NHS
North West London
Collaboration of
Clinical Commissioning Groups

Brent

Ealing
www.ealing.gov.uk

Harrow COUNCIL
LONDON

h&f
hammersmith & fulham

HILLINGDON
LONDON

London Borough
of Hounslow

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

City of Westminster

North West London Child Death Review

Model Framework: **Agreed**

May/June 2019
Last revised 01.07.19

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1. Overview

- New Child Death Review (CDR) statutory guidance[1] was released in October 2018 outlining a set of requirements of The CDR Partners. The two main CDR partners are Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) who now how the responsibility to meet the requirements outlined in the guidance.
- NWL CDR functions cannot continue as they are currently commissioned as they do not meet the requirements of the new CDR guidance.
- A NWL CDR project has been working since September 2018 with the 16 NWL CDR Partners, The Metropolitan Police, The Hospital Trusts who provide services in NWL and the three coroners' courts who have responsibility for investigating child deaths in NWL to agree a model that meets the requirements of the CDR guidance.
- A paper has also been presented twice by Diane Jones (Chief Nurse and Director of Quality, NWL CCG Collaboration) to the NWL CCG Senior Management Team (CCG) in autumn/winter 2018/2019.
- The proposed CDR model will need to be approved by both the CCG Collaborative Quality and Finance committees. It will then need to be approved by all of our 8 LA partners
- A number of models were proposed to our CDR partners. The one agreed by key stakeholders includes a dedicated CDR team to oversee all CDR functions.
- The cost of this model is £351, 200; to be divided amongst CDR partners
- There is currently £107,800 within the system; this is utilised to pay for CDOP elements of the CDR function. So the total increase in funds[2] required across all 16 partners is £243,400.
- Providing this model is agreed, there will be further work required
    - to incorporate current available funding into the budget
    - to develop a means of financing the current shortfall in required funding
    - to deliver the extensive staff re-structure that will be required to deliver the dedicated capacity and resilience that is at the heart of the proposed model.
- CDR arrangements were published 26 June 2019 and must be operational by the end of September 2019. Initially this will be in a phased manner through to full operation for January 2020.

2. Project Scope

Funding was provided by the Department for Education in August 2018 to provide project management and support for the initial phase of the North West London (NWL) Child Death Review (CDR) Project. (The Project). The statutory child death review partners for NWL are the eight Clinical Commissioning Groups (CCGs) and the eight Local Authorities in:

- Harrow
- Hillingdon
- Brent

[1] Accessed at https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england

[2] Individual borough letters sent 07.06.19

- Hounslow
- Ealing
- Westminster City Council
- The Royal Borough of Kensington and Chelsea
- Hammersmith and Fulham.

The Statutory CDR partners could have opted for a range of different processes with different combinations of Statutory Partners working together but the one option unavailable to Statutory Partners was to stay the same (see section 4 below). The aim of The Project was to agree for all 16 NWL Statutory CDR partners an approach that aligns with the statutory guidance released in October 2018 [3] (The Guidance) and involves all 16 partners.

The Guidance, in section 2 required new arrangements to be published by 29th June 2019 and put into practice by 29th September 2019.

To arrive at a CDR process for NWL the project team worked a wide range of stakeholders which included the Clinical Commissioning Groups (CCGs), Local Authorities (LA) including Local Safeguarding Children's Boards (LSCBs), operational staff, such as Designated Doctors for Child Death, Child Death Overview Panel (CDOP) Managers and Specialist Child Death Nurses, The Metropolitan Police and the three coroners, responsible for child death oversight in the eight boroughs of NWL. This stakeholder engagement was designed to agree a model that would fit the requirements of the new guidance, while meeting the needs of NWL.

The project team have worked to:

a) Understand and map current CDOP and Rapid Response functions across NWL including process, staff and financial infrastructure.
b) Analyse and review areas of best practise including liaison with key national experts
c) Develop and consult on a range of options.
d) Gain consensus across the eight NWL CCGs and LAs

This paper describes the CDR model that has been agreed by NWL stakeholders.

3. Local Partners Statutory Requirements and Responsibilities

Local areas in England are required to meet all requirements of The Guidance. The main requirements and responsibilities, outlined in the guidance, includes the following:

[3] Accessed at https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england

- CDR Partners: Child Death Review (CDR) partners are Local Authorities and any Clinical Commissioning Groups for the local areas as set out in the Children Act 2004, as amended by the Children and Social Work Act 2017.
- Geographical Footprints: The geographical and population 'footprint' of child death review partners should be locally agreed, but must extend to at least one local authority area. These may overlap with more than one local authority area or clinical commissioning group. They should cover a child population such that they typically review at least 60 child deaths per year.
- Every child death is subject to a two-stage process
    - The Child Death Review Meeting (CDRM)
    - The Child Death Overview Panel Meeting (CDOP)
- A CDRM must be held for any child who dies, irrespective of the cause. The CDRM should be multi-agency. It should be attended by professionals involved with the child's care during their life and other professionals responsible for investigating the child's death. The CDRM is not confined to medical professionals. How a CDRM is conducted is explained on page 28 of the Guidance.
- The CDOP is a multi-agency group of professionals, established by the CDR partners, whose membership is made up of people who have not had responsibility for the child's care during their life. Its role is to see whether lessons can be learned that will prevent future deaths. Its work is informed by the output from the CDRMs.
- The CDOP should review and analyse trends and themes to ensure appropriate learning where required.
- CDR partners should ensure that there are appropriate resources to provide a keywork function for bereaved families. A more detailed but NWL condensed version[4] of the local statutory requirements and responsibilities was circulated previously.

4. Current NWL Landscape in Comparison to the New CDR Guidance

The current NWL CDR arrangements do not meet the requirements of the new guidance for the following reasons:

i) CDOP Meetings and Dissemination of Learning

- Each borough sees fewer than 60 deaths per year. Boroughs will therefore have to merge with at least 2 other to meet the national requirements.

ii) Child Death Review Processes

- There are a number of different approaches towards Rapid Response[5] across NWL with a mixture of models including doctor dependent, nurse dependent and doctor-nurse led models. Currently most Rapid Response processes are undertaken by a Designated Doctor for Child Death. However, they will not have the capacity to meet the requirements of the new guidance. Nurses can be better more suited to provide elements of the CDR guidance.

[4] 'NWL CDR Statutory Guidance Nov 2018 circulated 07.01.19

[5] Rapid Response is undertaken when a child dies unexpectedly. In the New Guidance it is renamed Joint Agency Response, and with different criteria applying [see 2018 Guidance Section 3.3] .

This proposal standardises the NWL approach to joint agency response to unexpected child deaths. By adopting it and systematising the NWL approach we will better meet the requirements of the new guidance.

- Many unexpected deaths should have a home visit with support of police. Currently home visits are done spasmodically. To ensure that we meet the required standard for expertise and availability for home visits extra capacity is required to meet these requirements of the guidance.

- All child deaths, both expected and unexpected will be subject to a multi-agency Child Death Review meeting (CDRM). This is an additional requirement and an increase in capacity to meet this need is now required.

iii) Keywork Support

- The NWL keywork support for families is inconsistent. Many families are referred to third sector organisations for support. New guidance outlines that keywork support should be made available to support families throughout the many legal and other processes that accompany a child's death. Having a third sector organisation provide keyworking can create a dis-jointed approach because they are not integral to the formal CDR process. Capacity is thus required to provide a keywork function in NWL.

iv) Administration Approaches

- Most boroughs are now utilising eCDOP to support the CDR administration process. Clinical or senior clinical admin staff are best suited for the use of eCDOP due to the clinical element of this system. We currently have admin support across NWL, which is spread across eight boroughs. The administrative requirement for this joint NWL proposal is smaller than what is required for eight boroughs operating alone.

5. Current Financial CDOP and Rapid Response Landscape

The funding of CDR processes differs from one borough to another. The three main funders of the current process are CCGs, Local Authorities (via Public Health) and LSCBs.

Money currently provided within a budget line; mainly for the CDOP element of the CDR function.

Table 1: Current Financial CDR Model

Borough	**Funding Partner**	**Funding Total**	**Current Roles Covered Under Funding**
Harrow	Harrow Public Health	£10,000	Admin support
Brent	CCG	£35,000	Admin and Des. Doct.
Hounslow	Public Health	£18,000	CDOP Coordinator
Ealing	LSCB	£14,800	Specialist Nurse (0.3WTE)
Hillingdon	-	£0	Admin support is provided by LSCB business manager
Westminster	CCG	£10,000	Specialist Nurse (0.5 WTE across the 3 inner London boroughs)
RBKC	CCG	£10,000	Specialist Nurse (as above)
H&F	CCG	£10,000	Specialist Nurse (as above)
Total		£107,800	

The Rapid Response function is currently delivered in a way that makes it difficult to ascribe an accurate budget to it because it is absorbed within the current job functions of a range of health professionals; mostly Designated Doctors. In some instances, the function is carried out by post holders whose job description makes no mention of the Rapid Response function.

6. Proposed Child Death Review Model for North West London (NWL)

Four options were proposed to the NWL CDR stakeholders; all options met the new CDR guidance requirements; though the quality varied to different degrees (which was mainly effected by cost). The 4 options included 2 options that had a lower cost and 2 options that had a higher total cost. The model chosen, via consultation, was a higher costed option. The lower costed options were not deemed feasible in NWL due to the quality and capacity element of the models.

The proposed model captures the following elements of a CDR process:

- Child Death Overview Panel (CDOP)
- Joint Agency Response (JAR)
- Child Death Review Meetings (CDRMs)

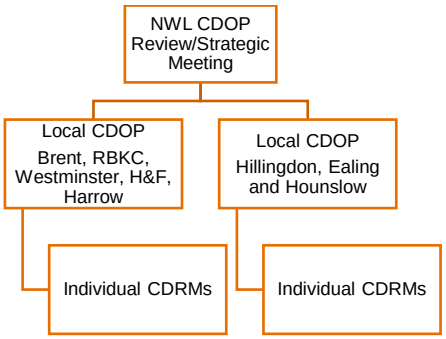
- Roles and Functions of the Staff Team

The proposed elements of the models are outlined below:

i) Child Death Overview Panel Model

This element of the model includes a strategic CDOP review meeting with two CDOP clusters based on the footprint of local hospital trusts (see Appendix 2). This supports:

- One over-arching CDOP and 2 CDOP clusters corresponding to hospital clusters
- Clusters in consideration of data a) Brent, RBKC, Harrow, Westminster & H&F b) Hillingdon, Ealing and Hounslow



Purpose of the Strategic CDOP: This overarching CDOP will provide accountability and oversight for the local CDOP clusters. It will have oversight of all aligning processes and focus on trends and themes to guide change for key stakeholders (such as hospitals) and general public. This CDOP will ideally be chaired by Director of Quality who will adopt the role of Senior Responsible Officer (SRO). The strategic CDOP will meet 3-4 times per year and representation at this group will comprise a small group of lead professionals who will provide a perspective on behalf of their profession.

Purpose of the Local CDOP: The locally clustered CDOPs will focus on the sign-off and review of individual deaths (currently known as form c) following individual CDRM meetings. The Local CDOP will also support to identify trends and themes, which will be then fed into the strategic/review CDOP and thus will support the dissemination of learning. These CDOPs will be chaired by an Independent Chair. CDOPs may be monthly (6 cases per month) or every 2 months (12 cases per meeting). Representation shall be per profession.

ii) Joint Agency Response (Rapid Response) Model

This element of the model is a nurse led team, with doctor support, who will respond to all child deaths across NWL, irrespective of borough, and in accordance to the national Joint Agency Response (JAR) guidelines[6]. The team would make local links with a range of key stakeholders including hospital trusts, police/Basic Command Units (BCUs), coroners and voluntary sector agencies. The team will also coordinate all CDRMs, in liaison with hospitals, and offer core keywork support to families. This element of the model supports:

- One Joint Agency (or Rapid) Response team overseeing all the joint agency and rapid response functions for NWL.
- This model will provide equity of provision across NWL and enable the statutory requirements of the guidance to be met.

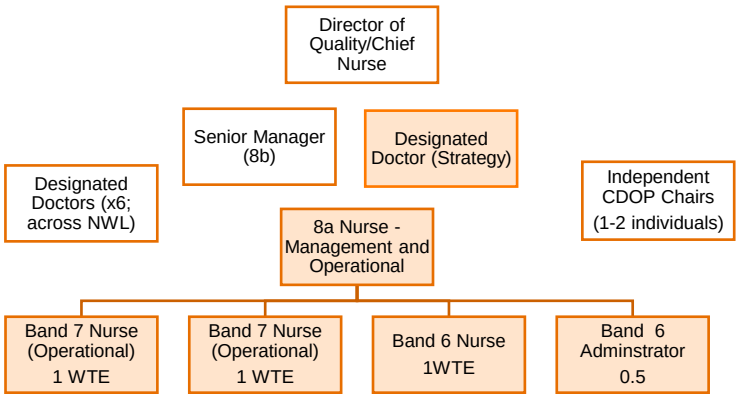
iii) Corresponding Staff Team for CDOP and JAR

The CDR team is a team that supports both the JAR and CDOP element of the new CDR process.

The team would have oversight of all CDR processes including CDOPs, JARs (Rapid Response), CDRMs, and dissemination of learning.

- This team would sit would be hosted within the CCG but based operationally across all 8 boroughs with the proposition that they can access CCG and Local Authority bases.
- The tram would operate from Monday to Sunday (seven day service); 8am – 8pm weekdays, 8am -1pm (weekends); to be agreed. However, the team will operate from Monday to Friday first with a phased approach to working weekends. The team will require tight working alliances with hospitals to ensure that this approach is feasible.

[6] 2018 Guidance section 3.3



Key:

Denotes to additional paid staff

Roles and Responsibilities of Staff Team

The roles and responsibilities of the staff team, as discussed with both the Task & Finish group and steering group, and aligned with statutory requirements, are outlined below. Capacity modelling for the staff team can be found in appendix 1 of this document.

Staff	**Roles and Responsibilities**	**WTE**	**Additional Cost** (orange boxes denotes paid roles in visual chart above)
Director of Quality (NWL Collaboration of CCGs)	Chair strategic CDOP and oversight of all NWL CDR processes	N/A	No - role absorbed
Independent Chair	Chair Local CDOP and support Strategic CDOPs.	1 to 2 to share job role	Yes

Joint Agency Response Senior Management	Line management of the Joint Agency Response Manager. Support at strategic board meetings, strategic stakeholder relationships and oversight of analysis of trends.	N/A	No - role absorbed
Joint Agency Response Management	Management 50% time capacity: Management and coordination of staff team (band 6 and 7 nurses and administrator). Leading on strategic board meetings, management input at CDOPs, build strategic stakeholder relationships, oversight of analysis of trends, oversight of annual report and returns. Operational 50% time capacity: Support JAR processes including home visits and CDRMs and keyworking.	1WTE at band 8a	Yes
Senior Consultant Paediatrician (Designated Doctor)	Provision of consultant paediatrician support into development of overarching CDR processes including oversight of CDOP and dissemination of learning (working alongside Public Health)	1PA per week	Yes
Designated Doctors for Child Death across NW London boroughs	Consultancy and advice to JAR team. Support with home visits and CDRMs where required. Attendance at local and strategic CDOP. Support provision of local training and dissemination of learning.	6 Consultant Paediatrician across NWL boroughs	No - currently paid for
Specialist Nurses	JAR/Respond to unexpected deaths (including home visits); Chair Child Death Review meetings for all child deaths. Undertake keywork function for all families. Support at CDOP meetings. Analysis of trends and themes.	2 WTE at band 7	Yes

Nurse (with administration focus)	Organise CDOP for both cluster areas/interface with JAR team/ attend CDRMs and support to navigate eCDOP. Support in the analysis of trends and themes. Development element includes supporting the Specialist Nurses to undertake JAR and keyworking responsibilities.	1 WTE band 6	Yes
Administrator	Organise all CDOPs, support organisation of CDRM and JAR meetings. Support in organising learning events. Support in analysis of trends and themes and report writing.	0.5 WTE Band 6	Yes

7. Costings

i) Costing Assumptions

- **Capacity Modelling:** Capacity Modelling has been undertaken with the support of clinicians to identify capacity required within the team (see appendix 1). Final capacity needs to be agreed at the NWL Quality Committee
- **Resilience;** Resilience has been calculated into the total cost of the model at a factor of 1.5. This is to account for staff al/sickness, weekend hours and additional tasks which may not have been originally highlighted.
- **Banding:** Costings have been calculated using the NHS Agenda for Change (AfC)7 calculator. NHS banding includes a number of different spine points for each banding (dependent on the number of years of experience requested for the role). These costings include the potential maximum costs for each model. Costs may increase or decrease following consultation following further defining of the chosen model.
- **On-costs:** Though the team will be hosted within the CCG the costings include on-costs
- Inner and Outer London Weighting: Inner London Weighting costs have been applied to each model (at 20% for each staff role).
- **ECDOP:** The cost for eCDOP is cheaper when purchased as a collaborative compared to being purchased by individual CCGs. The total cost for the system to be utilized as a collaborative has been provided in calculations.

[7] https://www.healthcareers.nhs.uk/working-health/working-nhs/nhs-pay-and-benefits/agenda-change-pay-rates

ii) Team Costs

Profession	WTE/Number	Cost
NWL Director of Quality/Chief Nurse	1	To be absorbed within current job role; no additional cost required
Designated Doctors for Child Death	6	Currently paid for by CCGs; no additional costs required
Independent Chair	1-2 to share job role	£9,000
Band 8b (management)	3-4 days per month	To be absorbed within current job role; no additional cost required
Senior Consultant Paediatrician (Designated Doctor)	1 PA	£20,000
Band 8a (management/operational))	1 WTE	£65,000
Band 7 Nurse	2 WTE	£110,300
Band 6 (Nurse/Admin)	1.5 WTE	£75,950
Total		£280,250 Plus approx. £28,100 (10% of total highest cost) if on-call/weekend arrangements are chosen.

iii) ECDOP Costs (from July 2019)

eCDOP will continue to be an integral element of the NWL Child Death Review Process; all relevant staff shall be adequately trained to utilize the system (most current staff use the eCDOP system and find it beneficial).

eCDOP:

- Reduces admin time and supports staff to have oversight of the CDR process for each individual child
- Provides an electronic system for stakeholders to report child deaths
- Has an interactive dashboard, case duration statistics and annual return available at the click of a button.
- Can support to identify trends quickly and be ready to react to emerging issues, helping to reduce child deaths locally and nationally.

The national costing model is in line with the national guidance; system provided by QES. There is funding for this system until July 2020 whereby CCGs and LAs will be required to absorb the cost thereafter.

System cost for the 8 North West London boroughs	£14,599 (approximate)

iv) Total costs

The proposed CDR model, that meets the requirements of the new guidance costs

CDR Team	£280,250
10% Overheads (Training, IT etc)	£28,025
On-call	£28,025
eCDOP	£14,599
Total	£350,899 (rounded to £351,200[8])

Conclusion

NWL as a collaborative footprint does not currently meet the requirements of the statutory Child Death Review national requirements. We know that we need to ensure that:

- We review no less that 60 deaths, as a footprint, per year to enable us to begin to analyse trends and themes which will support learning with an aim to prevent future deaths
- Provision of multi-agency CDRMs to investigate every child death irrespective of cause.
- Enable CDOPs that will focus on lessons learnt with an aim of preventing future deaths. These CDOPS should ideally be focused around hospital clusters
- Provide appropriate keywork resources to all bereaved families so that they can feel better supported through the child death review process.

We know, from our NWL landscape mapping exercise, that the majority of boroughs do not fulfil the above new CDR requirements. An increase in capacity is required to meet the new requirements and thus requiring some fundamental CDR re-configuration changes across NWL. No 2 boroughs will also meet the minimum number of 60 deaths across a footprint; thus requiring pooling of activity. We have worked with a large number of stakeholders to understand current best practices in UK, create 4 feasible CDR model options for NWL and undertaken a formal consultation process to understand the most suitable model for NWL.

[8] Rounded up to £351,200 for ease of calculation

The proposed CDR model, that meets the requirements of the new guidance, costs £351,200 and there is currently £107,800 within the system.

We are asking our 16 NWL partners to subsequently:

- Review and endorse the proposed NWL CDR model to support us to meet the national requirements and notify NHSE of our proposed model by 29th June (we note that the model may be subject to change as we agree the model across our 16 partners)
- Agree partner proportion of funding for the statutory requirements of the CDR functions whilst considering the current monies within the system,
- Support us throughout the mobilisation phase of this model for phased implementation of the new model by 29th September 2019.

Appendix 1 - CDR Team Capacity Calculations

The CDR team is a team that supports both the JAR and CDOP element of the new CDR process. Roles and responsibilities are outlined in the table below. The team would be hosted by the CCG and thus independent of providers.

Calculations based on a 35 hour week and are based on an average of 154 deaths per year across NWL (of which 54 are unexpected).

Staff Type	Roles and Responsibility	Calculations	Total WTE	Cost
Director of Quality (NWL Collaboration of CCGs)	Chair strategic CDOP	3-4 times per year on a rotating basis (1 year rotation shared amongst boroughs)	N/A	N/A
Independent Chair	Chair Local CDOP	Based on 2 CDOP chairs chairing the Local CDOP unless there is a preference for either just 1 or 2 Chairs (which may be dependent on availability of a chair). Approximately 18 CDOPs in total per year.		£9,000
Joint Agency Response Senior Management	Line management of the Joint Agency Response Manager. Leading on strategic board meetings, strategic stakeholder relationships, oversight of analysis of trends.	Approximately 1-2 days per month	N/A	N/A
Joint Agency Response Management	Management and coordination of staff team. Leading on strategic board meetings, strategic stakeholder relationships,	Time divided between management of the Band 7 nurses, Band 6 admin staff and JAR processes.	1 WTE at Band 8a	£65,000

	oversight of analysis of trends. Oversight of annual report and returns. Includes a degree of JAR and leading on CDOP meetings (but does not include direct 1:1 keyworking unless required).			
Senior Consultant Paediatrician (Designate)	Provision of consultant paediatrician support into development of overarching CDR processes including oversight of CDOP and dissemination of learning (working alongside Public Health).	Based on 1PA per week	1 PA per week	£20,000
Joint Agency Response	JAR/Respond to unexpected deaths (including home visits); Chair Child Death Review meetings for all child deaths. Undertake keywork function for all families.	JAR: 540 hours (based on 54 deaths at 10 hours per death). CDRMs: 693 hours (based on 154 deaths at 4.5 hours per death) Keyworking: 616 hours (based on 154 deaths at 4 hours per death). Analysis of trends and themes: 260 hours (based on 5 hours per week) Training: 260 hours Based on 5 hours per week Supervision: 36 hours (based on 3 hours per	2 WTE at Band 7	£110,300

		month) Attendance at CDOP meetings: 96 hours (based on 8 hours per month) Board meetings: 96 hours (based on 2 hours per week) **Total:** 2,597 hours per year, 49 hours per week or 1.3 WTE per week **Resilience Calculations (a/l, staff sickness, staff support, additional tasks):** multiply by a factor of 1.5; so 2 WTE		
CDOP Administrator/Nurse (combined capacity modelling for administration purposes)	Organise CDOP for both cluster areas/interface with JAR team/ attend CDRMs and write meeting minutes. Support analyse of trends and themes.	CDRM organisation, meetings attendance and minutes: 924 (based on 154 deaths at 6 hours per death) Organising and supporting JARS: 189 (based on 54 deaths at 3.5 hours per death) Organising CDOP: 520 hours (Based on 10 hours per week) Supporting training, dissemination of learning materials: 520 hours (based on 10 hours per week Supervision: 24 hours (based on 2 hours per month) **Total:** 2,177 hours per year or 41 hours per week. **Resilience plus any additional tasks**: multiply	1.5 WTE at 6	Band 6: £75,950

		by a factor of 1.5; so 1.6 WTE		
			Total	**£280, 250** **(Total cost dependent on Administrator banding)**

Appendix 2 – Local CDOP

On average there are 154 deaths each year in this NWL CDR footprint. The majority of these cases will be reviewed within a year ensuring that the NWL plan meets the requirement that an annual 60 minimum deaths are reviewed.

Recommended footprints were proposed on the basis of data relating to where children have died or taken to once they have passed away. Recommended cluster options (see page 6) align with existing hospital clusters to facilitate communications and implementation of any improvements required that are identified.

In the case of the 5 borough CDOP, this cluster also reflects the existing Tri-borough CDOP arrangements and the recent development of the joint Brent and Harrow CDOP.

Table 2: 2018/19 child death case data reported by boroughs:

Borough	Cases Reviewed 2018/2019	Local CDOP
Brent	22	5 borough CDOP
Harrow	21	5 borough CDOP
Tri-Borough* [Hammersmith & Fulham, Kensington & Chelsea and Westminster]	46	5 borough CDOP
Ealing	37	3 borough CDOP
Hillingdon	21	3 borough CDOP
Hounslow	12	3 borough CDOP
Total	159	

Please note*: Hammersmith and Fulham now operate separately, with the Royal Borough of Kensington and Chelsea and Westminster City Council operating as a Bi-Borough.

For local CDOPs this equates to 89 cases to have been reviewed by the 5 borough CDOP, with 70 for the 3 borough CDOP. Moving a single borough would break up the hospital footprint alignment, and more likely to move the numbers imbalance than to resolve it. This can be reviewed in the future once the model is in full operation.

A historical snapshot of data on which hospitals children and young people [CYP] pass away or are taken to once they pass away was taken for the calendar year 2017 for 7 boroughs, and using 2018 data for the eighth. This identified that CYP from across NWL may pass away at or are taken to a number of hospitals in NWL and outside. The most frequent hospitals are shown below, with an indication of the NWL numbers and home borough of those CYP.

CYP deaths from home boroughs outside NWL can and will also involve these hospitals. It is most likely, subject to agreement, that the CDOP which will review those deaths will be the home CYPs home borough.

Table 3: Most frequently used hospitals by NWL CYP deaths

Hospitals	**Number of CYP** (Total of 146)*	**NWL home boroughs**
Queen Charlotte and Chelsea	27	Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster,
Great Ormond Street	21	Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster
Chelsea and Westminster	14	Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, Westminster
West Middlesex	13	Ealing, Hounslow
Northwick Park	11	Brent, Ealing, Harrow
St Mary's	11	Brent, Harrow, Hillingdon, Kensington & Chelsea, Westminster
Hillingdon Hospital	6	Hillingdon
Nil hospital, including overseas*	*16*	*Brent, Ealing, Harrow Hillingdon, Hounslow, Kensington and Chelsea, Westminster*
	(119 CYP)	Covering 84% of NWL CYP

NOTE: * Excludes child deaths at Grenfell.

A range of additional hospitals are involved with the remaining 27 NWL CYP, the largest with 5 CYP, and others with 4 or less CYP involved in each.