North West Neurosurgery Network

NHS

Annual Report and Accounts

2025 / 2026

North West Neurosurgery Network

NHS

Summary

Welcome to the second Annual Report from the new North West Neurosurgery Specialised Services Clinical Network. This report covers the period from April 2025 to March 2026.

The Network, funded by NHS England, is hosted by Northern Care Alliance NHS Foundation Trust with leadership from Lancashire Teaching Hospitals NHS Foundation Trust and The Walton Centre NHS Foundation Trust.

The report celebrates the Network's continued progress in establishing, developing credibility, and integrating with the region's health economy.

The included Highlight Report and Financial Summary are essential to the Network's reporting requirements.

For any queries regarding the contents of this report or to further discuss the Network please contact – Nina Nugent, North West Neurosurgery Network Manager – nina.nugent@nca.nhs.uk.

A Message from the Chair

Welcome to the third Annual Report from the Northwest Neurosurgery Specialised Services Clinical Network. This marks my second report as Chair, and I am pleased to reflect on what has been a highly productive and successful year for the Network.

A particular highlight has been the award of one of only two national multidisciplinary team (MDT) designations to the Northwest. Following a successful bid, the Northwest team—supported by colleagues at Northern Care Alliance—has established the National MDT service for Clival Chordoma and Chondrosarcoma. This represents a significant achievement and an important step forward in supporting the standardisation of high-quality care across the NHS, working closely with GIRFT and the Society of British Neurosurgeons.

Over the past year, the Network has also made strong progress across several key priority areas. We have advanced the development of Allied Health Professional (AHP) engagement, recognising the vital role of the wider multidisciplinary workforce in delivering excellent patient care. We have strengthened collaboration both

regionally and nationally, including close engagement with the North East and Yorkshire networks and others, particularly through the North west Regional Spinal Network in support of the GIRFT programme and its recommendations.

Internally, we have established our operational and clinical group, providing a more robust structure to support delivery and oversight of our work programme. We have continued to address low-volume high-complexity (LVHC) pathways and improve our responsiveness to data, enabling more informed decision-making and service improvement.

Looking ahead, we plan to further strengthen our approach to workforce planning through the appointment of a part time subject matter expert, ensuring we are well positioned to meet future demand and service needs As Chair and on behalf of all our network members, we remain committed to ensuring equity in the quality of service provision across the Network and to supporting our providers in delivering consistently high standards of care.

I would like to thank all colleagues across the Network for their continued dedication, collaboration, and commitment to improving neurosurgical services for the population we serve.

North West Neurosurgery Network

NHS

About The Specialised Services Clinical Network

The Northwest Neurosurgery Specialised Services Clinical Network (SSCN) brings together the North west Neurosurgical services. Since mid-January 2024, it has collaborated with the three North West specialised neurosurgery providers. Previously known as Operational Delivery Networks, SSCN principles recognise the broader contribution collaborative approaches have on the NHS Triple Aim, the healthcare system, the economy, and population health.

The North West SSCN is one of eight Neurosurgery Networks funded by NHS England.

- Advance regional collaboration
- Release efficiencies
- Accelerate transformation

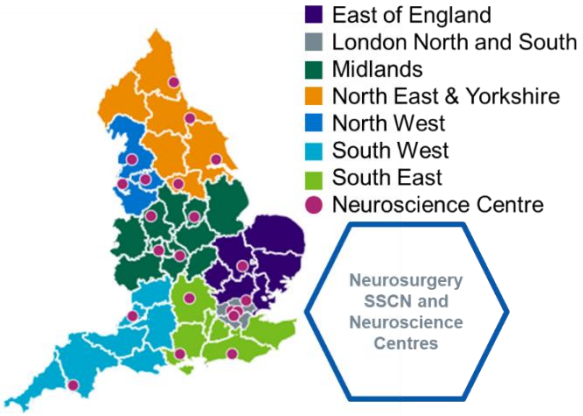


Figure 1

The Network has a catchment population of over nine million and operates alongside three Integrated Care Boards. Table 1 lists the NHS Provider Members. From April 2024, the Network became further embedded in regional strategy and decision making, as the North west was included in the first phase of regions to delegate specialised services commissioning to Integrated Care Boards.

NHS Provider	Integrated Care Board	Catchment Population (approximate millions)
Lancashire Teaching Hospitals NHS Foundation Trust	NHS Lancashire & South Cumbria	1.9M
Manchester Centre for Clinical Neurosciences (Northern Care Alliance NHS Foundation Trust) and SSCN Host	NHS Greater Manchester	3.3M
The Walton Centre NHS Foundation Trust	NHS Cheshire and Merseyside	4.3M

Table 1

This year the Network has continued to build strategic relationships with the Northwest Regional Spinal Network, North East and Yorkshire Neurosurgery Network and other Clinical Networks/Alliances. As reported last time we continue to have a long-term vision to build a collaborative approach, working with and beyond the health sector to expand the Networks influence and impact.

Network Functions

The Networks core functions are described in the National Clinical Network Specification[1]. These functions have offered a framework for the Networks workplan.

Figure 2

[1] https://www.england.nhs.uk/publication/specialised-services-clinical-network-specifications/#neuro

North West Neurosurgery NHS Providers

The three North West neurosurgery NHS Providers are founding members. Together, they provide neurosurgery in three designated specialist centres and two satellite hospitals.

NHS Lancashire Teaching Hospitals NHS Foundation Trust

NHS Northern Care Alliance NHS Foundation Trust

NHS The Walton Centre NHS Foundation Trust

Figure 3

Lancashire Teaching Hospitals NHS Foundation Trust

Lancashire Teaching Hospitals Neurosurgery Services

The Neurosurgery Directorate is a regional tertiary service for Lancashire and South Cumbria and supports the Regional Major Trauma service. As part of the Regional Neuroscience Centre, based at Royal Preston Hospital, the Directorate is closely linked with the Neurology, Neurophysiology, and Psychology Directorates, providing integrated care. The Neurosurgery Directorate provides a range of sub-specialisations with assigned theatre and ward facilities. These specialities offer

clinics and complex Multi-Disciplinary Team Meetings (MDT) and liaise with other directorates.

The Directorate has a three-year strategy focusing on three strategic objectives.

1. To provide outstanding and sustainable healthcare to our local communities
2. To offer a range of high-quality specialist services to patients in Lancashire and South Cumbria
3. To drive health innovation through world-class education, training, and research System working in a new NHS landscape

Northern Care Alliance NHS Foundation Trust

Home | Northern Care Alliance

The Neurosurgical service at Salford Royal Hospital serves the Greater Manchester and Eastern & Mid-Cheshire districts. Through its well-developed subspeciality configuration, the service provides a broad range of care, with the largest clinical output of all providers in England[2], from the less complex end of the speciality to low-volume, high-complexity procedures. The service offers complex spinal surgery, Neuro-rehabilitation services, and the Greater Manchester Comprehensive Stroke Centre, including thrombectomy services. It also offers responsive emergency care in collaboration with co-located services such as the Greater Manchester Major Trauma Hospital. Over this last financial year, the Trust have also established the LVHC National MDT for Clival Chordoma and Chondrosarcoma.

The Manchester Centre for Clinical Neurosciences leads research through the Geoffrey Jefferson Brain Research Centre, a leading partnership with the University of Manchester and Health Innovation Manchester.

The Walton Centre NHS Foundation Trust

Home | The Walton Centre Website

The Walton Centre is the only specialist NHS Trust in the UK dedicated to providing comprehensive neurosurgery, neurology, spinal, and pain management services. It is rated Outstanding by the Care Quality Commission. The Walton Centre is a teaching hospital closely associated with the University of Liverpool and Edge Hill University. The Trust was awarded University status in 2022.

The Neurosurgery Division is one of the busiest in the UK, offering a full spectrum of services and interventions. It is focused on delivering safe, effective, and timely care,

[2] As reported by NHS England » The Model Health System

and is committed to further reducing patients' waiting times while supporting the broader healthcare system. The Trust provides emergency care as part of the Major Trauma Centre Collaborative and is co-located with the Major Trauma Centre at Aintree University Hospital.

The Neurosurgery Division also leads research through the Neuroscience Research Centre, working in partnership to lead and undertake academic and commercial research in all aspects of neurological, neurosurgical, and pain conditions.

National Context

National Transformation Programme

The GIRFT report (2018) and Nuffield Trust review (2020) highlighted significant unwarranted variation, inefficiencies, and the need for a clearer national model for neurosurgery services. These findings led to the development of the Neurosurgery Transformation Programme (NSTP).

The COVID-19 pandemic intensified system pressures, increasing referral backlogs and exposing fragility across the neurosurgical pathway.

NSTP defined a whole system “National Neurosurgery Challenge”, including:

- Rising referral demand and delays in pathway entry
- Diagnostic duplication and bottlenecks
- Theatre capacity constraints and high cancellation rates
- Workforce shortages across key roles
- Variation in critical care access and utilisation
- Poor patient flow, with delays in discharge, repatriation and rehabilitation (e.g. ~39% of patients in suboptimal settings)

These pressures create a cyclical constraint on capacity, flow and outcomes across the pathway. In response, NSTP delivered targeted national interventions and Recovery High Impact Changes (RHICs), including the establishment of Specialised Service Clinical Networks (SSCNs) to reduce variation and improve delivery.

Since April 2024, NSTP has transitioned to business-as-usual. Its legacy is embedded within SSCNs, with a key priority being implementation of the Low Volume High Complexity (LVHC) model to standardise pathways and improve performance.

Recruitment Overview 2025/26

Our People

In the Annual report for 2024/2025 the content focused on the Network moving into its permanent delivery phase. A change in Network Manager meant there has been a 3-month period whereby there was no one in that role. Our current manager has joined on a two-year secondment until November 2027. This caused some delay in the delivery of the objectives that were described in last year's report and a slight loss in momentum as the new Network Manager transitioned into the role.

Before the previous Network manager finished in post they had recruited to the Communication and Engagement subject matter expert post, who started with the Network in April 2025. This post has been a welcome addition meaning the Network has had the opportunity to build its profile. The Network now has a live website that was built by the NECS team and are working towards other communication methods such as newsletters. We have continued to use the NHS Futures site as a platform for collaboration, and we have seen our membership grow over the past 12 months.

As reported last year we entered into an agreement with the NECS team to supply the Network with 7.5 hours per week of Business Intelligence support via a dedicated subject matter expert. This was a separate commission than the website development. The BI provision was a two-year contract initially 2024-2026 to support the creation of our dashboard and to support ad hoc data requests. This has been extended for a further year throughout 26/27 as we still have work to do to improve the usability of the Dashboard and further governance requirements. We have done this as a joint procurement with colleagues in the North West Regional Spinal Network.

We have created a robust team of Network Officers to lead and develop our Network; at the time of appointment all posts were asked to commit to the role until December 2026. We were also able to slightly increase the time that our Chair was able to commit to the Network and that has gone from 0.03 to 0.06 of a WTE in the past 12 months.

Network Officers	Officers work together to lead the Network

Chair
Professor Paul May MBE

Network Manager
Nina Nugent

Clinical Lead, Cheshire & Merseyside
Professor Michael Jenkinson

Joint Clinical Lead, Greater Manchester
Professor Andrew King

Joint Clinical Lead, Greater Manchester
Professor Tina Karabatsou

Clinical Lead, Lancashire & South Cumbria
Mr Aprajay Golash

Our Network officers are now also supplemented by Operational Leads from our three provider sites. These leads were recruited in June 2025 again on a two-year agreement with each organisation.

- Operational Lead – Cheshire & Merseyside – Emma Denby (Interim for Ellis Hayes)
- Operational Lead – Greater Manchester – Daniel Farr
- Operational Lead – Lancashire and South Cumbria – Jaclyn McVeigh (interim for Victoria Solkin)

Further posts that we are hoping to recruit to in the next 12 months to support the development of our Network would be:

- AHP/Nursing Lead this is expected to be a Band 8A at two days per week on a 12-month secondment/fixed term in the initial basis
- Project management staff – this may be something that we look to bring in via a solution such as the Commissioning Support Units (CSU)
- Subject Matter Expert – Workforce part time post/secondment

Governance

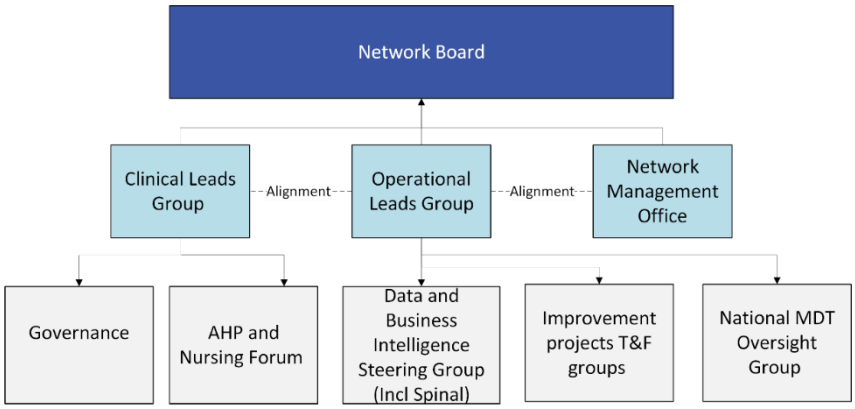
Principles

With our Network Officers, we have developed a set of enduring principles. The principles provide a method for decision-making and impact assessment by linking strategic aims with three common, long-standing, and relatable principles. The below principles complement the Vision and Purpose statements and the Network functions set by National Clinical Network Specification.

Access	Outcomes	Experience
• Utilising, organising, and enhancing the Network's resources and those which it influcnes for the venefit of stakehodlers whilst overcoming interaction limitations	• The effect and result of utilising, organising and enhancing the Network's resources and those which it influences on stakeholders	• Stakeholder's impressions resulting from utilising, organising, and enhancing the Network's resources and those which it influences

Structure

The Network has developed a reporting structure as displayed below



Network committees

Throughout 2025/26, we established the core Network Committees. Initially, there were plans to develop separate Operational and Clinical Leadership groups. However, following the first few independently held meetings, it became evident that a single, combined committee would provide greater value and represent a more efficient use of stakeholders' time.

The initial focus of the committee has been to understand the Level 2 LVHC data and subsequently to progress the formalisation of patient pathways for those receiving treatment for these conditions. Looking ahead to the next financial year, we intend to establish a formal governance meeting for Network providers. In parallel, a draft set of metrics is being developed and agreed in collaboration with the committee. The outputs from this group will be reported to the Network Board.

In addition, an informal Allied Health Professional (AHP) and Nursing forum has been established, which meets on a bi-monthly basis. This group remains in the early stages of its development, and we are keen to support the significant improvement work being undertaken by AHP and Nursing teams. Over the coming months, we aim to develop a structured workplan for this forum, which will, over time, support the delivery of training and education initiatives.

Operational managers also meet regularly with our Business Intelligence (BI) and Data Analyst to further enhance the dashboard, ensuring that key metrics are incorporated to support the effective use of the data it contains. These sessions are delivered jointly with the Spinal Network, providing visibility of their dashboard and promoting a shared understanding of data across Networks. This collaborative approach supports the identification of opportunities for mutual learning and the adoption of best practice.

Network Updates

Communications and Engagement Update

During 2025/26, significant progress was made in enhancing the visibility, credibility and collaborative positioning of the North West Neurosurgery Network, aligned to the objective of strengthening the Network's reputation through coordinated communications, engagement and branding.

A two-year Communication and Engagement Plan was developed to establish the Network as a recognised, accessible and collaborative platform supporting neurosurgical service improvement across the region. This has focused on delivering clear, consistent messaging, meaningful stakeholder engagement, and a strong, identifiable Network presence.

Core communications infrastructure has been established, including the launch of the Network website (www.nwneurosurgerynetwork.nhs.uk), a shared inbox to streamline stakeholder contact, and a refreshed FutureNHS workspace providing a central hub for resources, collaboration and knowledge sharing. A stakeholder newsletter has also been developed, with platform and templates ready for launch. Social media presence is in development, with LinkedIn activity planned to further extend reach.

A strong and consistent brand identity is now in place, supported by a Media Kit, logo, and standardised templates applied across all communication channels. This has improved the clarity, professionalism and recognisability of Network outputs.

Engagement and reach have been strengthened through coordinated communications following key milestones, including the inaugural June 2025 NWNN Board meeting, with coverage across partner platforms including the NCA website and intranet, The Walton Centre website, and LinkedIn. Wider dissemination of key achievements has also been delivered, including national communications on the National BoS Chordoma and Chondrosarcoma MDT through the British Skull Base Society, Geoffrey Jefferson Brain Research Centre, and partner organisational channels.

Collaborative working has been a key focus, with ongoing engagement across partner Trust's neurosurgery directorates, clinical and operational leads, and the establishment of AHP and Nursing forums. The Network has also initiated collaborative links with the North East and Yorkshire Neurosurgery Network and the NHSA Northern Head and Neck Alliance (NHNA), supporting alignment and shared learning beyond the region.

Data and Business Intelligence update

The North West Neurosurgery Data Dashboard (NDD) Version 1 was launched following consultation and feedback from clinical and operational teams across the region. It is now actively used by lots of different clinical staff across all partner Trusts, supporting service insight within neurosurgery directorates. Materials, including user guides, FAQs and demonstration resources have been developed and are available via the Futures workspace. Ongoing feedback sessions continue to be delivered with clinical and operational leads to support iterative development and continuous improvement.

Our dedicated BI analyst has also fulfilled several requests from individual clinicians across the region. This promotes collaborative learning opportunities.

Engagement has increased significantly over the year, with the Network's stakeholder base growing from 161 to 285, demonstrating enhanced visibility and connectivity across the region. FutureNHS membership has also increased, reflecting growing engagement with collaborative platforms and shared resources.

Patient engagement scoping

In addition, the Network has strengthened its patient-facing offer through the inclusion of a directory of regional and national patient support organisations on the website, including charities such as the Brain & Spine Foundation, Headway, and The Brain Charity. This supports patients and carers to access care, advice and peer support, while maintaining appropriate independence and governance. As we move into the next financial year, we will again be considering how we can ensure that PPV voices are heard and recognised.

Together, these developments provide a strong foundation for future awareness campaigns, expanded communications activity, and continued strengthening of collaboration and service improvement across the North West.

National MDT update

Over the past 12 months, the Network has been awarded the National MDT for Clival Chordoma and Chondrosarcoma following a successful Expressions of Interest process led by NHS England.

Working in partnership with The Northern Care Alliance, the national MDT will be supported by the North West Neurosurgery Network for the next two financial years.

The meetings commenced in April 2026 and are jointly chaired by Dr Gillian Whitfield, Consultant Clinical Oncologist, and Mr Omar Pathmanban, Consultant Neurosurgeon. This Level 3 MDT aligns with National Specialised Services Transformation Programme (NSTP) recommendations regarding the establishment of national MDTs for the lowest volume procedures.

In collaboration with the Proton Beam Therapy service at The Christie NHS Foundation Trust, patients are referred via an online portal. This ensures that, where proton therapy is then required, the referral pathway for patients is as streamlined and efficient as possible.

The MDT meets fortnightly on a virtual basis, and trainee participation is actively encouraged.

To support national consistency and ensure appropriate representation, we have also engaged with other network managers to confirm that the correct attendees are included within the MDT.

As a Network, we have provided comprehensive project management support, alongside the development of key policies, such as SOP to underpin the service. The working group which supported the implementation of the MDT will now become the oversight group.

Performance Assessment

The National Clinical Network Specification sets a series of Network Performance Indicators. In 2025/26, the Network has made progress in all sixteen indicators. We are still not fully compliant with all sixteen indicators (12/16) and have initiated plans to develop full compliance with the remaining four indicators in 2026/27.

Table 2 illustrates the position at the end of 2025/26.

Indicator	2023/24 Status	2024/25 Status	2025/26 Status
There is an appropriate Network management team in post with the skills to deliver the specification.			
The Network board meets at least thrice yearly, is quorate, and records minutes, actions, and risks.			
As appropriate to the Network specification, there are regular Network specialist Multi-Disciplinary Team (MDT) meetings (or equivalent)			
IT facilities enable communication across the Network, support image transfer, and allow remote participation in the MDT.			
An annual work plan has been agreed upon with the Network's commissioners.			
There is an agreed plan for PPV engagement.			
There is an analysis of the service needs of the population served by the Network, a gap analysis and a plan agreed upon with the Network's commissioners to meet those needs.			
There are Network-agreed patient pathways, procedures, and protocols.			
An analysis of workforce requirements and a plan agreed upon with Network members to meet these requirements are needed.			

Some arrangements (passporting) enable workforce flexibility between providers within the Network.			
An analysis of training needs and an annual Network training plan is agreed upon with Network members.			
The Network's data and information needs are analysed, and a plan to meet these requirements is agreed upon with Network members.			
There is a Network-agreed research strategy, including access and participation in clinical trials.			
The annual work plan includes at least one quality improvement initiative.			
An annual report summarising the Network's work and outcomes is produced and includes a financial statement.			
The Network participates in the national network of networks.			

Key

Standard Not Met	Standard Partially Met	Standard Met

Table 2

North West Neurosurgery Network

NHS

Highlight Report

Neurosurgery Clinical Network

Network Manager: Nina Nugent
Network Co-Clinical Leads: Professor Paul May Chair,
Contact email: nina.nugent@nca.nhs.uk

Alert	Action	Owner
Network is still not compliant with all of section 7 of the specification indicators.	Network manager has included the 4 outstanding indicators in workplan for 26/27	Network Manager
Network Board membership is not compliant as per the Clinical Network specification	Added to the agenda for the next Board meeting June 26	Network Manager

Advise

- Network concerned about the ability to fully allocate recurrent funding in 26/27
- No MDT costs were utilised in 25/26 as the start date was pushed back slightly to April, still awaiting confirmation of attendees from some Trusts in terms of job planning before we can fully understand the budgetary impact of the MDT
- Risk reporting requires further support to ensure consistency across the Network, despite a description of risk management in the SOP Network needs an agreed way of reporting risk

Assure

Now that the clinical and operational committee is set up and meeting regularly, we have begun to work on the following

- Drafted metrics for bi annual governance meeting with a focus on LVHC cases and NCIP measures
- Benchmarked performance of Optimal pathways against each of the NW providers for SAH, Pituitary and Neuro Oncology, a meeting with clinical colleagues in NE and Yorkshire is planned to explore opportunities for shared learning. Initially with focus on those 3 pathways
- LVHC standardised pathways drafted and with partner Trusts for consultation, if appropriate SOP's to follow

Applaud

- Implemented the National MDT for Chordoma and Chondrosarcoma with the support of partner organisation, Northern Care Alliance. The MDT met for the first time in April and is now meeting fortnightly. As a Network we liaised with all Neurosurgical Networks to nominate representatives that they would like to attend the meetings. We have also been inclusive to ensure trainees across relevant disciplines are welcome to attend.
- The MDT working group that oversaw the implementation is revising the TOR to become an oversight group of the MDT. We have a draft SOP and put a number of SLA's in place with partner Trusts such as The Christie NHS Foundation Trust.
- The network website is now live, and we are in developing our first newsletter at the end of Q1 using e shot platform.
- The network operational costs have come in slightly below plan with a year end positive variance of £17,939 for 25/26.

Finance report

Income

Income of £379,369 was allocated in 2025/26 and a surplus of was planned. In addition to the surplus of £1,107,280 brought forward from previous years the service now has a balance of £1,291,669 on the 31st of March 2026.
This has been deferred as the network is still working towards being fully operational and this will continue to cover the implementation and sustainability of the service in the future. We have several projects that have anticipated spend against them such as the National MDT which will impact next financial year.

Cost

There was a gap in Network Managers for approximately one quarter of the financial year 25/26. However overall pay is slightly overspent due to the pay awards for staff members, and the establishment was increased slightly for our Clinical Chair part way through the financial year. Non pay has come in below plan resulting in a favourable variance of £19,143 against the plan.

Overall, against a planned spend of £212,919 the Network operational costs were £194,980 for the financial year 2024/25 meaning there was a £17,393 underspend against the plan. Some of this is due to the recruitment of posts that had been put on hold. Due to some projects being slightly delayed has meant that their costs will come out of this financial year's budget.