelsea & Westminster NHS Trust, and with Cerner, to implement a new module called PowerTrials which will support R&D. PowerTrials will enable potentially-eligible patients to be matched to ongoing research studies (increasing participation in trials), facilitate remote monitoring of trials by external sponsors, and track research-related orders within the Trust. ICT is managing the project and we are currently confirming workflows and proposing exemplar trials to build into the system. We will require clinician / clinical academic testing and validation input over the next 1-2 months.
- 6.9. During the pandemic second wave, we took the decision not to formally suspend clinical studies. There was a strong national message to continue supporting UPH clinical research as well as trying to continue/re-start all non-COVID research. As of today, 82% of our full portfolio of clinical research is formally open to patient recruitment. However, research delivery staff are spread very thinly and some studies are unable to be allocated full resource at this time. Any studies with a therapeutic benefit are being supported.
- 6.10. In addition to NIHR infrastructure awards, ICHT also applies for (and receives) a number of other competitive externally-awarded research grants and contracts. These include the following:
- 6.10.1. NIHR Research for Patient Benefit Grants:
- Dr P Malhotra (*Randomised Clinical Trial of Noradrenergic Add-on Therapy with Extended-Release Guanfacine in Alzheimer's Disease*; £348k)
 - Dr M Kyrgiou (*Local treatment of cervical pre-invasive and early invasive disease: synthesis of the evidence and network meta-analysis on efficacy and treatment-related reproductive morbidity*; £290k)
- 6.10.2. HEE/NIHR ICA Pre-doctoral Clinical Academic Fellowships (Career Dev Awards) for Nurses, Midwives, Allied Health Professionals, Healthcare Scientists, Pharmacy staff and Psychologists (NMAHPPs) Layla Bolton, Juliet Albert, Leanne Dolman and Jennifer Crow.
- 6.10.3. Imperial Health Charity Grants (again to NMAHPPs) Karima Collins (*Neuro-Rehabilitation Neurologic Music Therapy*), Bijal Patel (*Investigating the novel hormone kisspeptin as a diagnostic test for women with loss of menstrual cycles*), Brett Johnson

(Alpha-Melanocyte Stimulating Hormone: a novel drug target for the treatment of diabetes), Paul Martin (Transplant renal artery stenosis: Observation versus stenting), Simona Racaru (An exploration of access to and experiences of care for patients with diabetic foot disease), Vicky McKechnie (Fear of hyperglycaemia in adults with type 1 diabetes), and Roshni Mansfield, Non-Invasive Continuous Cardiac Output Monitoring (NICCOM) and arterial function measurement in growth-restricted newborn infants.

7. NIHR Imperial Biomedical Research Centre (BRC)

- 7.1. Very positive feedback received from NIHR on the 19/20 annual report submitted in September. The key points from this feedback are included in Annex A.
- 7.2. We submitted more than 1,318 peer-reviewed research publications in our 19/20 annual report, of which ~80% included a proper acknowledgment of NIHR BRC funding (nationally = 84%). This is an improved position from the previous year. We included all BRC-authored publications on the basis that volume of output is also important for a large, comprehensive BRC. Imperial BRC publications represented 14.7% of the national total for all BRC's (8,986).
- 7.3. We have received notification from NIHR that the BRC contract will be extended until 30 November 2022, due to delays caused by COVID. We will receive a formal contract variation and funding *pro rata* to the current contract, which will equate to just over £12m for 8 months in FY 22/23. The BRC Executive has agreed that a strategic (rather than 'business as usual') approach to this funding will be beneficial, in order to place us in the best position for re-application. Themes have been asked to propose which core/continuity posts they require for the period, and for details of any projects which may need extending. The remaining funding will be deployed strategically as soon as possible, investing in new posts and facilities to help shape our re-application.
- 7.4. NIHR have confirmed that the next BRC competition will be launched in April this year. We expect a two-stage process, with an initial Pre-Qualifying Questionnaire (PQQ) to be submitted in June and full submission by August/September. Applications will be capped at £100m, and the distinction between Research and Cross-Cutting Themes has been removed.
- 7.5. With the Divisional Directors of Research, we have agreed a provisional list of ICHT consultants who are research active, and who do not currently have any funded research time in their job plans. We will confirm to Divisions that these individuals should have either 1 or 2 Research PA's included in their job plans, and research performance/outputs will be managed on an annual basis. This funding is currently allocated to individuals who are no longer research active. Once again, the aim is to place ICHT/Imperial in the strongest position for BRC re-application and to ensure full financial transparency around research income.
- 7.6. We are in the process of drafting a BRC framework/charter for Equality, Diversity and Inclusion (EDI), based on the existing ICHT and College policies. This will guide all recruitment and selection of all senior positions in the BRC going forward, inform all funding decisions, and aim for appropriate representation of all protected characteristics in ICHT research patient populations.
- 7.7. Following the NIHR communication, we will shortly initiate an open competition for all Themes to be included in the next Imperial BRC re-application. We aim to ensure broader targeting and of potential Theme Lead candidates, and a wider and more diverse 'pool' of applicants. Selection will also depend also on the criteria set by NIHR when they issue guidance for the competition.
- 7.8. ICHT COVID19 UPH: See Annex C for summary of ICHT performance in UPH studies.
- 7.9. Key outputs / papers:
 - 7.9.1. [PROSTAGRAM](#) (Hash Ahmed): outcome of a trial of 408 men, the results of which were published in JAMA Oncology, found that a more accurate MRI scanning method detected approximately twice as many clinically significant cancers as the standard PSA blood test.

- 7.9.2. [Psychological impact of miscarriage \(Tom Bourne\)](#): a study from Tommy's National Centre for Miscarriage Research, the largest to assess PTSD, anxiety, and depression following pregnancy loss.
- 7.9.3. Latest REMAP-CAP findings (Tony Gordon): limited impact of [convalescent plasma](#) on COVID-19 patient outcomes. However, recent analysis (validated in the RECOVERY study) shows that [tocilizumab and sarilumab](#) (immune modulators / IL-6 receptor antagonists) have a significant impact on patient survival, reducing mortality by 8.5%, and improving recovery so that on average patients were able to be discharged from the intensive care unit (ICU) about a week earlier.

8. NIHR NWL Clinical Research Network (CRN) Update

- 8.1. NWL CRN has been hosted by Imperial since 2014, and the hosting contract of approximately £15m has now been extended until 2024, postponing a planned re-tender for at least another year. The contractually defined High-Level Objectives for research have been suspended and there are new requirements to support urgent public health studies, restart existing studies, increase responses to the patient research experience survey and support urgent public health vaccines research. We are now expected to recruit 10% of admissions to two studies, RECOVERY and CCP-UK. NWL has opened 35 of the 85 national urgent public health studies, has so far recruited to 29 and led on 7 of the studies.
- 8.2. In addition to the main contract the region has received an additional £1.2m to support 3 vaccine hubs and the re-start and delivery of urgent public health studies. NWL have recruited 1,708 patients to the vaccine portfolio, including supporting the Novavax trial which has announced promising results last week. There are 4 further vaccine studies in the pipeline for NWL this year. Medicago is confirmed and we are bidding for work with Valneva and a Pfizer maternal immunization study. Studies with Sanofi/GSK have been delayed and studies with MSD have been withdrawn from the UK. Our strategic aims are to build the capability within the 3 hub sites and co-market this offering tying in a series of hub and spoke primary care sites and using both primary care information systems and the NWL FARSITE tool to develop robust and large-scale feasibility services. We are also linking this work with the promotion of those studies to underserved populations so that we can increase research recruitment in these groups.
- 8.3. Restart of recruitment to research in North West London has greatly improved since October with 77% of commercial studies and 65% of non-commercial studies having re-opened. 27% of our sites are now recruiting which is slightly ahead of the national average and this has been driven by a big improvement in restart of research in primary care. 73% of sites in NWL are either open or recruiting which is just under the national average and a significant increase since October.
- 8.4. We are now piloting the use of the FARSITE recruitment system with Imperial College Health Partners as a study feasibility system and will be testing and refining that model during the course of this year.
- 8.5. We have improved our recruitment to RECOVERY with both Imperial College Healthcare and LNWHT at 10% of admissions. Chelsea and Westminster have now opened this study at West Middlesex and have started to recruit so we expect to see improvements there. Regionally this 10% figure is unlikely to be met due to pharmacy capability, staff capacity and patient refusal issues at Hillingdon. Only one arm of the study can be opened there, and patients are being approached but not agreeing to participate in the aspirin arm of the study. There had been a better response to the convalescent plasma study arm which has now closed. It is anticipated that during the course of the year, treatments coming through from some of the earlier phase work can be offered via RECOVERY which may boost recruitment.
- 8.6. The Royal Brompton and Harefield Hospital became part of Guys and St Thomas' (GSTT) as of 1st February 2021. RBHT have requested that they remain part of CRN NWL for one transitional year to create some stability in their research unit. This has not yet been agreed

by GSTT and a counter proposal of 6 months is being discussed. The Research and Development leads at each trust are still in discussion about their plan for the year. Indicative funding for RBHT in 2021 has provisionally been agreed by the NWL CRN Executive Committee (dependent on the whole regional allocation). It is likely that the funding allocation for subsequent years will flow to CRN South London and, should a 6 month model be agreed, we cannot guarantee that these funds will be ring fenced for RBHT as those decisions will fall within the remit of GSTT. We will initially allocate 6 months funding while this is being clarified.

- 8.7. Performance against the new objectives are referenced in Appendix B.
- 8.8. As of 1st February 2021, we have recruited 12,482 out of about 810,000 participants to urgent public health studies and are 9th highest nationally when recruitment is measured per 100,000 population. We contribute 6% of the national recruitment figure to vaccines studies. A regional group of clinicians and operational staff continues to review and plan for work arriving across the spring and summer We have successfully set up 3 regional hubs, have delivered the Novavax study at Chelsea and Westminster and are supporting recruitment to the Janssen ENSEMBLE trial at Imperial. Our core team are contacting patients who have signed up to the national vaccine register and also linking in with primary care spoke sites to recruit to these trials.
- 8.9. 31% of our recruitment this financial year comes from the urgent public health studies compared with 75% in the October report as most other research had then been paused and studies were closed and re-opened via exemption routes at each partner. There is now a national focus on re-opening the remainder of these paused studies where it is possible to do so. This shows that more of the standard portfolio of studies are now open and recruiting than before. Overall portfolio recruitment is 37,040.
- 8.10. Responses to the patient research experience survey are low at 215. Some of the vaccine studies research teams have now sent out the electronic survey to their participants and we are awaiting responses. The study team at Oxford are doing this centrally for the primary care platform study PRINCIPLE and we expect to see these numbers increase as a result of this activity. Work is happening to promote research to underserved communities including an event livestreamed on Facebook on 3rd February where Dr Sonya Abraham participated in a vaccine focussed conversation with Lord Simon Woolley CBE, Founder of Operation Black Vote, Professor Kevin Fenton, Regional Director at Public-Health England, Cllr Rachael Robathan Leader of Westminster City Council and community representatives.
- 8.11. The assumptions on restart are dependent on the accuracy of the information held in Local Portfolio Management Systems and we know that this is not completely up to date. We are working with partners to improve the data quality.
- 8.12. CRNs have collectively asked that Department of Health award flat, rather than variable, funding to each region next year rather than using the usual activity driven model given the large changes in our available portfolio. We are still awaiting decisions around that allocation and have been told to plan for at least flat cash.

9. Impact

- Quality – not applicable (progress report only).
- Financial – not applicable (progress report only).
- Workforce impact – not applicable (progress report only).
- Equality impact – not applicable (progress report only).
- Risk impact – not applicable (progress report only).

Authors: Paul Craven, Head of Research Operations, Imperial College Healthcare NHS Trust
 Joanne Holloway, Chief Operating Officer, NWL Clinical Research Network (CRN)
 Mark Thursz, ICHT Director of Research and Director of NIHR Imperial BRC
 Bob Klaber, ICHT Director of Strategy, Research & Innovation

Date: 2 March 2021

Appendix A NIHR Imperial BRC – Feedback from NIHR on Annual Report 19/20

Each year, all BRCs in the country submit an annual report of progress against objectives, for all Themes and cross-cutting initiatives. The 19/20 annual report, due to COVID delays, was submitted in September 2020 by the BRC Office. The NIHR have recently provided feedback on our report, the key parts of which are reproduced below. We have not included all Theme-comments for the purposes of brevity – all Themes except Cardiovascular were RAG-rated as Green.

Summary of Feedback

CCF would like to thank all staff for their contribution to delivering the work programme over the year and for the time taken to complete the annual report. We appreciate that the Covid-19 pandemic has created significant challenges to both delivery and reporting.

The BRC has reported substantial progress in the 2019/2020 period across its research themes. There are multiple examples of achievements, including: the establishment of the iCARE platform, a curated database with comprehensive clinical and integrated data; the point-of-care DNA genetic testing device (DnaNudge) repurposed to the COVID Nudge test; contribution to the development of the nCounter® Human Organ Transplant Panel; and the filing of a patent for a novel machine learning method to detect early Alzheimer’s Disease. The BRC also reported activity for several high impact clinical trials including the unique CAR-iNKT cell treatment technology which is in preparation for a first-in-human clinical and the UK’s first site for a clinical trial of a wireless in-heart microcomputer.

In addition, the core infrastructure of the BRC Genomics Facility (IGF), provided an integrated service to researchers, including experimental design, library preparation, sequencing, data generation and analysis, which provided support for 118 projects for 55 research teams.

This year, the BRC reported leveraged funding in excess of £127M from a wide range of funding sources including UKRI (~£29M), research charities (~£49M), DHSC/NIHR (~13M), other non-commercial sources (~23M) and industry (~£12M).

The BRC reported over 1,300 peer-reviewed publications which included papers published in high profile titles such as The Lancet, BMJ and JAMA. Around 20% of these publications did not acknowledge the NIHR support, we remind you of the contractual obligation to acknowledge the NIHR in all papers supported by the BRC.

Thank you for providing the Added Value Examples which demonstrate the outstanding impact and reach of the BRC’s research in the community. CCF may be in touch in future for additional details should the examples be developed further into case studies.

Centre Overall (RAG)



Progress Descriptors

- Green** = On track. No risks to delivery identified, minimal feedback.
- Amber** =Satisfactory. Minor issues, no risk to delivery; areas to consider highlighted in feedback.
- Red** = Unsatisfactory. Issues identified that require action from the Director, or input from CCF.
- Black**=Unsatisfactory. At least one major issue identified that requires escalation to DHSC.

Changes to Strategy and a Summary of Progress in Themes

This year, the format of annual report feedback has been modified so that progress against each objective within each theme is assessed and an overall RAG rating is provided for the theme. Some objectives were rated “Amber” as we could not easily identify the evidence of progress within the narrative. However, we appreciate that this is a new way of processing the information and so the BRC may be on track to meet the objective.

Overall, the BRC has made good progress across its themes. The BRC is in its third year of funding and so progress may have been made against the medium and long-term objectives, but some may not yet have been reported. Please provide an update in next year’s report.

We thank the BRC for addressing the queries raised in last year’s feedback, such as including examples of successful translational of the BRCs early research.

No major changes to the BRC’s approved strategy have been reported for 2019/20. However, CCF noted that:

- Cancer Theme: the circulating biomarker laboratory encountered staffing challenges and we ask for an update on the plans taken to address these
- Gut Health Theme 5, highlighted that the long-term objective ‘to apply faecal glycomics for IBD susceptibility research’ was deemed to not be feasible to be undertaken in this quinquennium.

Please provide updates on these challenges and an explanation to support this statement by **15 February 2021**.

We are pleased to note that the BRC is developing further integration across its themes, which is evident through the activities and achievements underpinned by the cross-cutting themes.


CCF thanks the BRC for its involvement in a number of Covid-19 clinical studies, in particular by cardiovascular theme researchers who rapidly setup and initiated preventing cardiac complication of COVID-19 disease with early acute coronary syndrome therapy (C19-ACS) to determine if undiagnosed ACS is a major cause of mortality in COVID-19. We look forward to further updates in the next reporting period.


Overall Progress on Milestones (from table below; RAG)






Green = On track. No risks to delivery identified.
Amber =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback.
Red = Unsatisfactory. At least one major issue identified in feedback.



Governance		
<p>There were no reported changes to the strategy or major developments in implementing the strategy reported during FY19/20. Please be reminded that it is a contractual obligation to acknowledge NIHR support in all BRC supported publications.</p> <p>On reviewing the report, we noted that a few themes provided insufficient evidence against either the short, medium or long-term objectives, making it challenging to assess progress. We request that all progress is reported specifically against the theme objectives set out in the BRC's application form or business plans are referred to in writing the annual report to ensure CCF has a holistic view of progress. A project may be used to evidence progress or completion of an objective.</p> <p>Where a change of theme direction has occurred e.g. after a change in Theme Lead, then NIHR CCF should be informed of the changes. This should clearly set out any new objectives and highlight objectives that will be removed. Appropriate justification for changing theme objectives must be provided. If a theme is removed and a new theme added, a VTC may need to be processed.</p> <p>The NIHR Imperial Infrastructure Operations Group continues to meet regularly, facilitating cross NIHR working in research and organising collaborative events such as the NIHR Imperial Research Open Day.</p> <p>We note that the Cardiovascular Theme has successfully integrated the NIHR-BHF Cardiovascular Partnership, bringing together researchers to increase capacity and expertise, and that the BRC is leading on several workstream projects within the newly established Oncology TRC.</p> <p>Congratulations to Dr Klaber OBE who has been appointed as ICHNT's first Director of Strategy, Research and Innovation. This role will be extremely beneficial in ensuring research is strategically connected to the clinic to increase innovation.</p>		
Governance (RAG)		<p>Green = On track. No risks to delivery identified.</p> <p>Amber =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback.</p> <p>Red = Unsatisfactory. At least one major issue identified in feedback.</p>

Comments on PPIE	
<p>The BRC continues to deliver on its commitment and ambition to actively involve patients and the public as partners in the processes by which clinical research is identified, designed, delivered and shared. Their diverse and patient led PPIE portfolio has enabled them to continue to deliver over the year an impressive, impact driven portfolio that has successfully brought patients and researchers together to co-produce research in highly creative and meaningful ways at scale. Their ability to quickly launch a national community involvement survey on public experience to guide COVID-19 research and using the findings to share learning through an insight report and a blog by key global players in the pandemic field, is just one of the many exemplary examples within their portfolio. As the Co-Chair of the National BRC PPIE Leads Network, Maria Piggin, the PPIE Lead for this BRC, has done a fantastic job in bringing this community together over the year – the CCF commissioning and PPIE teams would like to say a big thank you for your hard work and commitment to PPIE.</p> <p>The BRC’s impact driven PPIE approach is exemplary and should be shared as a model for good practice. In addition, their comprehensive training portfolio and commitment to embedding lay representation in their governance, are both excellent examples of a PPIE strategy that will deliver long term impact and results.</p> <p>No area for improvement nor actions for immediate attention before the next reporting period are required.</p>	
PPIE (RAG)	 <p>Green = On track. No risks to delivery identified. Amber =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback. Red = Unsatisfactory. At least one major issue identified in feedback.</p>

Comments on Training	
<p>Thank you for providing this feedback on academic career development at Imperial BRC.</p> <ul style="list-style-type: none"> • Great to hear about the success of IHC research fellowships and the 10-year celebration event held to recognise this programme. • We were interested to hear about the mentorship provision you have recently established and would be keen to hear more as this develops. • It would be helpful to hear more about the response to the clinical PhD fellow survey feedback around improving awareness of courses and support available, signposting to mental health support information and managing HR-related issues. 	
Training (RAG)	 <p>Green = On track. No risks to delivery identified. Amber =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback. Red = Unsatisfactory. At least one major issue identified in feedback.</p>

Engagement with Industry		
IP Feedback		
<ul style="list-style-type: none"> • The BRC close collaboration with Imperial College Industry and Partnership commercialisation office has led to the organisation of successful pitching events, hackathons and attendance of international conferences that allowed interaction with pharma companies. • BRC continues to engage with SMEs across the life sciences sector through self-initiated and leveraged programmes. This includes five new ICASE studentships. • BRC continues to develop new strategic partnerships. We look forward to hearing about the outcome of your discussions with Yuhan Corporation on fibrosis and Parkinson. • We are pleased to see the contribution of your ongoing strategic partners for collaborative projects and commercially sponsored clinical trials 		
IP (RAG)		<p>Green = On track. No risks to delivery identified.</p> <p>Amber =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback.</p> <p>Red = Unsatisfactory. At least one major issue identified in feedback.</p>
NOCRI Feedback		
<p>Impressive work and clear description of activities within last year. Imperial launched a Tech website with technologies available for licencing organized several pitching events for VC investors (large one supported by Syncona), hackathons (wih collaborative participation from SMEs), participated in national delegations to Bio Japan, Korea and BioUS. They hosted several visits from large pharma/tech companies.</p> <p>SMEs: joint activities with industry including studentships, Knowledge Transfer Partnerships (KTPs), NPIF awards, GENERATE, Advanced Hackspace, ICiC and MedTech SuperConnector awards.</p> <p>New partnerships: Yuhan (Korea, project in Parkinson's and fibrosis), AZ (600k to projects in COPD, ovarian cancer), Novartis (moved campus to Imperial), GSK (additional funding to EMINENT programme), Apollo therapeutics (few new projects) and London Advanced Therapies network (new 600k invested in Imperial projects).</p>		
NOCRI (RAG)		<p>Green = On track. No risks to delivery identified.</p> <p>Amber =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback.</p> <p>Red = Unsatisfactory. At least one major issue identified in feedback.</p>
Industry/Growth (RAG)		<p>Green = On track. No risks to delivery identified.</p> <p>Amber =Satisfactory. Minor issues, no risk to delivery, areas to consider in feedback.</p> <p>Red = Unsatisfactory. At least one major issue identified in feedback.</p>

For the Director: Summary of Action Required

Dear Professor Thursz,

Thank you for completing the annual report which we appreciate is a large undertaking for the BRC. Thank you also for completing the annual report which we appreciate is a large undertaking for the BRC.

We appreciate the complexity of the BRC work programme and would be grateful if annual reports could clearly identify the progress towards all ongoing objectives in order to allow CCF a clear view of each Theme. It would be useful for the BRC to provide its view of progress against milestones and objectives over the year and whether the project/area is complete, on track or delayed. It is often unclear from the descriptions, or the lack of specific updates against objectives as to the progress status.

Please note the request from the NIHR IP team to conduct and share the outcomes of your IP audit ahead of the annual meeting of the BRC and IP Unit who will contact you with regards to timelines.

We have highlighted some areas (immediate actions) where additional information or clarification is required:

- **Cancer Theme:** the circulating biomarker laboratory reported staffing challenges and we have asked for an update on the plans taken to address these.
- **Gut Health:** the long-term objective 'to apply faecal glycomics for IBD susceptibility research' was deemed to not be feasible to be undertaken in this quinquennium. Please provide justification of this decision to CCF.

Please collate the information requested and submit responses to NIHR CCF by **Monday 15 February 2021** (ccf-infrastructure-team@nihr.ac.uk).

We have no other concerns which require action at this time but please review our comments to incorporate the additional updates for the next annual report. Once again thank you for all your endeavours in directing the BRC at this challenging time.

Kind regards,

NIHR CCF

Appendix B

CRN North West London Research Portfolio Update 01-02-2021

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1. Update on Urgent Public Health Research

1.1. Recruitment to UPH studies in England

Since the outbreak of the COVID-19 pandemic the NIHR Clinical Research Network's (CRN) main priority is supporting and delivering Urgent Public Health (UPH) Research studies. Charts below (Figures 1 and 2) show recruitment to UPH studies in England highlighting North West London CRN.

To date over 810,000 participants have been recruited to UPH studies. Nearly 404,000 participants have been processed in our data systems and assigned to LCRNs, devolved nations and individual organisations. Of these over 376,000 were recruited in England and NWL contributed 3.3% (12,428 participants) to this figure.

UPH Recruitment by LCRN

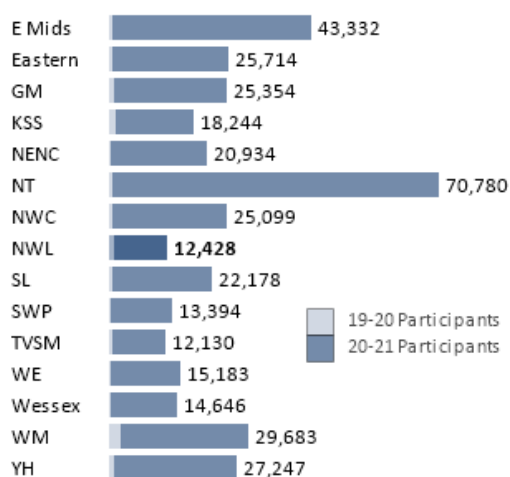


Figure 1

UPH Recruitment by LCRN per 100,000 population

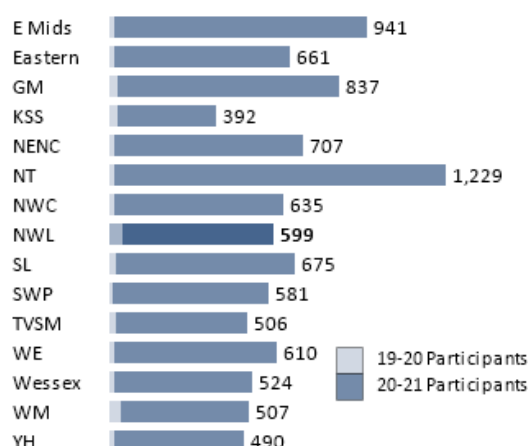


Figure 2

1.2. UPH studies and supporting sites in England

There are currently 85 UPH studies on the CRN Portfolio¹ and 35 of these are active in our region (Figure 3). We have recruited into 29 studies, acting as a Lead LCRN for 7.

Over 3,700 English sites support UPH research and over 3,000 have reported recruitment to UPH studies (Figure 4). In North West London there are currently 198 active sites and 152 of these have reported recruitment. Out of 191 sites, 174 are Primary Care. To date 131 NWL Primary Care sites reported recruitment.

¹ the figure includes closed studies and studies in setup

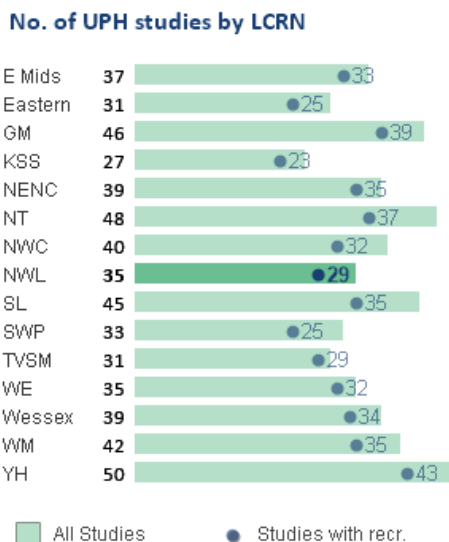


Figure 3

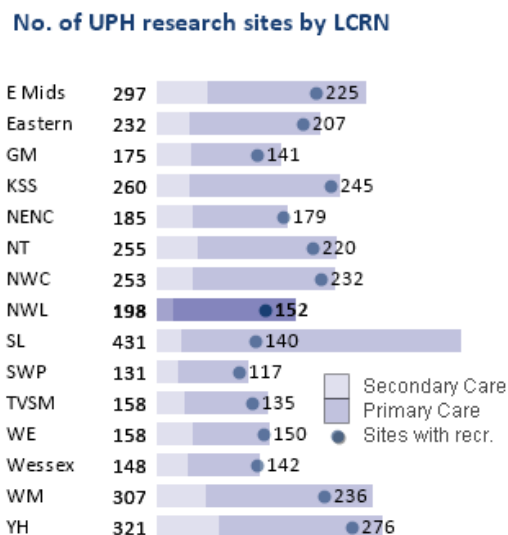


Figure 4

1.3. Recruitment to UPH studies in North West London

The chart below shows cumulative recruitment to UPH studies in North West London, highlighting research activity attributed to the current financial year. The increase in the number of recruits since September 2020 can be attributed to the rollout of vaccine studies. The most recent increase (Dec 2020 - Jan 2021) is the result of the increase in infections in wave 2 and a few high recruiting studies in a Primary Care setting.

All NWL UPH Recruitment



Figure 5

1.4. Recruitment to UPH studies per North West London Partner Organisation

8 out of 10 North West London Partner Organisations recruited to UPH studies (Figure 6) and we also reported recruitment from non-NHS settings. Most of our Partners support and recruit to more than one UPH study (Table 1).

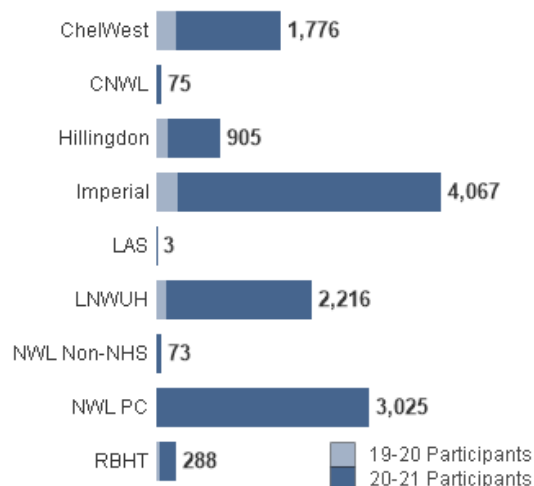
UPH Recruitment NWL PO


Figure 6

NWL PO UPH Studies

NWL Partner	Studies	Studies with recr.
	35	29
ChelWest	9	7
CNWL	2	2
Hillingdon	8	6
Imperial	24	21
LAS	2	1
LNWUH	15	12
NWL Non-NHS	2	1
NWL PC	4	4
RBHT	7	5

Table 1

NWL Partner Org	Admissions (17/03/20- 29/01/21)	UPH recruitment (vaccine studies excluded)	Recruitment per admission
London North West University Healthcare NHS Trust	5,626	1,915	34%
Imperial College Healthcare NHS Trust	4,253	3,278	77%
Chelsea and Westminster Hospital NHS Foundation Trust	3,848	1,158	30%
Hillingdon Hospitals NHS Foundation Trust	1,442	905	63%
Royal Brompton & Harefield NHS Foundation Trust	348	288	83%
Central and North West London NHS Foundation Trust	172	75	44%

Table 2

The data in Table 2 shows information about recruitment to UPH studies per admissions at NWL Partner Organisations. Data on admissions comes from NHS England and NHS Improvement and Primary Care and London Ambulance Service are excluded as there are no admissions recorded. Please note that recruitment to vaccine studies is excluded from this table as these studies recruit healthy volunteers. Details on vaccine recruitment can be found in section 2 of this paper.

1.5. UPH studies with 'final' sites in North West London

Table 3 shows the full list of UPH studies running in North West London including the number of sites supporting each project, and the percentage of English recruits contributed

by our network. North West London contributed more than the population share (3.7%) to 22 out of 29 UPH studies recruiting in the region.

Our top 3 recruiting studies are:

- CCP-UK - Clinical Characterisation Protocol for Severe Emerging Infection study
- Virus Watch V1
- RECAP (REmote Covid Assessment in Primary Care)

NWL All UPH Studies

Study ID	Study Short Name	Comm	Status	NWL RA	% Contribution	Final NWL Sites	Recruiting NWL Sites
				12428	3.3%	198	152
14152	Clinical Characterisation...	Non-Comm	Open	4354	3.3%	14	13
45822	Virus Watch V1	Non-Comm	Open	1973	3.8%	62	62
45890	RECAP (REmote Covid A...	Non-Comm	Open	887	54.5%	52	52
45388	RECOVERY trial	Non-Comm	Open	731	2.5%	13	6
45906	SARS-COV2 immunity a...	Non-Comm	Open	666	2.2%	6	4
46787	Novavax COVID Vaccine ...	Comm	Closed	579	4.5%	1	1
45551	Investigating a Vaccine ...	Non-Comm	Closed	476	5.2%	2	2
45571	Pregnancy and Neonatal...	Non-Comm	Open	409	8.4%	5	5
46188	CLARITY: impaCt of bioL...	Non-Comm	Closed	373	5.8%	5	5
46804	ENSEMBLE 2 - Phase 3 ...	Comm	Open	318	6.8%	1	1
30540	GenOMICC	Non-Comm	Open	292	3.7%	7	6
45537	DIAMONDS Search	Non-Comm	Open	261	18.9%	1	1
46068	Clinical trial of a SARS-C...	Non-Comm	Closed	231	55.8%	3	3
46443	PHOSP-COVID	Non-Comm	Open	179	11.4%	6	6
38197	REMAP-CAP	Non-Comm	Open	154	4.8%	7	5
45367	A phase I/II trial of a ca...	Non-Comm	Closed	104	9.7%	1	1
46023	RAPid community Testi...	Non-Comm	Open	87	38.2%	1	1
45457	PRINCIPLE	Non-Comm	Open	81	2.3%	127	57
47296	FALCON C-19 (Workstre...	Non-Comm	Open	73	8.2%	1	1
45518	RECOVERY - Respiratory...	Non-Comm	Open	55	6.3%	4	2
43529	DeVENT	Non-Comm	Open	41	100.0%	2	2
45460	5773 Safety and Antiviral...	Comm	Closed	25	15.0%	2	2
45920	COG-UK HOCl study	Non-Comm	Open	19	1.9%	1	1
45731	COPCOV trial	Non-Comm	Closed	17	7.5%	2	1
45932	FALCON C-19	Non-Comm	Open	15	0.9%	1	1
45484	IRAS: 282099 - A study ...	Comm	Closed	12	20.3%	1	1
45459	5774 Safety & Antiviral ...	Comm	Closed	8	12.9%	2	2
45648	CATALYST - An Early Pha...	Non-Comm	Open	5	4.5%	1	1
45565	RUXCOVID	Comm	Closed	3	21.4%	1	1
45332	Coronavirus infection in ...	Non-Comm	Closed	0	0.0%	1	0
45953	COVID-19 in care homes...	Non-Comm	Open	0	0.0%	1	0
37059	Schools Transmission St...	Non-Comm	Suspended	0	0.0%	1	0
46754	V591-002	Comm	Withdrawn	0	-	1	0
12827	FLU-CATs : Evaluation a...	Non-Comm	Open	non recr.	-	0	0
14162	UKOSS: Pandemic Infl...	Non-Comm	Open	non recr.	-	5	0
45676	Neonatal Complications...	Non-Comm	Open	non recr.	-	3	0
46602	CCP-Cancer UK	Non-Comm	In Setup	non recr.	-	0	0

Table 3

1.6. Recruitment to the Recovery Trial

The DHSC deems the RECOVERY trial pragmatic platform a globally critical study that should be prioritised for delivery.

Therefore, in December 2020 each LCRN received a minimum target for this study of 10% of

all Covid-19 admissions in the region on a 2 weekly rolling basis. Moreover, all networks are expected to aim towards 20% of Covid-19 admissions in their region.

The charts below illustrate recruitment to this trial by LCRN (Figure 7) and NWL Partner Organisation (Figure 8). Numbers to the left of the bars represent the proportion of patients admitted with Covid-19 and recruited into the Recovery platform trial in the last two weeks.

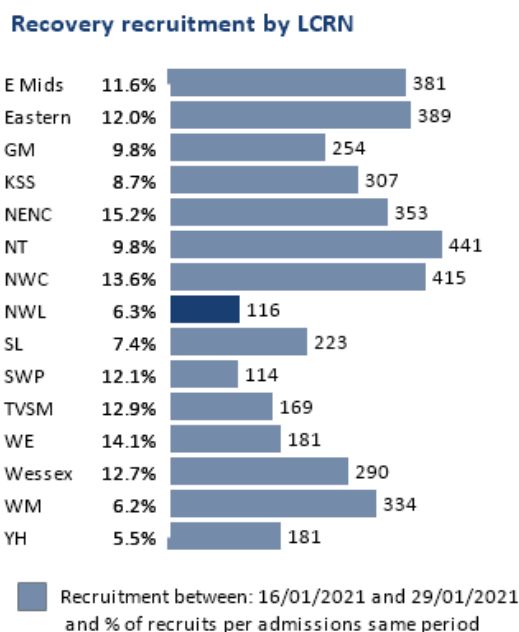


Figure 7

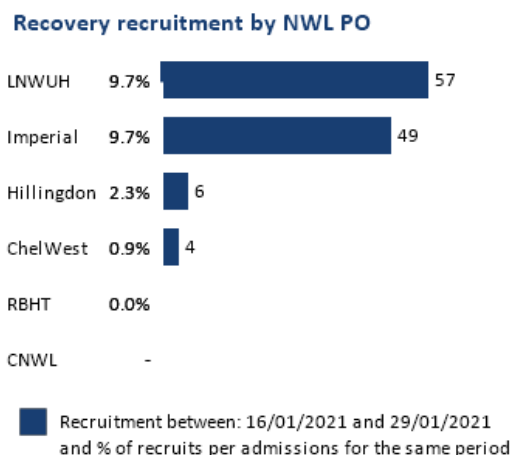


Figure 8

Looking at the data since the start of the Recovery trial North West London have recruited 5.1% of all admissions in the region.

2. Update on Vaccine Studies

North West London CRN currently has 1 open COVID-19 vaccine study on the portfolio and we recruited to 5 vaccine trials in total (Table 4). Figures 9 &10 illustrate recruitment to vaccine studies across England and NWL region.

North West London CRN contributes a 6% share of English recruitment into vaccine studies.

Recruitment to Vaccine studies by LCRN

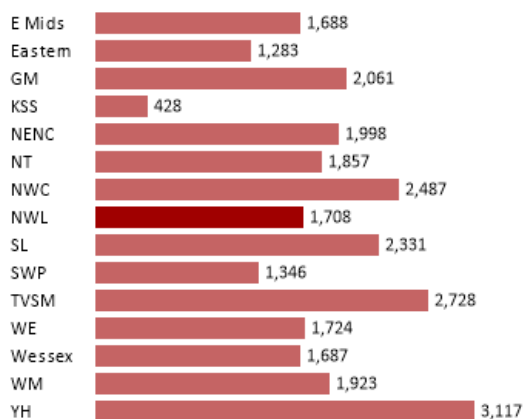


Figure 9

Recruitment to Vaccine studies by NWL PO

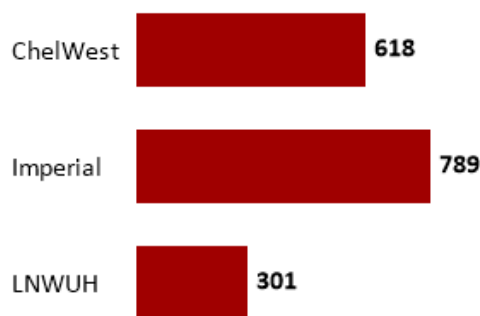


Figure 10

NWL Vaccine Studies

Study ID	Study Name/Sponsor	Comm	Status	NWL RA	% Contribution	Final NWL Sites	Recruiting NWL Sites
				1708	6.0%	5	5
45367	AstraZeneca & Oxford (COV001)	Non-Comm	Closed	104	9.7%	1	1
45551	AstraZeneca & Oxford (COV002)	Non-Comm	Closed	476	5.2%	2	2
46068	Imperial	Non-Comm	Closed	231	55.8%	3	3
46787	Novavax	Comm	Closed	579	4.5%	1	1
46804	Janssen	Comm	Open	318	6.8%	1	1
46754	MSD 951-002	Comm	Withdrawn	0	-	1	0

Table 4

3. North West London Recruitment against the 20-21 target

Figure 11 shows the cumulative recruitment across the region for 2020-21 against our local recruitment target. The proportion of non-UPH recruitment has increased from 40% in July to 69% in the current report.

NWL Cumulative Recruitment to Target

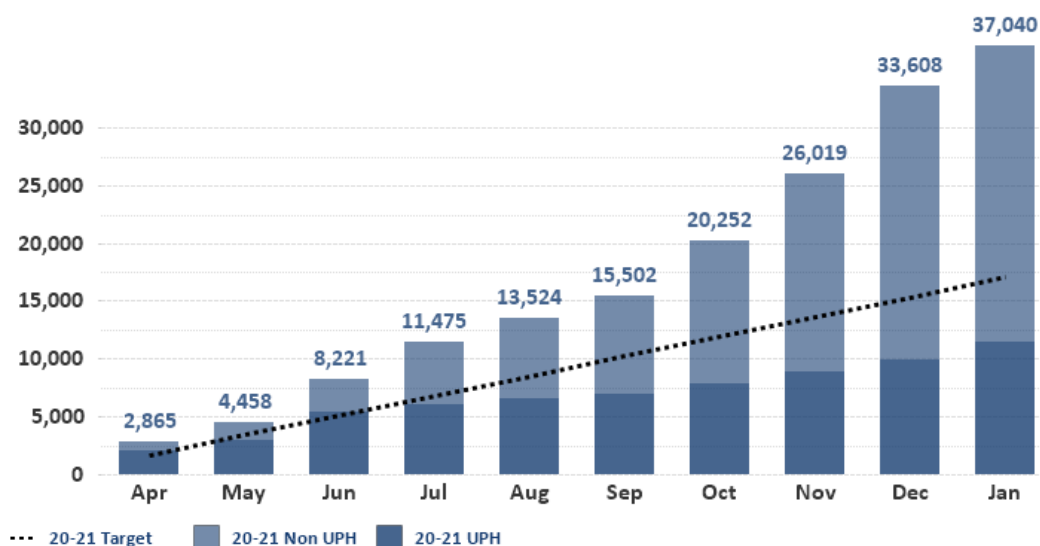


Figure 11

4. Update on RESTART Project

As the COVID-19 pandemic spread across the country many NHS Trusts suspended their entire research portfolios to focus on providing care for infected patients. Only Urgent Public Health Research and a handful of locally exempt, crucial projects were continuing.

In May 2020, after the first wave of infections has eased, the NIHR have introduced the restart framework as an indicator (barometer) of how organisations reopen suspended studies. It has been agreed that data from Local Portfolio Management Systems and from research sponsoring bodies will be used to support this work.

In December 2020 a national ambition was agreed to ‘re-open’ 80% of commercial and non-commercial studies that were suspended due to the pandemic as of 21st of May (see point 4.1).

Locally, North West London are also looking at changes to site statuses at each partner to ascertain the speed and scale of the research restart in the region (see point 4.2).

4.1. Update on studies we lead on

Figures 12 and 13 below show the percentages of no longer suspended commercial and non-commercial studies by lead LCRN. We have 220 studies led from our region that are included in the baseline. 22 of these are commercial and 198 are non-commercial. The vast majority of studies we lead on are sponsored by the Imperial College or ICHT. Over the coming months we will be working with all our sponsors to help restart as many studies as possible.

Commercial studies by lead LCRN

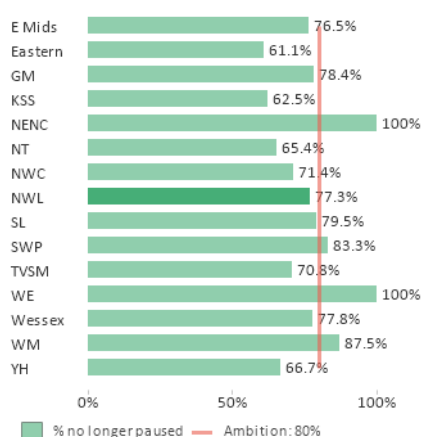


Figure 12

Non-commercial studies by lead LCRN

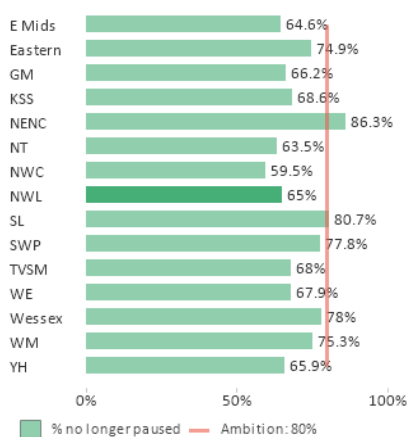


Figure 13

Table 5 presents the breakdown of NWL led studies by our top sponsoring organisations and the percentages of studies that are no longer paused.

Sponsor	Baseline studies	% no longer paused
Imperial College of Science, Technology and Medicine	120	61.2%
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	23	52.2%
ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST	21	95.2%
IMPERIAL WHITE CITY INCUBATOR LIMITED	5	80%
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION ...	3	100%
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	3	100%
University of Oxford	3	64.8%

Table 5

4.2. Update on studies we participate in (participating sites)²

The charts below represent percentages of study sites that:

- are open to recruitment and have recruited a participant since 1/06/2020 (Green),
- are open to recruitment but have not reported any recruitment since 1/06/2020 (Light Green),
- are suspended to recruitment due to pandemic (Navy),
- are suspended to recruitment for other reasons (Orange)

This data is extracted weekly from Local Portfolio Management Systems (EDGE and Documas).

² Data shows statuses for participating sites and includes both non-commercial and commercial study sites and includes only studies that were open or suspended on or after 18/03/2020.

Figures 14 and 15 show breakdown of study site statuses in the UK and per LCRN and devolved administrations. The proportion of suspended study sites increased slightly from 21.3% in the last report. We expect this is due to the impact of the second wave.

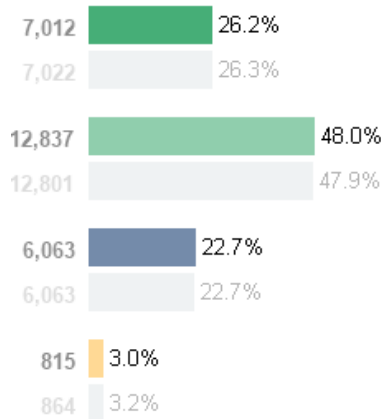


Figure 14
(Grey represents previous week's data)

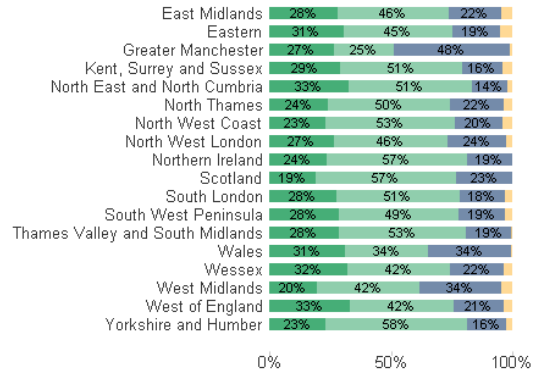


Figure 15

Figures 16 and 17 show breakdown of study site statuses across North West London and per NWL Partner Organisation.

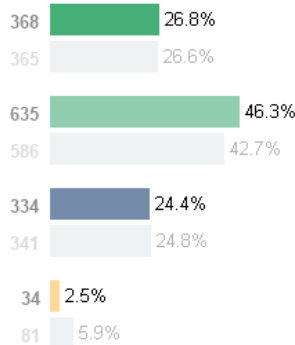


Figure 16
(Grey represents previous week's data)

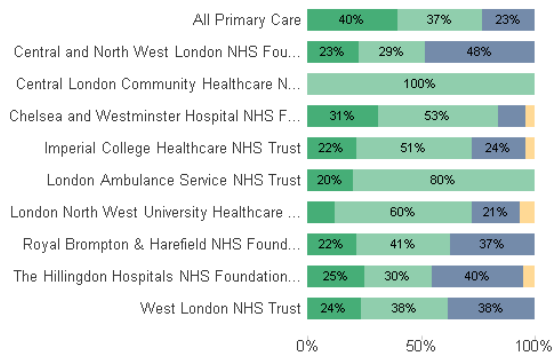


Figure 17

Figures 18 and 19 show changes to site statuses over time for CRN and NWL respectively. The data shows the rate of restart (green line) is slightly slower in North West London than the CRN's overall.

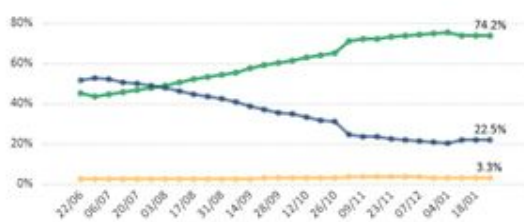


Figure 18

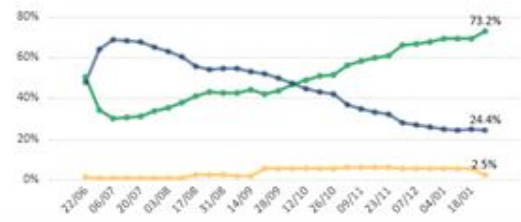


Figure 19

4.3. Restart and Research Activity

The following charts illustrate the proportion of 20-21 recruits recruited to non-UPH studies. The data shows where LCRNs and NWL Partners focus their resources and to what extent non-UPH research resumed at each location.

Figures 20 and 21 show the proportion of non-UPH recruitment per LCRN and NWL Partner Organisation.

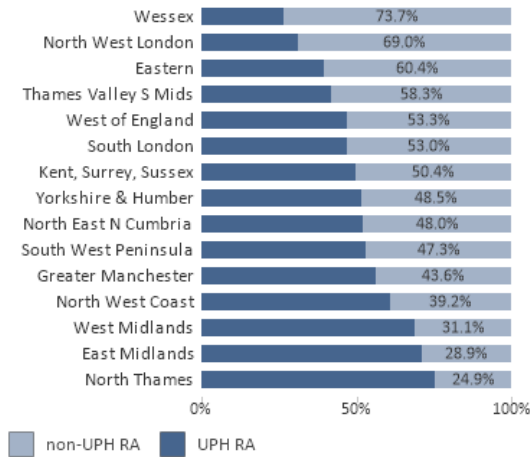


Figure 20

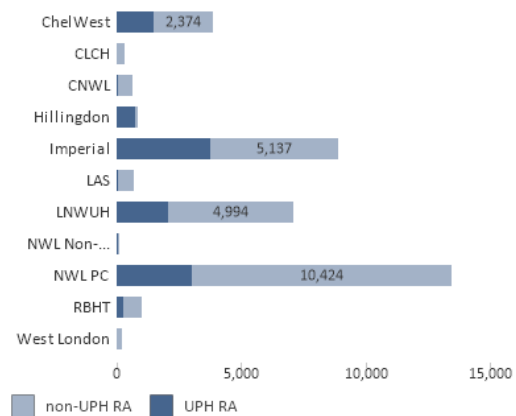


Figure 21

Figure 22 demonstrates the impact of Covid and the state of RESTART work across the network's commercial portfolio. Percentages to the left indicate the current share of the commercial recruitment where percentages to the right illustrates share of commercial recruitment at the end of the last financial year (business as usual).

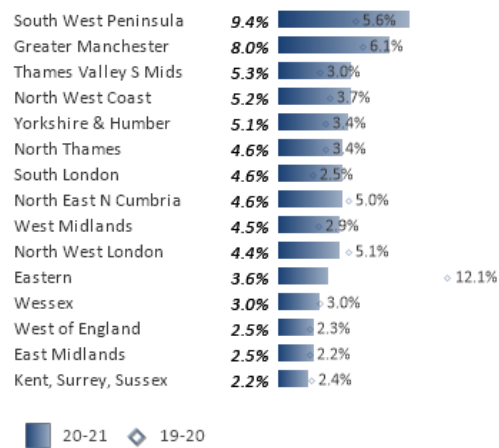


Figure 22

4.4. Restart and Research Activity (Apr-Jan 2019-20 vs. Apr-Jan 2020-21)

To further illustrate progress of research RESTART charts below compare the number of studies reporting recruitment and number of reported recruits between 2019-20 and 2020-21.

Figures below show comparisons for studies reporting recruitment (Figure 23) and numbers of recruits (Figure 24) per LCRN. The darker colours represent this year's data.

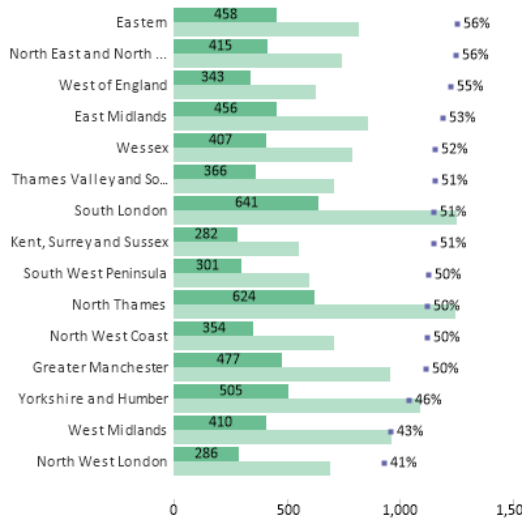


Figure 23

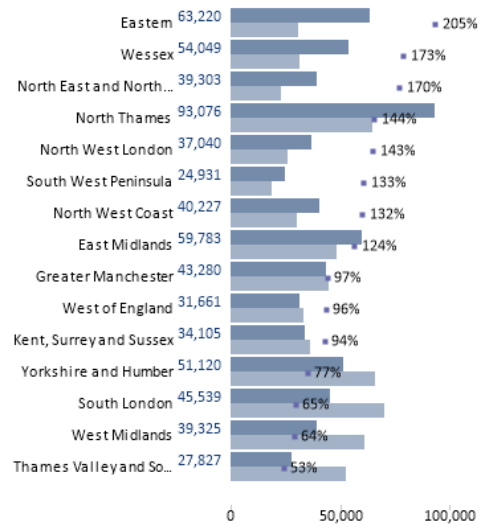


Figure 24

The next four charts present the same data but for North West London only. Figures 25 and 26 focus on data per Partner Organisation and figures 27 and 28 compare the two quarters per managing specialty.

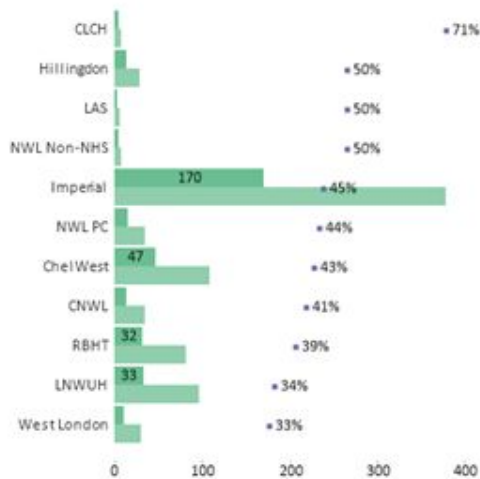


Figure 25

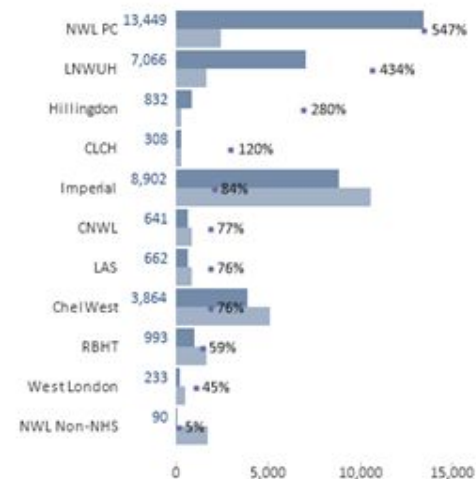


Figure 26

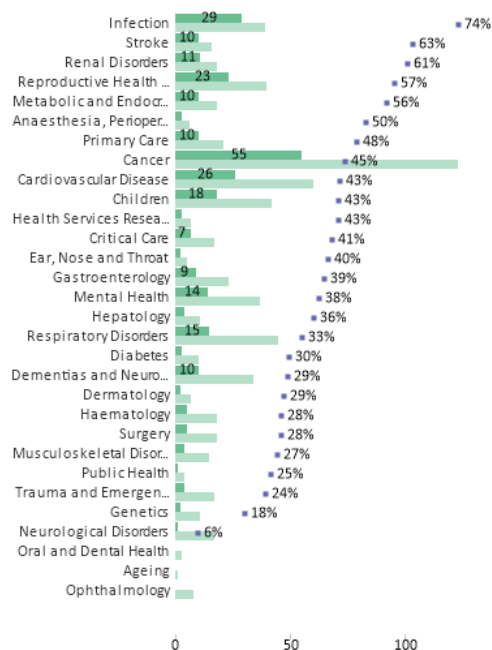


Figure 27

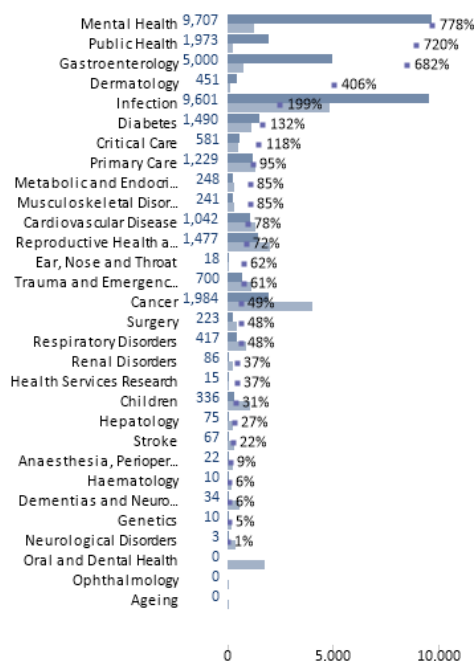


Figure 28

5. About the data

Data for this report come from three CRN [Open Data Platform](#) Apps:

- Covid-19 Research Activity
- All Portfolio
- 2020-21 CRN Performance Standards
- Covid-19 Impact on CRN Portfolio - study site data in this app come directly from the Local Portfolio Management Systems (EDGE and Documas)

Please note that this is a snapshot in time picture and the data changes daily as new UPH recruits are reported.

Estimated Covid admissions:

Data provided by NHS England & NHS Improvement on a daily basis (Mon - Fri, updated at around 4pm).

* Estimated admission numbers are based on combined figures of number of patients admitted with COVID-19 in previous 24 hours and number of inpatients with confirmed COVID-19 in previous 24 hours and are obtained from trusts two days previous to the date of the data cut.

Annex C ICHT Performance In COVID19 Urgent Public Health Studies

Not including large-scale data or questionnaire studies (interventional & observational UPH studies only).

1) Top 20 Recruiting NHS Trusts

Trust	No. Studies Opened	No. Studies Recruited To	No. Participants
Barts Health NHS Trust	19	13	9,706
University Hospitals of Leicester NHS Trust	19	18	7,318
University Hospitals Birmingham NHS Foundation Trust	23	21	6,258
Guy's and St Thomas' NHS Foundation Trust	26	18	6,206
Liverpool University Hospitals NHS Foundation Trust	19	17	6,030
Mid and South Essex NHS Foundation Trust	12	10	5,989
Manchester University NHS Foundation Trust	27	23	5,940
University Hospitals of North Midlands NHS Trust	13	10	5,038
Pennine Acute Hospitals NHS Trust	25	20	4,894
East Lancashire Hospitals NHS Trust	9	8	4,616
University Hospitals of Derby and Burton NHS Foundation Trust	14	11	4,566
Imperial College Healthcare NHS Trust	24	21	4,329
University Hospital Southampton NHS Foundation Trust	31	28	4,222
Nottingham University Hospitals NHS Trust	20	17	4,201
NHS Lothian	23	18	4,180
Cambridge University Hospitals NHS Foundation Trust	14	13	4,179
St George's University Hospitals NHS Foundation Trust	27	20	4,032
East Suffolk and North Essex NHS Foundation Trust	12	10	3,907
King's College Hospital NHS Foundation Trust	25	21	3,838
Bedfordshire Hospitals NHS Foundation Trust	8	5	3,720

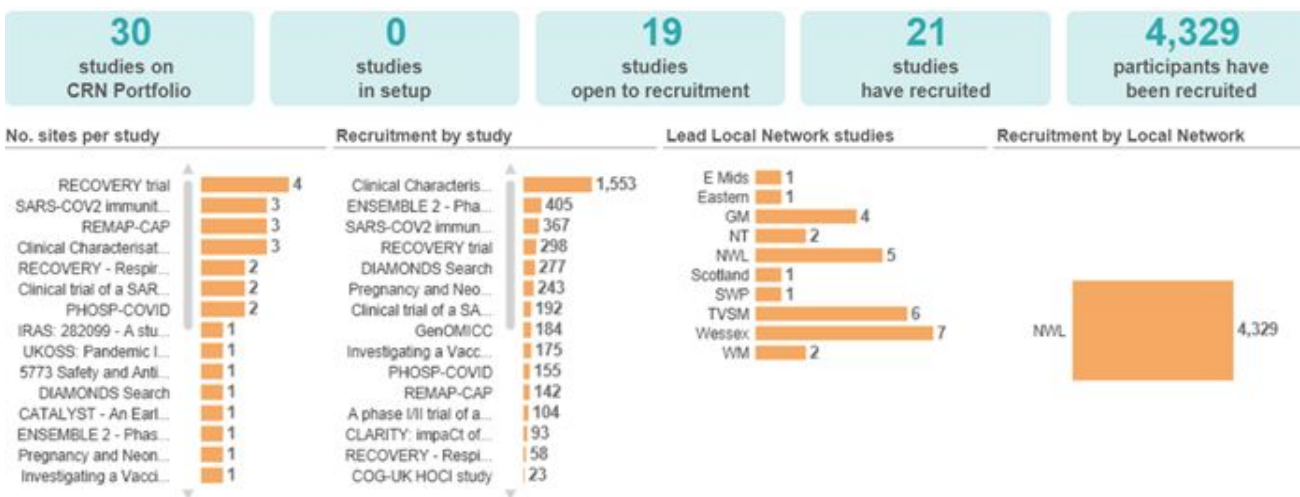
2) Top 20 NHS Trusts: Number of UPH Studies Open

Trust	No. Studies Opened	No. Studies Recruited To	No. Participants
University Hospital Southampton NHS Foundation Trust	31	28	4,222
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	31	27	3,365
Manchester University NHS Foundation Trust	27	23	5,940
St George's University Hospitals NHS Foundation Trust	27	20	4,032
Guy's and St Thomas' NHS Foundation Trust	26	18	6,206
Pennine Acute Hospitals NHS Trust	25	20	4,894
King's College Hospital NHS Foundation Trust	25	21	3,838
Leeds Teaching Hospitals NHS Trust	25	22	3,685
Imperial College Healthcare NHS Trust	24	21	4,329
University Hospitals Birmingham NHS Foundation Trust	23	21	6,258
NHS Lothian	23	18	4,180
University College London Hospitals NHS Foundation Trust	21	16	1,657
Nottingham University Hospitals NHS Trust	20	17	4,201
NHS Greater Glasgow and Clyde	20	19	3,255
Royal Free London NHS Foundation Trust	20	17	1,944
Barts Health NHS Trust	19	13	9,706
University Hospitals of Leicester NHS Trust	19	18	7,318
Liverpool University Hospitals NHS Foundation Trust	19	17	6,030
Sheffield Teaching Hospitals NHS Foundation Trust	19	18	3,392
Hull University Teaching Hospitals NHS Trust	19	16	2,139

3) Top 20 NHS Trusts: Number of UPH Studies Recruited To

Trust	No. Studies Opened	No. Studies Recruited To	No. Participants
University Hospital Southampton NHS Foundation Trust	31	28	4,222
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	31	27	3,365
Manchester University NHS Foundation Trust	27	23	5,940
Leeds Teaching Hospitals NHS Trust	25	22	3,685
King's College Hospital NHS Foundation Trust	25	21	3,838
Imperial College Healthcare NHS Trust	24	21	4,329
University Hospitals Birmingham NHS Foundation Trust	23	21	6,258
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Nottingham University Hospitals NHS Trust	20	17	4,201
Royal Free London NHS Foundation Trust	20	17	1,944
Liverpool University Hospitals NHS Foundation Trust	19	17	6,030
University College London Hospitals NHS Foundation Trust	21	16	1,657
Hull University Teaching Hospitals NHS Trust	19	16	2,139
University Hospitals Bristol And Weston NHS Foundation Trust	18	15	3,570

4) ICHT Overall Performance by Study



5) **Study Recruitment by Month**

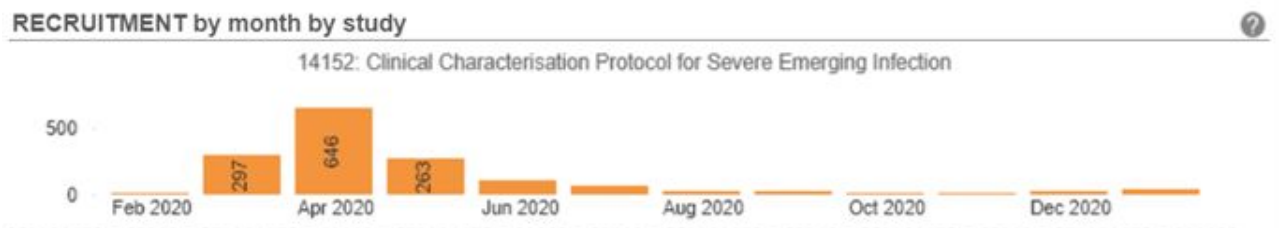
a) RECOVERY trial



b) REMAP-CAP trial



c) ISARIC-CCP trial



TRUST BOARD (PUBLIC)

Paper title: Learning from Deaths quarterly report – Q3 2020/21

Agenda item 21.2 Reading Room

Author: Darren Nelson, head of quality compliance and assurance

Executive Director: Julian Redhead, medical director

Purpose: information

Meeting date: 31st March 2021

Executive summary

1. Introduction and background

- 1.1. The Trust's established mortality review process and associated policy was reviewed in line with the new national requirements set out in the National Quality Board framework published in March 2017. This included Structured Judgment Review (SJR) for selected deaths.
- 1.2. Every NHS Trust in England and Wales was required to implement a Medical Examiner (ME) service by April 2020. This was successfully implemented and we are fully compliant with the Guidance on ME services published by the National Medical Examiner (NME).
- 1.3. The previous local Level 1 screening review carried out by the individual speciality was fully replaced by the ME service from 1 April 2020. Level 1 reviews outstanding prior to this date have been completed by WCCS and SCC. MIC have 24 outstanding and the Division is engaged in an exercise to complete these.
- 1.4. This paper sets out further developments to our learning from deaths processes, including changes being made to the SJR reviewer structure. The paper also outlines our current performance and activity with regard to mortality data and surveillance.

2. Purpose

- 2.1. This paper provides an update to the board on our Learning from Deaths (LfD) programme. It includes an updated dashboard outlining activity undertaken as part of the programme in Q3 2020/2021, for information ahead of submission to NHS England.

3. Executive Summary

- 3.1. The paper outlines activity undertaken as part of the mandated programme, and provides information regarding our mortality rate and mortality surveillance activity as a Trust. The paper provides an update on changes that we are making to our LfD programme, and finally outlines the steps that we have taken to validate our findings from mortality reviews undertaken since 2017, focussing on the extent to which deaths could have been avoided.

3.2. So far, none of the deaths which occurred in Q3 2020/2021 have been identified as 'avoidable' through the processes outlined in this report.

4. Next steps

4.1. The findings from our mortality surveillance programme from Q3 2020/21 will be submitted to NHS England following sign off by the Quality Committee on behalf of Trust Board.

4.2. A project manager is reviewing our current processes and policy as well as supporting the implementation of changes to the work programme. These changes will be made by the end of Q4 2020/21 as some activity had been put on hold due to resource re-allocation required to support management of the pandemic. The amendments will ensure that our mortality review processes align appropriately with the ME service and improve how we investigate and learn from deaths which occur in our care.

5. Recommendation(s)

5.1. The board is asked to note the findings from our mortality surveillance programme in Q3 2020/2021.

Main paper

6. Changes to our current learning from deaths process

6.1. Ongoing efforts are being made to align our serious incident (SI) and learning from deaths processes, ensuring that these two investigatory processes, whilst independent of one another, are linked appropriately and where appropriate do not duplicate effort.

6.2. Where a SJR finds the overall care and service delivery rating score to be 2 or less (Poor or Very Poor) the case is presented for review at the weekly MD panel incident review and a decision made on whether the incident triggers the SI process and it is this process which will make a decision on the avoidability of death.

6.3. Where the death is declared a SI a SJR will not be requested. There may be cases where a SJR has taken place first, and an SI investigation is triggered as a result of this. In these situations if the SI investigation outcome differs from the SJR, a decision making group, chaired by the Medical Director is convened to decide if the death was avoidable or not.

6.4. SJR Reviewers

6.4.1. Currently there are 30 SJR reviewers. SJRs are not included in their job plan so are completed outside of scheduled work time. This has posed challenges for completion within the target timeline and consistency of reports.

6.4.2. A new structure for SJR reviews will be implemented on 1st April 2021. Six consultants from various specialties have been appointed and will have SJRs as part of their job plan. They will take over from the existing reviewers in April. They will be completing the training and preparation for the role during March 2021. The dedicated resource will facilitate reduction of the SJR completion time frame from 30 to 7 days.

6.4.3. A smaller number of reviewers will also allow increased consistency and opportunity for consolidation of learning from both good practice and areas for improvement which can be cascaded through the Trust.

6.5. A project manager is co-ordinating the review of our current processes and policy as well as supporting the implementation of changes to the work programme. These changes will be made by the end of Q4 2020/21. The amendments will ensure that our mortality review processes are able to triangulate information from the ME service, SJR reviews and incident management to ensure effective learning and quality improvement.

7. Mortality data

7.1. Our trust has the second lowest SHMI ratio of all non-specialist providers in England for October 2019 to September 2020. As of July 2020, COVID-19 activity has been excluded from SHMI. Compared to other non-specialist acute providers we also have the lowest HSMR across the last year of data (November 2019 to October 2020).

7.2. We receive mortality alerts via the Dr Foster analytics services. These alerts relate to cases where death(s) have occurred that require further investigation, either because there is a possible trend/pattern, or the death(s) is an outlier compared to other organisations. There were no mortality alerts in Q3 2020/21.

8. Summary of Perinatal Mortality Reviews using the national tool (PMRT)

8.1. The latest collated data available is for the period April 2020 to September 2020. The total number of perinatal deaths reported was 33.

8.2. Issues identified as relevant to the deaths reviewed were:-

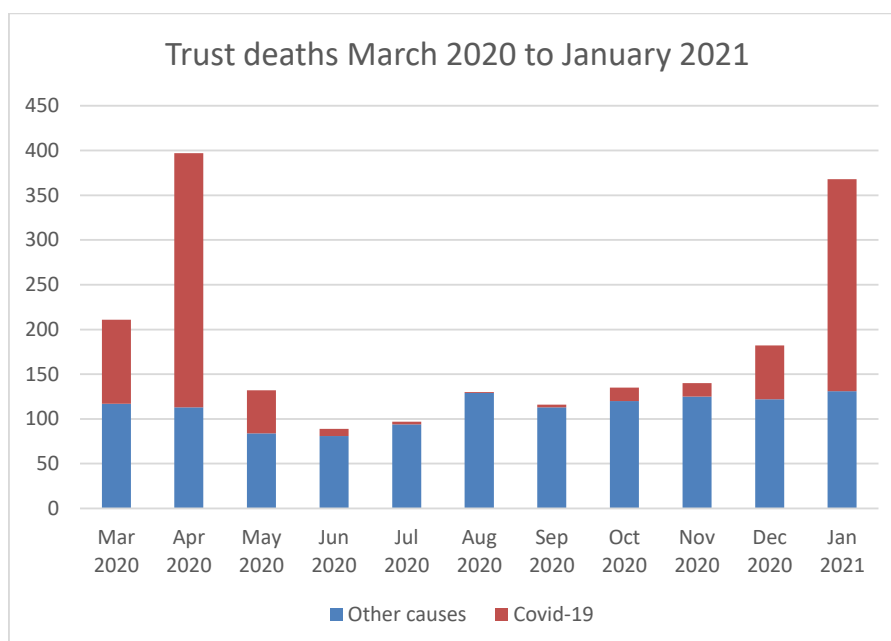
Issues raised which were identified as relevant to the deaths	Number of deaths	Actions planned
Referrals for scans and/or further investigations were not undertaken when required	1	No action required
The care of this women and/or her baby was adversely affected by changes to the organisation of care and services to deal with the COVID-19 pandemic although these changes were the result of an organisational risk assessment	1	No action required
This mother missed some of her antenatal appointments but was not followed-up according to the local Did not Attend (DNA) policy	1	Review DNA Policy

9. Summary of learning from deaths data – Q3 2020/2021 (see Appendix A)

9.1. There were a total of 457 deaths in the reporting period.

9.2. Of these 457, 86 patients died with a positive COVID-19 swab within 28 days of death. 4 patients did not have a positive swab within 28 days but COVID-19 was recorded on the Medical Certificate of Cause of Death (MCCD).

9.3. The table below shows the total number of deaths and ratio between COVID and non-COVID deaths from the first COVID death in March 2020 to the end of January 2021 (data for January is included although it is outwith the reporting period). We reported 768 COVID-19 deaths (441 in the first wave of March-September, 327 in the second wave so far October-January – although the criteria for reporting has changed over time). Current data does not currently suggest that our mortality rate is being disproportionately affected by any other factor beyond COVID-19.



9.4. There were 14 cases in quarter 3 2020/21 where the patient meets the Public Health England definition of Hospital Onset COVID Infection (HOCl) because they tested negative for COVID-19 on admission and subsequently tested positive more than 7 days after their admission to hospital. SJRs are being undertaken for all of these cases. The outcome of these is being triangulated with information from IPC post infection reviews and outbreak SI investigations in order to confirm the level of impact/harm from the cross transmission during the patients' admissions. The outcome of this will be provided in the next quarterly report.

9.5. A SJR has been requested for 49 (11%) of the deaths that occurred in the reporting period (see Appendix B for reasons for SJR). Some SJRs for this period have not yet been completed as the 30 day timeframe has not been reached.

9.6. 70 SJRs were completed in Q3 2020/2021 which is a higher number than usual in a quarter. There had been a delay in completion of SJRs during the first wave of the pandemic. After this there was a focus on completing the outstanding SJRs hence the higher than usual number. (Note: these SJRs do not all relate to deaths within Q3 2020/2021).

9.7. Of the 70 the rating of global care were as follows:-

Number of cases	Rating of Global Care
2	2 – Poor care
9	3 – Adequate care
35	4 - Good care
24	5 - Excellent care

9.8. A summary of completed SJRs are reviewed at MD panel and full reports are reviewed with the Division for any ratings of poor care.

9.9. The SJRs are also reviewed within the directorates and any learning is identified and actions implemented to address these.

9.10. The revised Learning from Deaths Policy will include an enhanced process to ensure that the learning is disseminated across the Trust effectively.

9.11. The two cases with a poor care rating have been reviewed at the weekly MD panel. It was agreed that for one case no further investigation was necessary as the standard of care did not contribute to harm or death, and this has been fed back to the service. The other case is under investigation as a level one and is due for completion at the end of May 2021.

9.12. Learning points identified from SJRs completed in Q3 2020/2021 include:

- The need to improve the recording of the rationale for Do Not Attempt Resuscitation decisions as this is not always clear in the patient records. This has also been identified in some SI and Level 1 investigations. This has been raised at the divisional quality and safety committee and shared with the deteriorating patient safety stream for inclusion in their future work.
- There was one incidence of delay in escalating and management of a deteriorating patient. However this did not contribute to harm or death of the patient. This has been fed back to the local team for review and action.
- There was an incidental finding of a delayed identification of a hip fracture in an elderly frail patient. The patient was admitted for a medical condition with no reported history of trauma. They were not mobile and did not complain of pain so this possibility was not considered by the clinical teams. This is being shared in Divisional bulletins to raise the multidisciplinary team's awareness of the need to consider possible injury in immobile elderly frail patients even if not presenting with history of trauma.

- 9.13. In the previous reporting period there were some issues identified from feedback to the Medical Examiners from deceased patients' families about poor communication and management of visiting for patient's significant others leading up to the patients' death. The issues were exacerbated by the first wave of the pandemic especially in Critical Care. Actions were implemented to address this. In the second wave there have been far fewer concerns raised and an increase in positive feedback received from relatives about effective, caring communication and arrangement of visiting prior to their loved ones death.
- 9.14. We are required to submit data on learning from deaths to the Trust Board, for onward submission to NHSE. The data at Appendix A will be the basis of our submission to NHSE.

10. Impact

- 10.1.1. **Quality** This process supports improved learning from deaths that occur in the Trust, therefore supporting the safe, effective and well-led quality domains.
- 10.1.2. **Financial** N/A
- 10.1.3. **Workforce impact** N/A
- 10.1.4. **Equality impact** N/A
- 10.1.5. **Risk impact** There is potential for reputational risk associated with the ability to deliver reviews within the specified time periods, thus impacting on national reporting. Learning from Deaths is on the divisional risk register (ID. 2439).

11. Conclusion

- 11.1. There were no 'avoidable' deaths identified in Q3 2020/21 by the processes outlined in this report. We continue to have some of the lowest mortality rates in the country. A project is currently under way to review our current learning from deaths processes and policy; this will be completed by the end of March 2021.

Author: Darren Nelson, head of quality compliance and assurance

Date: 23rd March 2021

List of appendices

Appendix A – Learning from Deaths Data – Q3 2020/2021
Appendix B – Triggers for SJR – Q3 2020/2021

APPENDIX A – LEARNING FROM DEATHS DATA Q1 & Q2 2020/2021

Trust Total	Oct 20	Nov 20	Dec 20	Total Q 3 2020/2021
Total Deaths	135	140	182	457
No. of SJRs Requested	11	19	19	49
No. of SJRs Completed in Q 3 Note the SJRs completed in Q3 do not all relate to deaths in Q3 as there is a time lag for completion	11	24	35	70 *
No. of SJR or deaths with poor or very poor global care score	0	1	1	2
No. of Avoidable Deaths confirmed via senior decision maker review	0	0	0	0

*There were delays in completion of SJRs during the first wave of the pandemic after which focus was on re-starting elective work. There was a drive in Q3 to complete the outstanding SJRs hence the high number.

APPENDIX B – TRIGGERS FOR SJR – Q3 2020/2021

