

NORTH WEST NEONATAL OPERATIONAL DELIVERY NETWORK

ACTIVITY, CAPACITY & DEMAND REPORT

2024/25



Baby Rex Born at 34wks weighing 1.93kg





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1. Introduction

The purpose of this report is to provide an overview of the demand, activity and capacity of the neonatal units across the North West Neonatal Operational Delivery Network for the period April 2024 to March 2025, inclusive.

To ensure clarity and consistency for the purpose of this report, capacity in neonatal services is defined by the physical, equipped cots available and the nurse staff available to provide this care. Demand is defined as the anticipated need for admissions in relation to the number of live births and potential case mix, particularly with regards to the number of extremely preterm births due to the high levels of neonatal care needed with increasing prematurity.

This report is derived from the data entered by providers into the Badgernet data system. Where appropriate, narrative is provided to assist understanding of the data and any changes from previous years. The impact of the COVID 19 pandemic during 2020/21 and 2021/22, whilst not impacting directly on Neonatal services to the same extent as Adult and Paediatric services, should be considered when reviewing this report.

The tables and charts presented in this report exclude data from postnatal wards or transitional care, unless otherwise stated. The definitions of care are:

- XA01Z Intensive Care
- XA02Z High Dependency Care
- XA03Z Special Care, Carer not resident alongside baby
- XA04Z Special Care, Carer Resident at cot side and caring for baby
- XA05Z Normal Care

Where the data in this report suggests that the capacity in any unit is not aligned to demand or activity the Provider, NWNODN and NHS England Specialised Commissioning will follow the NWNODN Cot Base Guideline to review capacity and make any changes based on system wide considerations.

The Cot Base Guideline can be viewed at <https://www.neonatalnetwork.co.uk/nwnodn/wp-content/uploads/2023/01/PD-ODN-06-Cot-Base-Admission-Criteria-Change.pdf>

Data from within this report will be used to facilitate individual Trust conversations around cot capacity and wider strategic discussions as part of the National Neonatal Critical Care Review.

1.1 Overview Summary – Key highlights



Activity

3.7% decrease, equating to 4185 days, in neonatal cot activity across the region compared to 2023/24

8.7% decrease in intensive care days in 2024/25 following a decrease of 2.6% in 2023/24

Intensive Care



High Dependency

Minimal decrease in high dependency care of 0.6% following an increase of 2.4% in 2023/24

3.7% decrease in special & normal care in 2024/25, following a 5.2% decrease in 2023/24

Special & Normal Care



Birth Rates

Minimal decrease (<0.1%) in the birth rate in 2024/25, but a total decrease of 7% since 2019/20

No change to the number of postnatal transfers in 2024/25, after an increase of 20 in 2023/24

Postnatal Transfers



Antenatal Transfers

No change in the number of antenatal transfers compared to 2023/24 when the number had also remained static

5% term admission rate in 2024/25, which is a 0.1% increase from 2023/25 but below the national target of 6%

Term Admissions



22-23 Gestation

Number of births 22-23weeks gestation remains static, but care days have increased, equating to 12% of total IC activity

1.2 Key Recommendations

Within each locality section the Network Clinical Leads have provided comments, observations and recommendations for development (sections 6, 7 & 8) in each locality. These recommendations have been discussed at the neonatal steering group and where appropriate been incorporated into the NWNODN work plan.

The key recommendations are relevant for all localities within the North West ODN:

Neonatal Critical Care Review (NCCR)

- To continue to use the data as part of the Commissioner led NCCR, which will be supported by the NWNODN.
- To continue reviewing the NWNODN repatriation guideline, in line with BAPM recommendations, including monitoring delays of repatriations from Neonatal Intensive Care Units (NICUs) to Local Neonatal Units (LNUs) and reviewing activity carried out in NICUs when care could have potentially been delivered at the family's LNU.

< 27week gestational age deliveries in non-NICU maternity units

- To continue to review all deliveries born in the wrong place, in conjunction with the Local Maternity & Neonatal System (LMNS) and to further raise awareness of the implications of maternity unit closures at units with a NICU.
- To complete in-utero transfer audit and work in collaboration with maternity teams to identify common themes for inappropriate deliveries outside of a NICU and review the current IUT guideline.

Term/late pre-term admissions

- Continue to work collaboratively with the LMNS to further understand where Quality Improvement can be embedded to ensure a comprehensive Transitional Care (TC) offer across all units.
- To add the monthly separation reports to the NWNODN Tableau portal to assist units with reviewing TC, term and late pre-term admission data as Maternity Incentive Scheme (MIS) evidence.

Nursing and medical staffing

- All units to continue working towards being consistently compliant with British Association for Perinatal Medicine (BAPM) standards for medical and nurse staffing.
- Continue to work with network Allied Health Professionals, Psychologist & Pharmacist (AHP,P&P) to improve the multi-disciplinary offer to families alongside data collection to demonstrate the impact of the gap to national workforce standards in this group.

Data completeness & triangulation of data

- To continue to support the development of an ideal outreach service across the NW, in-line with BAPM recommendations.

Quality Improvement Initiatives

- To continue to implement quality improvement initiatives in line with the NWNODN work plan, including perinatal optimisation, particularly optimal cord management and normothermia, reducing bronchopulmonary dysplasia (BPD), embedding the NEC care bundle resulting in changes in enteral and oral feeding practices and the on-going implementation of neuro-protective trauma informed family integrated care.

1.3 Data Collection and Verification Process

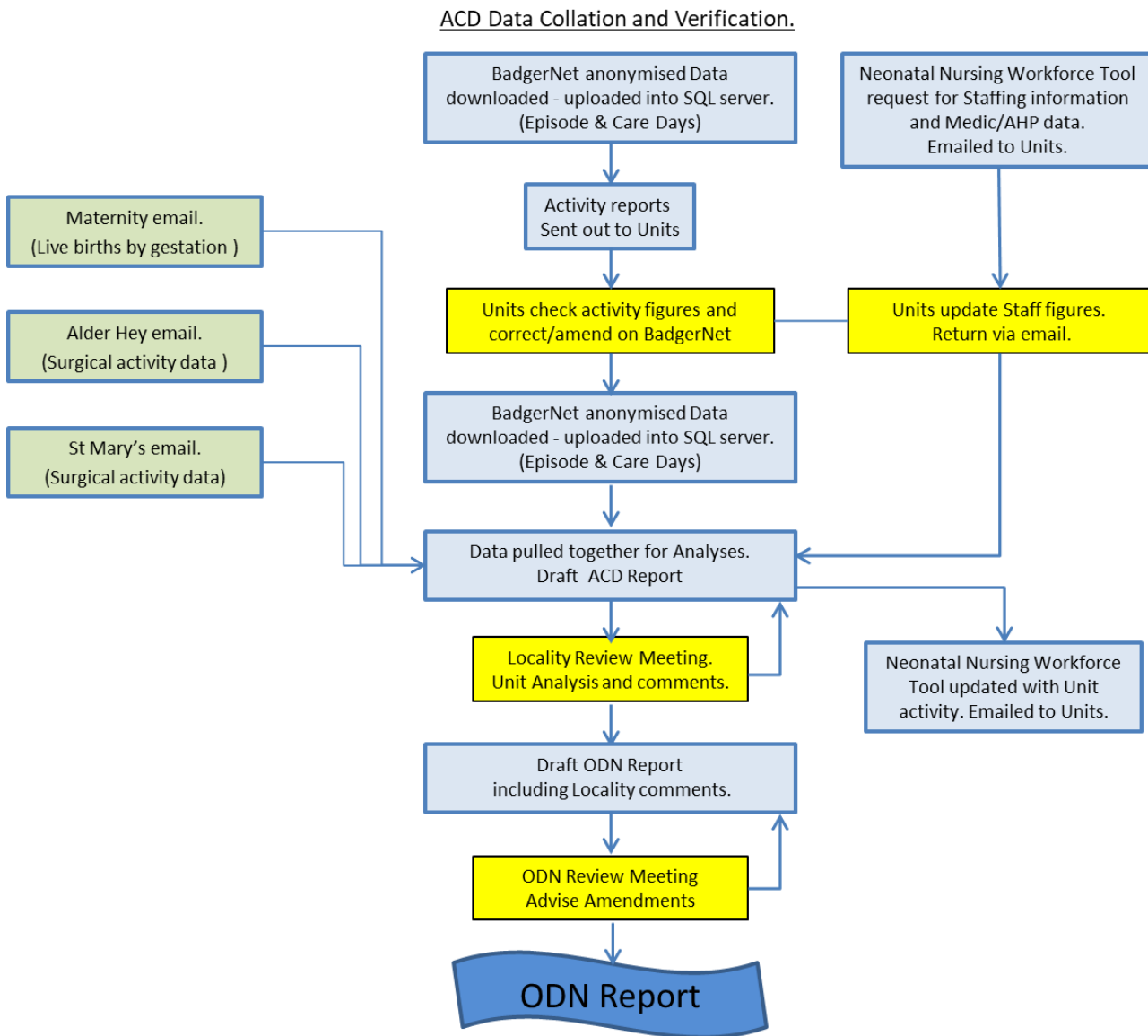


Diagram 1

Approvals and Review Process:

May 2025	Greater Manchester / Cheshire & Merseyside / Lancashire & S Cumbria Neonatal Steering Groups for agreement of locality sections
May 2025	Neonatal Senior Management Team for agreement of full report
June 2025	NWNODN Board for ratification
June 2025	NHSE Specialised Commissioning review

1.4 Capacity Reference Tables

Tables 1.4.1 – 1.4.3 show an overview of NWNODN units by designation level & cot capacity for each level of care.

NICU	LNU	SCU	Surgical	Trust
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Greater Manchester	Abbrev.	Unit Level	IC Cots	HD Cots	SC Cots	Total
Manchester Foundation Trust	MFT					
• North Manchester	MFT – NMGH	LNU	2	2	15	19
• St Mary's Hospital*	MFT – SMH	NICU	19	19	31	69
• Wythenshawe Hospital	MFT – WYTH	LNU	2	4	15	21
Royal Bolton Hospital	RBH	NICU	9	7	19	35
Royal Oldham Hospital	ROH	NICU	9	9	19	37
Stepping Hill Hospital	SHH	LNU	2	3	12	17
Tameside General Hospital	TGH	LNU	1	3	9	13
Royal Albert Edward Infirmary	WWL	LNU	1	3	10	14
Total			45	50	130	225

North Manchester currently only accepts deliveries of 29 weeks' gestation and above

Table 1.4.1

*SMH is a surgical unit as well as a NICU

Cheshire & Merseyside	Abbrev.	Unit Level	IC cots	HD cots	SC cots	Total
Arrowe Park Hospital	APH	NICU	6	8	10	24
Countess of Chester Hospital	COC	LNU	1	2	10	13
Macclesfield Hospital*	ECH	SCU	0	0	8	8
Liverpool Neonatal Partnership	LNP					
• Alder Hey Hospital	LNP – AHCH	Surgical	0	9	0	9
• Liverpool Women's	LNP – LWH	NICU	12	12	20	44
Leighton Hospital	MCHT	LNU	3	4	8	15
Mersey & West Lancs NHS Trust	MWL					
• Ormskirk Hospital	ODGH	LNU	1	1	8	10
• Whiston Hospital	STHK	LNU	0	2	13	15
Warrington Hospital	WHH	LNU	2	4	8	14
Total			25	42	85	152

Table 1.4.2

Countess of Chester currently only accepts deliveries of 32 weeks' gestation and above.

*Macclesfield was closed from Mid-March 2020 to Mid-June 2023.

Lancashire & South Cumbria	Abbrev.	Unit Level	IC Cots	HD Cots	SC Cots	Total
Blackpool Victoria	BTH	LNU	2	2	12	16
Burnley Hospital	ELHT	NICU	6	8	20	34
Royal Preston Hospital	LTHTR	NICU	6	8	14	28
Morecambe Bay Hospital Trust	MBHT					
• Furness General Hospital	MBHT – FGH	SCU	0	0	4	4
• Royal Lancaster Infirmary	MBHT – RLI	LNU	1	2	7	10
Total			15	20	57	92

Table 1.4.3

2. Births & Admissions

2.1 Births by Locality & Unit

Tables 2.1.1 to 2.1.4 show the number of births for babies born 22 weeks' gestational age & above. Therefore, birth numbers may differ from those reported by the LMS which include below 22 weeks.

Locality	2020/21	2021/22	2022/23	2023/24	2024/25
Greater Manchester	34,492	35,589	34,268	33,174	33,136
Cheshire & Merseyside	24,012	24,926	24,023	23,935	23,803
Lancashire & South Cumbria	15,212	15,538	15,177	14,979	15,092
Total	73,716	76,053	73,468	72,088	72,031

Table 2.1.1

Greater Manchester	2020/21	2021/22	2022/23	2023/24	2024/25
MFT – NMGH	3,365	3,583	3,511	3,459	3,730
MFT – SMH	8,204	8,041	7,912	7,670	7,504
MFT – WYTH	4,468	4,922	4,804	4,805	4,676
RBH	5,632	5,655	5,245	5,056	4,909
ROH	4,820	5,172	4,894	4,720	4,994
SHH	3,438	3,452	3,250	2,872	2,702
TGH	2,186	2,208	2,107	2,119	2,200
WWL	2,379	2,556	2,545	2,473	2,421
Total	34,492	35,589	34,268	33,174	33,136

Table 2.1.2

Cheshire & Merseyside	2020/21	2021/22	2022/23	2023/24	2024/25
APH	2,886	2,990	3,007	2,857	2,841
COC	2,358	2,156	2,159	2,017	1,895
ECH	-	-	-	905	1,251
LNP – LWH	7,297	7,527	7,221	6,961	6,968
MCHT	3,162	3,237	3,133	2,857	2,777
MWL - ODGH	2,089	2,384	2,203	2,077	2,031
MWL - STHK	3,726	3,986	3,759	3,843	3,566
WHH	2,494	2,646	2,541	2,418	2,474
Total	24,012	24,926	24,023	23,935	23,803

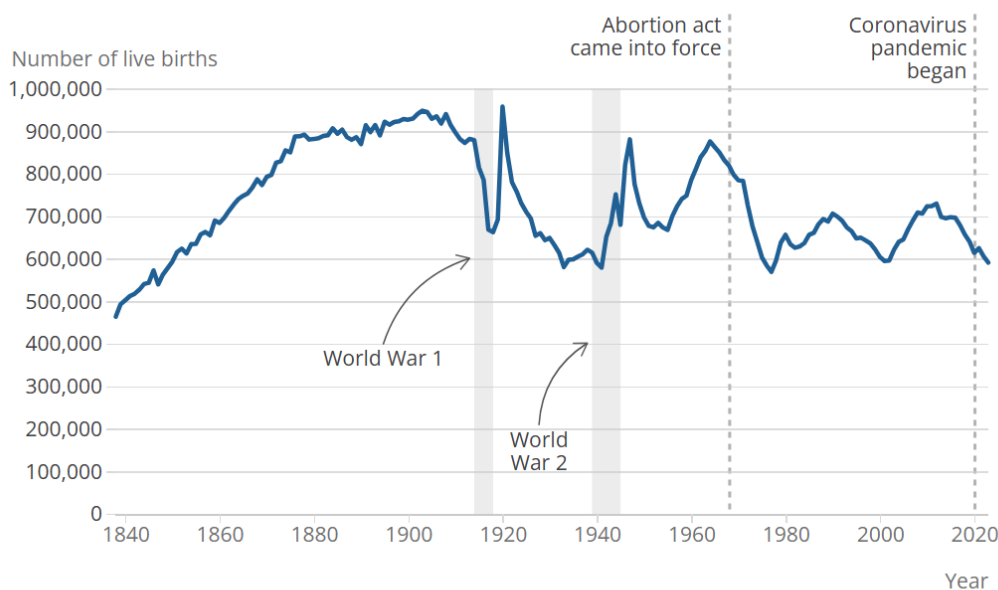
Table 2.1.3

Lancashire & South Cumbria	2020/21	2021/22	2022/23	2023/24	2024/25
BTH	2,604	2,596	2,515	2,407	2,328
ELHT	5,737	5,981	5,869	5,848	5,935
LTHTR	4,188	4,269	4,149	4,117	4,263
MBHT – FGH	1,013	1,051	972	977	1,002
MBHT – RLI	1,670	1,641	1,672	1,630	1,564
Total	15,212	15,538	15,177	14,979	15,092

Table 2.1.4

Data from the National Office for Statistics, for births in England and Wales for 2024 is not usually published until late 2025. There has been an overall decline in births in England and Wales since 2012. Despite a brief increase in live births in 2021, likely because of the effect of the coronavirus (COVID-19) pandemic, the number of live births fell again in 2022 and 2023. The NWNODN birth data is in-line with the long- term trend of decreasing live births.

Number of live births, England and Wales, 1838 to 2023



Source: Births in England and Wales from the Office for National Statistics

Chart 2.1

2.2 Neonatal Unit First Admissions

Tables 2.2.1 – 2.2.3 show the number of live births and NNU first admissions only. Postnatal transfers in, including Alder Hey admissions are excluded.

2.2.1 First Admissions and Live Births by Locality

Locality	2022/23		2023/24		2024/25	
	Live births	NNU	Live births	NNU	Live births	NNU
Greater Manchester	34,268	3,364	33,174	3,255	33,136	3,338
Cheshire & Merseyside	24,023	2,197	23,935	2,184	23,803	2,113
Lancashire & South Cumbria	15,177	1,409	14,979	1,456	15,092	1,430
Total	73,468	6,970	72,088	6,895	72,031	6,881

Table 2.2.1

2.2.2 NNU first admissions against the number of live births across the ODN

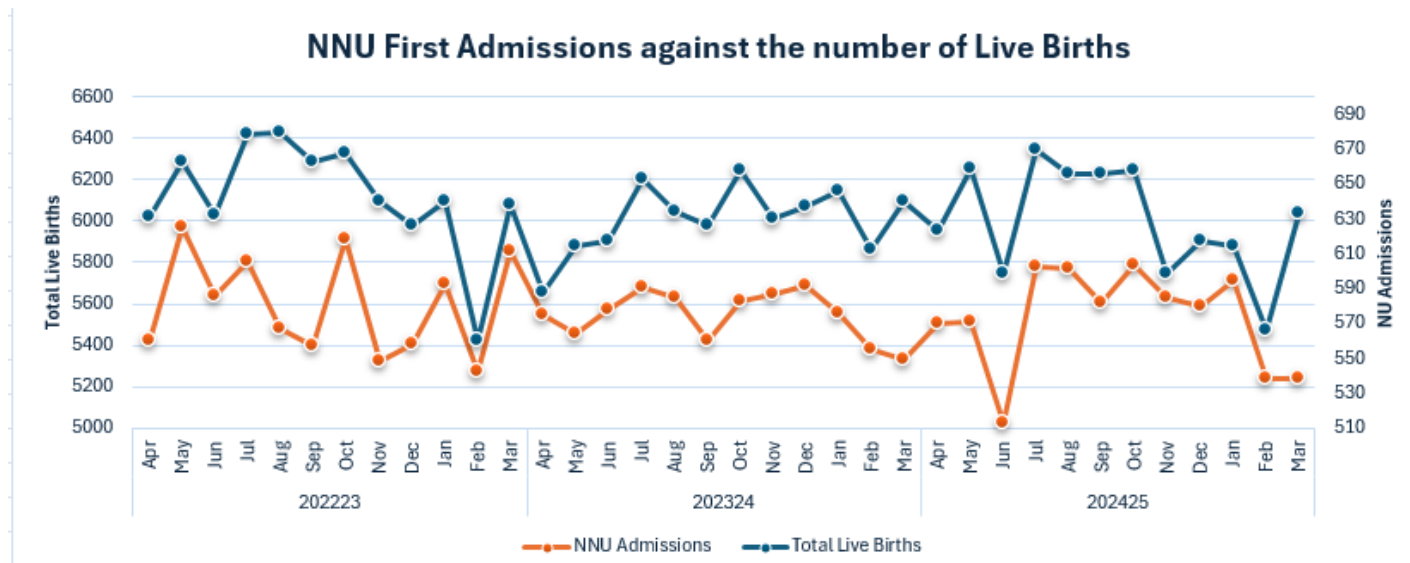


Chart 2.2.2

The admission rate to an NNU in comparison to overall birth rate across the NW has generally followed the same pattern across the past 3 years. Like in 2023/24 the trend for 2024/25 shows more consistency in births and admissions with no large peaks or dips compared to previous years.

2.2.3 First admissions across the NWNODN by gestation

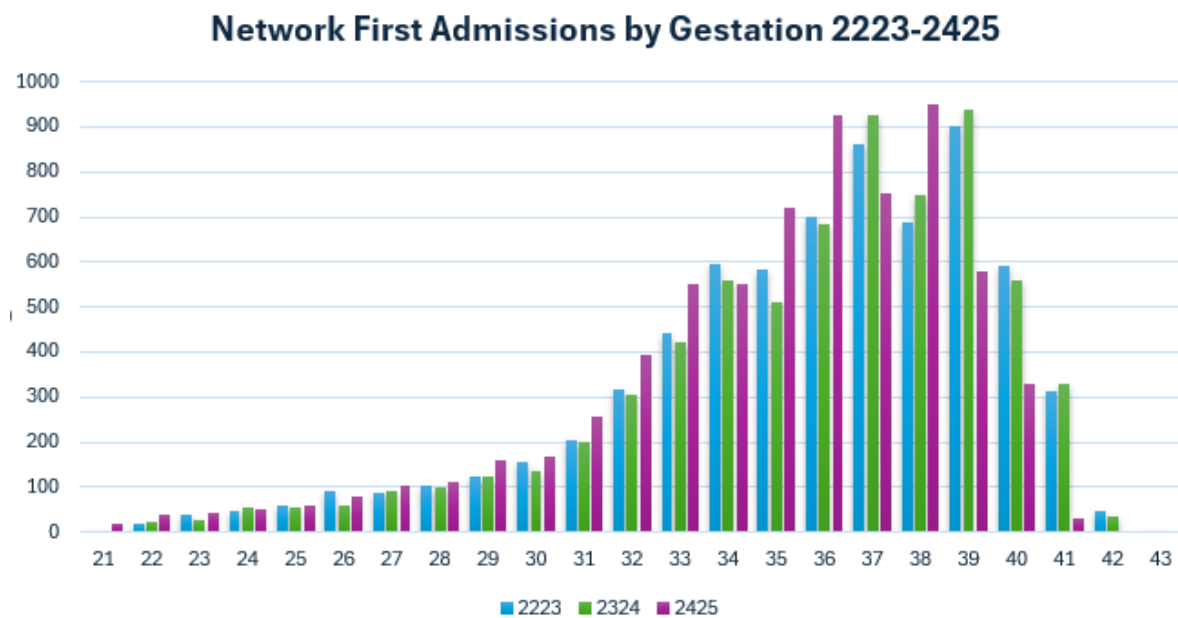


Chart 2.2.3

It is noted that in 2024/25 there has been a rise in late preterm (35- & 36-weeks' gestation) admissions, and term admissions at 38 weeks, the NWNODN support units with monthly separation reports to identify all late preterm and term infants for services to enable cases can be reviewed locally.

2.2.4 First Admissions and Live Births as a Percentage by Unit

Greater Manchester	Live Births	NNU Admissions	% 2022/23	% 2023/24	% 2024/25
MFT – NMGH	3,730	273	8%	8%	8%
MFT – SMH	7,504	914	11%	11%	12%
MFT – WYTH	4,676	397	7%	7%	8%
RBH	4,909	553	11%	11%	11%
ROH	4,994	516	11%	10%	10%
SHH	2,702	232	8%	9%	9%
TGH	2,200	210	10%	9%	10%
WWL	2,421	243	11%	11%	10%
Total	33,136	3,338	10%	10%	10%

Table 2.2.4a

Cheshire & Merseyside	Live Births	NNU Admissions	% 2022/23	% 2023/24	% 2024/25
APH	2,841	238	8%	9%	8%
COC	1,895	140	8%	7%	7%
ECH	1,251	110	-	6%	9%
LNP – LWH	6,968	650	11%	10%	9%
MCHT	2,777	191	7%	7%	7%
MWL - ODGH	2,031	187	8%	10%	9%
MWL – STHK	3,566	334	10%	8%	9%
WHH	2,474	263	10%	11%	11%
Total	23,803	2,113	9%	9%	9%

Table 2.2.4b

Lancashire & South Cumbria	Live Births	NNU Admissions	% 2022/23	% 2023/24	% 2024/25
BTH	2,328	275	10%	11%	12%
ELHT	5,935	577	10%	10%	10%
LTHTR	4,263	312	7%	8%	7%
MBHT – FGH	1,002	79	8%	9%	8%
MBHT – RLI	1,564	187	10%	9%	12%
Total	15,092	1,430	9%	10%	9%

Table 2.2.4c

2.2.5 Total admissions across the NWNODN including out of area postnatal transfers

Locality	NNU First Admissions	Post Natal Transfers into NNUs*	Total Admissions
Greater Manchester	3,338	4	3342
Cheshire & Merseyside	2,113	55	2168
Lancashire & South Cumbria	1,430	2	1432
Total	6,881	61	6942

Table 2.2.5

*Includes out of area babies transferred in postnatally, as detailed in section 4, or repatriations back to the region.

See Section 4 for details of Post Natal Transfers from out of area.

2.5 Term & Late Preterm Admissions

2.5.1 Term Admissions (≥ 37 Weeks)

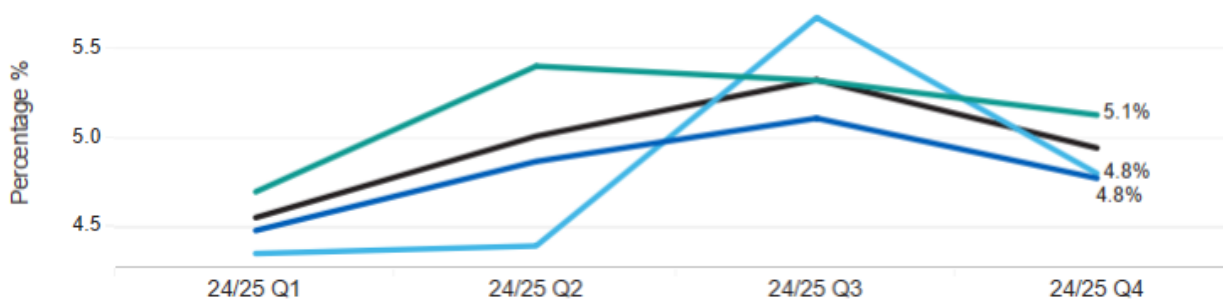
Table 2.5.1 & chart 2.5.1 show the percentage of term admissions and trend data at regional level for 2024/25. For the number of NNU first admissions of 37 weeks and over by unit and locality with the totals shown as a percentage of live births see sections 6, 7 & 8.

Locality/Unit	2022/23 ≥ 37 weeks admissions	2022/23 % of Live births	2023/24 ≥ 37 weeks admissions	2023/24 % of Live births	2024/25 ≥ 37 weeks admissions	2024/25 % of Live births
Greater Manchester	1,686	4.9%	1,639	4.9%	1,704	5.1%
Cheshire & Merseyside	1,040	4.3%	1,128	4.7%	1,145	4.8%
Lancashire & South Cumbria	678	4.5%	770	5.1%	724	4.8%
Grand Total	3,404	4.6%	3,537	4.9%	3,573	5.0%

Table 2.5.1

Term admissions - percentage of live births

Trend for Rolling 4 Quarters



Trend within 5 financial years

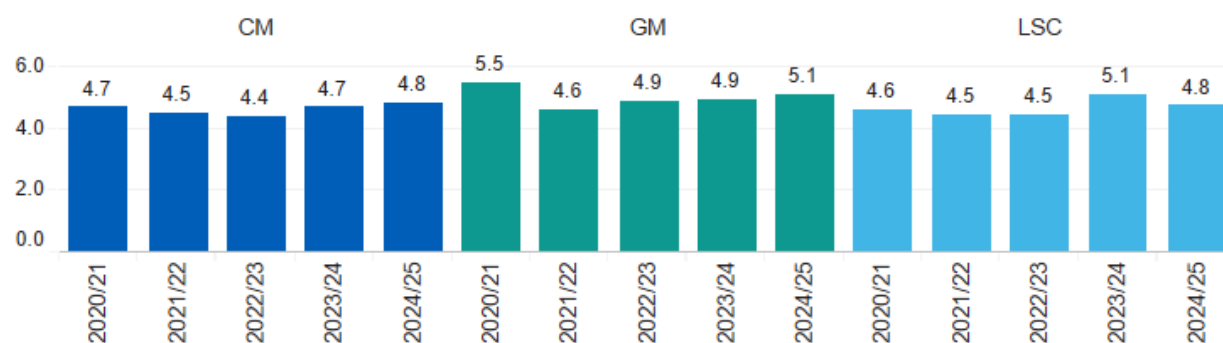


Chart 2.5.1

Term admissions include any baby admitted for the first episode of care onto a NNU, regardless of whether Day 1 or later, including surgical admissions, as per the national ATAIN criteria. Term admission data are presented on the NWNODN dashboards every quarter and monitored. If a unit's rate increases above the national target of 6% an action plan is requested. The North West region remains under the national target with only 1 unit above 6%, and as in previous years work continues in line with the Maternity Incentive Scheme (MIS) to further improve the Transitional Care offer across the network.

2.5.2 Late Preterm Admissions (≥ 34 and <37 Weeks)

Chart 2.5.2 shows the mean quarterly separation days for potentially avoidable late preterm admissions and table 2.5.2 shows the number & percentage of first admissions between ≥34 weeks to < 37 weeks at regional level. For unit and locality data including admission totals shown as a percentage of live births see sections 6, 7 & 8.

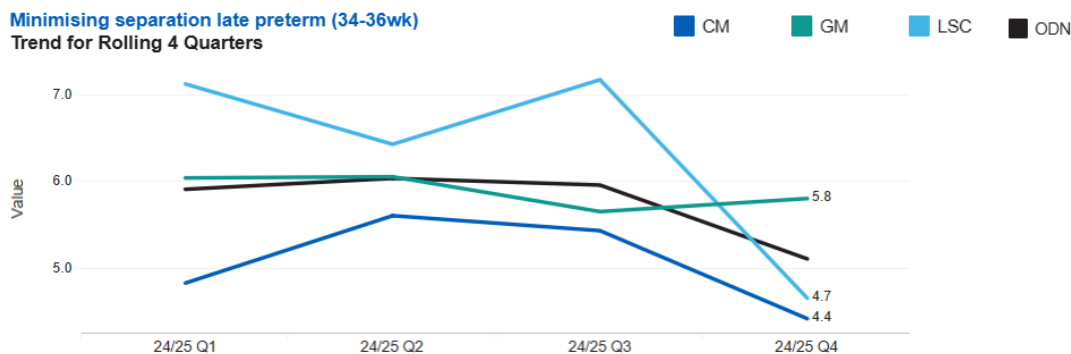


Chart 2.5.2

Locality	2022/23 34-36 weeks admissions	2022/23 % of 34-36 weeks births	2023/24 34-36 weeks admissions	2023/24 % of 34-36 weeks births	2024/25 34-36 weeks admissions	2024/25 % of 34-36 weeks births	2024/25 Mean avoidable separation days 34-36 weeks
Greater Manchester	877	38%	880	38%	912	43%	5.9
Cheshire & Merseyside	612	43%	520	39%	509	38%	5.1
Lancashire and South	390	42%	357	40%	400	41%	6.3
Grand Total	1,879	41%	1,757	39%	1,821	41%	5.8

Table 2.5.2

2.6 Appropriate place of delivery (<27 weeks, <28 weeks if multiple & <800g)

2.6.1 Appropriate place of delivery by locality

Chart 2.6.1 and Table 2.6.1 shows the number of deliveries of less than 27 weeks, multiple births less than 28 weeks and babies born weighing <800g by locality, if delivered in an appropriate place of birth (NICU), as reported to NHSE. A multiple birth counts as one delivery.

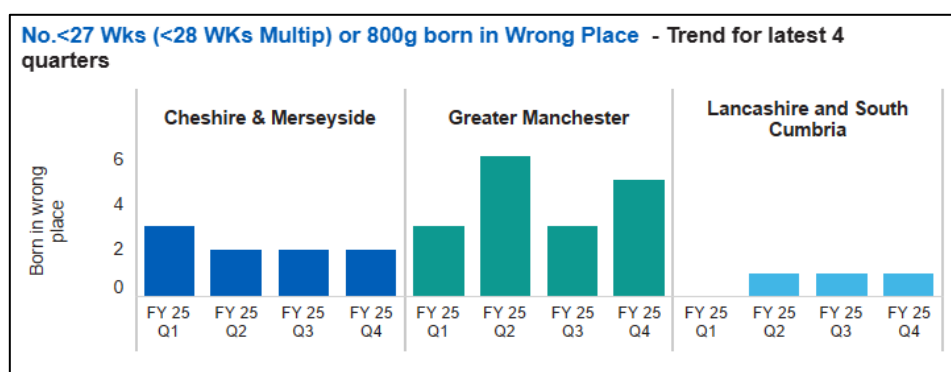


Chart 2.6.1

NWNODN	2022/23	2023/24	2024/25
Total <27/40 born in NICU	232	210	202
Total <27/40 born in LNU/SCU or elsewhere	43	32	29
Total <27/40 born in all categories	275	242	231
% <27/40 born in NICU	85%	87%	87%
Greater Manchester			
Total <27/40 born in NICU	109	93	94
Total <27/40 born in LNU/SCU or elsewhere	20	18	17
Total <27/40 born in all categories	129	111	111
% <27/40 born in NICU	84%	84%	84%
Cheshire & Merseyside			
Total <27/40 born in NICU	84	72	57
Total <27/40 born in LNU/SCU or elsewhere	13	11	9
Total <27/40 born in all categories	97	83	66
% <27/40 born in NICU	87%	87%	86%
Lancashire & South Cumbria			
Total <27/40 born in NICU	39	45	51
Total <27/40 born in LNU/SCU or elsewhere	10	3	3
Total <27/40 born in all categories	49	48	54
% <27/40 born in NICU	80%	94%	94%

Table 2.6.1

In 2024/25 the NWNODN exception reporting process showed that most deliveries outside of a centre with a NICU were unavoidable. Despite an increase in babies born in the wrong place in Q4, in 2024/25 87% of babies <27 weeks (or 800g or <28wks if multiple) were born at a NICU. This remained the same as 2023/24 again making the NW one of the best performing regions for appropriate place of birth. The NWNODN continues to work collaboratively with each LMNS to review any births in the wrong place, to identify themes and ensure pathways are adhered to.

The following chart is an extract from the NNAP Audit Programme 2023 Annual Report (Published November 2023), showing that in 2023 the NWNODN was the best performing ODN in England for babies less than 27 weeks' gestational age being born at a centre with a NICU. Further statistics from the NNAP Annual Report can be accessed at [nnap_2023_data_extended_analysis_report_v2.pdf](#)

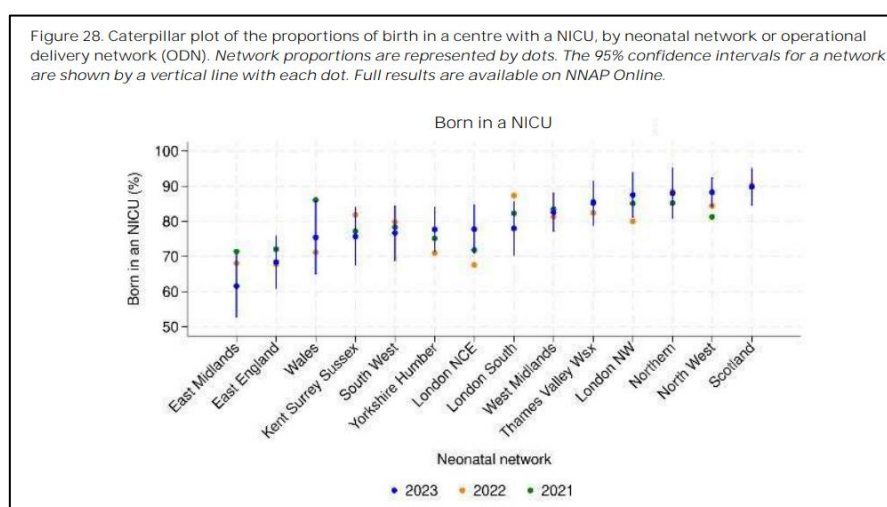


Chart 2.6.2

3. Activity and workload

3.1 NWNODN Activity by Level of Care

Table 3.1 shows the number of care level days by Locality & across the ODN, HRG (2016) codes. Excludes Alder Hey data & XA04Z care delivered in TC.

HRG 2016	XA01Z			XA02Z			XA03Z + XA04Z + XA05Z			Total		
Locality	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
Greater Manchester	10,083	9,890	9,057	16,284	16,065	16,723	31,688	31,450	30,615	58,055	57,405	56,395
Cheshire & Merseyside	6,113	5,614	5,366	7,684	7,637	7,290	19,925	19,478	18,245	33,722	32,729	30,901
Lancashire & South Cumbria	3,531	3,703	3,117	5,096	6,048	5,563	12,008	12,986	12,710	20,635	22,737	21,390
Total across the NWNODN	19,727	19,207	17,540	29,064	29,750	29,576	63,621	63,914	61,570	112,412	112,871	108,686

Table 3.1

3.2 NWNODN NICU Activity by Level of Care

Chart 3.2 shows the percentage of intensive care (XA01Z) delivered at NICUs for each locality. The target is 90%.

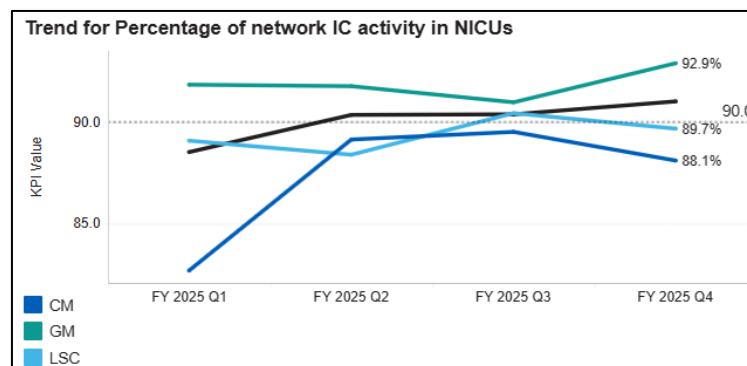


Chart 3.2

3.3 NWNODN Activity and Workload

3.3.1 NWNODN NICU Activity

In-line with the recommendations included as part of the Neonatal Critical Care Transformation Review (2019) all NICUs should, as a minimum, look after at least 100 very low birth weight (VLBW) infants per year and be delivering >2000 intensive care days (Health Resource Group definition, 2016 & BAPM Optimal Arrangements for Neonatal Intensive Care Units in the UK, 2021). This is in-line with the new Neonatal Critical Care Service Specification (March 2024)

Table 3.3.1 shows all NICU activity, regardless of episode number, and includes surgical care at St. Mary's Hospital.

NICU	Intensive Care HRG XA01Z			Respiratory support days (Ventilation/CPAP/HFT)			VLBW admissions (Less than 1500g)		
	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
MFT – SMH	5,684	5,672	5,049	8,717	8,392	7,064	183	192	191
RBH	1,566	1,562	1,328	4,694	4,799	4,791	111	106	103
ROH	2,026	1,857	1,950	4,784	4,641	4,471	125	107	109
APH	1,361	1,102	1,023	3,068	2,696	2,529	81	61	63
LNP – LWH	3,893	3,691	3,672	5,964	5,677	5,651	202	163	157
ELHT	1,964	2,152	1,514	3,906	4,785	3,464	89	93	81
LTHTR	1,317	1,279	1,272	2,849	2,951	3,235	57	77	63
Total	17,811	17,315	15,808	33,982	33,941	31,205	848	799	767

Table 3.3.1

3.3.2 NWNODN LNU Unit Activity

In-line with the recommendations included as part of the Neonatal Critical Care Transformation Review (2019) all LNUs should aim to undertake a minimum of 500 days of combined intensive and high dependency care (Health Resource Group definition, 2016), which is considered the minimum requirement to maintain expertise. LNUs providing ongoing HD should be working towards delivering 1000 combined ITU/HD days per year. Units designated as LNUs should admit >25 VLBW infants annually (BAPM Optimal arrangements for Local Neonatal Units and Special Care Units in the UK, 2016).

LNU	IC & HD HRG XA01Z & XA02Z			Respiratory support days (Ventilation/CPAP/HFT)			VLBW admissions (Less than 1500g)		
	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
MFT – NMGH	857	928	932	661	613	650	52	57	53
MFT – WYTH	1,484	1,263	1,452	1,254	1,098	1,239	61	45	56
SHH	1,146	783	818	1,073	748	734	41	32	35
TGH	524	693	663	459	513	533	23	33	32
WWL	819	891	888	724	850	825	35	38	27
COC*	332	288	444	231	227	350	18	21	22
MCHT	952	792	682	748	606	595	26	36	18
MWL – ODGH	561	648	653	409	473	544	22	21	23
MWL – STHK	882	967	826	604	618	581	31	31	35
WHH	897	962	962	737	837	807	33	26	27
BTH	809	812	852	698	765	751	27	27	36
MBHT – RLI	517	567	640	473	503	626	22	24	16
Total	9,780	9,594	9,812	8,071	7,851	8,235	391	391	380

Table 3.3.2

* COC currently only accept deliveries of 32 weeks gestation and above

3.3.3 NWNODN SCU Unit Activity

SCU	IC & HD HRG XA01Z & XA02Z			Respiratory support days (Ventilation/CPAP/HFT)			VLBW admissions (Less than 1500g)		
	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
ECH	0	50	77	0	50	74	0	3	8
MBHT - FGH	44	47	29	38	46	28	7	7	3
Total	44	97	106	38	96	102	7	10	11

Table 3.3.3

3.3.4 NWNODN HRG Activity for babies born <24weeks gestation

Table showing NNU ward activity for babies with gestation of birth of 22 or 23 weeks. There were 50 babies admitted in 2023/24, which is lower than the previous year (70 admissions) but the same as 2021/22. There were 68 babies admitted in 2024/25 which appears to be the average number most years, however the number of intensive care days, special care and overall care days has increased.

Financial Year	XA01Z	XA02Z	XA03Z	XA04Z	XA05Z	Total
2021/22	1,611	956	520	24	0	3,111
2022/23	1,975	1,358	415	15	0	3,763
2023/24	1,630	1,624	451	30	0	3,735
2024/25	2,116	1,299	772	31	0	4,218

Although babies born at 22-23 weeks' gestation comprise of less than 1% of total births, they represent 12% of the overall intensive care activity delivered by the NWNODN which is a 3.5% increase on the previous year.

3.4 Cot Activity

Table 3.4 shows the demand (**D**) for cots based upon activity within each of the localities against actual (**A**) cots. Care Levels are based upon HRG 2016 codes but are referred to as IC, HD & SC cots as these are the commissioned cots in each category. An element of surgical care is included in the figures as it is not possible to separate out surgical activity within the data.

To note - the IC capacity compared to demand does not fully reflect the available capacity across the NW. LNU services have IC capacity to support stabilisation and short-term intensive care meaning there is no expectation these cots are consistently occupied.

Calculation method which includes 80% capacity: Cot Demand = (Number of care days/365)/0.8

NWNODN	Cots D: Demand A: Actual															
	D IC	D IC	D IC	A IC	D HD	D HD	D HD	A HD	D SC	D SC	D SC	A SC	Total D	Total D	Total D	Total A
	22/23	23/24	24/25	24/25	22/23	23/24	24/25	24/25	22/23	23/24	24/25	24/25	22/23	23/24	24/25	24/25
Greater Manchester	35	34	31	45	56	55	57	50	109	108	105	130	199	197	193	225
Cheshire & Merseyside	23	22	21	25	31	31	30	42	71	69	65	85	125	122	116	152
Lancashire & South Cumbria	12	13	11	15	17	21	19	20	41	44	44	57	71	78	74	92
Total	70	69	63	85	104	107	106	113	221	221	214	271	395	397	383	469

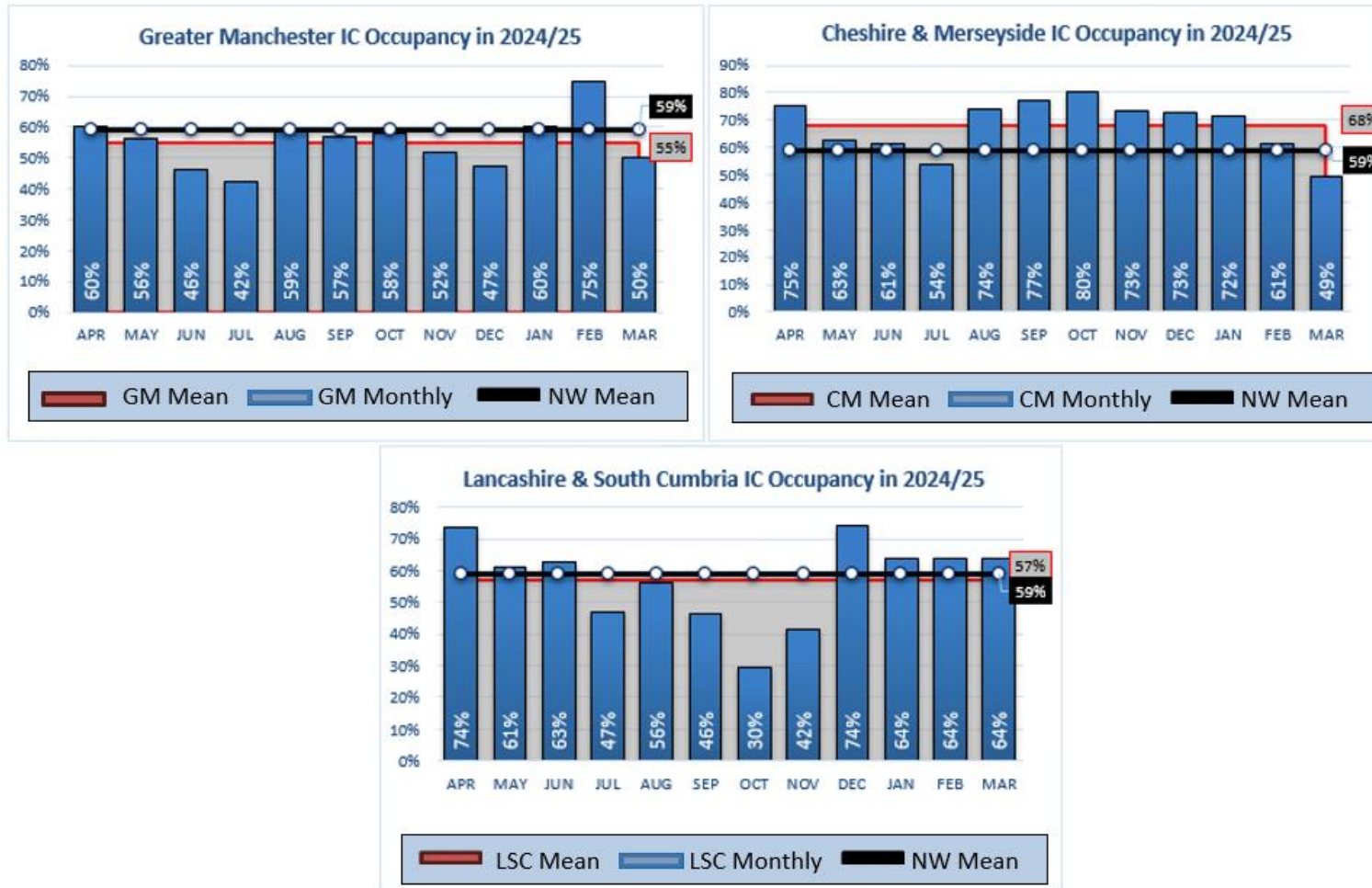
Table 3.4

Key: Red – The demand is higher than the Actual Cots. Amber – The demand is lower than the Actual Cots.

3.5 Overall Occupancy by Care Level

NICU = pink, LNU = blue, SCU = green and surgical unit = purple. Occupancy at $\leq 80\%$ is shown with a green background, $>80\%$ is shown in red.

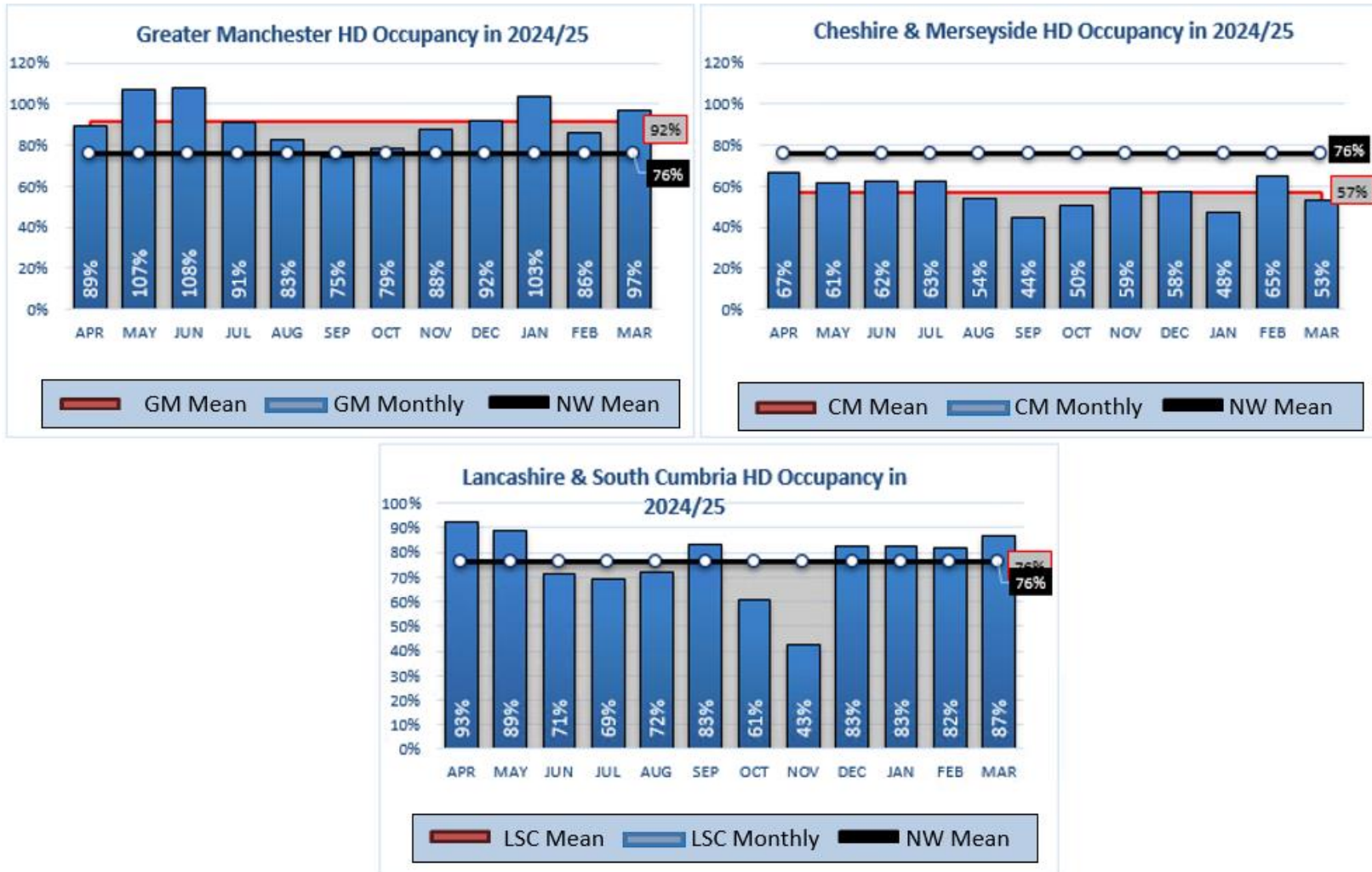
3.5.1 Average Monthly IC (XA01Z) Occupancy by locality and units



XA01Z (IC) Occupancy	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Mean	2324	2223
Greater Manchester	60%	56%	46%	42%	59%	57%	58%	52%	47%	60%	75%	50%	55%	60%	61%
MFT - NMGH	5%	19%	20%	5%	15%	12%	23%	27%	13%	39%	25%	5%	17%	18%	17%
MFT - SMH	78%	75%	52%	53%	80%	70%	76%	82%	52%	76%	100%	82%	73%	82%	82%
MFT - WYTH	27%	23%	60%	47%	53%	27%	37%	30%	27%	37%	54%	13%	36%	33%	36%
RBH	69%	43%	37%	37%	32%	23%	37%	23%	47%	52%	60%	28%	40%	47%	48%
ROH	55%	63%	48%	42%	70%	97%	65%	40%	59%	63%	76%	35%	59%	56%	62%
SHH	7%	32%	22%	15%	31%	5%	11%	25%	31%	15%	5%	0%	17%	20%	19%
TGH	20%	0%	110%	39%	19%	30%	32%	13%	0%	32%	11%	45%	29%	42%	29%
WWL	23%	16%	3%	6%	26%	37%	61%	33%	42%	10%	68%	52%	31%	33%	49%
Cheshire & Merseyside	75%	63%	61%	54%	74%	77%	80%	73%	73%	72%	61%	49%	68%	69%	70%
APH	33%	32%	59%	30%	70%	44%	74%	66%	46%	31%	43%	33%	47%	50%	62%
COC	13%	10%	7%	6%	0%	3%	6%	0%	3%	10%	18%	0%	6%	14%	15%
ECH													20	8	0
LNP - AHCH													799	676	548
LNP - LWH	98%	81%	62%	69%	85%	107%	93%	76%	99%	103%	66%	66%	84%	84%	89%
MCHT	50%	2%	26%	14%	14%	7%	9%	21%	8%	3%	17%	23%	16%	18%	19%
ODGH	53%	42%	0%	61%	35%	0%	45%	40%	29%	19%	32%	0%	30%	26%	28%
STHK													132	193	203
WWH	5%	44%	28%	13%	37%	32%	10%	65%	15%	34%	54%	18%	29%	38%	26%
Lancashire and South Cumbria	74%	61%	63%	47%	56%	46%	30%	42%	74%	64%	64%	64%	57%	68%	64%
BTH	62%	48%	18%	11%	56%	30%	6%	25%	34%	32%	29%	23%	31%	23%	17%
ELHT	89%	83%	91%	75%	64%	43%	38%	37%	90%	85%	61%	73%	69%	98%	90%
LTHTR	72%	51%	54%	33%	56%	60%	30%	51%	83%	62%	76%	71%	58%	58%	60%
MBHT - FGH													7	22	19
MBHT - RLI	13%	13%	27%	35%	13%	17%	29%	43%	3%	10%	79%	39%	26%	22%	29%
ODN	67%	59%	54%	46%	63%	61%	59%	56%	60%	64%	69%	52%	59%	64%	65%

If unit has no IC cots their IC activity has been included in the locality and network totals. Instead of a % actual count of HD days are shown in the table. Table 3.5.1

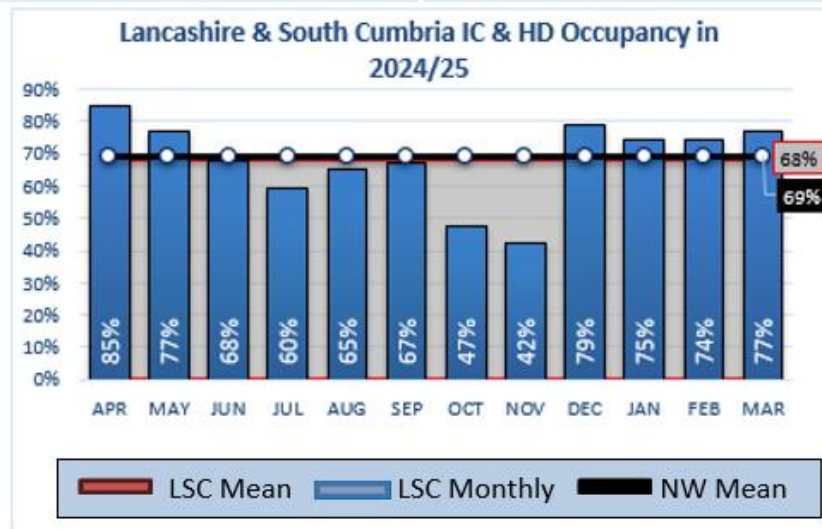
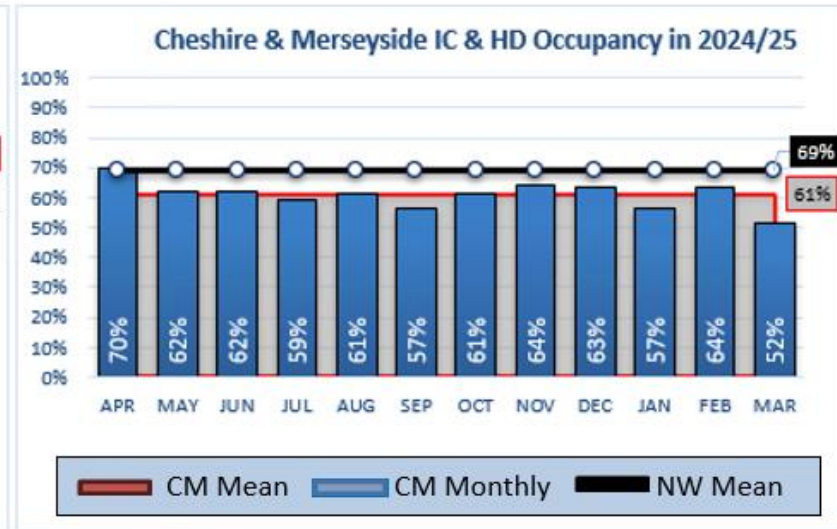
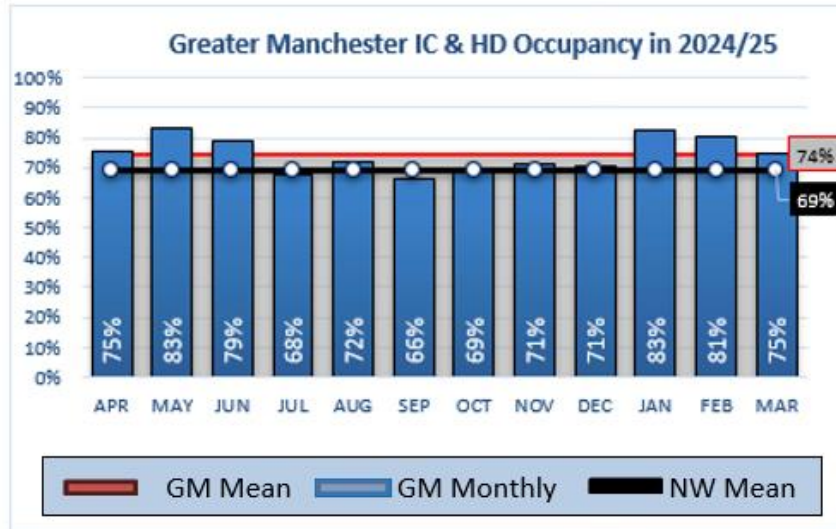
3.5.2 Average Monthly HD (XA02Z) Occupancy by locality and units



XA02Z (HD) Occupancy	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Mean	2324	2223
Greater Manchester	89%	107%	108%	91%	83%	75%	79%	88%	92%	103%	86%	97%	92%	88%	89%
MFT - NMGH	67%	102%	163%	198%	95%	93%	113%	110%	66%	126%	59%	129%	111%	109%	101%
MFT - SMH	77%	84%	108%	116%	78%	76%	87%	83%	97%	93%	72%	87%	88%	82%	83%
MFT - WYTH	93%	99%	124%	82%	61%	83%	60%	78%	65%	64%	75%	95%	81%	70%	84%
RBH	144%	215%	171%	115%	150%	91%	112%	106%	152%	160%	162%	160%	145%	138%	133%
ROH	81%	99%	69%	51%	80%	64%	76%	110%	89%	139%	89%	104%	88%	93%	94%
SHH	79%	86%	97%	46%	49%	64%	38%	48%	65%	86%	75%	33%	64%	58%	92%
TGH	54%	42%	74%	60%	41%	57%	44%	32%	20%	48%	94%	46%	51%	49%	38%
WWL	119%	135%	62%	16%	61%	63%	43%	104%	85%	42%	24%	90%	71%	70%	59%
Cheshire & Merseyside	67%	61%	62%	63%	54%	44%	50%	59%	58%	48%	65%	53%	57%	58%	61%
APH	81%	64%	62%	42%	23%	35%	67%	55%	75%	62%	41%	59%	55%	62%	66%
COC	173%	48%	28%	39%	76%	22%	19%	17%	53%	50%	166%	11%	58%	32%	38%
ECH													57	14%	-
LNP - AHCH	39%	47%	26%	52%	57%	46%	33%	38%	44%	43%	58%	46%	44%	44%	42%
LNP - LWH	68%	70%	53%	77%	62%	42%	58%	71%	62%	51%	74%	54%	62%	67%	69%
MCHT	23%	22%	53%	67%	45%	23%	16%	42%	33%	17%	28%	48%	35%	41%	51%
ODGH	180%	197%	287%	110%	152%	113%	39%	147%	81%	110%	221%	165%	149%	151%	126%
STHK	88%	113%	157%	121%	63%	68%	131%	132%	94%	65%	54%	55%	95%	106%	93%
WWH	48%	44%	93%	48%	52%	67%	43%	57%	40%	21%	55%	52%	51%	47%	55%
Lancashire and South Cumbria	93%	89%	71%	69%	72%	83%	61%	43%	83%	83%	82%	87%	76%	83%	70%
BTH	150%	171%	78%	40%	111%	65%	66%	33%	74%	84%	75%	76%	85%	88%	94%
ELHT	98%	78%	58%	67%	63%	92%	69%	39%	81%	98%	100%	77%	76%	101%	78%
LTHTR	87%	85%	70%	76%	80%	76%	56%	42%	77%	72%	70%	89%	73%	66%	58%
MBHT - FGH													22	25	25
MBHT - RLI	37%	63%	122%	79%	35%	97%	37%	62%	119%	65%	64%	115%	75%	67%	56%
Grand Total	81%	87%	84%	77%	70%	65%	65%	69%	78%	79%	77%	79%	76%	76%	75%

If unit has no HD cots their HD activity has been included in the locality and network totals. Instead of a % actual count of HD days are shown in the table. Table 3.5.2

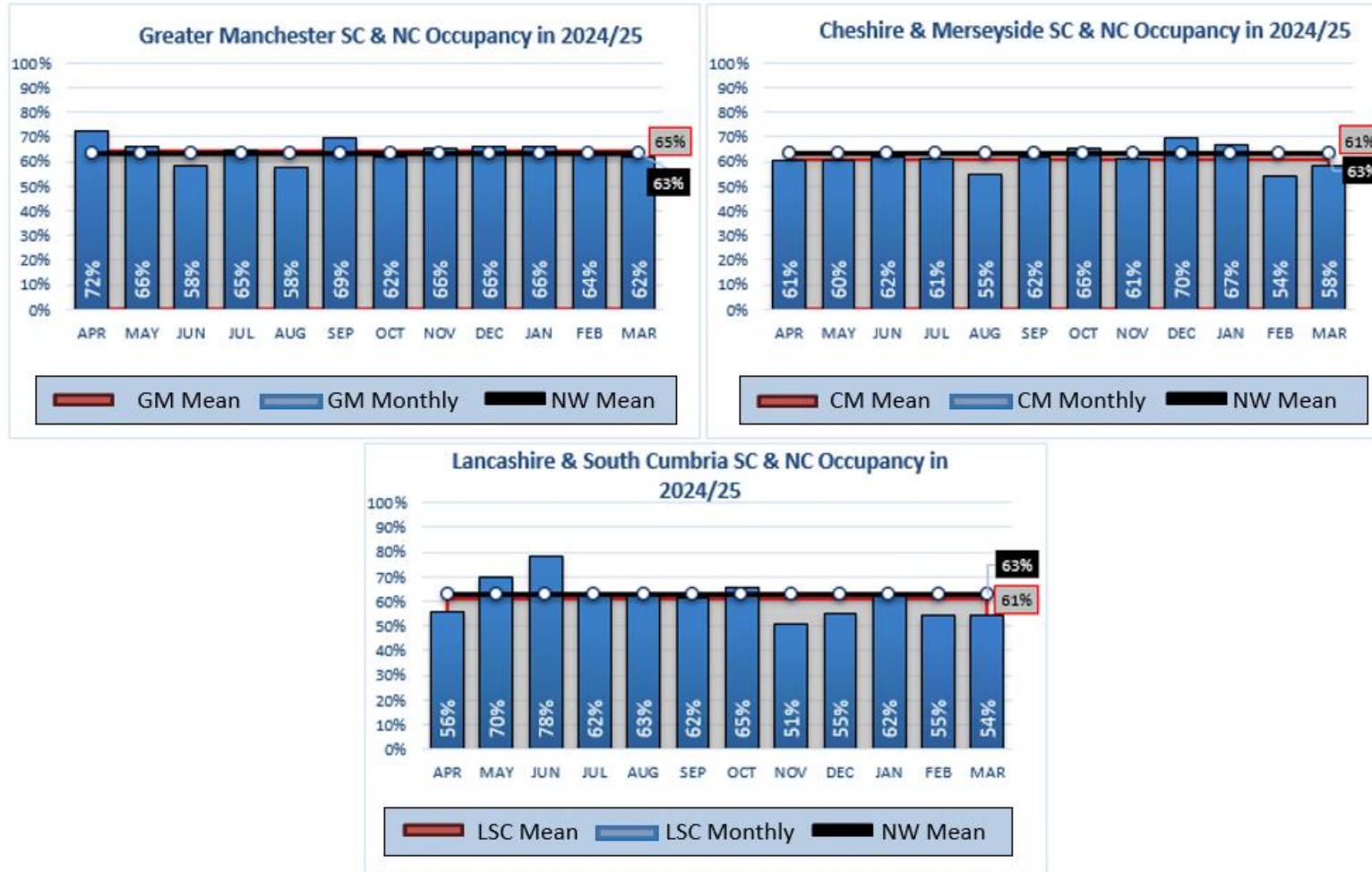
3.5.3 Average Combined XA01Z & XA02Z (IC & HD) Occupancy by Locality and Units



XA01Z & XA02Z IC & HD Occupancy	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Mean	2324	2223
Greater Manchester	75%	83%	79%	68%	72%	66%	69%	71%	71%	83%	81%	75%	74%	75%	76%
MFT - NMGH	36%	60%	92%	102%	55%	53%	68%	68%	40%	82%	42%	67%	64%	63%	59%
MFT - SMH	77%	79%	80%	85%	79%	73%	81%	82%	74%	84%	86%	85%	81%	82%	83%
MFT - WYTH	71%	74%	103%	70%	59%	64%	52%	62%	52%	55%	68%	68%	66%	58%	68%
RBH	102%	118%	96%	71%	83%	53%	69%	60%	93%	99%	104%	86%	86%	87%	85%
ROH	68%	81%	59%	47%	75%	81%	70%	75%	74%	101%	83%	70%	73%	75%	78%
SHH	50%	65%	67%	34%	42%	41%	27%	39%	51%	57%	47%	20%	45%	43%	63%
TGH	46%	31%	83%	55%	35%	50%	41%	28%	15%	44%	73%	46%	45%	47%	36%
WWL	95%	106%	48%	14%	52%	57%	48%	87%	74%	34%	35%	81%	61%	61%	56%
Cheshire & Merseyside	70%	62%	62%	59%	61%	57%	61%	64%	63%	57%	64%	52%	61%	62%	64%
APH	61%	50%	61%	36%	43%	39%	70%	60%	62%	49%	42%	48%	52%	57%	64%
COC	120%	35%	21%	28%	51%	16%	15%	11%	37%	37%	117%	8%	41%	26%	30%
ECH													77	16%	-
LNP - AHCH	56%	72%	50%	71%	78%	76%	67%	66%	73%	71%	87%	57%	69%	64%	59%
LNP - LWH	83%	76%	57%	73%	73%	74%	75%	73%	80%	77%	70%	60%	73%	76%	79%
MCHT	35%	13%	41%	44%	32%	16%	13%	33%	22%	11%	23%	37%	27%	31%	37%
ODGH	117%	119%	143%	85%	94%	57%	42%	93%	55%	65%	127%	82%	89%	89%	77%
STHK	150%	127%	195%	135%	89%	77%	152%	142%	98%	66%	55%	69%	113%	132%	121%
WWH	34%	44%	71%	36%	47%	55%	32%	59%	32%	25%	55%	40%	44%	44%	41%
Lancashire and South Cumbria	85%	77%	68%	60%	65%	67%	47%	42%	79%	75%	74%	77%	68%	76%	68%
BTH	106%	110%	48%	26%	84%	48%	36%	29%	54%	58%	52%	49%	58%	55%	55%
ELHT	94%	80%	72%	70%	63%	71%	56%	38%	85%	92%	83%	76%	73%	100%	83%
LTHTR	81%	70%	63%	58%	70%	69%	44%	46%	80%	68%	73%	81%	67%	63%	59%
MBHT - FGH													29	47	44
MBHT - RLI	29%	46%	90%	65%	28%	70%	34%	56%	81%	46%	69%	89%	58%	52%	47%
Grand Total	75%	75%	71%	64%	67%	63%	63%	64%	70%	72%	74%	67%	69%	71%	71%

Table 3.5.3

3.5.4 Average Combined XA03Z, XA04Z & XA05Z (SC & NC) Occupancy by Locality and Units

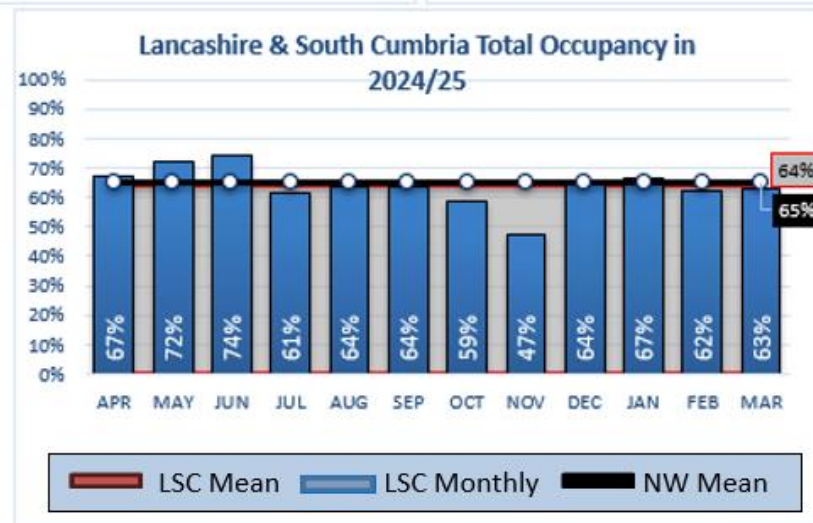
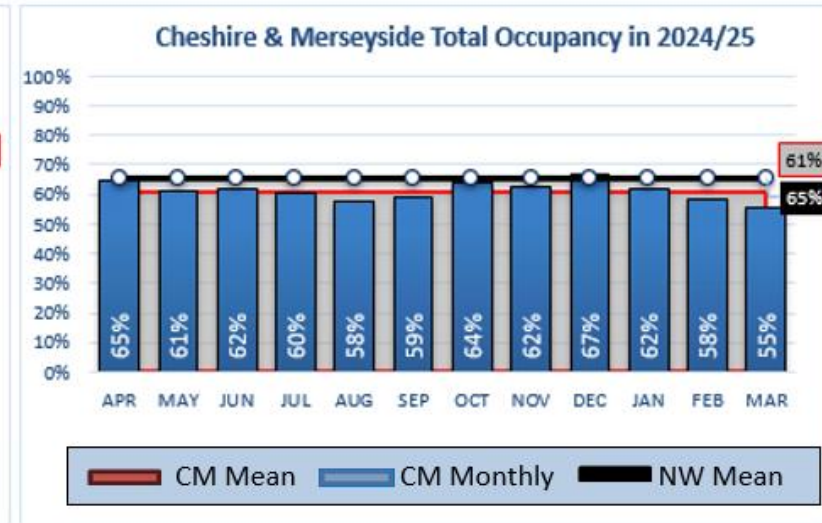


XA03Z, XA04Z & AX05Z (SC) Occupancy	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Mean	2324	2223
Greater Manchester	72%	66%	58%	65%	58%	69%	62%	66%	66%	66%	64%	62%	65%	66%	67%
MFT - NMGH	78%	55%	67%	65%	74%	75%	58%	67%	63%	65%	86%	57%	67%	70%	73%
MFT - SMH	63%	70%	67%	68%	77%	82%	66%	67%	83%	75%	64%	54%	70%	63%	60%
MFT - WYTH	87%	86%	56%	96%	69%	70%	73%	70%	58%	69%	41%	60%	70%	74%	82%
RBH	66%	58%	71%	82%	52%	78%	79%	90%	76%	73%	68%	97%	74%	71%	76%
ROH	60%	61%	39%	51%	44%	51%	55%	72%	73%	67%	60%	68%	58%	64%	57%
SHH	84%	65%	47%	38%	46%	62%	43%	41%	33%	45%	53%	41%	50%	58%	57%
TGH	93%	58%	56%	75%	37%	69%	62%	50%	49%	59%	92%	57%	63%	68%	68%
WWL	72%	71%	49%	27%	28%	55%	42%	39%	55%	50%	56%	49%	49%	62%	68%
Cheshire & Merseyside	61%	60%	62%	61%	55%	62%	66%	61%	70%	67%	54%	58%	61%	67%	70%
APH	70%	36%	54%	46%	25%	27%	36%	70%	80%	70%	19%	44%	48%	52%	59%
COC	24%	67%	49%	68%	34%	55%	35%	29%	49%	49%	31%	37%	44%	44%	51%
ECH	36%	20%	37%	49%	21%	22%	19%	25%	38%	17%	30%	14%	27%	16%	
LNP - AHCH													786	703	626
LNP - LWH	54%	72%	92%	62%	51%	73%	89%	64%	60%	76%	81%	53%	69%	80%	95%
MCHT	72%	74%	31%	57%	105%	58%	54%	48%	55%	58%	65%	48%	60%	89%	77%
ODGH	58%	55%	41%	42%	63%	79%	55%	65%	84%	76%	43%	85%	62%	65%	57%
STHK	77%	84%	72%	65%	71%	77%	77%	75%	62%	63%	43%	59%	69%	57%	59%
WWH	76%	25%	38%	67%	62%	69%	103%	74%	117%	89%	87%	98%	75%	84%	51%
Lancashire and South Cumbria	56%	70%	78%	62%	63%	62%	65%	51%	55%	62%	55%	54%	61%	62%	58%
BTH	47%	66%	78%	47%	37%	62%	50%	43%	45%	51%	52%	52%	52%	55%	55%
ELHT	55%	66%	56%	70%	65%	48%	65%	40%	62%	63%	68%	64%	60%	59%	59%
LTHTR	68%	86%	117%	80%	94%	83%	83%	77%	56%	76%	42%	48%	76%	77%	60%
MBHT - FGH	53%	90%	75%	13%	32%	54%	65%	26%	21%	27%	24%	53%	44%	43%	38%
MBHT - RLI	53%	42%	66%	58%	56%	64%	59%	56%	68%	68%	62%	45%	58%	65%	65%
Grand Total	65%	65%	63%	63%	58%	65%	64%	61%	65%	65%	59%	59%	63%	65%	66%

As Alder Hey have no SC cots their SC activity has been recorded as the number of days instead of a percentage

Table 3.5.4

3.5.5 Total NNU Occupancy (All HRG codes) by Locality and Units



Total Occupancy	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Mean	2324	2223
Greater Manchester	74%	73%	67%	66%	64%	68%	65%	68%	68%	73%	71%	68%	69%	70%	71%
MFT - NMGH	69%	56%	72%	72%	70%	70%	60%	67%	58%	69%	77%	59%	66%	68%	70%
MFT - SMH	71%	75%	75%	77%	78%	77%	74%	75%	78%	80%	76%	71%	76%	73%	72%
MFT - WYTH	82%	82%	69%	88%	66%	68%	67%	68%	56%	65%	49%	62%	69%	69%	78%
RBH	82%	86%	82%	77%	66%	66%	75%	76%	84%	85%	85%	92%	80%	78%	80%
ROH	64%	71%	48%	49%	59%	65%	62%	73%	74%	83%	71%	69%	66%	69%	67%
SHH	74%	65%	53%	37%	45%	56%	38%	40%	38%	49%	51%	35%	48%	54%	58%
TGH	78%	50%	65%	69%	36%	63%	56%	43%	38%	55%	86%	54%	57%	62%	58%
WWL	78%	81%	48%	24%	35%	55%	44%	53%	60%	45%	50%	58%	53%	61%	65%
Cheshire & Merseyside	65%	61%	62%	60%	58%	59%	64%	62%	67%	62%	58%	55%	61%	65%	67%
APH	65%	44%	58%	40%	36%	34%	56%	64%	70%	58%	32%	46%	50%	55%	62%
COC	46%	60%	43%	59%	38%	46%	30%	25%	46%	46%	51%	30%	43%	40%	46%
ECH	38%	23%	40%	52%	23%	25%	22%	28%	42%	20%	31%	16%	30%	16%	
LNP - AHCH	80%	89%	78%	98%	92%	91%	96%	93%	101%	94%	99%	97%	93%	88%	82%
LNP - LWH	70%	74%	73%	68%	63%	73%	81%	69%	71%	76%	75%	57%	71%	78%	86%
MCHT	54%	46%	36%	51%	71%	38%	35%	41%	40%	36%	45%	43%	45%	62%	59%
ODGH	69%	68%	61%	50%	69%	75%	52%	71%	78%	74%	60%	85%	68%	70%	61%
STHK	87%	90%	89%	75%	74%	77%	87%	84%	67%	63%	45%	60%	75%	67%	67%
WHH	58%	33%	52%	53%	56%	63%	72%	68%	80%	62%	73%	73%	62%	67%	48%
Lancashire and South Cumbria	67%	72%	74%	61%	64%	64%	59%	47%	64%	67%	62%	63%	64%	68%	61%
BTH	61%	77%	70%	42%	49%	58%	46%	40%	47%	53%	52%	51%	54%	55%	55%
ELHT	71%	72%	63%	70%	65%	57%	61%	39%	71%	75%	74%	69%	66%	76%	69%
LTHTR	74%	78%	90%	69%	82%	76%	64%	62%	68%	72%	58%	65%	71%	70%	59%
MBHT - FGH	54%	91%	78%	13%	33%	54%	68%	31%	21%	29%	25%	60%	46%	46%	41%
MBHT - RLI	46%	43%	73%	60%	48%	66%	51%	56%	72%	62%	64%	58%	58%	61%	60%
Grand Total	69%	69%	67%	63%	62%	64%	63%	62%	67%	68%	65%	63%	65%	68%	68%

Table 3.5.5

3.6 Ethnicity & Deprivation break down for 2024/25 NW admissions to NNUs

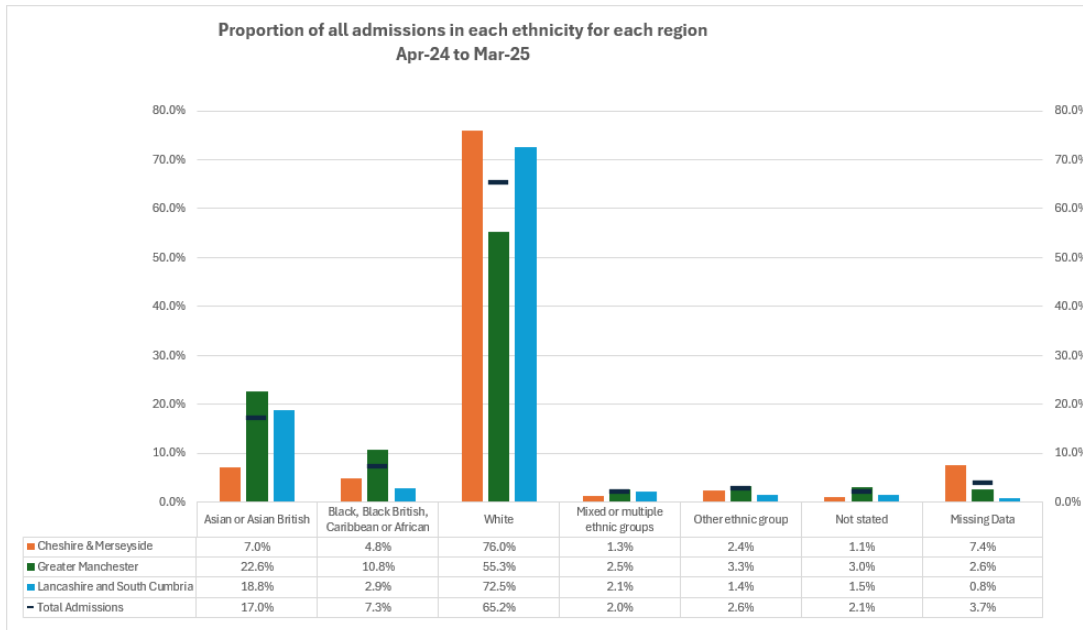


Chart 3.6.1

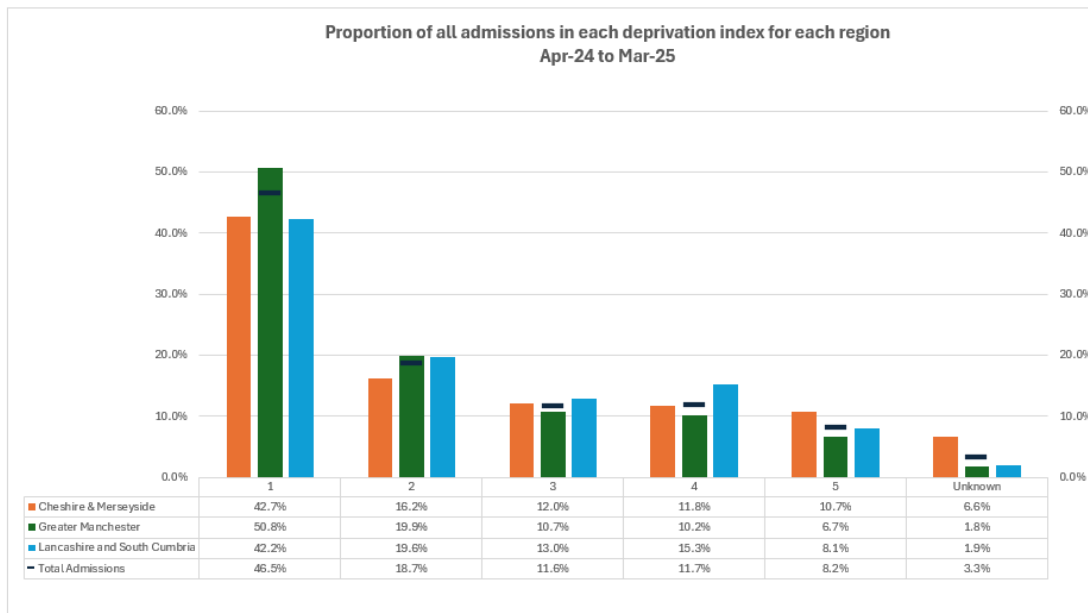


Chart 3.6.2

4. Network and Locality Transfers

4.1 Appropriate & Inappropriate Postnatal Transfers

Table 4.1.1 shows the Inappropriate Postnatal Transfers out of each locality and out of NWNODN. Inappropriate is any support, treatment or surgery that is available within the NWNODN pathway which took place outside of the NWNODN.

PN Inappropriate Transfers Out	Out of Locality within NWNODN 22/23	Out of Locality within NWNODN 23/24	Out of Locality within NWNODN 24/25	Out of NWNODN 22/23	Out of NWNODN 23/24	Out of NWNODN 24/25
Greater Manchester	4	15	20	0	1	0
Cheshire & Merseyside	10	14	12	0	0	0
Lancashire & South Cumbria	3	17	3	0	0	0
Total	17	46	35	0	1	0

Table 4.1.1

*Previously transfers for specialist treatment or surgery to another unit within the NWNODN but across locality, have been deemed as appropriate. From 2023/24 cross locality transfers for specialist treatment or surgery due to lack of capacity have been included as inappropriate.

Table 4.1.2 shows appropriate Postnatal Transfers out of NWNODN. These are transfers out of the NWNODN where care is not provided within the region, in 2024/25 there were transfers to Leeds & Great Ormond Street for specialist treatment.

PN Appropriate Transfers Out of NWNODN	2022/23	2023/24	2024/25
Cheshire & Merseyside	2	1	2
Greater Manchester	2	2	4
Lancashire & South Cumbria	0	0	1
Total	4	3	7

Table 4.1.2

4.2 Network and Locality out of area activity

The following tables show NWNODN activity for babies who are registered with a GP Practice assigned to either a Welsh Local Health Board (HLB) or a CCG within Yorkshire & Humber, North & West Midlands or Isle of Man (IOM).

Table 4.2.1 Babies transferred antenatally into NWNODN units by locality

Antenatal Admissions	Wales 23/24	Wales 24/25	Yorks & Humber 23/24	Yorks & Humber 24/25	N&W Midland 23/24	N&W Midland 24/25	IOM 23/24	IOM 24/25	Other 23/24	Other 24/25	Total 23/24	Total 24/25
Greater Manchester	5	5	19	21	73	64	2	0	12	12	111	102
Cheshire & Merseyside	54	55	1	5	10	14	4	4	2	2	71	80
Lancashire & South Cumbria	0	0	8	5	0	3	0	0	6	11	14	19
Total	59	60	28	31	83	81	6	4	20	25	196	201

Table 4.2.1

Table 4.2.2 Babies transferred postnatally and admitted into NWNODN units, by locality

PN Admissions	Wales 23/24	Wales 24/25	Yorks & Humber 23/24	Yorks & Humber 24/25	N&W Midland 23/24	N&W Midland 24/25	IOM 23/24	IOM 24/25	Other 23/24	Other 24/25	Total 23/24	Total 24/25
Greater Manchester	0	1	2	1	3	2	0	0	1	0	6	4
Cheshire & Merseyside	25	30	0	1	28	22	4	1	0	1	57	55
Lancashire & South Cumbria	0	0	2	2	0	0	0	0	0	0	2	2
Total	25	31	4	4	31	24	4	1	1	1	65	61

Table 4.2.2

Table 4.2.3 shows the number of cots required for out of area activity in 2024/25

Calculation method which includes 80% capacity: Cot Demand = (Number of care days/365)/0.8

Locality	20/21	21/22	22/23	23/24	24/25
Greater Manchester	12.1	9.8	10.9	6.5	5.7
Cheshire & Merseyside	4.5	4	7.6	8.5	9.9
Lancashire & South Cumbria	0.5	1.2	2.1	0.8	1.1
Total	17.1	15	20.6	15.8	16.7

Table 4.2.3

4.3 Out of Area Activity by CCG

Table 4.3 shows a breakdown by region of number of babies admitted in year and the total care days in year for all babies, whose mothers are registered with a GP whose CCG code is outside of the NWNODN. See appendix 1 for a breakdown by CCG code.

2024-25 Out of Area CCG into Locality	No. of Babies	Care Days			
		XA01Z (IC)	XA02Z (HD)	XA03Z & XA04Z (SC)	XA05Z (NC)
Greater Manchester	106	491	556	528	102
Cheshire & Merseyside	136	1228	958	627	83
Lancashire and South Cumbria	21	109	121	86	16
Grand Total	263	1828	1645	1241	201

Table 4.3

4.4 Wales Activity within the NWNODN

Table 4.4.1 shows a summary of all care days across the network for patients registered to GP Practices within Welsh LHBs.

Locality / Unit Name	Admissions	Activity for Patients registered to GP Practices within Welsh LHBs						Total days	% Total
		XA01Z days	XA01Z as % of Unit XA01Z	XA02Z days	XA02Z as % of Unit XA02Z	XA03Z, 04Z & 05Z days	X03Z+XA04 Z+ AZ05Z as % of Unit total		
GM	6	24	0.4%	36	0.3%	13	0.1%	73	0.2%
MFT – SMH	4	8	0.2%	26	0.4%	13	0.2%	47	0.9%
MFT – WYTH	1	7	2.7%	8	0.7%	0	0.0%	15	0.1%
RBH	1	9	0.7%	2	0.1%	0	0.0%	11	0.0%

CM	85	587	10.1%	647	8.8%	446	3.1%	1680	6.1%
APH	17	170	16.6%	131	8.1%	20	1.1%	321	7.3%
COC	26	2	8.7%	69	16.4%	150	9.3%	221	10.8%
LNP – AHCH	37	78	9.6%	247	17.1%	173	22.0%	498	16.4%
LNP – LWH	49	337	9.2%	199	7.4%	79	1.6%	615	5.4%
MCHT	2	0	0.0%	0	0.0%	5	0.3%	5	0.2%
STHK	2	0	0.0%	1	0.1%	19	0.6%	20	0.5%
Total	91	611	4.9%	683	3.7%	459	1.5%	1753	2.8%

Table 4.4.1

See Appendix 2 for LHB list for Wales.

*Note – Due to pathways babies may be cared for at both LNP - LWH & Alder Hey and therefore count as more than one admission.

Table 4.4.2 shows the NNU cot demand for Wales based on activity in table 4.4.1.

Locality / Unit Name	XA01Z Cots		XA02Z Cots		XA03Z+04Z+05Z Cots		Total Cots	
	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
Greater Manchester	0.2	0.1	0.2	0.1	0.0	0.0	0.4	0.3
MFT - SMH	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.2
MFT – WYTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
RBH	0.2	0.0	0.2	0.0	0.0	0.0	0.4	0.0
Cheshire & Merseyside	2.0	2.0	1.6	2.2	1.3	1.5	4.9	5.8
APH	0.6	0.6	0.5	0.4	0.3	0.1	1.4	1.1
COC	0.0	0.0	0.1	0.2	0.3	0.5	0.4	0.8
LNP – AHCH	0.1	0.3	0.6	0.8	0.2	0.6	0.9	1.7
LNP – LWH	1.3	1.2	0.4	0.7	0.5	0.3	2.2	2.1
MCHT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
STHK	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
Total	2.2	2.1	1.8	2.3	1.3	1.6	5.3	6.0

Table 4.4.2

*Note – 0.0 cot days is either due to a very low number or no care days for a category of care but the total when units are added together may be more than 0.0

4.5 North & West Midlands Activity in NWNODN

Table 4.5.1 shows a summary of all care days across the network for patients registered to GP Practices within North / West Midlands CCGs

Activity for Patients registered to GP Practices within North & West Midlands CCGs									
Locality / Unit Name	Admissions	XA01Z days	XA01Z as % of Unit XA01Z	XA02Z days	XA02Z as % of Unit XA02Z	XA03Z, 04Z & 05Z days	XA03Z+XA04Z+ AZ05Z as % of Unit total	Total days	% Total
GM	66	330	3.7%	387	2.4%	454	1.7%	1171	2.3%
MFT - SMH	13	234	4.6%	176	2.9%	61	0.8%	471	2.5%
MFT - WYTH	3	2	0.8%	4	0.3%	19	0.5%	25	0.5%
RBH	1	28	2.1%	42	1.1%	1	0.0%	71	0.7%
ROH	2	23	1.2%	0	0.0%	4	0.1%	27	0.3%
SHH	31	22	18.2%	81	11.6%	290	13.3%	393	13.1%
TGH	14	13	12.1%	84	15.1%	79	3.8%	176	6.5%
WWL	2	8	7.0%	0	0.0%	0	0.0%	8	0.3%
CN	37	292	4.9%	207	2.8%	160	1.1%	659	2.4%
APH	1	6	0.6%	0	0.0%		0.0%	6	0.1%
ECH	7	0	0.0%	2	3.5%	52	6.5%	54	2.6%
LNP - AHCH	18	92	11.4%	121	8.4%	91	11.6%	304	34.8%
LNP - LWH	8	194	5.3%	74	2.7%	11	0.2%	279	9.2%
MCHT	2	0	0.0%	2	0.4%	4	0.2%	6	0.1%
WHH	1	0	0.0%	8	1.1%	2	0.1%	10	0.4%
Lancashire & S.Cumbria	3	67	2.2%	54	1.1%	8	0.1%	129	0.7%
BTH	1	0	0.0%	0	0.0%	8	0.3%	8	0.3%
ELHT	1	47	3.1%	50	2.2%	0	0.0%	97	1.2%
LTHTR	1	20	1.6%	4	0.2%	0	0.0%	24	0.3%
Total	106	689	3.9%	648	2.3%	622	1.2%	1959	2.0%

Table 4.5.1

Table 4.5.2 shows the NNU cot demand based on the Midlands activity in table 4.5.1.

Locality / Unit Name	XA01Z Cots		XA02Z Cots		XA03Z+04Z+05Z Cots		Total Cots	
	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
Greater Manchester	1.2	1.1	0.8	1.3	2.0	1.6	4.0	4.0
MFT – NMGH	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0
MFT – SMH	0.8	0.8	0.3	0.6	0.1	0.2	1.2	1.6
MFT – WYTH	0.0	0.0	0.0	0.0	0.2	0.1	0.2	0.1
RBH	0.2	0.1	0.0	0.1	0.0	0.0	0.2	0.2
ROH	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1
SHH	0.1	0.1	0.4	0.3	1.0	1.0	1.5	1.3
TGH	0.0	0.0	0.1	0.3	0.6	0.3	0.7	0.6
WWL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cheshire & Merseyside	1.0	1.0	1.0	0.7	0.5	0.5	2.5	2.3
APH	0.2	0.0	0.2	0.0	0.0	0.0	0.4	0.0
ECH	0.0	0.0	-	0.0	-	0.2	0.0	0.2
LNP – AHCH	0.4	0.3	0.7	0.4	0.3	0.3	1.4	1.0
LNP – LWH	0.4	0.7	0.1	0.3	0.0	0.0	0.5	1.0
MCHT	0.0	0.0	0.0	0.0	0.2	0.0	0.2	0.0
WHH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lancashire and S. Cumbria	0.0	0.3	0.0	0.2	0.0	0.0	0.0	0.4
ELHT	0.0	0.2	0.0	0.2	0.0	0.0	0.0	0.3
LTHTR	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1
Total	2.2	2.4	1.8	2.2	2.5	2.1	6.5	6.7

Table 4.5.2

4.6 Yorkshire & Humber Activity in NWNODN

Table 4.6.1 shows a summary of all care days across the network for patients registered to GP Practices within Yorkshire & Humber CCGs.

Locality / Unit Name	Activity for Patients registered to GP Practices within Yorkshire & Humber CCGs								
	Admissions	XA01Z days	XA01Z as % of Unit XA01Z	XA02Z days	XA02Z as % of Unit XA02Z	XA03Z+04Z+05Z days	XA03Z+04Z+05Z as % of Unit Total	Total days	% Total
Greater Manchester	22	133	1.5%	128	0.8%	77	0.3%	338	0.6%
MFT – NMGH	1	0	0.0%	1	0.1%	6	0.2%	7	0.2%
MFT – SMH	2	49	1.0%	2	0.0%	27	0.3%	78	0.4%
MFT – WYTH	3	4	1.5%	4	0.3%	6	0.2%	14	0.3%
RBH	5	61	4.6%	91	2.5%	0	0.0%	152	1.5%
ROH	1	0	0.0%	0	0.0%	6	0.1%	6	0.1%
SHH	6	3	2.5%	25	3.6%	14	0.6%	42	1.4%
TGH	2	16	15.0%	4	0.7%	11	0.5%	31	1.1%
WWL	2	0	0.0%	1	0.1%	7	0.4%	8	0.3%
Cheshire & Merseyside	6	7	0.1%	4	0.1%	22	0.3%	33	0.2%
APH	1	6	0.6%	0	0.0%	0	0.0%	6	0.1%
LNP – LWH	4	1	0.0%	4	0.1%	18	0.4%	23	0.2%
ODGH	1	0	0.0%	0	0.0%	4	0.2%	4	0.2%
Lancashire & S. Cumbria	7	28	0.9%	29	0.5%	23	0.2%	80	0.4%
BTH	1	0	0.0%	0	0.0%	12	0.5%	12	0.4%
ELHT	4	27	1.8%	27	1.2%	4	0.1%	58	0.7%
LTHTR	0	1	0.1%	2	0.1%	0	0.0%	3	0.0%
MBHT – RLI	2	0	0.0%	0	0.0%	7	0.5%	7	0.3%
Total	35	168	1.0%	161	0.6%	122	0.2%	451	0.5%

See Appendix 2 for Yorkshire & Humber CCG Codes

Table 4.6.1

Table 4.6.2 shows the NNU cot demand based on Yorkshire & Humber activity in table 4.6.1

Locality / Unit Name	XA01Z Cots		XA02Z Cots		XA03Z+04Z+05Z Cots		Total Cots	
	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
Greater Manchester	0.1	0.5	0.1	0.4	0.3	0.3	0.5	1.2
MFT - NMGH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MFT - SMH	0.1	0.2	0.0	0.0	0.0	0.1	0.1	0.3
MFT - WYTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RBH	0.0	0.2	0.0	0.3	0.0	0.0	0.0	0.5
ROH	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0
SHH	0.0	0.0	0.1	0.1	0.2	0.0	0.3	0.1
TGH	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1
WWL	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cheshire & Merseyside	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
APH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LNP - LWH	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
ODGH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lancashire and South Cumbria	0.1	0.1	0.2	0.1	0.2	0.1	0.5	0.3
BTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ELHT	0.1	0.1	0.2	0.1	0.2	0.0	0.5	0.2
LTHTR	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MBHT - RLI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	0.2	0.6	0.3	0.6	0.5	0.4	1.0	1.5

Table 4.6.2

*Note – 0.0 cot days is either due to a very low number or no care days for a category of care

4.7 Isle of Man Activity in NWNODN

Table 4.7.1 shows a summary of all care days across the network for patients registered to GP Practices within Isle of Man

Activity for Patients registered to GP Practices within IOM LHBs									
Locality / Unit Name	Admissions	XA01Z days	XA01Z as % of Unit XA01Z	XA02Z days	XA02Z as % of Unit XA02Z	XA03Z, 04Z & 05Z days	X03Z+XA04Z+AZ05Z as % of Unit total	Total days	% Total
Cheshire & Merseyside	5	275	6.1%	97	2.3%	79	1.4%	451	3.1%
LNP – AHCH	0	71	8.8%	73	5.1%	28	3.6%	172	5.7%
LNP – LWH	5	204	5.6%	24	0.9%	51	1.0%	279	2.5%
Total	19	275	6.1%	97	2.3%	79	1.4%	451	3.1%

Table 4.7.1

Table 4.7.2 shows the NNU cot demand based on Isle of Man activity in table 4.7.1

Locality / Unit Name	XA01Z Cots		XA02Z Cots		XA03Z+04Z+05Z Cots		Total Cots	
	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
Cheshire & Merseyside	0.7	0.9	0.1	0.3	0.1	0.3	0.9	1.5
LNP – AHCH	0.5	0.2	0.1	0.3	0.0	0.1	0.6	0.6
LNP – LWH	0.2	0.7	0.0	0.1	0.1	0.2	0.3	1.0
Total	0.7	0.9	0.1	0.3	0.2	0.3	0.9	1.5

Table 4.7.2

4.8 Connect North West Activity

Charts 4.8.1 & 8.8.2 show the cot bureau referrals and advice calls for units within the NW over the past 3 years.

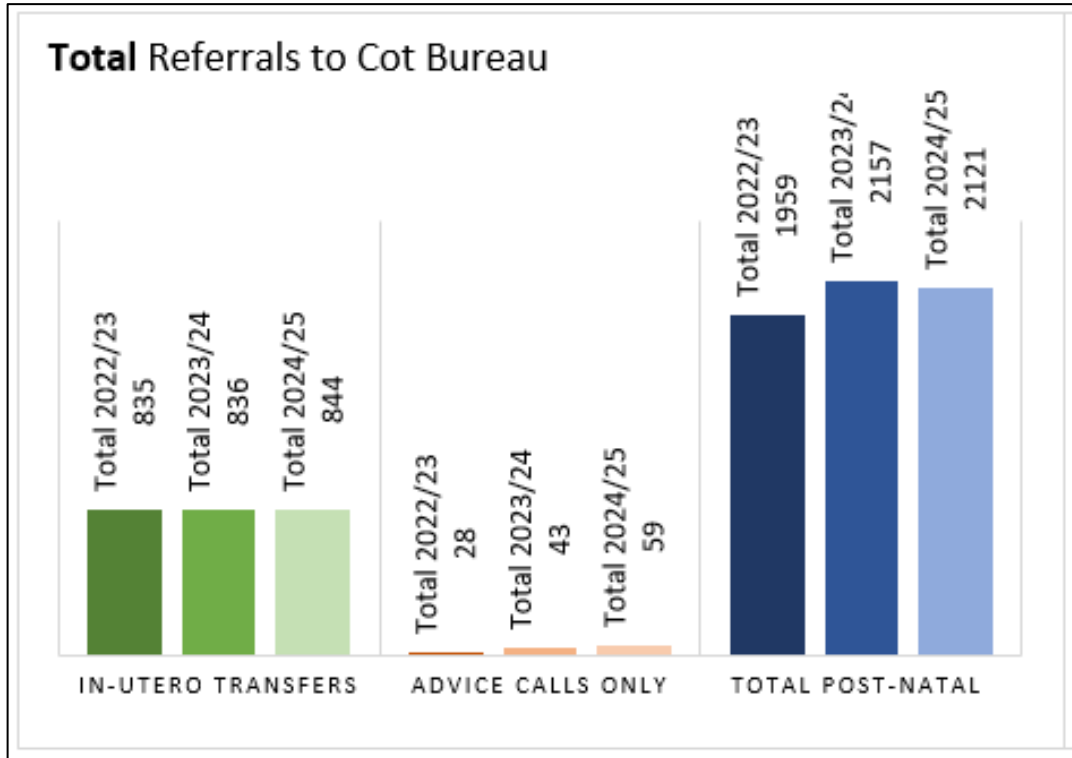


Chart 4.8.1

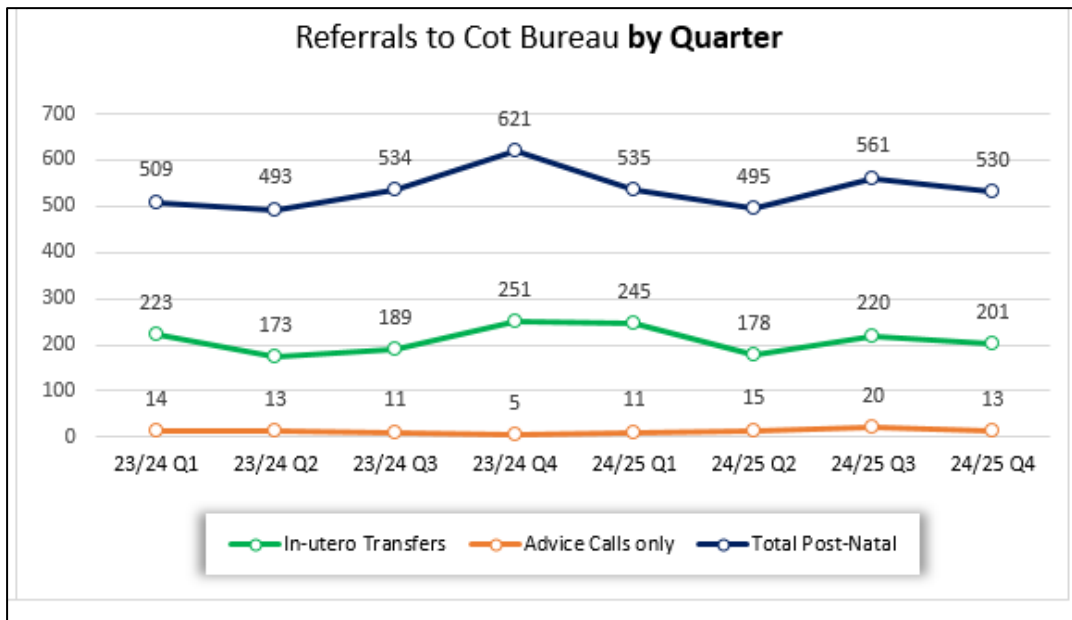


Chart 4.8.2

5. Nursing & Medical Workforce

This section provides a brief overall view of nursing, medical and Allied Health Professions, Psychologists and Pharmacists (AHPP & P) across the NW. There is an agreed national tool for calculating nurse staffing and there are now similar national tools for AHPP & P. The NWNODN continue to support the tracking of Ockenden funding and workforce submissions to NHSE and the Neonatal Delivery Board (NDB), and carried out a year end scoping exercise on AHP, P & P provision and Medical Tier 1, 2 & 3 BAPM compliance to find out the situation across the North West.

5.1 Nurse Staffing across the NWNODN

Table 5.1 shows the WTE agreed establishment (as budgeted), vacancies and additional requirements against the Neonatal Nursing Workforce Tool (2020). The 2024/25 staffing information was submitted by each NNU and depicts the staffing numbers as of the 31st March 2025.

Locality	WTE Agreed Establishment (Budget).	WTE In Post.	WTE Vacancies (Establishment minus in post)	Neonatal Nursing WF Tool (2020) Requirements (Based on Activity)	Neonatal Nursing WF Tool overage against Agreed Establish. (Budget)	24/25 Overall Shortage against WTE in post
GM	613.8	571.6	42.2	582.2	-31.6	10.6
CM	415.2	361.9	53.3	387.8	-27.4	25.9
LSC	226.8	209.6	17.2	227.6	0.8	18.0
NWNODN	1255.8	1143.1	112.7	1197.6	-58.2	54.5

Occupancy figures used to calculate the requirements are no. of HRG 01 - 05 days for 2022/23, 23/24 & 24/25 Table 5.1

Chart 5.1 indicates that for the average activity over the past 3 years at least an additional 54.5 WTE nurses are required to achieve BAPM compliance, as recommended by the CRG Nursing Workforce Tool (2020).

It is important to acknowledge that there are still very few quality roles in the NW units. The BAPM Service and Quality Standards for Provision of Neonatal Care in the UK (2022) states 'identified nurses acting as champions for the quality of practice within each unit should also have protected time and responsibility for infant feeding, family care, developmental care, QI in perinatal optimisation, safeguarding children, bereavement support and palliative care, discharge planning and outreach nursing'. The Neonatal Critical Care service specification (2024) states 'each NNU should ensure that non-direct patient facing roles include provision for a designated lead nurse, clinical nurse educator, supernumerary shift co-ordinator, discharge planning/outreach co-ordinator and patient safety and governance nursing lead'. Many NW units do not have protected time for these additional roles, which are essential in improving the quality and standard of care for neonates and their families.

As a region the NW have continued to fall below the national mean for the percentage of shifts staffed to BAPM requirements (NNAP on-line, April 2025) for at least the past 3 years, but the NNAP restricted dashboard for 2024 shows the NW units collectively, are generally BAPM compliant for 80% of shifts.

24/25 Q4	NWNODN Totals	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Mean
		78.8%	85.2%	80.8%	79.4%	81.0%
Nurse staffing - numerically staffed ▼ 79.4% (Change -1.5%)	CM	81.1%	85.1%	77.6%	83.0%	81.7%
	GM	76.6%	81.5%	79.7%	78.0%	79.0%
	LSC	78.6%	91.1%	88.0%	75.9%	83.4%

The agreed establishment (budgeted WTE nurses) across the NWNODN is **14 less** than in 2023/24. This is potentially due to incorrect reporting of cot side nurses in previous years. The Neonatal Nursing Workforce Tool (2020) shows the number of nurses required to be BAPM 2011 compliant, based upon the activity for the previous 3 years up to 31st March 2025 is **13 less** than the previous year. There were **111** vacancies at the end of March 2024 and **113** at the end of the financial year 2024/25.

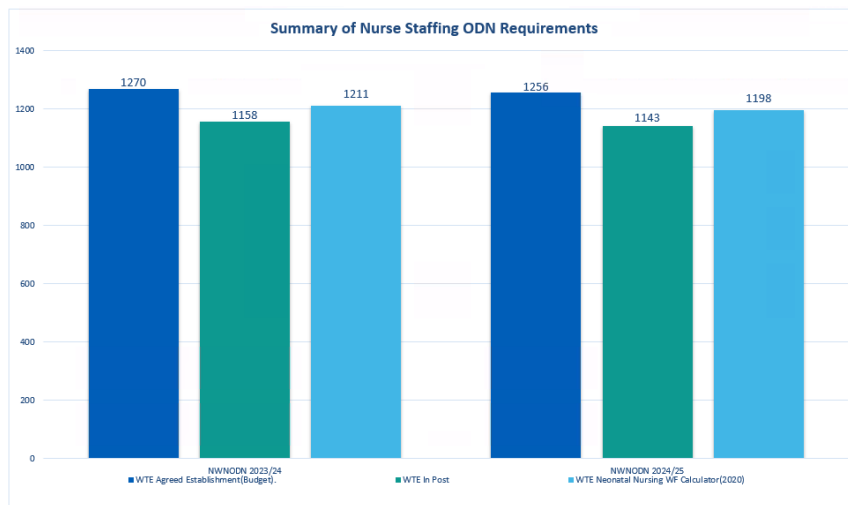


Chart 5.1

5.2 Nurse Staffing by Locality

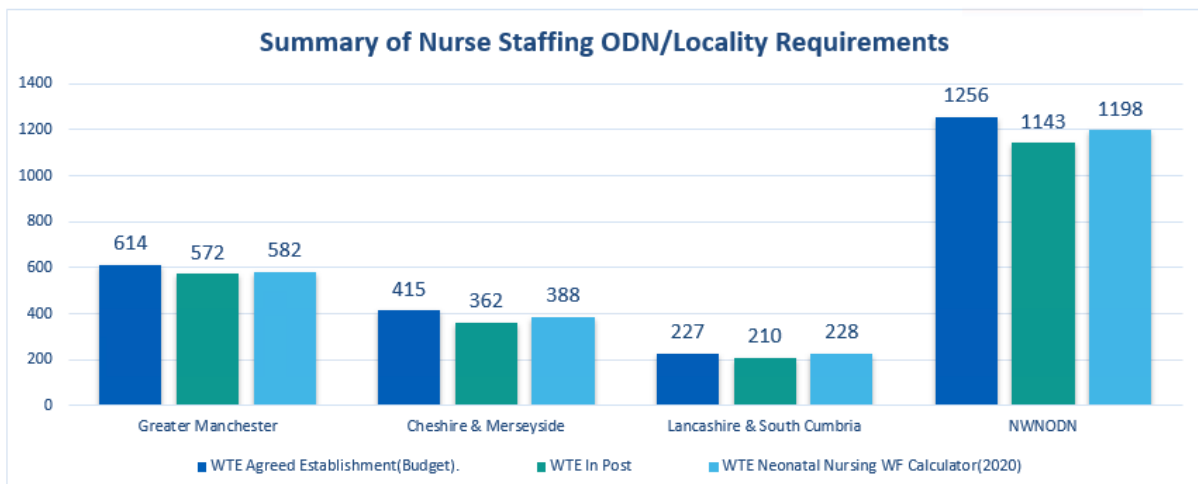


Chart 5.2

5.3 Nurse Staffing by Unit

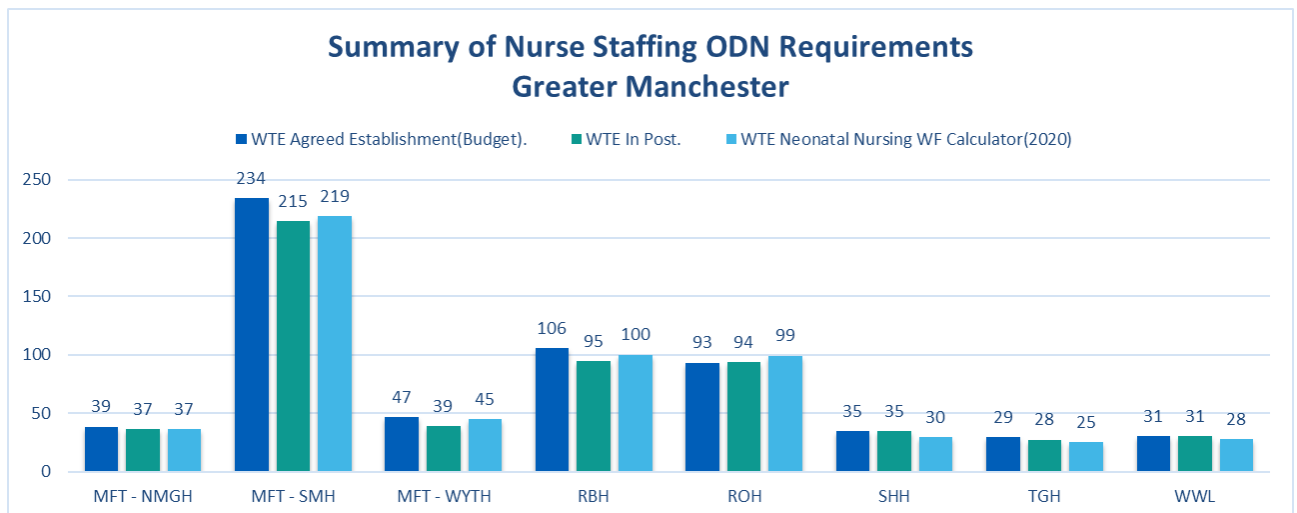
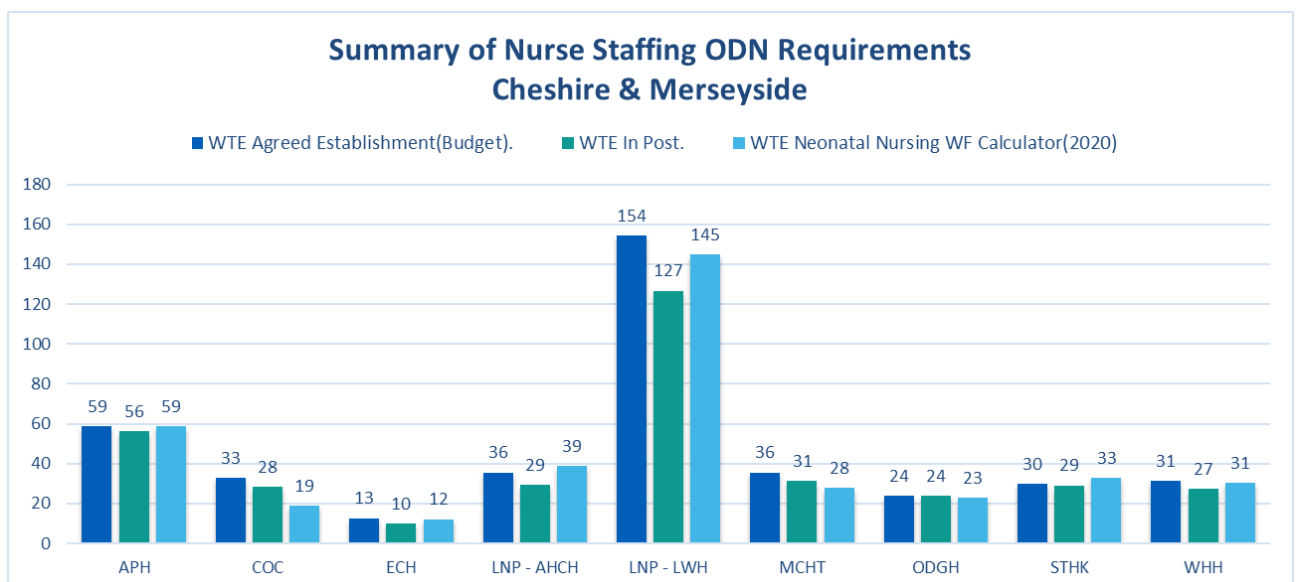


Chart 5.3.1



*Note - LNP - AHCH nurse staffing is for the Neonatal surgical unit only as in table 7.1a

Chart 5.3.2

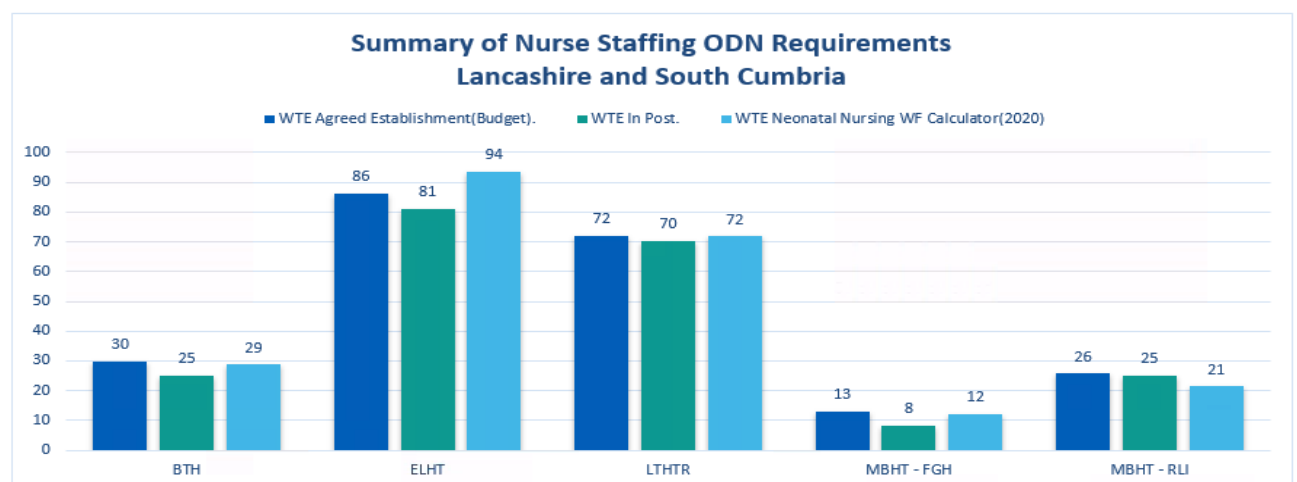


Chart 5.3.3

Charts 5.1 to 5.3 highlight there is a shortfall in the number of nurses in post to meet the BAPM Service & Quality Standards for the Provision of Neonatal Care (2022) requirements. It is important to note that the number of WTE in agreed establishment in this report is for those providing direct patient / cot side care only. Therefore, nurses in non-direct care roles, including Ward Managers, Clinical Educators and other quality/link roles described in DOH Toolkit (2009) are not included in the above charts. It should also be recognised that this is a snapshot in time and recruitment, or attrition rates, will cause fluctuations in these figures.

5.4 Additional Nurse Requirements

Chart 5.4 shows the number and percentage of additional nurses required to be BAPM 2022 compliant, as calculated using the Neonatal Nursing Workforce Tool (2020) plus current vacancies against the agreed establishment (budgeted nurses). Therefore, across the region an additional **54.5** WTE nurses would need to be in post to meet the BAPM recommendation for Nurse Staffing.

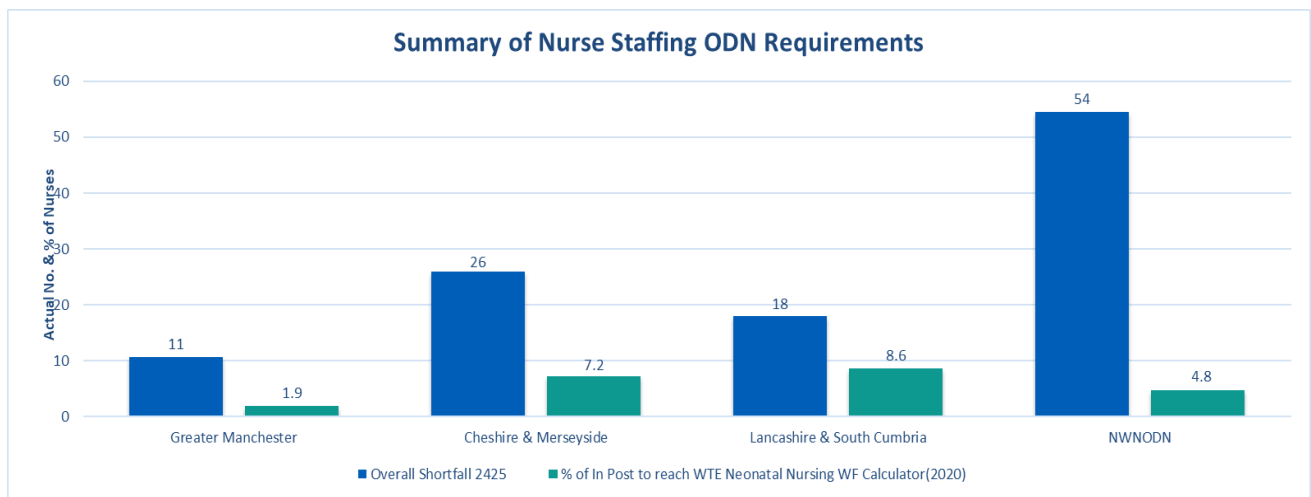


Chart 5.4

5.5 Medical staffing across the NWNODN

In March 2025 a follow-up **self-reporting survey** was carried out across all units within the NW region. The purpose of the survey was to re-assess compliance against BAPM standards across all NWNODN NICUs, LNUs and SCUs. Tables 5.5.1 – 5.5.4 show compliance against the Tier 1, Tier 2 and Tier 3 recommendations, as outlined in the NHSE Service Specification for Neonatal Critical Care (2024) [NHS England » Service specification: neonatal critical care](#)

NICUs 2024/25	Tier 1 separate rota compliance 24/7	Tier 2 separate rota compliance 24/7	Tier 3 separate rota compliance 24/7	Tier 3 presence on the unit
Greater Manchester				
MFT – SMH	Compliant	Compliant	Compliant	Compliant
RBH	Compliant	Compliant	Compliant	Non-compliant
ROH	Compliant	Compliant	Compliant	Compliant
Cheshire & Merseyside				
APH	Non-compliant	Non-compliant	Compliant	Compliant
LNP – LWH	Compliant	Compliant	Compliant	Compliant
Lancashire and South Cumbria				
ELHT	Non-compliant	Non-compliant	Compliant	Compliant
LTHTR	Compliant	Compliant	Compliant	Non-compliant

Table 5.5.1

LNUs 2024/25	Tier 1 separate rota compliance 24/7	Tier 2 separate rota compliance 12h per day	Tier 2 compliance: significant geographical separation between neonatal & paediatric units	Tier 3 compliance on-call rota
Greater Manchester				
MFT – NMGH	Compliant	Compliant	Compliant	Compliant
MFT – WYTH	Compliant	Compliant	Compliant	Non-compliant
SHH	Non-compliant	Compliant	N/A	Compliant
TGH	Compliant	Compliant	N/A	Compliant
WWL	Non-compliant	Compliant	N/A	Compliant
Cheshire & Merseyside				
COC	Non-compliant	Non-compliant	N/A	Compliant
MCHT	Non-compliant	Non-compliant	N/A	Compliant
ODGH	Compliant	Compliant	N/A	Compliant
STHK	Compliant	Compliant	N/A	Compliant
WHH	Non-compliant	Compliant	N/A	Compliant
Lancashire & S. Cumbria				
BTH	Non-compliant	Non-compliant	N/A	Non-compliant
MBHT – RLI	Non-compliant	Non-compliant	Compliant	Compliant

Table 5.5.2

SCUs 2024/25	Tier 1 separate rota compliance 24/7	Tier 2 shared rota compliance	Tier 3 compliance: Lead Consultant & all consultants should undertake CPD
Cheshire & Merseyside			
ECH	Non-compliant	Compliant	Compliant
Lancashire and South Cumbria			
MBHT – FGH	Compliant	Non-compliant	Compliant

Table 5.5.3

Surgical	Tier 1 separate rota compliance 24/7	Tier 2 separate rota compliance 12h per day	Tier 3 daytime compliance	Tier 3 compliance on-call rota
Cheshire & Merseyside				
LNP – AHCH	Compliant	Compliant	Compliant	Compliant

Table 5.5.4

5.6 AHP, Psychologist & Pharmacist staffing

Budgets for Allied Health Professionals and Psychology across the NW have increased due to Ockenden funding for these roles. However, it is acknowledged there is still a significant shortfall for all AHP, P & P roles if comparing to the nationally recommended standards. Pharmacists have been included in more detail, than previously, in the 2024/25 report.

Tables 5.6.1 – 5.6.6 show a summary of budgeted and ideal AHP, P & P roles across the 3 localities.

	PHYSIOTHERAPISTS				
	In Budget	In post	Vacancy	Ideal	Difference budget v ideal
Greater Manchester	2.86	2.66	0.2	11.25	8.39
Cheshire & Merseyside	2.81	2.91	-0.1	7.6	4.79
Lancashire & South Cumbria	1.98	1.98	0	4.6	2.62
Total for NWNODN	7.65	7.55	0.1	23.45	15.8

Table 5.6.1

	Occupational Therapists				
	In Budget	In post	Vacancy	Ideal	Difference budget v ideal
Greater Manchester	1.96	1.46	0.5	11.25	9.29
Cheshire & Merseyside	1.7	1.7	0	7.6	5.9
Lancashire & South Cumbria	0.8	0.3	0.5	4.6	3.8
Total for NWNODN	4.46	3.46	1.0	23.45	18.99

Table 5.6.2

	Dieticians				
	In Budget	In post	Vacancy	Ideal	Difference budget v ideal
Greater Manchester	2.66	2.66	0	12.32	9.66
Cheshire & Merseyside	3.1	2.9	0.2	8.45	5.35
Lancashire & South Cumbria	1.4	1.4	0	5.23	3.83
Total for NWNODN	7.16	6.96	0.2	26.0	18.84

Table 5.6.3

	Speech & Language Therapists				
	In Budget	In post	Vacancy	Ideal	Difference budget v ideal
Greater Manchester	3.51	3.31	0.2	10.4	6.89
Cheshire & Merseyside	1.85	0.85	1.0	5.91	4.06
Lancashire & South Cumbria	1.1	1.1	0	3.81	2.71
Total for NWNODN	6.46	5.26	1.2	20.12	13.66

Table 5.6.4

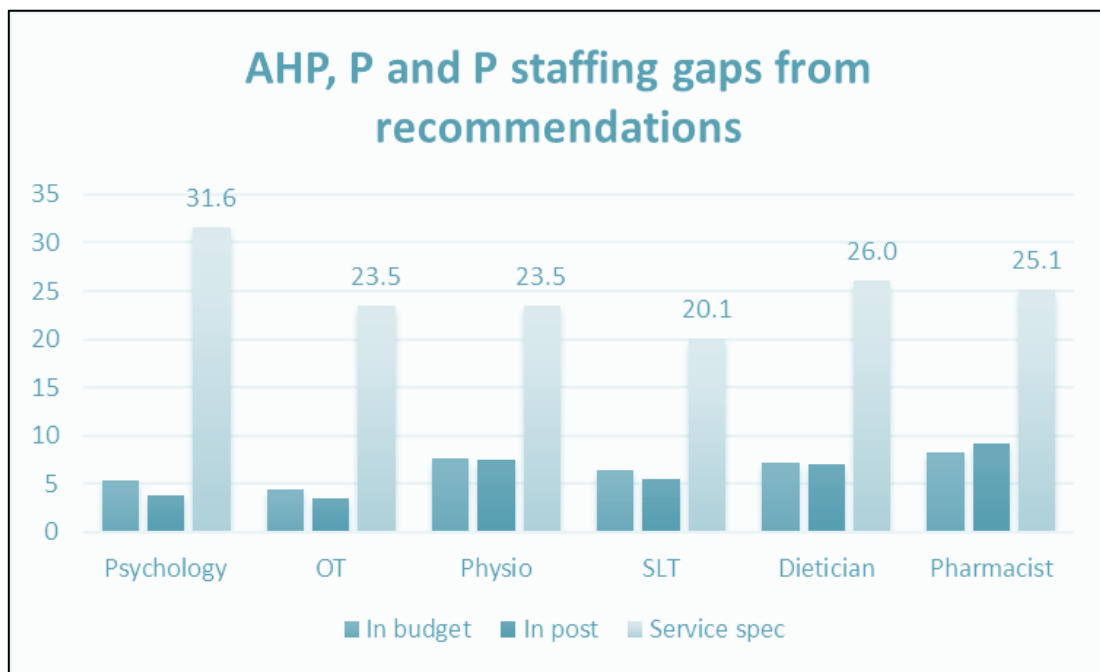
	Qualified Psychologists				
	In Budget	In post	Vacancy	Ideal	Difference budget v ideal
Greater Manchester	3.12	2.72	0.4	14.78	11.66
Cheshire & Merseyside	1.7	0.9	0.6	9.89	8.19
Lancashire & South Cumbria	0.59	0.19	0.4	6.88	6.29
Total for NWNODN	5.41	3.81	1.4	31.55	26.14

Table 5.6.5

	Pharmacists				
	In Budget	In post	Vacancy	Ideal	Difference budget v ideal
Greater Manchester	5.3	4.08	1.22	12.3	8.22
Cheshire & Merseyside	1.08	3.72	(2.64)	8.07	4.35
Lancashire & South Cumbria	1.82	1.42	0.4	4.71	3.29
Total for NWNODN	8.2	9.22	-1.02	25.08	15.86

Table 5.6.6

The total WTE equivalent for budgeted AHPs & Psychologists (AHP & P) across the NW has slightly increased from 28.42 at the end of March 2024 to **31.14** at end of March 2025. This has resulted in an increase in the number of AHP & Ps in post across the NW from 25.44 WTE at end of March 2024 to **27.04** WTE at the end of March 2025. However, the number of vacancies has risen slightly from 2.2 WTE in March 2024 to 2.7 WTE in March 2025. Pharmacy service provision has now been included within this group of specialty professions. After an initial scoping exercise in March 2024, it has been identified in the NW there are more pharmacists in post than in budget, however a shortfall of over 15 WTE from recommended safe staffing standards. Over all AHP, P & Ps, there is still considerable **shortfall of over 100 WTE budgeted posts**, against the ideal standard (150 WTE), recommended by BAPM, [BAPM Service Quality Standards FINAL.pdf](#)



Additionally, further investment is required to meet the requirement to follow up/community services in dietetics, physiotherapy and occupational therapy and a senior psychological professional to provide leadership, clinical governance and supervision per 3 units as per the Service and Quality Standards for Provision of Neonatal Care in the UK (2022).

It is also a national recommendation that for every 10,000 births there is a 0.3 WTE AHP, P & P ODN lead. This equates to a total of 12.6, based on a total of 72,000 births in the NW. There are currently

4 AHP at 0.5WTE each, a psychologist at 0.5 WTE and a pharmacist on a fixed term contract at 0.5WTE due to end in 2025. Therefore, this is an additional shortfall of 10.1 WTE substantive posts at ODN level.

It is acknowledged that recruiting AHPs and psychologists is a difficult task due to both the lack of additional funding from Trusts, minimal part-time posts and a shortage of suitably qualified, experienced personnel. However, the new National Service Specification for Neonatal Care (2024) [Neonatal-critical-care-service-specification-March-2024.pdf \(england.nhs.uk\)](#) and the BAPM Service and Quality Standards for Provision of Neonatal Care in the UK (2022) highlight that 'Neonatal units require key contributions from an essential group of AHPs, psychological professionals and pharmacists who have special expertise in their discipline. These are essential to champion the need to view neonatal care that looks forward to improving longer term outcomes for babies and their families' (NHSE 2024). These roles are particularly important in championing strategies to support the neurodevelopment of babies and raising awareness amongst the wider MDT.

6. Greater Manchester Activity

6.1 Term, late preterm & Under 27week admissions by Locality & Unit

6.1.1 Term Admissions (≥ 37 Weeks)

Table 6.1.1 shows the percentage of term admissions and trend data at locality and unit level for 2024/25.

Locality/Unit	2022/23 ≥ 37 weeks admissions	2022/23 % of Live births	2023/24 ≥ 37 weeks admissions	2023/24 % of Live births	2024/25 ≥ 37 weeks admissions	2024/25 % of Live births
Greater Manchester	1,686	4.9%	1,639	4.9%	1,704	5.1%
MFT – NMGH	159	4.5%	179	5.2%	159	4.3%
MFT – SMH	460	5.8%	433	5.6%	424	5.7%
MFT – WYTH	182	3.8%	178	3.7%	222	4.7%
RBH	299	5.7%	284	5.6%	282	5.7%
ROH	217	4.4%	207	4.3%	265	5.3%
SHH	114	3.5%	116	4.1%	103	3.8%
TGH	91	4.3%	91	4.3%	115	5.2%
WWL	164	6.4%	151	6.1%	134	5.5%

Table 6.1.1

6.1.2 Late Preterm Admissions (≥ 34 and <37 Weeks)

Table 6.1.2 shows the number & percentage of first admissions between ≥34 weeks to < 37 weeks at locality and unit level.

Locality/Unit	2022/23 34-36 weeks admissions	2022/23 % of 34-36 weeks births	2023/24 34-36 weeks admissions	2023/24 % of 34-36 weeks births	2024/25 34-36 weeks admissions	2024/25 % of 34-36 weeks births	2024/25 Mean avoidable separation days 34-36
Greater Manchester	877	38%	880	38%	912	43%	5.9
MFT – NMGH	89	45%	70	35%	74	36%	7.4
MFT – SMH	199	38%	224	37%	258	41%	5.8
MFT – WYTH	90	36%	84	33%	109	44%	7.2
RBH	132	44%	142	42%	126	49%	7.8
ROH	149	35%	134	36%	136	45%	3.8
SHH	98	37%	91	44%	79	45%	4.6
TGH	59	38%	60	37%	63	37%	6.3
WWL	61	37%	75	49%	67	46%	4.2

Table 8.1.2

6.1.3 Appropriate place of delivery by unit

Table 6.1.3 shows the number of deliveries of less than 27 weeks, or multiple births less than 28 weeks, and from 2022/23 <800g by locality and unit. A multiple birth counts as one delivery & home births are recorded as 'other'.

Greater Manchester	Unit category	2022/23	2023/24	2024/25
Total <27/40 born in NICU		109	93	94
MFT – SMH	NICU	37	40	31
RBH	NICU	34	29	36
ROH	NICU	38	24	27
Total <27/40 born in LNU or SCU or elsewhere		20	18	17
MFT – NMGH	LNU	3	3	4
MFT – WYTH	LNU	4	2	2
SHH	LNU	3	4	3
TGH	LNU	3	4	3
WWL	LNU	2	4	1
Other - Home and In-transit	LNU	5	1	4
Total <27/40 born in all unit categories		129	111	111
% <27/40 born in NICU		84%	84%	84%

Table 6.1.3

6.2 GM Activity by Level of Care

Table 6.2.1 shows the total care level days by unit and across the GM locality. XA04Z care if delivered in TC is not included.

HRG 2016	XA01Z			XA02Z			XA03Z + XA04z + XA05Z			Total		
Unit Name	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
MFT – NMGH	121	133	125	736	795	807	3,989	3,823	3,677	4,846	4,751	4,609
MFT – SMH	5,684	5,672	5,049	5,777	5,701	6,122	6,787	7,175	7,884	18,248	18,548	19,055
MFT – WYTH	263	245	263	1,221	1,018	1,189	4,491	4,037	3,821	5,975	5,300	5,273
RBH	1,566	1,562	1,328	3,389	3,527	3,700	5,244	4,928	5,140	10,199	10,017	10,168
ROH	2,026	1,857	1,950	3,095	3,078	2,878	3,962	4,417	4,048	9,083	9,352	8,876
SHH	140	148	121	1,006	635	697	2,478	2,562	2,180	3,624	3,345	2,998
TGH	105	153	107	419	540	556	2,247	2,250	2,065	2,771	2,943	2,728
WWL	178	120	114	641	771	774	2,490	2,258	1,800	3,309	3,149	2,688
Total	10,083	9,890	9,057	16,284	16,065	16,723	31,688	31,450	30,615	58,055	57,405	56,395

Table 6.2.1

Table 6.2.2 GM Activity as % of locality activity by Level of Care

Table 6.2.2

HRG 2016	XA01Z %			XA02Z %			XA03Z + XA04Z + XA05Z %			Total %		
Unit Name	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
MFT – NMGH	1%	1%	1%	5%	5%	5%	13%	12%	12%	8%	8%	8%
MFT – SMH	56%	57%	56%	35%	35%	37%	21%	23%	26%	31%	32%	34%
MFT – WYTH	3%	2%	3%	7%	6%	7%	14%	13%	12%	10%	9%	9%
RBH	16%	16%	15%	21%	22%	22%	17%	16%	17%	18%	17%	18%
ROH	20%	19%	22%	19%	19%	17%	13%	14%	13%	16%	16%	16%
SHH	1%	1%	1%	6%	4%	4%	8%	8%	7%	6%	6%	5%
TGH	1%	2%	1%	3%	3%	3%	7%	7%	7%	5%	5%	5%
WWL	2%	1%	1%	4%	5%	5%	8%	7%	6%	6%	5%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

6.3 GM Surgical Activity

Table 6.2 shows the surgical activity at St Mary’s Hospital for the past 5 years. Surgical care days are included in the activity tables 6.1 for Greater Manchester.

The data for table 6.2 is collected locally and a surgical cot day is defined as ‘any patient with a surgical diagnosis which requires input from the surgical team and for whom a Consultants Surgeon is named alongside the neonatologist’.

The surgical cots shown in the table are cot demand based on the total surgical days using the following calculation:

$$\text{Required Capacity} = (\text{Total annual surgical days}/365)/0.8$$

St Mary's Hospital Surgical Activity	Surgical Days	Cot Demand
2020/21	5,690	19.5
2021/22	6,914	23.7
2022/23	6,743	23.1
2023/24	7,134	24.4
2024/25	7,292	25.0

Table 6.3

6.4 GM Activity and Workload

6.4.1 GM NICU Activity and Workload Data

In-line with the recommendations included as part of the Neonatal Critical Care Transformation Review (2019) all NICUs should, as a minimum, look after at least 100 very low birth weight (VLBW) infants per year and be delivering >2000 intensive care days (Health Resource Group definition, 2016 & BAPM Optimal Arrangements for Neonatal Intensive Care Units in the UK, 2021).

Table 6.4.1 shows all NICU activity, regardless of episode number, and includes surgical care at St. Mary’s Hospital.

NICU	Intensive Care (HRG XA01Z)			Respiratory support days (Ventilation/CPAP/HFT)			VLBW admissions (Less than 1500g)		
	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
MFT – SMH	5,684	5,672	5,049	8,717	8,392	7,064	183	192	191
RBH	1,566	1,562	1,328	4,694	4,799	4,791	111	106	103
ROH	2,026	1,857	1,950	4,784	4,641	4,471	125	107	109

Table 6.4.1

6.4.2 GM LNU Unit Activity and Workload Data

In-line with the recommendations included as part of the Neonatal Critical Care Transformation Review (2019) all LNUs should aim to undertake a minimum of 500 days of combined intensive and high dependency care, which is the minimum requirement to maintain expertise. LNUs providing ongoing HD should be working towards delivering 1000 combined ITU/HD days per year. Units designated as LNUs should also admit >25 infants annually (BAPM Optimal arrangements for Local Neonatal Units and Special Care Units in the UK, 2016).

LNU Unit	IC & HD HRG XA01Z & XA02Z			Respiratory support days (Ventilation/CPAP/HFT)			VLBW admissions (Less than 1500g)		
	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
MFT – NMGH	857	928	932	661	613	650	52	57	53
MFT – WYTH	1,484	1,263	1,452	1,254	1,098	1,239	61	45	56
SHH	1,146	783	818	1,073	748	734	41	32	35
TGH	524	693	663	459	513	533	23	33	32
WWL	819	891	888	724	850	825	35	38	27

Table 6.4.2

6.5 GM Cot Activity

Table 6.5 shows the demand **(D)** for cots based upon activity within each of the providers against actual **(A)** cots. Care Levels are based upon HRG 2016 codes but are referred to as IC, HD & SC cots as these are the commissioned cots in each category. Surgical care included in the figures as it is not possible to identify surgical activity within the data.

Calculation method which includes 80% capacity: Cot Demand = (Number of care days/365)/0.8

Greater Manchester	Cots D: Demand A: Actual															
	D	D	D	A	D	D	D	A	D	D	D	A	Total	Total	Total	Total
	IC	IC	IC	IC	HD	HD	HD	HD	SC	SC	SC	SC	D	D	D	A
	22/23	23/24	24/25	24/25	22/23	23/24	24/25	24/25	22/23	23/24	24/25	24/25	22/23	23/24	24/25	24/25
MFT – NMGH	0.4	0.5	0.4	2	2.5	2.7	2.8	2	13.7	13.1	12.6	15	16.6	16.3	15.8	19
MFT – SMH	19.5	19.4	17.3	19	19.8	19.5	21.0	19	23.2	24.6	27.0	31	62.5	63.5	65.3	69
MFT – WYTH	0.9	0.8	0.9	2	4.2	3.5	4.1	4	15.4	13.8	13.1	15	20.5	18.1	18.1	21
RBH	5.4	5.3	4.5	9	11.6	12.1	12.7	7	18.0	16.9	17.6	19	35	34.3	34.8	35
ROH	6.9	6.4	6.7	9	10.6	10.5	9.9	9	13.6	15.1	13.9	19	31.1	32	30.4	37
SHH	0.5	0.5	0.4	2	3.4	2.2	2.4	3	8.5	8.8	7.5	12	12.4	11.5	10.3	17
TGH	0.4	0.5	0.4	1	1.4	1.8	1.9	3	7.7	7.7	7.1	9	9.5	10	9.3	13
WWL	0.6	0.4	0.4	1	2.2	2.6	2.7	3	8.5	7.7	6.2	10	11.3	10.7	9.2	14
Total	35	34	31	45	56	55	57	50	109	108	105	130	199	197	193	225

Key: Short by 1 or more cot = Red, over by 1 or more cot = Yellow

Table 6.4

6.6 Greater Manchester Summary

Dr Ajit Mahaveer, Clinical Lead for GM & Catherine Nash, Lead Nurse for GM

Key Findings:

- All units within GM have successfully reduced term admissions through strengthened perinatal collaboration and targeted training in Transitional Care (TC).
- Late-preterm admissions remain variable, with inconsistent application of ATAIN principles and differing views on antenatal steroid use.
- Implementation of BAPM-aligned TC criteria is underway but constrained by workforce and resource limitations. Data capture on TC activity is inconsistent, particularly in units not using BadgerNet.
- Reductions in Intensive Care (IC) days have been observed in some units due to improved clinical practices (e.g. early extubation, DRCPAP), though such efforts may be disincentivised under current service specifications.
- Increasing numbers of 22/23-week infants raise questions around regional capacity, clinical outcomes, and the emotional impact on staff.
- Surgical demand is rising steadily, likely linked to improved survival of extremely preterm infants and enhanced fetal medicine pathways.
- Variability persists in medical and nursing staffing models across the region, alongside a limited Allied Health Professional (AHP) offer in some areas.
- National Neonatal Critical Care Reviews (NCCR) highlight gaps in compliance with service specifications, and the need for greater regional benchmarking.

Recommendations:

- Place of Birth: Strengthen collaboration with LMNS and maternity providers to minimise out born deliveries of infants <27 weeks, in line with NCCR recommendations and national policy on designated care pathways.
- Transitional Care (TC): Standardise the TC offer across all providers to safely reduce avoidable admissions. Ensure full data capture by 2025/26 and review staffing models to support delivery (e.g. upskilling maternity support workers, ensuring 24/7 TC capability).
- Late-Preterm Admissions: Promote consistent application of ATAIN principles and develop regional consensus on antenatal steroid use for late-preterm births to reduce practice variation.
- Intensive Care Utilisation: Encourage outcome-focused clinical practice (e.g. early extubation) while working with commissioners to align service specifications with quality indicators, not solely IC day targets.
- Extremely Preterm Infants (22/23weeks): Review regional model of care for this group, including the feasibility of designated centres of expertise and structured staff support to mitigate psychological impact.
- Surgical Demand: Map and monitor surgical activity trends across the network to ensure neonatal-surgical service integration and future workforce planning.
- AHP and Workforce Models: Collaborate with the NWNODN Workforce and Education Group to reduce variation in staffing models, and work with network AHP leads to expand equitable access to therapy services.

- Service Benchmarking: Use findings from NCCR reviews to benchmark regional services against national standards, identifying and addressing local gaps in care delivery and resourcing.

7. Cheshire & Merseyside

7.1 Term, late preterm & Under 27week admissions by Locality & Unit

7.1.1 Term Admissions (≥ 37 Weeks)

Table 7.1.1 shows the percentage of term admissions and trend data at locality and unit level for 2024/25.

Locality/Unit	2022/23 ≥ 37 weeks admissions	2022/23 % of Live births	2023/24 ≥ 37 weeks admissions	2023/24 % of Live births	2024/25 ≥ 37 weeks admissions	2024/25 % of Live births
Cheshire & Merseyside	1,040	4.3%	1,128	4.7%	1,145	4.8%
APH	76	2.5%	113	4.0%	117	4.1%
COC	62	2.9%	56	2.8%	66	3.5%
ECH	-	-	35	2.9%	50	4.0%
LNP – LWH	343	4.8%	358	5.1%	341	4.9%
MCHT	107	3.4%	115	4.0%	100	3.6%
MWL – ODGH	95	4.3%	115	5.5%	105	5.2%
MWL – STHK	221	5.9%	185	4.8%	199	5.6%
WHH	136	5.4%	151	6.3%	167	6.8%

Table 7.1.1

7.1.2 Late Preterm Admissions (≥ 34 and <37 Weeks)

Table 7.1.2 shows the number & percentage of first admissions between ≥34 weeks to < 37 weeks at locality and unit level.

Locality/Unit	2022/23 34-36 weeks admissions	2022/23 % of 34-36 weeks births	2023/24 34-36 weeks admissions	2023/24 % of 34-36 weeks births	2024/25 34-36 weeks admissions	2024/25 % of 34- 36 weeks births	2024/25 Mean avoidable separation days 34-36
Cheshire & Merseyside	612	43%	520	39%	509	38%	5.1
APH	63	45%	59	40%	45	33%	2.3
COC	81	56%	53	43%	50	44%	6.2
ECH	-	-	15	37%	45	59%	6.2
LNP – LWH	167	36%	153	35%	139	30%	3.6
MCHT	81	43%	46	37%	45	28%	6
MWL – ODGH	55	42%	50	39%	45	37%	6
MWL – STHK	89	41%	73	37%	84	46%	6.9
WHH	76	55%	71	59%	56	58%	4.7

Table 7.1.2

7.1.3 Appropriate place of delivery by unit

Table 7.1.3 shows the number of deliveries of less than 27 weeks, or multiple births less than 28 weeks, and from 2022/23 <800g by locality and unit. A multiple birth counts as one delivery & home births are recorded as 'other'.

Cheshire & Merseyside	Unit category	2022/23	2023/24	2024/25
Total <27/40 born in NICU		84	72	57
APH	NICU	23	24	20
LNP – LWH	NICU	61	48	37
Total <27/40 born in LNU or SCU or elsewhere		13	11	9
COC	LNU	1	2	0
ECH	SCU	0	1	0
MCHT	LNU	6	0	0
MWL – ODGH	LNU	0	4	2
MWL – STHK	LNU	3	1	4
WHH	LNU	2	2	3
Other - Home and In-transit	LNU	1	1	0
Total <27/40 born in all unit categories		97	83	66
% <27/40 born in NICU		87%	87%	86%

Table 7.1.3

7.2 CM Activity by level of care

Table 7.2.1 shows the total care level days by unit and across the CM locality. XA04Z care if delivered in TC is not included.

HRG 2016	XA01Z			XA02Z			XA03Z + XA04Z + XA05Z			Total		
Unit Name	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
APH	1,361	1,102	1,023	1,918	1,808	1,620	2,165	1,913	1,770	5,444	4,823	4,413
COC	54	51	23	278	237	421	1,848	1,628	1,611	2,180	1,916	2,055
ECH	0	8	20	0	42	57	0	349	796	0	399	873
LNP – LWH	3,893	3,691	3,672	3,001	2,943	2,697	6,936	5,860	5,015	13,830	12,494	11,384
MCHT	211	198	174	741	594	508	2,252	2,620	1,765	3,204	3,412	2,447
ODGH	101	96	109	460	552	544	1,670	1,909	1,819	2,231	2,557	2,472
STHK	203	193	132	679	774	694	2,813	2,731	3,269	3,695	3,698	4,095
WHH	290	275	213	607	687	749	2,241	2,468	2,200	3,138	3,430	3,162
Total	6,113	5,614	5,366	7,684	7,637	7,290	19,925	19,478	18,245	33,722	32,729	30,901

Table 7.2.1a

HRG 2016	XA01Z			XA02Z			XA03Z + XA04Z + XA05Z			Total		
	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
LNP – AHCH	548	676	810	1,384	1,433	1,444	765	784	786	2,697	2,893	3,040

Table 7.2.1b

7.2.2 CM Activity as % of locality activity by level of care

HRG 2016	XA01Z %			XA02Z %			XA03Z + XA04Z + XA05Z			Total %		
Unit Name	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
APH	24%	20%	17%	21%	24%	19%	10%	10%	9%	15%	15%	14%
COC	1%	1%	0%	5%	3%	5%	9%	8%	8%	7%	6%	7%
ECH	0%	0%	0%	0%	1%	1%	0%	2%	4%	0%	1%	3%
LNP – LWH	59%	66%	59%	40%	39%	31%	33%	30%	26%	39%	38%	37%
MCHT	5%	4%	3%	9%	8%	6%	14%	13%	9%	12%	10%	8%
MWL - ODGH	2%	2%	2%	5%	7%	6%	8%	10%	10%	7%	8%	8%
MWL - STHK	3%	3%	2%	10%	10%	8%	15%	14%	17%	12%	11%	13%
WHH	6%	5%	3%	9%	9%	9%	11%	13%	12%	10%	10%	10%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 7.2.2

7.3 CM Surgical Activity

Table 7.3.1 shows the neonatal surgical activity (care days) at Alder Hey for the period 2024/25, which took place on the Neonatal Unit and other surgical care wards. Only NNU data is recorded on the neonatal Badgernet system so additional data for PICU, HDU & other wards were provided by the LNP - AHCH data team.

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
PICU	47	53	53	55	38	99	43	86	51	80	64	45	714
HDU	1	20	3	1	7	6	16	14	9	50	52	3	182
Other Wards	10	41	48	43	50	72	101	49	63	23	39	31	570
Total	58	114	104	99	95	177	160	149	123	153	155	79	1466
Neonatal Unit	217	248	211	274	258	247	268	250	283	263	249	272	3,040
Grand Total	275	362	315	373	353	424	428	399	406	416	404	351	4,506

Table 7.3.1

Table 7.3.2 shows the demand (D) for cots based upon activity at Alder Hey as reported in Table 7.3.1(IC Proxy for non NNU care days factored in)

Calculation method based on 80% capacity: Cot Demand = (Number of care days/365)/0.8)

Surgical Activity at Alder Hey	2021/22 Care Days	2021/22 Cot Demand	2022/23 Care Days	2022/23 Cot Demand	2023/24 Care Days	2023/24 Cot Demand	2024/25 Care Days	2024/25 Cot Demand
HDU & Special Care (Both within & outside NNU)	4,625	15.8	3,629	12.4	3001	10.3	2982	10.3
IC Care (NNU IC + IC Proxy for care outside of NNU)	586	2	1,110	3.8	1378	4.7	1524	5.2
Total Care Days (Both within & outside NNU)	5,211	17.8	4,739	16.2	4,379	15.0	4506	15.5

Table 7.2.2

As it is not possible to derive full care levels for the non NNU activity a proxy of invasive ventilation has been used as an indicator for some intensive care activity, therefore care days are included for babies who meet the following criteria:

- All babies (excluding cardiac) <60 weeks Post Conceptual Age at admission.
- Only babies where source of referral is a recognised neonatal unit
- Admitted under surgical speciality

With the proxy for Intensive care being babies which were receiving IC where we used ventilator support:

1. Days: Invasive ventilation via endotracheal tube
2. Days: Invasive ventilation via tracheostomy tube
3. Advanced ventilation support (Jet or Oscillatory ventilation)

7.4 CM Activity and workload

7.4.1 CM NICU activity and workload data

In-line with the recommendations included as part of the Neonatal Critical Care Transformation Review (2019) all NICUs should, as a minimum, look after at least 100 very low birth weight (VLBW) infants per year and be delivering >2000 intensive care days (Health Resource Group definition, 2016 & BAPM Optimal Arrangements for Neonatal Intensive Care Units in the UK, 2021).

NICU	Intensive Care (HRG XA01Z)			Respiratory support days (Ventilation/CPAP/HFT)			VLBW admissions (Less than 1500g)		
	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
APH	1,361	1,102	1,023	3,068	2,696	2,529	81	61	63
LNP - LWH	3,893	3,691	3,672	5,964	5,677	5,651	202	163	157

7.4.2 CM LNU & SCU Unit Activity and Workload Data

In-line with the recommendations included as part of the Neonatal Critical Care Transformation Review (2019) all LNUs should aim to undertake a minimum of 500 days of combined intensive and high dependency care, which is the minimum requirement to maintain expertise. LNUs providing ongoing HD should be working towards delivering 1000 combined ITU/HD days per year. Units designated as LNUs should also admit >25 infants annually (BAPM Optimal arrangements for Local Neonatal Units and Special Care Units in the UK, 2016).

LNU Unit	IC & HD HRG XA01Z & XA02Z			Respiratory support days (Ventilation/CPAP/HFT)			VLBW admissions (Less than 1500g)		
	21/22	23/24	24/25	21/22	23/24	24/25	21/22	23/24	24/25
COC* (Only accept >32wks gestation)	332	288	444	231	227	350	18	21	22
ECH** (Closed March 2020 – July 2023)	0	50	77	0	50	74	0	3	8
MCHT	952	792	682	748	606	595	26	36	18
MWL – ODGH	561	648	653	409	473	544	22	21	23
MWL – STHK	882	967	826	604	618	581	31	31	35
WHH	897	962	962	737	837	807	33	26	27

Table 7.4.2

7.5 Cot Activity

Table 7.5 shows the demand (**D**) for cots based upon activity within each of the providers against actual (**A**) cots. Care Levels are based upon HRG 2016 codes but are referred to as IC, HD & SC cots as these are the commissioned cots in each category.

Calculation method which includes 80% capacity: Cot Demand = (Number of care days/365)/0.8

Cheshire & Merseyside	Cots D: Demand A: Actual															
	D IC 22/23	D IC 23/24	D IC 24/25	A IC 24/25	D HD 22/23	D HD 23/24	D HD 24/25	A HD 24/25	D SC 22/23	D SC 23/24	D SC 24/25	A SC 24/25	Total D 22/23	Total D 23/24	Total D 24/25	Total A 24/25
APH	4.7	3.8	3.5	6	6.6	6.2	5.5	8	7.4	6.5	6.1	10	18.7	16.5	15.1	24
COC	0.2	0.2	0.1	1	1.0	0.8	1.4	2	6.3	5.6	5.5	10	7.5	6.6	7.0	13
ECH*		0.0	0.1	0		0.1	0.2	0		1.7	2.7	8		1.8	3.0	8
LNP – AHCH	1.9	2.3	2.8	0	4.7	4.9	4.9	9	2.6	2.7	2.7	0	9.2	9.9	10.4	9
LNP – LWH	13.3	12.6	12.6	12	10.3	10.1	9.2	12	23.8	20	17.2	20	47.4	42.7	39.0	44
MCHT	0.7	0.7	0.6	3	2.5	2	1.7	4	7.7	8.9	6.0	8	10.9	11.6	8.4	15
MWL – ODGH	0.3	0.3	0.4	1	1.6	1.9	1.9	1	5.7	6.5	6.2	8	7.6	8.7	8.5	10
MWL – STHK	0.7	0.7	0.5	0	2.3	2.6	2.4	2	9.6	9.3	11.2	13	12.6	12.6	14.0	15
WHH	1	0.9	0.7	2	2.1	2.3	2.6	4	7.7	8.4	7.5	8	10.8	11.6	10.8	14
Total	23	22	21	25	31	31	30	42	71	69	65	85	125	122	116	152

Key: Short by 1 or more cot = Red, over by 1 or more cot = Yellow

Table 7.5

*Only open from end of June 2024, but calculation at unit level based on estimated occupancy if unit had been open for a full year.

7.6 Cheshire & Merseyside – Summary

Dr Anand Kamalanathan, Clinical Lead for CM & Heather Martin, Lead Nurse for CM

Key Findings:

- Births have shown a reducing trend over the last 3 years which is keeping in with national trends. There is variation within CM with COC and MCHT having a more significant reduction.
- Admissions have remained unchanged over last 3 years. 9% (range 7-11%) of live births are neonatal admissions.
- Term admission rates remain below national target and have remained static over the last 3 years. WHH are flagging persistently above the national target of 6% but have an action plan in place in-line with NHSE requirements.
- Late preterm admissions (34-36 weeks) show a reducing trend over past three years, there is variation within the neonatal units in the locality (30% to 59%).
- Avoidable separation for late preterm admissions varies within the neonatal units in the locality from a mean of 2.3 days (APH) to 6.9 days (MWL-STKH). The CM mean is 5.1 days.
- Proportion of babies <27-week gestation born in the right place remains same as last year at 86% which is above national target of 85%. Those born in LNU were unavoidable.
- Neonatal care activity across CM reduced by 6% compared to last year, showing a consistent trend of dropping activity.
- Activity at 1 NICU and 1 LNU does not meet current Service Specification recommendations. 1 LNU (COC) currently only admits babies 32 weeks gestation and above.
- Whilst it appears CM has a surplus capacity of cots (when cot demand is based on 80% capacity) there must be caution in interpreting this data as LNU need stabilisation IC cots.
- Surgical activity at AHCH has increased (based on data provided by LNP – AHCH).
- Antenatal transfer to CM from other ODNs has reduced, while postnatal transfer to CM from other ODNs have remained the same.
- There is 7.2% shortfall in nursing workforce across CM, when compared against activity and BAPM compliance.
- AHP and psychology support has increased but there is still a significant shortfall and not all units have a neonatal pharmacist.

Recommendations:

- Continue working with LMNS and maternity colleagues within each provider to ensure babies born in the wrong place (i.e. < 27 Weeks or <800g) continue to be reviewed and learning shared across the system.
- Ongoing work to develop the transitional care offer within units to decrease term and late preterm admissions, with the aim to capture TC data across at all NW units by the end of 2025/26 and review staffing models.
- To further reduce mother and baby separation for term and late preterm babies and reduce variation between provider centres, through QI work and further TC development.
- Ensure care is appropriately delivered within the locality with a focus on outcomes and not just Neonatal Service Specification care day targets.
- Continue work to benchmark regional services against national standards, identify local gaps in care delivery and support transformation work.
- Engage with the ODN workforce and education team to help units reduce variation in their medical and nursing workforce.

8. Lancashire & South Cumbria Activity & Workload

8.1 Term, late preterm & Under 27week admissions by Locality & Unit

8.1.1 Term Admissions (≥ 37 Weeks)

Table 8.1.1 shows the percentage of term admissions and trend data at locality and unit level for 2024/25.

Locality / Units	2022/23 ≥ 37 weeks admissions	2022/23 % of Live births	2023/24 ≥ 37 weeks admissions	Locality/Un it	2024/25 ≥ 37 weeks admissions	2024/25 % of Live births
Lancashire and South Cumbria	678	4.5%	770	5.1%	724	4.8%
BTH	92	3.7%	123	5.1%	107	4.6%
ELHT	316	5.4%	354	6.1%	329	5.5%
LTHTR	150	3.6%	181	4.4%	141	3.3%
MBHT – FGH	48	4.9%	48	5.0%	53	5.3%
MBHT – RLI	72	4.3%	64	3.9%	94	6.0%

Table 8.1.1

8.1.2 Late Preterm Admissions (≥ 34 and <37 Weeks)

Table 8.5.2 shows the number & percentage of first admissions between ≥34 weeks to < 37 weeks at locality and unit level.

Locality/Unit	2022/23 34-36 weeks admissions	2022/23 % of 34- 36 weeks births	2023/24 34-36 weeks admissions	2023/24 % of 34- 36 weeks births	2024/25 34-36 weeks admissions	2024/25 % of 34- 36 weeks births	2024/25 Mean avoidable separation days 34-36
Lancashire & South Cumbria	390	42%	357	40%	400	41%	6.3
BTH	101	49%	93	46%	108	56%	5.8
ELHT	138	43%	124	40%	129	38%	6.2
LTHTR	74	32%	72	36%	84	32%	7.5
MBHT – FGH	19	37%	18	38%	17	32%	7.1
MBHT – RLI	58	48%	50	38%	62	48%	5.9

Table 8.1.2

8.1.3 Appropriate place of delivery by unit

Tables 8.1.3 shows the number of deliveries of less than 27 weeks, or multiple births less than 28 weeks, and from 2022/23 <800g by locality and unit. A multiple birth counts as one delivery & home births are recorded as 'other'.

Lancashire & South Cumbria	Unit category	2022/23	2023/24	2024/25
Total <27/40 born in NICU		39	45	51
ELHT	NICU	24	29	27
LTHTR	NICU	15	16	24
Total <27/40 born in LNU or SCU or elsewhere		10	3	3
BTH	LNU	7	3	2
MBHT – FGH	SCU	0	0	0
MBHT – RLI	LNU	2	0	1
Other - Home and In-transit	LNU	1	0	0
Total <27/40 born in all unit categories		49	48	54
% <27/40 born in NICU		80%	94%	94%

Table 8.1.3

8.2 LSC Activity by Level of Care

Table 8.1.1 shows the total care level days by unit and across the LSC locality. XA04Z care if delivered in TC is not included.

HRG 2016	XA01Z			XA02Z			XA03Z + XA04Z + XA05Z			Total		
Unit Name	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
BTH	125	170	228	684	642	624	2,395	2,426	2,292	3,204	3,238	3,144
ELHT	1,964	2,152	1,514	2,291	2,965	2,230	4,325	4,293	4,399	8,580	9,410	8,143
LTHTR	1,317	1,279	1,272	1,685	1,929	2,143	3,074	3,965	3,888	6,076	7,173	7,303
MBHT – FGH	19	22	7	25	25	22	548	631	649	592	678	678
MBHT – RLI	106	80	96	411	487	544	1,666	1,671	1,482	2,183	2,238	2,122
Total	3,531	3,703	3,117	5,096	6,048	5,563	12,008	12,986	12,710	20,635	22,737	21,390

Table 8.2.1

8.2.2 LSC Activity as a % of locality activity by level of care

HRG 2016	XA01Z %			XA02Z %			XA03Z + XA04Z + XA05Z			Total %		
Unit Name	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
BTH	4%	5%	7%	13%	11%	11%	20%	19%	18%	16%	14%	15%
ELHT	56%	58%	49%	45%	49%	40%	36%	33%	35%	42%	41%	38%
LTHTR	37%	35%	41%	33%	32%	39%	26%	31%	31%	29%	32%	34%
MBHT – FGH	1%	1%	0%	0%	0%	0%	5%	5%	5%	3%	3%	3%
MBHT – RLI	3%	2%	3%	8%	8%	10%	14%	13%	12%	11%	10%	10%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 8.1.2

8.3 LSC Activity and workload

8.3.1 LSC NICU Activity and Workload Data

In-line with the recommendations included as part of the Neonatal Critical Care Transformation Review (2019) all NICUs should, as a minimum, look after at least 100 very low birth weight (VLBW) infants per year and be delivering >2000 intensive care days (Health Resource Group definition, 2016 & BAPM Optimal Arrangements for Neonatal Intensive Care Units in the UK, 2021).

LNU Unit	Intensive Care HRG XA01Z			Respiratory support days (Ventilation/CPAP/HFT)			VLBW admissions (Less than 1500g)		
	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
ELHT	1,964	2,152	1,514	3,906	4,785	3,464	89	93	81
LTHTR	1,317	1,279	1,272	2,849	2,951	3,235	57	77	63

Table 8.2.1

8.3.2 LSC LNU & SCU Unit Activity and Workload Data

In-line with the recommendations included as part of the Neonatal Critical Care Transformation Review (2019) all LNUs should aim to undertake a minimum of 500 days of combined intensive and high dependency care, which is the minimum requirement to maintain expertise. LNUs providing ongoing HD should be working towards delivering 1000 combined ITU/HD days per year, in the longer term (i.e. 5 years from publication of NCCR in 2019). Units designated as LNUs should also admit >25 infants annually (BAPM Optimal arrangements for Local Neonatal Units and Special Care Units in the UK, 2016).

LNU Unit	IC & HD HRG XA1Z & XA0Z			Respiratory support days (Ventilation/CPAP/HFT)			VLBW admissions (Less than 1500g)		
	22/23	23/24	24/25	22/23	23/24	24/25	22/23	23/24	24/25
BTH	809	812	852	698	765	751	27	27	36
MBHT - FGH (SCU)	44	47	29	38	46	28	7	7	3
MBHT – RLI	517	567	640	473	503	626	22	24	16

Table 8.3.2

8.4 LSC Cot Activity

Table 8.4 shows the demand (D) for cots based upon activity within each of the providers against actual (A) cots. Care Levels are based upon HRG 2016 codes.

Calculation method which includes 80% capacity: Cot Demand = (Number of care days/365)/0.8

Lancashire & South Cumbria	Cots D: Demand A: Actual															
	D	D	D	A	D	D	A	A	D	D	D	A	Total	Total	Total	Total
	IC	IC	IC	IC	HD	HD	HD	HD	SC	SC	SC	SC	D	D	D	A
	22/23	23/24	24/25	24/25	22/23	23/24	24/25	24/25	22/23	23/24	24/25	24/25	22/23	23/24	24/25	24/25
BTH	0.4	0.6	0.8	2	2.3	2.2	2.1	2	8.2	8.3	7.8	12	10.9	11.1	10.8	16
ELHT	6.7	7.3	5.2	6	7.8	10.1	7.6	8	14.8	14.7	15.1	20	29.3	32.1	27.9	34
LTHTR	4.5	4.4	4.4	6	5.8	6.6	7.3	8	10.5	13.5	13.3	14	20.8	24.5	25.0	28
MBHT – FGH	0.1	0.1	0.0	0	0.1	0.1	0.1	0	1.9	2.2	2.2	4	2.1	2.4	2.3	4
MBHT – RLI	0.4	0.3	0.3	1	1.4	1.7	1.9	2	5.7	5.7	5.1	7	7.5	7.7	7.3	10
Total	12	13	11	15	17	21	19	20	41	44	44	57	71	78	74	92

Key: Short by 1 or more cot = Red, over by 1 or more cot = Yellow

Table 8.4

8.5 Lancashire & South Cumbria – Summary

Dr Richa Gupta, Clinical Lead for LSC & Catherine Nash, Lead Nurse for LSC

Key Findings:

- The LSC birth rate has been steady with a marginal 0.75% increase from 2023/2024 (0.79% less than 2020).
- There has been a slight decrease in average percentage first admissions admitted across LSC of liveborn babies, but with a wider range between providers (7-12%).
- A decrease is seen in term admissions (average 4.8%, lowest 3.3% at LTHTR, highest at 6.0% MBHT-RLI).
- There are peaks in the proportion of Late preterm babies admitted at 34-36 weeks' gestation especially at BTH (56%). The two units with the lowest rates are LTH and FGH, both at 32% - but these admissions are associated with the longest length of stay possibly reflecting admission criteria and /or more unwell babies.
- The proportion of 27-week gestation babies being born in a NICU has remained 94% for the second consecutive year.
- There was a more even split of IC activity between the two NICUs than in previous years. However, neither NICU achieved the 'recommended' IC care days of >2000 or > 100 admissions of babies <1500g, but they both had more than 3000 respiratory support days. There is an insignificant amount of activity from out of area admissions compared with previous years.
- LNU activity shows an overall reduction in number of VLBW admissions at RLI, but a 24% increase in their respiratory care days. BVH fulfils the criteria for VLBW admissions but neither LNU is currently achieving the NCCR combined IC and HD activity threshold.
- The medical workforce was non-compliant for Tier 1, 2 and 3 doctors at BVH, and Tier 1 and 2 medics at RLI. Whilst FGH was non-compliant for Tier 2 doctors.
- There is still a significant deficit across all units for all AHP&Ps.

Recommendations:

- A review with the LMNS is needed on Late Preterm babies born between 34- and 36-weeks' gestation to understand themes contributing to their need for admission, and prolonged length of stay causing separation
- Work is needed to evaluate both TCS activity and Outreach provision, to understand how they are operating and contributing to activity with services, or any lack of provision having an impact.
- Work with the LMNS is needed to understand impact on maternal pathways and interventions/ mode of delivery on demand, capacity and patient flows, whilst continuing embedding Preterm optimisation QI work.
- Repatriation processes across the NWNODN from NICUs to LNUs requires attention to support care closer to home.
- Review of the designations of units towards a sustainable Neonatal service, as part of the joint Sustainable Safe Children's and Babies Service and NWNODN review, should consider population demographics (especially EDI and deprivation) and clinical outcomes alongside activity and capacity.
- Work is needed to improve equitable access to AHP & Ps across the locality

Appendix 1: Out of Area Activity Base

Table showing a breakdown by region of number of babies admitted in year and the total care days in year for all babies, whose mothers are registered with a GP whose CCG code is outside of the NWNODN.

2024-25 Out of Area CCG into Locality	No. of Babies	Care Days			
		XA01Z (IC)	XA02Z (HD)	XA03Z & XA04Z (SC)	XA05Z (NC)
Greater Manchester	106	491	556	528	102
NHS England London	3	0	3	4	1
NHS England Midlands and East (Central Midlands)	1	0	0	2	0
NHS England Midlands and East (East)	3	0	6	19	17
NHS England Midlands and East (North Midlands)	63	290	378	383	69
NHS England Midlands and East (West Midlands)	3	40	9	1	1
NHS England North (Cumbria and North East)	2	0	0	28	3
NHS England North (Yorkshire and Humber)	22	133	128	72	5
NHS England South East (Kent, Surrey and Sussex)	1	4	0	0	0
NHS England South West (South West North)	1	0	6	1	3
NHS England South West (South West South)	1	0	0	6	2
WALES	6	24	36	12	1
Cheshire & Merseyside	136	1228	958	627	83
Isle of Man	5	275	97	79	0
NHS England Midlands and East (North Midlands)	35	292	205	130	24
NHS England Midlands and East (West Midlands)	2	0	2	5	1
NHS England North (Yorkshire and Humber)	6	7	4	20	2
NHS England South East (Kent, Surrey and Sussex)	2	67	2	2	0
NHS England South West (South West South)	1	0	1	1	0
WALES	85	587	647	390	56
Lancashire and South Cumbria	21	109	121	86	16
NHS England Midlands and East (East)	1	0	0	2	1
NHS England Midlands and East (North Midlands)	3	67	54	4	4
NHS England North (Cumbria and North East)	10	14	11	65	3
NHS England North (Yorkshire and Humber)	7	28	29	15	8
NHS England South West (South West North)	0	0	27	0	0
Grand Total	263	1828	1645	1241	201

Out of area activity base CCG codes

LHB Code	Welsh - LHB Name	LHB Code	Welsh - LHB Name
7A1	Betsi Cadwaladr University LHB	7A5	Cwm Taf LHB
7A2	Hywel DDA University LHB	7A6	Aneurin Bevan LHB
7A3	Abertawe Bro Morgannwg University LHB	7A7	Powys Teaching LHB
7A4	Cardiff & Vale University LHB		

Q76 - North Midlands		Q77 - West Midlands	
CCG Code	CCG Name	CCG Code	CCG Name
03Y	NHS HARDWICK CCG	05A	NHS COVENTRY AND RUGBY CCG
04E	NHS MANSFIELD AND ASHFIELD CCG	05C	NHS DUDLEY CCG
04J	NHS NORTH DERBYSHIRE CCG	05F	NHS HEREFORDSHIRE CCG
04K	NHS NOTTINGHAM CITY CCG	05J	NHS REDDITCH AND BROMSGROVE CCG
04L	NHS NOTTINGHAM NORTH AND EAST CCG	05L	NHS SANDWELL AND WEST BIRMINGHAM CCG
04M	NHS NOTTINGHAM WEST CCG	05R	NHS SOUTH WARWICKSHIRE CCG
04R	NHS SOUTHERN DERBYSHIRE CCG	05T	NHS SOUTH WORCESTERSHIRE CCG
04Y	NHS CANNOCK CHASE CCG	05Y	NHS WALSALL CCG
05D	NHS EAST STAFFORDSHIRE CCG	06A	NHS WOLVERHAMPTON CCG
05G	NHS NORTH STAFFORDSHIRE CCG	06D	NHS WYRE FOREST CCG
05N	NHS SHROPSHIRE CCG	15E	NHS BIRMINGHAM AND SOLIHULL CCG
05Q	NHS SOUTH EAST STAFFORDSHIRE AND SEISDON PENINSULA CCG	15E	NHS Birmingham and Solihull CCG
05V	NHS STAFFORD AND SURROUNDS CCG		
05W	NHS STOKE ON TRENT CCG		
05X	NHS TELFORD AND WREKIN CCG		
15M	NHS DERBY AND DERBYSHIRE CCG		

Q72 - Yorkshire & Humber			
CCG Code	CCG Name	CCG Code	CCG Name
02N	NHS AIRESDALE, WHARFEDAILE AND CRAVEN CCG	03H	NHS NORTH EAST LINCOLNSHIRE CCG
02P	NHS BARNSELY CCG	03J	NHS NORTH KIRKLEES CCG
02Q	NHS BASSETLAW CCG	03K	NHS NORTH LINCOLNSHIRE CCG
02R	NHS BRADFORD DISTRICTS CCG	03L	NHS ROTHERHAM CCG
02T	NHS CALDERDALE CCG	03M	NHS SCARBOROUGH AND RYEDAILE CCG
02W	NHS BRADFORD CITY CCG	03N	NHS SHEFFIELD CCG
02X	NHS DONCASTER CCG	03Q	NHS VALE OF YORK CCG
02Y	NHS EAST RIDING OF YORKSHIRE CCG	03R	NHS WAKEFIELD CCG
03A	NHS GREATER HUDDERSFIELD CCG	13Q	NATIONAL COMMISSIONING HUB 1
03E	NHS HARROGATE AND RURAL DISTRICT CCG	15F	NHS LEEDS CCG