

More than 100 English maternity units are likely to have too few beds as births rise through to 2035

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Abstract

Over the past 30 years there have been numerous inquiries into failings in English maternity services, each with carefully worded terms of reference. The problems are seemingly intractable largely because they stem from failures in government policy and planning which have never been rectified. Over 100 maternity units are identified which had insufficient beds during the 2012 peak in births and also at the 2013-2015 minimum in births. Over 20 probably should be on the Trust risk register. A set of recommended actions are proposed to address these intractable issues.

Background

In England there is a very strong long-term cycle in births which arises from the World War II baby boom [1-3]. The last peak in births occurred around 2012 and the most recent point for minimum births occurred around 2023 to 2025 [1,2], see Figure 1.

The next peak in births will occur around 2033 to 2038, hence, there is time to plan. The shoulders and smaller peaks have been explained elsewhere [4]. Note that despite declining fertility rates [5] the same minimum number of births reached around June 2002 was replicated in June 2025, hence, an approximate 23 years from trough to trough and peak to peak. This is probably lengthening over time as women delay birth to an older age.

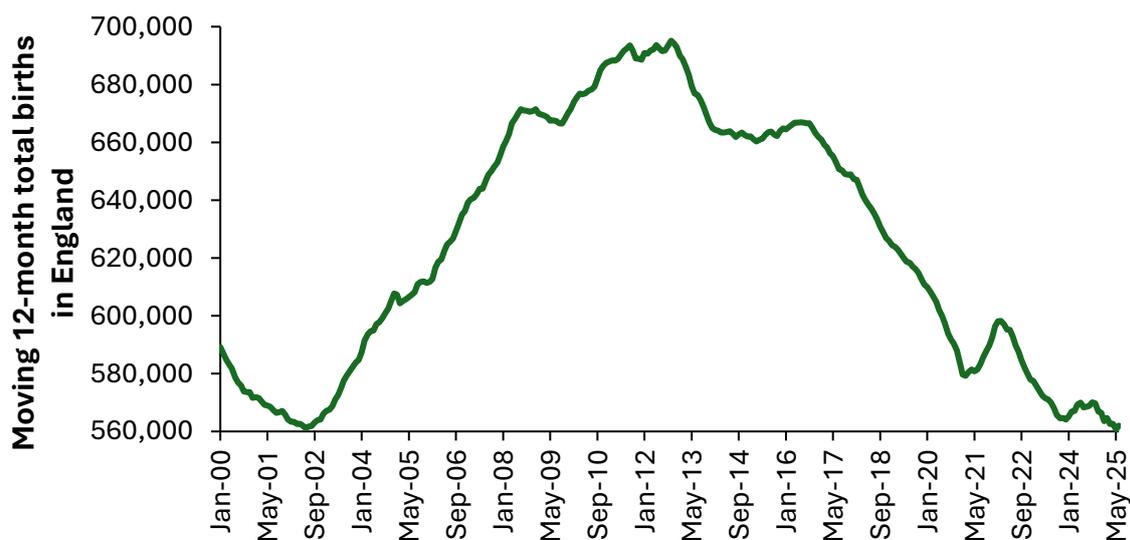


Figure 1. Cycle in births observed in England arising from the World War II baby boom (710,350 births at the 12-months ending January 1945). Births are from the Office for National Statistics, see [1].

Alas the NHS has never been informed about this cycle in births and its impact on capacity planning regarding capital (beds, equipment) and staffing. As a result, many hospitals have low capacity even at the point of the most recent minimum in births [1].

Note that the USA also has a pronounced cycle in births also arising after the WW II [2].

Indeed, most English maternity units were built before the 1990's and all documentation regarding the calculation of capacity and the hidden assumptions have been seemingly lost. The implications of the long-term cycle in births to staff training should be obvious [3], but as far as can be discerned the necessary highly nuanced time-dependant training has never been implemented by the Department of Health and Social Care (DHSC), or its arm length proxies. As part of the research behind the recent study on maternity capacity planning [1] I asked NHS England to explain the assumptions behind their forecasts for midwife training. No answer was provided.

Births have shown both a maximum and minimum during the time when data is available for English maternity unit size and occupancy [6]. Data from the peak around 2012 and the minimum around 2023-2025 can therefore be compared using a tool which links unit size, average occupancy and turn-away which was presented back in 2012 and 2013 [7,8].

Turn-away is a measure of the number of times that a bed is not immediately available for the next arriving patient and is also a measure of organisational chaos and premature discharge. Premature discharge implies that low length of stay is a measure of failure rather than success, see [1,2].

A birth forecasting tool has been published to estimate future births at the next peak anticipated around 2035 [1], and an expanded tool is currently part of a study on paediatric capacity planning likely to be published in 2026 [2]. Both studies give considerable detail regarding the ambiguities surrounding birth forecasting. Especially note that the cycle in births will directly impact upon paediatric bed demand [2].

A births-to-beds calculator will shortly be available and is currently in review with the International Journal of Healthcare Planning and Policy which includes allowance for unit size and seasonality in births [9].

Which units struggled back in 2012 and around 2024?

Available and occupied maternity beds in England have been reported for many years as the KH03 data series [6]. In England births are known to peak around September [1,2] and hence KH03 data from the quarter ending in September was analysed for the years 2011, 2012, 2013 and again in 2023, 2024 and 2025.

Hospitals which had too few beds to meet demand were identified as having average occupancy lying above the 0.1% turn-away line [1,2]. This is illustrated in Figure 2.

As can be seen about half of English maternity units had insufficient beds to cope with the 2012 peak in births and even the 2023-2025 minimum.

While bed numbers may have changed since 2012 it is strongly recommended that all hospitals identified by this analysis check their bed requirement for the next peak in births likely to occur in around 10 to 15 years' time, and to establish any necessary plans to meet this demand.

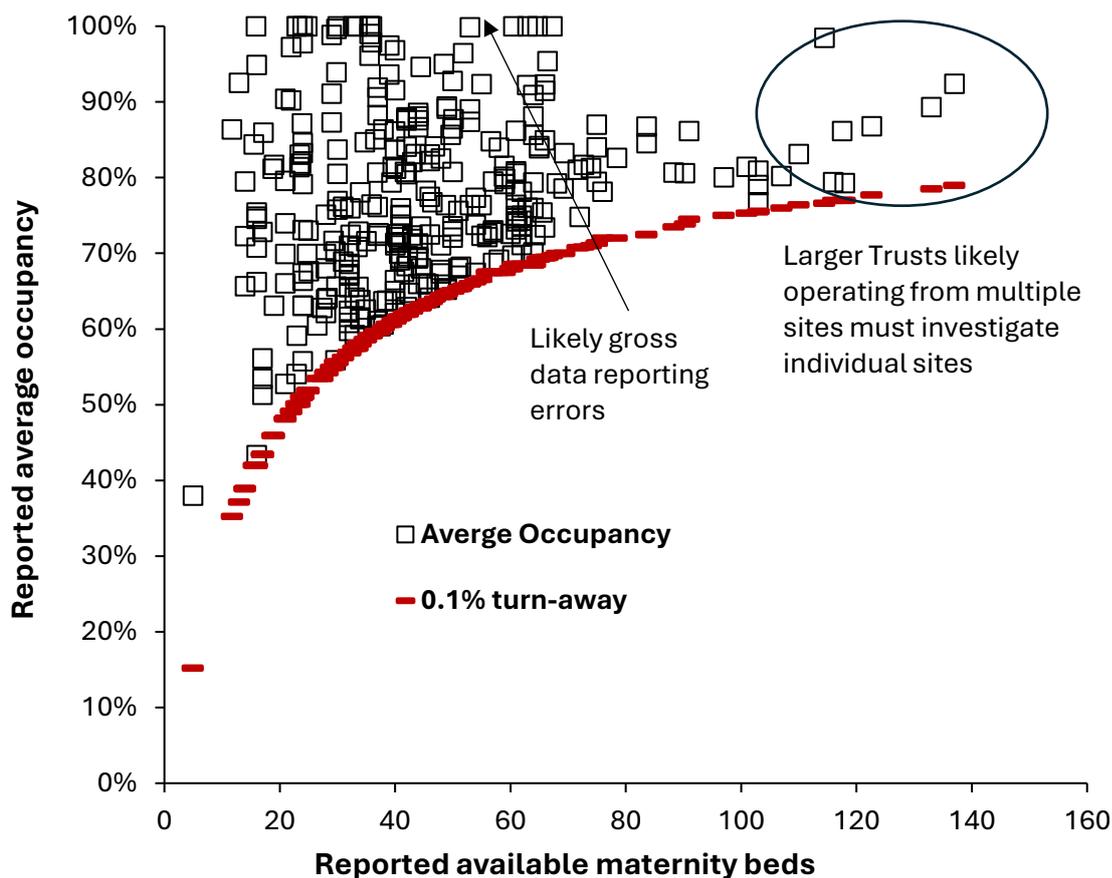


Figure 2. English maternity units with average occupancy in the September quarter of 2011, 2012, 2013 and 2023, 2024 and 2025 leading to quarterly average turn-away above 0.1%.

Table 1 presents a summary of the NHS Trusts which breached the 0.1% turn-away line during the six selected years. Trusts breaching the line during the maximum are likely to breach the line again around 2035, while Trusts breaching the line around 2023-2025 are guaranteed to have too few beds by 2035.

May I suggest that any Trust with more than 3 occurrences in Tables 1 and 2 (around 20 Trusts) should escalate their maternity situation onto the Trust risk register.

Alas, data is not available for the birthing unit, and each Trust will need to check their bed/birthing pool availability, average occupancy and turn-away. High turn-away in the birthing unit is even more serious than for the maternity bed pool. The same applies to neonatal units, obstetric theatres and midwife-led units. In the absence of wider data, we must infer that limited maternity capacity is also mirrored in the birthing and neonatal units. In recent years partial data for the winter months has been available via the winter SITREPS and gross differences in turn-away are likewise evident [1,2].

The full list of hospitals is given in Table 2. Please note that the data may include gross errors in data reporting and that some Trusts have merged since 2011. Trusts operating across multiple sites need to check bed availability on a site-by-site basis. For example, I contacted one Trust with implausibly low occupancy only to discover that they were reporting double the number of available maternity beds in the KH03 return than were

declared on their website. NHS England should have spotted this discrepancy years ago but instead blindly process whatever is submitted.

Please note that 0.1% turn-away represents a minimum performance standard and turn-away less than 0.1% is recommended with half of maternity units correctly lying below 0.1% turn-away [2].

My own research based on the data of DeSisto et al [10] shows that the average for maternity units in the USA also lie along the 0.1% turn-away line [9].

Economy of scale and unavoidable costs

There is one final complication, namely, that the English HRG tariff completely ignores the reality of economy of scale, which is clearly evident in Figure 2, and is explicitly highlighted in [1,8,9]. This forces small units to operate at higher levels of occupancy and turn-away than which is conducive to good care.

For example, the average occupancy for English maternity units with less than 20 beds is 67% which is **higher** than the average for those with >90 beds, namely, 60% — an enforced huge discrepancy to compensate for the unavoidable effects of size on costs. An injustice masquerading as a virtuous policy.

The English DHSC refuses to acknowledge this reality and claims that the HRG tariff provides a level playing field! Seemingly policy takes precedence over reality, irrespective of the harm it may be inflicting. To be fair the DRG tariff in the USA makes the same fundamental error. Unsurprisingly small US hospitals are closing down [11].

Turn-away and patient safety

High turn-away and low staffing are an explosive mix.

Turn-away is part of a three-fold set of indicators for the risk of poor patient care and adverse outcomes. Turn-away indicates that beds are not immediately available to deliver care, staff-to-patient ratios are the next component of a weighted risk score, while staff perceptions of care, safety, cost pressures, and genuine management involvement are the third component. All three components will form an overall risk score which can be correlated with litigation costs and other measures for poor care.

Somewhat straightforward (and should have been done many years ago), provided there is an appetite to deliver genuine excellence in pregnancy and childbirth. An issue which is the direct responsibility of government via the DHSC.

Conclusion

It is sad that the NHS has never been given any formal advice regarding maternity planning [1], and that this advisory study needs to be published. Is it possible that it is easier to blame the NHS for 'failure' rather than to remedy the real issues?

It is my opinion that both maternity and paediatric services should be funded by ringfenced budgets and equitable funding reflecting unavoidable costs due to size [1,2]. A proposal with is complete anathema to English politicians.

Could it be that the English NHS struggles beneath a crushing weight? Or as politicians claim, there is no crushing weight, just a broken NHS which needs 'fixing'.

If your hospital is identified in this study, you may need to send a copy to the managers responsible for maternity and cc the director of nursing and the medical director.

Key Recommendations

England has a long history of maternity/neonatal safety reviews through to the latest investigation of 14 Trusts led by Baroness Amos [12]. The need for so many reviews indicates systemic problems requiring pragmatic solutions. Several immediately arise from this study.

1. The quarterly bed availability report for maternity needs to be revised to include data for maternity, neonates, birthing unit, and obstetric theatres plus midwife-led units. These key components of total care should include data for each site and a calculation of turn-away.
2. Quarterly reporting should be extended to staff to patient ratios in each of the parts.
3. The DHSC needs to calculate a maternity size factor, like the current market forces factor (MFF) to ensure equitable funding for maternity services.
4. Targeted capital investment needs to be made so that maternity units with anticipated too few beds for the next peak in births can remedy the legacy effects of capacity decisions made decades ago.
5. An annual survey of maternity staff must be mandated, with additional surveys for at risk sites. This specifically covers learning and safety culture, perception of management competence, if reporting mistakes is discouraged, is equipment available and well maintained, etc. Maximum 30 questions and possibly online. Probably run by the CQC.
6. A risk factor based on turn-away, staff ratios, and staff surveys (#5) must be developed for use by the CQC to spot developing problems.
7. All Trusts should report bed availability, occupancy, and turn-away for each site on their website, along with a brief description of their meaning, implications and plans for their improvement.
8. Under the assumption that births will peak at around 700,000 in around 10-15 years, a nuanced training scheme for obstetricians, anaesthetists, midwives and midwife assistants should be initiated to counterbalance likely levels of retirement and maternity staff otherwise exiting the NHS. This plan will need to consider how the subsequent decline in births after the peak will be managed. This plan should be made public with input from all relevant stakeholders.

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Table 1. English NHS Trusts which had too few beds around the peak in births in 2012 or the minimum in births around 2023-2025. The units in **red bold** are most likely to fail at increasing frequency beyond 2025.

Trust Name	2011	2012	2013	2023	2024	2025	Total
CAMBRIDGE UNIVERSITY HOSPITALS	1	1	1	1	1	1	6
GATESHEAD HEALTH	1	1	1	1	1	1	6
GEORGE ELIOT HOSPITAL	1	1	1	1	1	1	6
HOMERTON HEALTHCARE (Incl former Homerton Uni)	1	1	1	1	1	1	6
KINGSTON AND RICHMOND (incl former Kingston)	1	1	1	1	1	1	6
LEWISHAM AND GREENWICH (Incl former Lewisham)	1	1	1	1	1	1	6
MILTON KEYNES UNIVERSITY HOSPITAL	1	1	1	1	1	1	6
SALISBURY	1	1	1	1	1	1	6
THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN,	1	1	1	1	1	1	6
THE ROTHERHAM	1	1	1	1	1	1	6
THE ROYAL WOLVERHAMPTON	1	1	1	1	1	1	6
WIRRAL UNIVERSITY TEACHING HOSPITAL	1	1	1	1	1	1	6
WYE VALLEY	1	1	1	1	1	1	6
BARKING, HAVERING AND REDBRIDGE UNIVERSITY		1	1	1	1	1	5
BLACKPOOL TEACHING HOSPITALS	1	1	1		1	1	5
DARTFORD AND GRAVESHAM	1	1		1	1	1	5
EAST AND NORTH HERTFORDSHIRE TEACHING		1	1	1	1	1	5
NORTH BRISTOL		1	1	1	1	1	5
NORTH MIDDLESEX UNIVERSITY (now Royal Free)	1	1	1	1	1		5
SHERWOOD FOREST HOSPITALS	1	1	1		1	1	5
WALSALL HEALTHCARE	1	1	1	1	1		5
BUCKINGHAMSHIRE HEALTHCARE	1	1		1	1		4
FRIMLEY HEALTH (Frimley + Wexham Park)	1	1	1	1			4
ROYAL BERKSHIRE	1	1			1	1	4
SURREY AND SUSSEX HEALTHCARE	1		1		1	1	4
WRIGHTINGTON, WIGAN AND LEIGH	1	1	1	1			4
ASHFORD AND ST PETER'S HOSPITALS				1	1	1	3
BEDFORD HOSPITAL	1	1	1				3
BOLTON	1				1	1	3
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS	1	1	1				3
CHELSEA AND WESTMINSTER HOSPITAL	1			1	1		3
CHESTERFIELD ROYAL HOSPITAL		1			1	1	3
CITY HOSPITALS SUNDERLAND	1	1	1				3
DERBY HOSPITALS	1	1	1				3
EAST SUSSEX HEALTHCARE				1	1	1	3
FRIMLEY PARK HOSPITAL (now Frimley Healthcare)	1	1	1				3
GLOUCESTERSHIRE HOSPITALS	1	1	1				3
GREAT WESTERN HOSPITALS				1	1	1	3
HEART OF ENGLAND	1	1	1				3
HEATHERWOOD AND WEXHAM PARK HOSPITALS	1	1	1				3
IMPERIAL COLLEGE HEALTHCARE (3 sites)				1	1	1	3
KING'S COLLEGE HOSPITAL	1	1	1				3
MEDWAY			1		1	1	3
MID CHESHIRE HOSPITALS	1	1	1				3
NORTHERN DEVON HEALTHCARE	1	1	1				3
NORTHUMBRIA HEALTHCARE				1	1	1	3
POOLE HOSPITAL	1	1	1				3
PORTSMOUTH HOSPITALS UNIVERSITY				1	1	1	3
ROYAL FREE LONDON	1	1	1				3
SOUTH LONDON HEALTHCARE	1	1	1				3

Trust Name	2011	2012	2013	2023	2024	2025	Total
SOUTH TEES HOSPITALS				1	1	1	3
SOUTH WARWICKSHIRE UNIVERSITY				1	1	1	3
ST HELENS AND KNOWSLEY HOSPITALS	1	1	1				3
THE DUDLEY GROUP	1	1	1				3
THE PRINCESS ALEXANDRA HOSPITAL	1	1	1				3
THE SHREWSBURY AND TELFORD HOSPITAL				1	1	1	3
THE WHITTINGTON HOSPITAL	1	1	1				3
UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE	1	1	1				3
UNIVERSITY HOSPITALS BIRMINGHAM				1	1	1	3
UNIVERSITY HOSPITALS OF NORTH MIDLANDS				1	1	1	3
WEST MIDDLESEX UNIVERSITY HOSPITAL	1	1	1				3
AIREDALE	1	1					2
BARNSELY HOSPITAL				1		1	2
BEDFORDSHIRE HOSPITALS					1	1	2
BRADFORD TEACHING HOSPITALS					1	1	2
CALDERDALE AND HUDDERSFIELD	1	1					2
EAST KENT HOSPITALS UNIVERSITY			1	1			2
GUY'S AND ST THOMAS'					1	1	2
KETTERING GENERAL HOSPITAL		1	1				2
LONDON NORTH WEST UNIVERSITY (Incl former Ealing)	1					1	2
MAIDSTONE AND TUNBRIDGE WELLS		1	1				2
NORTH CUMBRIA UNIVERSITY HOSPITALS		1	1				2
NORTH WEST LONDON HOSPITALS	1	1					2
OXFORD UNIVERSITY HOSPITALS		1				1	2
SANDWELL AND WEST BIRMINGHAM HOSPITALS				1	1		2
SHREWSBURY AND TELFORD HOSPITAL	1	1					2
SOUTH WARWICKSHIRE	1	1					2
TAMESIDE AND GLOSSOP INTEGRATED CARE				1	1		2
UNIVERSITY COLLEGE LONDON HOSPITALS	1	1					2
UNIVERSITY HOSPITALS PLYMOUTH					1	1	2
WORCESTERSHIRE ACUTE HOSPITALS					1	1	2
YEOVIL DISTRICT HOSPITAL	1		1				2
BARTS AND THE LONDON (3 sites)	1						1
BASILDON AND THURROCK UNIVERSITY HOSPITALS	1						1
BURTON HOSPITALS	1						1
COLCHESTER HOSPITAL UNIVERSITY			1				1
COUNTESS OF CHESTER HOSPITAL				1			1
COUNTY DURHAM AND DARLINGTON				1			1
EAST CHESHIRE			1				1
EAST SUFFOLK AND NORTH ESSEX					1		1
ISLE OF WIGHT						1	1
JAMES PAGET UNIVERSITY HOSPITALS				1			1
LIVERPOOL WOMEN'S	1						1
NEWHAM UNIVERSITY HOSPITAL (now Barts and the London)	1						1
NORTHERN CARE ALLIANCE						1	1
PORTSMOUTH HOSPITALS			1				1
ROYAL DEVON AND EXETER	1						1
SCARBOROUGH AND NORTH EAST YORKSHIRE	1						1
SHEFFIELD TEACHING HOSPITALS						1	1
SOMERSET						1	1
THE ROYAL BOURNEMOUTH AND CHRISTCHURCH			1				1
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER	1						1
UNIVERSITY HOSPITAL SOUTHAMPTON	1						1
UNIVERSITY HOSPITALS OF LEICESTER						1	1

Trust Name	2011	2012	2013	2023	2024	2025	Total
UNIVERSITY HOSPITALS OF MORECAMBE BAY					1		1
WARRINGTON AND HALTON HOSPITALS			1				1
WHIPPS CROSS (now Barts and the London)	1						1

Table 2. Full list of trusts with insufficient maternity bed capacity, by year.

Year	Name	Reported Available	Average Occupancy	0.1% turn-away	Too small by x%
2012	AIREDALE	41	71%	62%	16%
2011	AIREDALE	37	85%	60%	43%
2024	ASHFORD AND ST PETER'S HOSPITALS	54	67%	66%	2%
2023	ASHFORD AND ST PETER'S HOSPITALS	51	68%	65%	4%
2025	ASHFORD AND ST PETER'S HOSPITALS	54	77%	66%	17%
2013	BARKING, HAVERING AND REDBRIDGE	63	76%	69%	11%
2025	BARKING, HAVERING AND REDBRIDGE	66	85%	69%	22%
2023	BARKING, HAVERING AND REDBRIDGE	66	91%	69%	32%
2024	BARKING, HAVERING AND REDBRIDGE	66	92%	69%	33%
2012	BARKING, HAVERING AND REDBRIDGE	63	100%	69%	46%
2023	BARNSELY HOSPITAL	33	64%	57%	12%
2025	BARNSELY HOSPITAL	32	67%	57%	18%
2011	BARTS AND THE LONDON	61	100%	69%	46%
2011	BASILDON AND THURROCK UNIVERSITY	38	64%	60%	6%
2011	BEDFORD HOSPITAL	24	83%	51%	63%
2013	BEDFORD HOSPITAL	23	83%	50%	66%
2012	BEDFORD HOSPITAL	24	98%	51%	92%
2024	BEDFORDSHIRE HOSPITALS	67	100%	70%	43%
2025	BEDFORDSHIRE HOSPITALS	65	100%	69%	44%
2024	BLACKPOOL TEACHING HOSPITALS	38	61%	60%	1%
2025	BLACKPOOL TEACHING HOSPITALS	37	73%	60%	22%
2011	BLACKPOOL TEACHING HOSPITALS	25	68%	52%	30%
2012	BLACKPOOL TEACHING HOSPITALS	22	90%	49%	84%
2013	BLACKPOOL TEACHING HOSPITALS	22	97%	49%	98%
2011	BOLTON	72	81%	71%	15%
2024	BOLTON	53	89%	66%	35%
2025	BOLTON	53	100%	66%	51%
2024	BRADFORD TEACHING HOSPITALS	84	85%	73%	17%
2025	BRADFORD TEACHING HOSPITALS	84	87%	73%	20%
2012	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS	72	75%	71%	6%
2013	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS	69	79%	70%	12%
2011	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS	65	84%	69%	22%
2024	BUCKINGHAMSHIRE HEALTHCARE	57	69%	68%	2%
2012	BUCKINGHAMSHIRE HEALTHCARE	57	73%	68%	8%
2011	BUCKINGHAMSHIRE HEALTHCARE	57	73%	68%	8%
2023	BUCKINGHAMSHIRE HEALTHCARE	57	80%	68%	18%
2011	BURTON HOSPITALS	44	66%	63%	5%
2011	CALDERDALE AND HUDDERSFIELD	40	81%	61%	33%
2012	CALDERDALE AND HUDDERSFIELD	12	86%	35%	145%
2012	CAMBRIDGE UNIVERSITY HOSPITALS	42	63%	62%	2%
2011	CAMBRIDGE UNIVERSITY HOSPITALS	42	68%	62%	9%
2013	CAMBRIDGE UNIVERSITY HOSPITALS	42	70%	62%	12%
2023	CAMBRIDGE UNIVERSITY HOSPITALS	59	80%	68%	18%
2024	CAMBRIDGE UNIVERSITY HOSPITALS	59	80%	68%	19%
2025	CAMBRIDGE UNIVERSITY HOSPITALS	59	82%	68%	21%
2023	CHELSEA AND WESTMINSTER HOSPITAL	90	81%	74%	9%
2024	CHELSEA AND WESTMINSTER HOSPITAL	91	86%	75%	16%
2011	CHELSEA AND WESTMINSTER HOSPITAL	55	92%	67%	39%
2024	CHESTERFIELD ROYAL HOSPITAL	34	61%	58%	6%
2025	CHESTERFIELD ROYAL HOSPITAL	34	62%	58%	6%

Year	Name	Reported Available	Average Occupancy	0.1% turn-away	Too small by x%
2012	CHESTERFIELD ROYAL HOSPITAL	28	62%	54%	15%
2012	CITY HOSPITALS SUNDERLAND	34	64%	58%	10%
2013	CITY HOSPITALS SUNDERLAND	34	66%	58%	13%
2011	CITY HOSPITALS SUNDERLAND	34	73%	58%	26%
2013	COLCHESTER HOSPITAL UNIVERSITY	35	63%	59%	7%
2023	COUNTESS OF CHESTER HOSPITAL	41	75%	62%	22%
2023	COUNTY DURHAM AND DARLINGTON	61	81%	69%	18%
2011	DARTFORD AND GRAVESHAM	40	65%	61%	6%
2012	DARTFORD AND GRAVESHAM	40	66%	61%	9%
2023	DARTFORD AND GRAVESHAM	36	96%	59%	62%
2024	DARTFORD AND GRAVESHAM	36	100%	59%	69%
2025	DARTFORD AND GRAVESHAM	36	100%	59%	69%
2011	DERBY HOSPITALS	62	74%	69%	8%
2012	DERBY HOSPITALS	62	78%	69%	14%
2013	DERBY HOSPITALS	61	78%	69%	14%
2011	EALING HOSPITAL	42	88%	62%	42%
2024	EAST AND NORTH HERTFORDSHIRE	61	75%	69%	9%
2023	EAST AND NORTH HERTFORDSHIRE	61	76%	69%	12%
2013	EAST AND NORTH HERTFORDSHIRE	50	73%	65%	12%
2012	EAST AND NORTH HERTFORDSHIRE	50	74%	65%	13%
2025	EAST AND NORTH HERTFORDSHIRE	61	81%	69%	18%
2013	EAST CHESHIRE	21	53%	48%	10%
2013	EAST KENT HOSPITALS UNIVERSITY	53	76%	66%	16%
2023	EAST KENT HOSPITALS UNIVERSITY	50	88%	65%	35%
2024	EAST SUFFOLK AND NORTH ESSEX	64	70%	69%	2%
2023	EAST SUSSEX HEALTHCARE	25	73%	52%	41%
2024	EAST SUSSEX HEALTHCARE	24	79%	51%	55%
2025	EAST SUSSEX HEALTHCARE	24	85%	51%	66%
2023	FRIMLEY HEALTH (Frimley + Wexham Park)	74	81%	71%	14%
2013	FRIMLEY PARK HOSPITAL	44	69%	63%	10%
2012	FRIMLEY PARK HOSPITAL	44	70%	63%	11%
2011	FRIMLEY PARK HOSPITAL	44	71%	63%	14%
2013	GATESHEAD HEALTH	16	66%	42%	58%
2012	GATESHEAD HEALTH	16	71%	42%	69%
2025	GATESHEAD HEALTH	16	75%	42%	78%
2023	GATESHEAD HEALTH	16	75%	42%	78%
2011	GATESHEAD HEALTH	16	75%	42%	80%
2024	GATESHEAD HEALTH	16	95%	42%	126%
2011	GEORGE ELIOT HOSPITAL	19	82%	46%	78%
2023	GEORGE ELIOT HOSPITAL	24	100%	51%	96%
2012	GEORGE ELIOT HOSPITAL	17	86%	43%	98%
2024	GEORGE ELIOT HOSPITAL	23	100%	50%	100%
2025	GEORGE ELIOT HOSPITAL	23	100%	50%	100%
2013	GEORGE ELIOT HOSPITAL	13	93%	37%	149%
2011	GLOUCESTERSHIRE HOSPITALS	54	74%	66%	11%
2013	GLOUCESTERSHIRE HOSPITALS	46	82%	64%	29%
2012	GLOUCESTERSHIRE HOSPITALS	46	83%	64%	31%
2024	GREAT WESTERN HOSPITALS	30	77%	56%	38%
2023	GREAT WESTERN HOSPITALS	30	81%	56%	45%
2025	GREAT WESTERN HOSPITALS	30	84%	56%	51%
2024	GUY'S AND ST THOMAS'	76	78%	72%	9%
2025	GUY'S AND ST THOMAS'	73	82%	71%	15%
2012	HEART OF ENGLAND	103	77%	76%	2%
2013	HEART OF ENGLAND	103	79%	76%	5%
2011	HEART OF ENGLAND	103	81%	76%	7%
2011	HEATHERWOOD AND WEXHAM PARK HOSPITALS	33	71%	57%	23%
2013	HEATHERWOOD AND WEXHAM PARK HOSPITALS	30	94%	56%	69%
2012	HEATHERWOOD AND WEXHAM PARK HOSPITALS	30	100%	56%	79%
2023	HOMERTON HEALTHCARE	41	69%	62%	13%

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2024	HOMERTON HEALTHCARE	41	74%	62%	20%
2025	HOMERTON HEALTHCARE	41	75%	62%	22%
2013	HOMERTON UNIVERSITY HOSPITAL	41	72%	62%	17%
2011	HOMERTON UNIVERSITY HOSPITAL	41	73%	62%	18%
2012	HOMERTON UNIVERSITY HOSPITAL	41	76%	62%	23%
2023	IMPERIAL COLLEGE HEALTHCARE	78	83%	72%	15%
2025	IMPERIAL COLLEGE HEALTHCARE	63	92%	69%	35%
2024	IMPERIAL COLLEGE HEALTHCARE	66	95%	69%	37%
2025	ISLE OF WIGHT	16	43%	42%	3%
2023	JAMES PAGET UNIVERSITY HOSPITALS	30	56%	56%	1%
2012	KETTERING GENERAL HOSPITAL	49	65%	65%	1%
2013	KETTERING GENERAL HOSPITAL	49	65%	65%	1%
2013	KING'S COLLEGE HOSPITAL	50	72%	65%	11%
2011	KING'S COLLEGE HOSPITAL	69	83%	70%	19%
2012	KING'S COLLEGE HOSPITAL	50	86%	65%	32%
2025	KINGSTON AND RICHMOND	60	73%	68%	7%
2024	KINGSTON HOSPITAL	55	72%	67%	9%
2023	KINGSTON HOSPITAL	55	76%	67%	15%
2013	KINGSTON HOSPITAL	65	84%	69%	21%
2011	KINGSTON HOSPITAL	64	72%	69%	6%
2012	KINGSTON HOSPITAL	53	87%	66%	32%
2023	LEWISHAM AND GREENWICH	75	79%	71%	11%
2025	LEWISHAM AND GREENWICH	75	84%	71%	18%
2024	LEWISHAM AND GREENWICH	75	87%	71%	22%
2013	LEWISHAM AND GREENWICH	42	88%	62%	41%
2011	LEWISHAM HEALTHCARE	42	84%	62%	36%
2012	LEWISHAM HEALTHCARE	42	88%	62%	42%
2011	LIVERPOOL WOMEN'S	118	86%	77%	12%
2025	LONDON NORTH WEST UNIVERSITY	60	70%	68%	3%
2012	MAIDSTONE AND TUNBRIDGE WELLS	48	67%	64%	5%
2013	MAIDSTONE AND TUNBRIDGE WELLS	48	68%	64%	5%
2013	MEDWAY	51	67%	65%	3%
2024	MEDWAY	46	66%	64%	4%
2025	MEDWAY	45	66%	63%	5%
2013	MID CHESHIRE HOSPITALS	30	66%	56%	18%
2012	MID CHESHIRE HOSPITALS	28	68%	54%	26%
2011	MID CHESHIRE HOSPITALS	28	75%	54%	39%
2011	MILTON KEYNES HOSPITAL	43	65%	62%	4%
2013	MILTON KEYNES HOSPITAL	42	68%	62%	10%
2012	MILTON KEYNES HOSPITAL	43	72%	62%	16%
2023	MILTON KEYNES UNIVERSITY HOSPITAL	42	80%	62%	30%
2025	MILTON KEYNES UNIVERSITY HOSPITAL	43	82%	62%	31%
2024	MILTON KEYNES UNIVERSITY HOSPITAL	36	99%	59%	67%
2011	NEWHAM UNIVERSITY HOSPITAL	107	80%	76%	6%
2023	NORTH BRISTOL	61	73%	69%	7%
2024	NORTH BRISTOL	61	75%	69%	9%
2013	NORTH BRISTOL	64	76%	69%	11%
2012	NORTH BRISTOL	64	79%	69%	16%
2025	NORTH BRISTOL	61	86%	69%	26%
2012	NORTH CUMBRIA UNIVERSITY HOSPITALS	33	59%	57%	3%
2013	NORTH CUMBRIA UNIVERSITY HOSPITALS	32	69%	57%	21%
2012	NORTH MIDDLESEX UNIVERSITY HOSPITAL	29	87%	55%	59%
2011	NORTH MIDDLESEX UNIVERSITY HOSPITAL	29	91%	55%	66%
2023	NORTH MIDDLESEX UNIVERSITY HOSPITAL	36	100%	59%	69%
2024	NORTH MIDDLESEX UNIVERSITY HOSPITAL	33	100%	57%	74%
2013	NORTH MIDDLESEX UNIVERSITY HOSPITAL	29	99%	55%	80%
2012	NORTH WEST LONDON HOSPITALS	66	73%	69%	6%
2011	NORTH WEST LONDON HOSPITALS	97	80%	75%	7%
2025	NORTHERN CARE ALLIANCE	61	74%	69%	8%

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2011	NORTHERN DEVON HEALTHCARE	24	56%	51%	9%
2013	NORTHERN DEVON HEALTHCARE	14	66%	39%	69%
2012	NORTHERN DEVON HEALTHCARE	14	80%	39%	104%
2023	NORTHUMBRIA HEALTHCARE	35	72%	59%	22%
2024	NORTHUMBRIA HEALTHCARE	36	76%	59%	29%
2025	NORTHUMBRIA HEALTHCARE	37	81%	60%	35%
2025	OXFORD UNIVERSITY HOSPITALS	101	81%	75%	8%
2012	OXFORD UNIVERSITY HOSPITALS	116	79%	77%	3%
2013	POOLE HOSPITAL	37	92%	60%	54%
2011	POOLE HOSPITAL	39	94%	61%	54%
2012	POOLE HOSPITAL	39	97%	61%	61%
2013	PORTSMOUTH HOSPITALS	49	76%	65%	18%
2023	PORTSMOUTH HOSPITALS UNIVERSITY	44	88%	63%	39%
2024	PORTSMOUTH HOSPITALS UNIVERSITY	44	88%	63%	40%
2025	PORTSMOUTH HOSPITALS UNIVERSITY	44	87%	63%	38%
2024	ROYAL BERKSHIRE	51	76%	65%	16%
2011	ROYAL BERKSHIRE	41	72%	62%	17%
2012	ROYAL BERKSHIRE	45	78%	63%	24%
2025	ROYAL BERKSHIRE	44	95%	63%	51%
2011	ROYAL DEVON AND EXETER	34	78%	58%	34%
2013	ROYAL FREE LONDON	31	69%	56%	23%
2012	ROYAL FREE LONDON	31	76%	56%	35%
2011	ROYAL FREE LONDON	25	100%	52%	93%
2012	SALISBURY	24	63%	51%	24%
2013	SALISBURY	24	63%	51%	24%
2025	SALISBURY	24	66%	51%	30%
2024	SALISBURY	24	67%	51%	32%
2023	SALISBURY	25	70%	52%	35%
2011	SALISBURY	24	73%	51%	43%
2023	SANDWELL AND WEST BIRMINGHAM HOSPITALS	62	72%	69%	5%
2024	SANDWELL AND WEST BIRMINGHAM HOSPITALS	62	72%	69%	5%
2011	SCARBOROUGH AND NORTH EAST YORKSHIRE	14	72%	39%	86%
2025	SHEFFIELD TEACHING HOSPITALS	68	79%	70%	13%
2024	SHERWOOD FOREST HOSPITALS	48	66%	64%	2%
2025	SHERWOOD FOREST HOSPITALS	48	71%	64%	10%
2011	SHERWOOD FOREST HOSPITALS	49	89%	65%	38%
2013	SHERWOOD FOREST HOSPITALS	49	89%	65%	38%
2012	SHERWOOD FOREST HOSPITALS	48	95%	64%	48%
2011	SHREWSBURY AND TELFORD HOSPITAL	66	75%	69%	9%
2012	SHREWSBURY AND TELFORD HOSPITAL	59	79%	68%	17%
2025	SOMERSET	37	76%	60%	28%
2012	SOUTH LONDON HEALTHCARE	118	79%	77%	3%
2013	SOUTH LONDON HEALTHCARE	110	83%	76%	9%
2011	SOUTH LONDON HEALTHCARE	88	81%	74%	10%
2023	SOUTH TEES HOSPITALS	41	69%	62%	12%
2025	SOUTH TEES HOSPITALS	41	70%	62%	14%
2024	SOUTH TEES HOSPITALS	41	72%	62%	16%
2011	SOUTH WARWICKSHIRE	40	92%	61%	50%
2012	SOUTH WARWICKSHIRE	40	97%	61%	58%
2023	SOUTH WARWICKSHIRE UNIVERSITY	46	77%	64%	22%
2024	SOUTH WARWICKSHIRE UNIVERSITY	40	84%	61%	37%
2025	SOUTH WARWICKSHIRE UNIVERSITY	40	86%	61%	41%
2011	ST HELENS AND KNOWSLEY HOSPITALS	38	86%	60%	44%
2013	ST HELENS AND KNOWSLEY HOSPITALS	37	88%	60%	48%
2012	ST HELENS AND KNOWSLEY HOSPITALS	37	91%	60%	52%
2013	SURREY AND SUSSEX HEALTHCARE	40	64%	61%	4%
2011	SURREY AND SUSSEX HEALTHCARE	46	73%	64%	14%
2024	SURREY AND SUSSEX HEALTHCARE	27	63%	53%	17%
2025	SURREY AND SUSSEX HEALTHCARE	28	64%	54%	18%

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2023	TAMESIDE AND GLOSSOP INTEGRATED CARE	32	61%	57%	7%
2024	TAMESIDE AND GLOSSOP INTEGRATED CARE	32	66%	57%	15%
2012	THE DUDLEY GROUP	46	64%	64%	1%
2011	THE DUDLEY GROUP	45	68%	63%	8%
2013	THE DUDLEY GROUP	43	72%	62%	15%
2011	THE PRINCESS ALEXANDRA HOSPITAL	39	79%	61%	31%
2013	THE PRINCESS ALEXANDRA HOSPITAL	44	83%	63%	32%
2012	THE PRINCESS ALEXANDRA HOSPITAL	40	81%	61%	33%
2023	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN,	19	63%	46%	37%
2011	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN,	21	70%	48%	45%
2013	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN,	21	80%	48%	65%
2024	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN,	19	81%	46%	77%
2012	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN,	21	90%	48%	88%
2025	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN,	16	84%	42%	138%
2024	THE ROTHERHAM	24	82%	51%	61%
2023	THE ROTHERHAM	23	81%	50%	63%
2025	THE ROTHERHAM	24	87%	51%	71%
2011	THE ROTHERHAM	33	100%	57%	74%
2012	THE ROTHERHAM	30	100%	56%	80%
2013	THE ROTHERHAM	16	100%	42%	138%
2013	THE ROYAL BOURNEMOUTH AND	5	38%	15%	150%
2012	THE ROYAL WOLVERHAMPTON	44	69%	63%	10%
2011	THE ROYAL WOLVERHAMPTON	44	74%	63%	17%
2023	THE ROYAL WOLVERHAMPTON	50	81%	65%	24%
2024	THE ROYAL WOLVERHAMPTON	50	87%	65%	33%
2025	THE ROYAL WOLVERHAMPTON	50	93%	65%	43%
2013	THE ROYAL WOLVERHAMPTON	36	98%	59%	65%
2023	THE SHREWSBURY AND TELFORD HOSPITAL	37	60%	60%	1%
2025	THE SHREWSBURY AND TELFORD HOSPITAL	37	61%	60%	2%
2024	THE SHREWSBURY AND TELFORD HOSPITAL	37	72%	60%	21%
2012	THE WHITTINGTON HOSPITAL	46	77%	64%	21%
2011	THE WHITTINGTON HOSPITAL	42	81%	62%	30%
2013	THE WHITTINGTON HOSPITAL	47	84%	64%	32%
2012	UNIVERSITY COLLEGE LONDON HOSPITALS	40	71%	61%	16%
2011	UNIVERSITY COLLEGE LONDON HOSPITALS	40	71%	61%	17%
2011	UNIVERSITY HOSPITAL OF NORTH	57	85%	68%	26%
2013	UNIVERSITY HOSPITAL OF NORTH	48	83%	64%	28%
2012	UNIVERSITY HOSPITAL OF NORTH	44	89%	63%	41%
2011	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER	39	64%	61%	5%
2011	UNIVERSITY HOSPITAL SOUTHAMPTON	51	68%	65%	4%
2024	UNIVERSITY HOSPITALS BIRMINGHAM	133	89%	79%	14%
2023	UNIVERSITY HOSPITALS BIRMINGHAM	137	92%	79%	17%
2025	UNIVERSITY HOSPITALS BIRMINGHAM	114	98%	77%	29%
2025	UNIVERSITY HOSPITALS OF LEICESTER	123	87%	78%	12%
2024	UNIVERSITY HOSPITALS OF MORECAMBE BAY	37	60%	60%	1%
2024	UNIVERSITY HOSPITALS OF NORTH MIDLANDS	64	86%	69%	25%
2023	UNIVERSITY HOSPITALS OF NORTH MIDLANDS	64	88%	69%	29%
2025	UNIVERSITY HOSPITALS OF NORTH MIDLANDS	64	91%	69%	33%
2024	UNIVERSITY HOSPITALS PLYMOUTH	58	69%	68%	3%
2025	UNIVERSITY HOSPITALS PLYMOUTH	58	84%	68%	24%
2024	WALSALL HEALTHCARE	32	62%	57%	8%
2023	WALSALL HEALTHCARE	27	60%	53%	13%
2011	WALSALL HEALTHCARE	32	72%	57%	27%
2012	WALSALL HEALTHCARE	32	76%	57%	34%
2013	WALSALL HEALTHCARE	35	85%	59%	44%
2013	WARRINGTON AND HALTON HOSPITALS	40	62%	61%	2%
2012	WEST MIDDLESEX UNIVERSITY HOSPITAL	56	72%	68%	7%
2011	WEST MIDDLESEX UNIVERSITY HOSPITAL	56	73%	68%	8%
2013	WEST MIDDLESEX UNIVERSITY HOSPITAL	52	96%	66%	47%

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2011	WHIPPS CROSS UNIVERSITY HOSPITAL	62	75%	69%	9%
2013	WIRRAL UNIVERSITY TEACHING HOSPITAL	32	60%	57%	5%
2024	WIRRAL UNIVERSITY TEACHING HOSPITAL	32	62%	57%	10%
2012	WIRRAL UNIVERSITY TEACHING HOSPITAL	32	67%	57%	18%
2023	WIRRAL UNIVERSITY TEACHING HOSPITAL	32	68%	57%	19%
2025	WIRRAL UNIVERSITY TEACHING HOSPITAL	32	71%	57%	25%
2011	WIRRAL UNIVERSITY TEACHING HOSPITAL	28	70%	54%	29%
2024	WORCESTERSHIRE ACUTE HOSPITALS	62	71%	69%	4%
2025	WORCESTERSHIRE ACUTE HOSPITALS	62	74%	69%	8%
2023	WRIGHTINGTON, WIGAN AND LEIGH	28	64%	54%	18%
2012	WRIGHTINGTON, WIGAN AND LEIGH	30	70%	56%	26%
2013	WRIGHTINGTON, WIGAN AND LEIGH	29	72%	55%	30%
2011	WRIGHTINGTON, WIGAN AND LEIGH	30	76%	56%	36%
2024	WYE VALLEY	17	51%	43%	18%
2023	WYE VALLEY	17	53%	43%	23%
2025	WYE VALLEY	17	56%	43%	29%
2012	WYE VALLEY	21	66%	48%	37%
2011	WYE VALLEY	21	74%	48%	54%
2013	WYE VALLEY	17	73%	43%	68%
2013	YEOVIL DISTRICT HOSPITAL	23	54%	50%	8%
2011	YEOVIL DISTRICT HOSPITAL	23	59%	50%	18%