

Scanxiety

**Cheshire and  
Merseyside**

---

**Cancer Alliance**

[https://youtu.be/IVN5FTpOrqk?si=J4uaTKiWbMxjPC2\\_](https://youtu.be/IVN5FTpOrqk?si=J4uaTKiWbMxjPC2_)

# The LAASP Case for Change

27<sup>th</sup> March 2025

V1.1

# Agenda

**1** What is LAASP?

**2** **Developing the University Hospitals of Liverpool Group**

**3** **Our Case for Change**

**4** **Next Steps**

**5** **Ask of ICB**

## What is LAASP?

**565,000**

patients served across  
Liverpool

**2-3.5million**

patients served across a wider catchment  
spanning Cheshire and Merseyside, North Wales,  
Isle of Man, and the wider North-West region<sup>1-6</sup>



- Liverpool Adult Acute & Specialist Providers (LAASP) are Liverpool Heart & Chest, The Clatterbridge Cancer Centre, The Walton Centre, LUHFT and Liverpool Women's Hospital
- The Chairs and Chief Executives of the five organisations formed the LAASP Joint Committee in July 2024
- The LAASP Joint Committee's purpose is to drive common strategy, decision making and shared service delivery models across our five trusts
- The LAASP JC will work closely with the UHL Group Board to oversee the process for the five LAASP Trusts joining the University Hospitals of Liverpool Group (UHLG)
- LAASP Trusts have committed to formally delegating functions, e.g. strategy development, operating as one financially, recruitment and succession planning to the LAASP JC from April 2025



**~ £2.2 billion**

total LAASP revenue



**22,139**

members of LAASP staff



**2,184**

total beds

3/5 trusts rated  
outstanding or good



LHCH voted the **TOP**  
place  
to work in the country<sup>7</sup>



Walton Centre winner of  
**NHS Parliamentary**  
Award<sup>8</sup>

# Agenda

1 What is LAASP?

2 **Developing the University Hospitals of Liverpool Group**

---

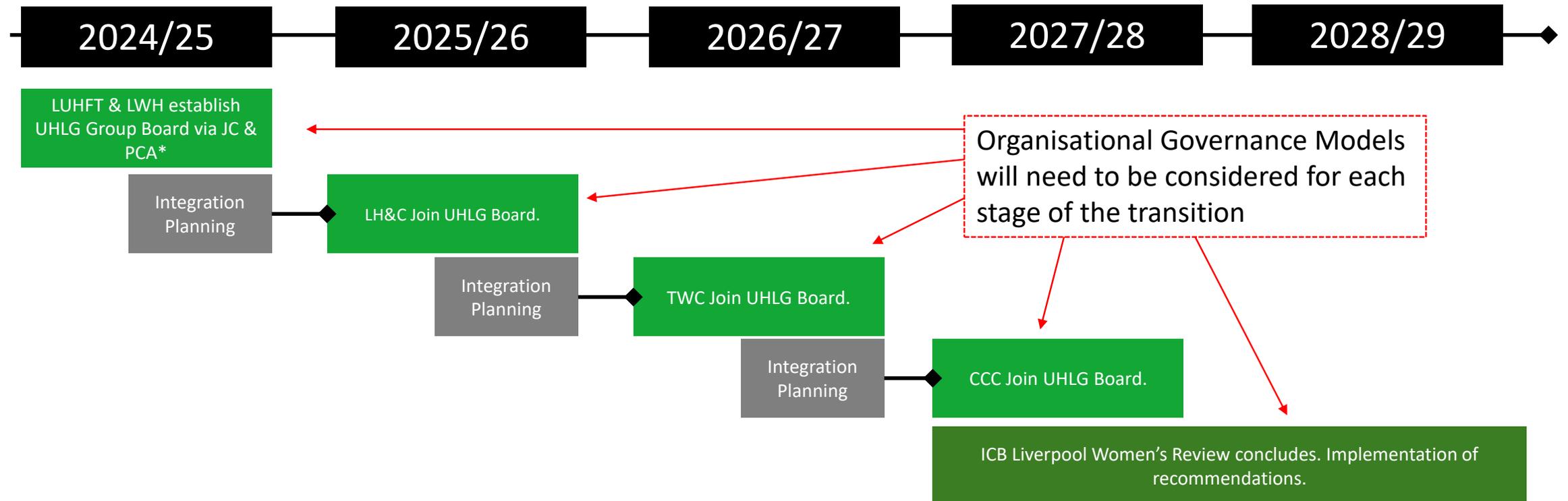
3 Our Case for Change

4 Next Steps

5 Ask of ICB

## Developing our UHL Group model – the UHLG Roadmap

- The UHLG Roadmap below has been agreed by all of our Trust Boards
- LUHFT and LWH formed the Group in November 2024 and have created a single UHLG Board and Directors, Executive Team & LWH Hospital Management Board
- Integration Planning has started to onboard LH&C into the Group in 2025/26



# Agenda

1 What is LAASP?

2 Developing the University Hospitals of Liverpool Group

3 Our Case for Change

4 Next Steps

5 Ask of ICB

## Our Case for Change – Context

- In a letter issued in July 2024 to all LAASP trusts, the Chief Executive of the Integrated Care Board (ICB) has called for closer and shared working arrangements between the five Liverpool Adult Acute & Specialist Providers (LAASP).
- One of the asks for the LAASP trusts was to define their case for change, in particular to be able to capture the clinical and financial opportunities to work differently across the five trusts.
- LAASP, supported by the ICB, commissioned PwC in October 2024 to work alongside us to develop our Case for Change.

---

***The Case for Change is not a strategy, nor is it an implementation plan, rather it is intended to clearly state the case for working together differently and the areas that as LAASP we must transform.***

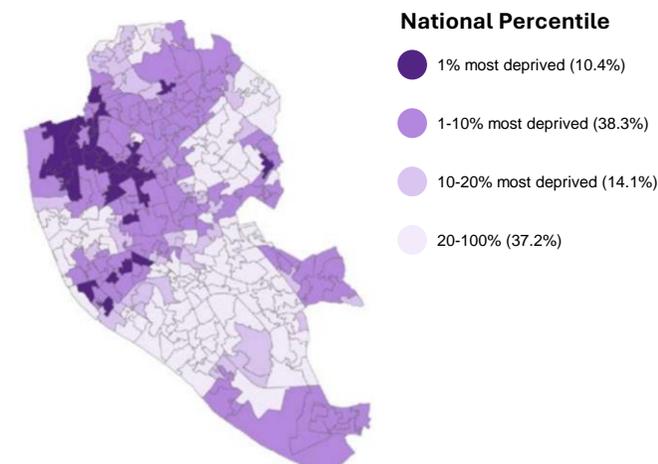
## 3

## Demand is rising from our population, meaning future changes will be required to meet demand

- In North Mersey, 53% of our population live in the top 20% most deprived areas of England.
- Four in every 10 children under the age of 16 live in poverty.
- On average, men will spend 21% of their lives in poor health, rising slightly to 24% for women.
- Many people suffer from chronic conditions, with our biggest killers being cancer, cardiovascular disease, and respiratory disease, leading to frequent hospital visits and affecting quality of life.
- Marked health inequalities are evident from birth in Liverpool, with people in our most deprived areas living eight years fewer than most people in affluent areas.
- Minority ethnic groups also experience higher rates of long-term conditions, including coronary heart disease, diabetes, and asthma.
- Looking ahead, projections indicate that by 2040, 37% of women in Liverpool will suffer from obesity.
- The number of people with major illness (two or more long term conditions) is set to increase by between 33,000 and 38,000 people.

Long-term unemployment in our community is **7.5%**<sup>4</sup> (vs the national average of **4.3%**<sup>5</sup>)

Liverpool is the **3<sup>rd</sup>** most deprived local authority in the UK and **63%** of Liverpool residents are living in areas ranked among the most deprived in England<sup>6</sup>



**Figure 2.1.1:** Heat map of deprivation in Liverpool, 2023 (using IMD 2019)<sup>3</sup>

3

There are a number of thematic areas where our patients and staff can benefit from closer collaboration through LAASP

## Opportunity themes



# Clinical Pathways and Patient Experience

## Women's health

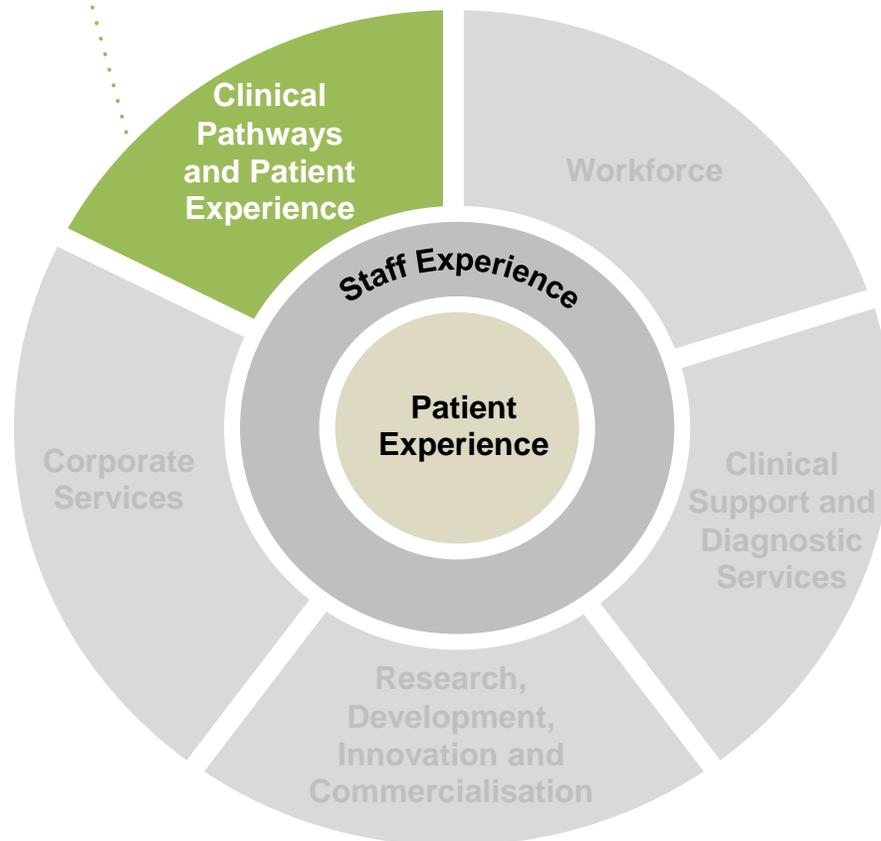
- Building on successful joint initiatives in train, e.g. shared anaesthetic service
- Addressing clinical safety and governance
- Optimising infrastructure and co-location of services

## Cardiac services

- Single cardiology service to improve alignment
- Standardising ACS management to reduce service variation
- Optimising and enhancing integration across all cardiac pathways

## Stroke services / neurology

- Streamlining the thrombectomy and thrombolysis pathways to reach local and national targets
- Expanding thrombectomy services to increase capacity



*“Operating as LAASP will provide us with the ability to take joint responsibility for the entire patient pathway for the first time”*

**148**

Clinical incidents between 2022-2024 that were caused in full or in part by women's services being provided on a separate site<sup>1</sup>

**26%**

C&M NSTEMI patients receive PCI within 72 hours vs a national median of 65%<sup>2</sup>

**6%**

Stroke patients at Aintree receive thrombectomy against a target of 10-15%.

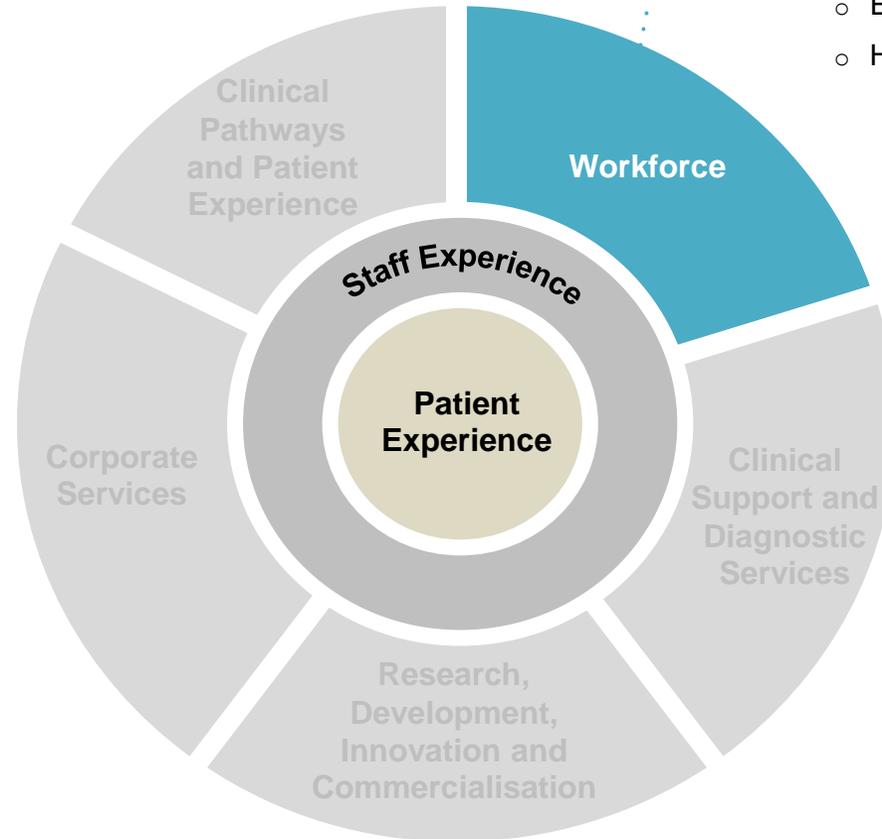
# Workforce

Whilst specialist trusts are performing well – achieving a leaver rate of **10.8%**, significantly below the national average of **16.2%**<sup>1</sup> – there are still large variations in staff satisfaction across our other trusts

Numerous case studies provide evidence that initiatives targeted at improving ways of working, staff engagement, and career development result in a reduction of annual leaver rates of **0.5–2.4%**

... and evidence suggests the cost of replacing a doctor is **£297,500** and the cost of replacing a nurse is **£13,600**

**£13 – 28m** is the estimated bank spend opportunity from the formulation of LAASP (in a 3-5 year horizon)



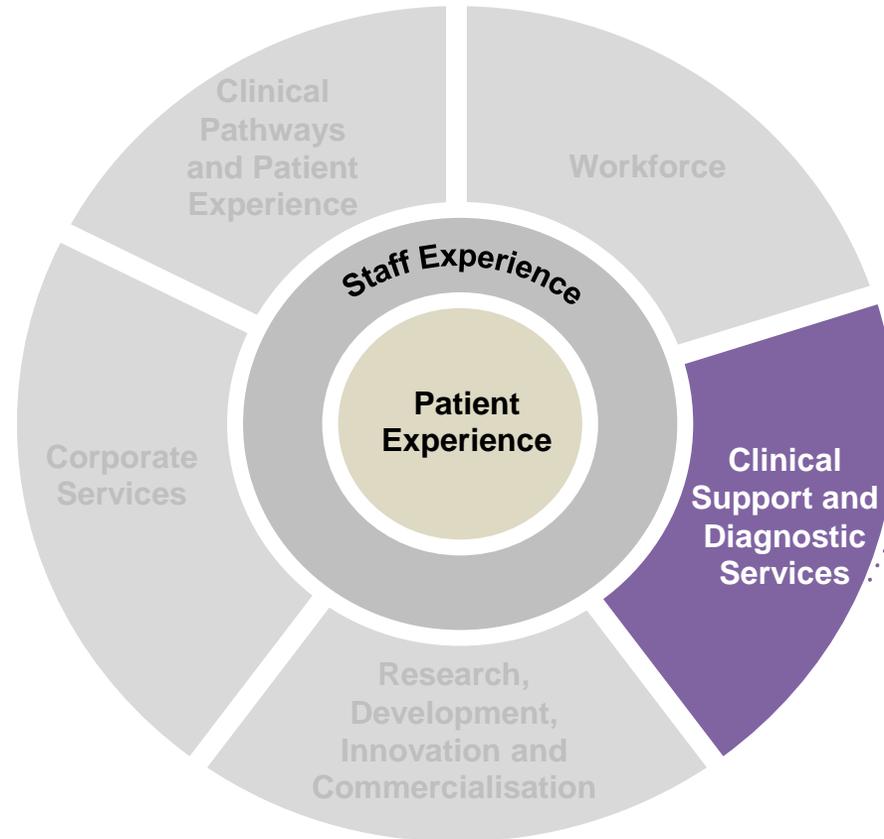
## Workforce

- Attracting and retaining talent
- New training opportunities through scale
- Enhanced demand and capacity management
- Harmonising bank and agency management

*“By leveraging the collective strengths of our trusts and the added flexibility of group collaboration, we can address workforce challenges more effectively.”*

## Clinical Support & Diagnostic Services

*“We have made significant progress e.g. through the CMAST Diagnostic Programme, however, can collaborate further in areas like pharmacy and digital.”*



**Innovations** like rapid near-patient testing, shared diagnostic hubs and virtual consultations enable faster and more accurate diagnostics, while services that can be more community-based such as phlebotomy bring essential diagnostics closer to patients, supporting the shift of care from hospitals to communities. ★

By fully integrating a unified LIMS across LAASP, we can support seamless cross-trust collaboration, empower clinicians with real-time access to data, and create a more connected, efficient, and responsive healthcare ecosystem. ★

### Clinical Support and Diagnostic Services

- Innovative diagnosis and treatment and treatment models
- Aligning pharmacy services
- Developing and scaling Medicines Optimisation
- Scaling diagnostic excellence
- Integrating digital systems

## Research, Development, Innovation & Commercialisation

**“Our commitment to high-quality research within each of the five trusts is beyond question...Together, we can now maximise commercial opportunities to optimise patient care.”**



### Research, Development, Innovation and Commercialisation

- Scaling research and securing grants
- Aligning academic research with local population need
- Fostering clinical innovation
- Identifying and scaling commercial opportunities

Despite investments and collaborative efforts, participation in clinical trials within Liverpool is **lower than Core City peers** per 100,000 of the population<sup>1</sup>

Opportunity	Low	Medium	High
R&D	3.8	4.6	5.3
E&T	4.9	8.5	13.4
PP	1.2	4.2	7.1
<b>Total</b>	<b>10.0</b>	<b>17.2</b>	<b>25.8</b>

LAASP additional income opportunity (£m)

**“We can significantly expand our LAASP commercial capability, e.g. scaling use of CCC subsidiary across the wider group.”**

# Corporate & Shared Services

★ Larger contract opportunities with service providers can lead to more favourable terms and reduced operational costs, ultimately freeing up resources to be reinvested in patient care

★ Shared digital platforms, such as converged EPR, referral, and EPMA systems, improve care coordination and patient management, facilitating seamless care transitions and reducing errors.

## Corporate Services

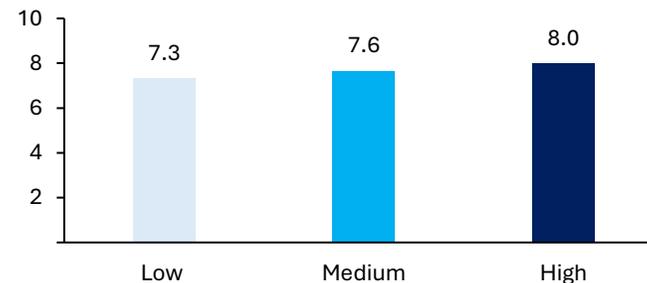
- Reducing unnecessary duplication
- Economies of scale
- Enablers:
  - Digital
  - Finance
  - Estates and facilities

**“We see significant opportunities within LAASP to tackle operational inefficiencies and financial challenges through shared corporate services.”**



Since 2016, while the NHS estate has grown by 3%, patient attendances have risen by 11%<sup>1</sup>, highlighting the need for efficient space management to meet rising demand and provide a safer and more compliant care environment for patients

We estimate that LAASP could have an annual recurring opportunity of approximately £7 - 8m in corporate services costs.



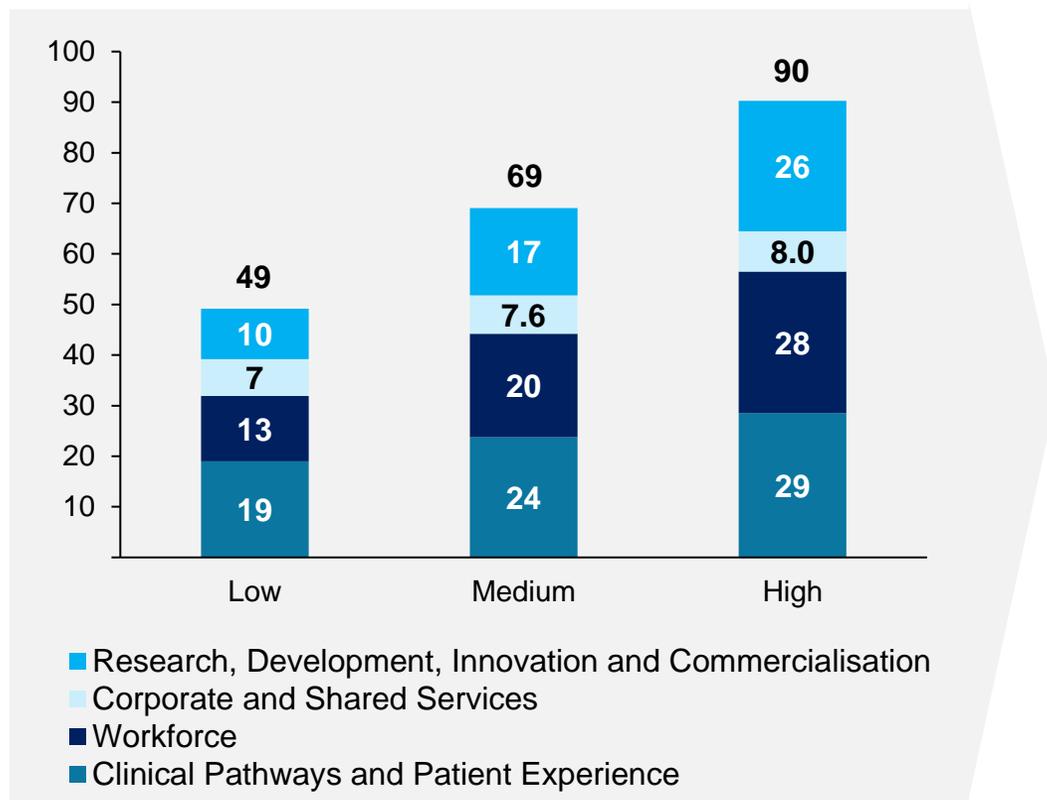
LAASP annual corporate and shared services financial opportunity (£m)

Sources: 1) NHS England *Delivering productivity through the NHS estate, 2024*;

## Working as a group presents significant financial opportunities that could be realised over 3 - 5 years

### Summary of the financial opportunity

The LAASP financial opportunities identified could bring the combined group into a more financially sustainable position, with a total estimated annual recurrent financial opportunity of **£49 – 90 million** once the group has matured after 3-5 years.



**Figure 1:** Annual financial opportunity identified with the formation of LAASP (summary of report analysis, non-exhaustive) (£m)

Most of these benefits are expected to come from:

**£13 – 28 million**

Reduction in temporary staffing costs

**£19 - 29 million**

Savings in clinical pathway efficiencies

**Note:** The financial opportunity will be further developed through the FSP and SOC; Financial opportunities are presented as gross rather than net benefits as they do not account for the costs associated with the formation of LAASP. As there are different scenarios and therefore costs associated with how LAASP will be established, costs have been omitted from the analysis.

## As we move forward, several critical success factors will guide our efforts...



**Patient and staff involvement** – including diverse perspectives in shaping the partnership and future planning



**Governance structures** – driving and delivering on a shared vision with structures that promote shared ownership and risk



**Brand identity and culture** – developing a strong brand for UHL Group whilst leveraging existing hospital brands in order to attract the best talent and bring in investment



**Estates and capital optimisation** – adopting a collaborative approach to capital planning, guided by need, to maximise use of our estates



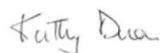
**Digital enablement** – investing in our digital capabilities, such as a single EPR, to optimise workflows and communications as a group

## In Summary...

*“We have a unique opportunity to reshape clinical pathways to better meet the current and increasingly complex future needs of our populations.”*

*“This collaboration is not just about addressing fragmented pathways and reducing duplication in current service delivery or reducing our financial deficit; it is about working together to create a sustainable healthcare system.”*

*“As leaders of our five hospitals, we commend the LAASP Case for Change, a document that marks the start of our collaborative journey, not its conclusion.”*



**Kathy Doran**  
Chair of CCC



**Val Davies**  
Chair of LHCH



**Liz Bishop**  
CEO of CCC and LHCH



**Max Steinberg**  
Chair of TWC



**Jan Ross**  
CEO of TWC



**David Flory**  
Chair of UHLG



**James Sumner**  
CEO of UHLG

# Agenda

1 **What is LAASP?**

2 **Developing the University Hospitals of Liverpool Group**

3 **Our Case for Change**

4 **Next Steps**

5 **Ask of ICB**

# Moving forwards from our Case for Change

## 1 Stage 1: Portfolio Mobilisation & Design Principles

Sep '24 – Jan '24

*Preparing for delivery and defining our Case for Change.*

- ✓ Define and agree the Joint Committee strategic priorities
- ✓ Developing the LAASP Case for Change – our case for delivering our services differently in the future and sign-off within LAASP & ICB
- ✓ Agreeing the sequencing for LAASP trusts to join the UHL Group (the UHL Roadmap)
- ✓ Put in place a programme structure to deliver (the LAASP Portfolio)
- ✓ Agree UHLG “end state” Design Principles to support consistent LAASP Programme delivery and UHL Group Development
- Ensure sufficient resources are in place to deliver LAASP Programmes (The LAASP Resource Plan)
- ✓ Agree LAASP JC formal delegations to be in place to support Phase 2 delivery
- ✓ Develop our Financial Framework that defines how we “work as one”
- ✓ Establish our LAASP Communication & Engagement Strategy – including starting our “LAASP BIG Conversation”

## 2 Stage 2: Strategy & Operating Model Development

Feb '25 – Mar '26

*Designing our five-year strategy for acute and specialist services and our operating model at scale within the UHL Group.*

- Oversee the planning and transition for Liverpool Heart & Chest hospital to join UHL Group
- Develop UHL 2030 our strategy and five-year plan for: 1) Streamlined acute and specialist pathways; 2) Faster diagnosis through acute care and return to the community; and 3) Proactive contribution to community provided preventative care \*
- Define our Brand Strategy for UHLG and Hospital sites
- Define the LAASP Financial Sustainability Plan – a three-year plan (aligned to UHL 2030) that works collaboratively towards sustainability
- Oversee Year 1 of the LAASP EPR implementation
- Define and implement operating models for our Phase 1 LAASP Corporate Shared Services (People &OD, Digital, Estates, Finance)
- Agree Phase 2 LAASP Corporate Shared Services
- Define our LAASP Strategy for Research, Innovation & Precision Medicine
- Oversee the integration planning for The Walton Centre to join the UHL Group in 26/27

4

# We have mobilised our LAASP programme structure, bringing leadership from across our five trusts

The Vision for the LAASP Portfolio is to transform the delivery of adult acute and specialist care for the patients we serve.

Accountable:

**LAASP Joint Committee**

LAASP CEO Design Authority

Responsible:

**LAASP Portfolio Board**

LAASP Clinical Reference Group



LAASP Clinical Lead & CRG Chair: Andy Nicolson (TWC)

LAASP Transformation Delivery Unit



LAASP Portfolio SRO: Tim Gold (UHL)

**Priority 1**  
Implementing the UHL Group Roadmap

**Priority 2**  
Developing our five year strategy & plan

**Priority 3**  
Creating LAASP Corporate & Shared Services

**Priority 4**  
Financial Governance & Control



SRO: Ben Vinter (LH&C)



SRO: Tom Pharaoh (CCC & LH&C)



SRO: Lynn Greenhalgh (LWH)



SRO: Michelle Turner (LWH)



SRO: Matt Gardner (TWC)



SRO: Tom Pharaoh (CCC & LH&C)



SRO: Rob Forster (UHL)



SRO: James Thomson (LH&C & CCC)

Roadmap Phase 2 - LH&C Group Integration

UHL 2030 Strategic Case Development

LAASP RDI & Precision Medicine Strategy

LAASP People, Culture & OD

LAASP Data & Digital

LAASP Estates Strategy & Masterplanning

LAASP Financial Governance & Contracting

LAASP Commercial Strategy

# Agenda

1 **What is LAASP?**

2 **Developing the University Hospitals of Liverpool Group**

3 **Our Case for Change**

4 **Next Steps**

5 **Ask of ICB**

---

## Asks of the ICB

---

1. Note the progress made to establish the LAASP Joint Committee, the LAASP Portfolio of delivery programmes and the LAASP Case for Change
  2. Approve the Case for Change document and support the LAASP Joint Committee to implement the LAASP Portfolio including development of a Strategic Outline Case (SOC) and LAASP Financial Sustainability Plan (FSP)
-

# Improving hospital gynaecology and maternity services in Liverpool

Overview of public engagement findings

27 March 2025



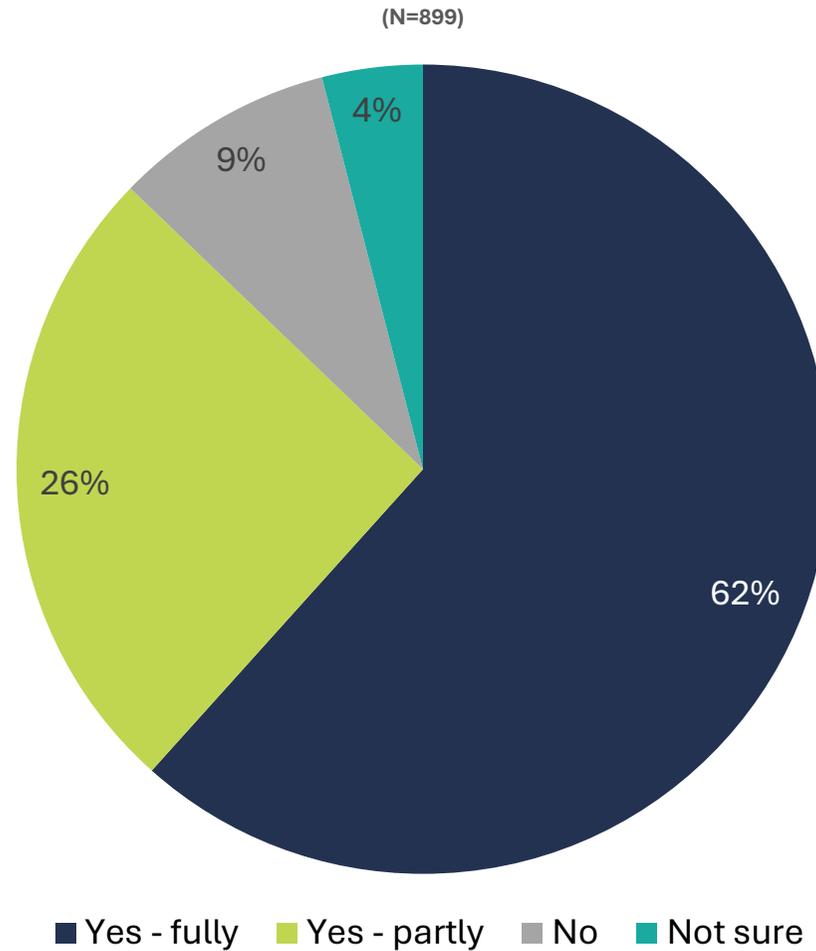
## Public engagement – 15 Oct to 26 Nov 2024

- A six-week period of public engagement launched on 15 October 2024, the week after the Board of NHS Cheshire and Merseyside approved the Case for Change.
- The engagement asked people to reflect on the Case for Change, share their own experiences of hospital gynaecology and maternity services in Liverpool (where relevant), and let us know what things they felt were important to them in thinking about the future of these services.
- The engagement was not a public consultation, and we did not present any proposals or potential options for the future.
- The views, insights and feedback gathered during the engagement period have now been written up into a report.

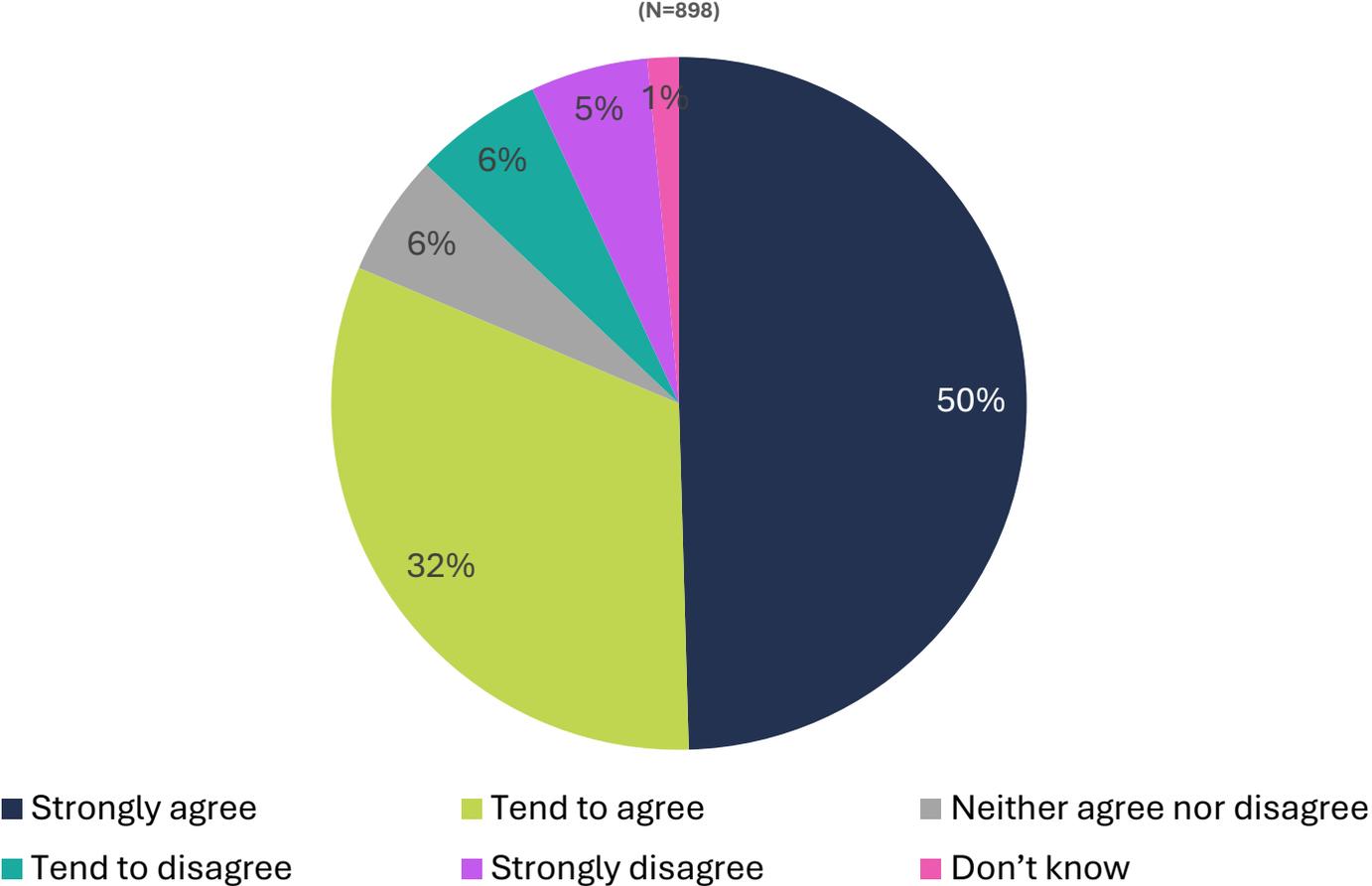
## Overview

- **[www.GynaeAndMaternityLiverpool.nhs.uk](http://www.GynaeAndMaternityLiverpool.nhs.uk)** visited by 7,656 unique users.
- Engagement questionnaire completed by 913 people.
- 71 people attended an engagement event (two online and four face-to-face).
- Six community organisations ran engagement projects, included a focus on: pregnant women, mums, parents & families; those who are experiencing/have experienced homelessness, the South Asian community; and Syrian, Yemeni, Somali, and Kurdish communities.
- Engagement materials translated into 16 languages.
- Targeted social media campaign generated 5,718 click-throughs to the website, and an approximate reach (the estimated number of people who saw the content) of 237,566.
- An overview of findings is presented over the following slides. This is only a snapshot of the feedback received – the full report contains much more detail, including a full breakdown of demographic information about those who took part.

## Do you think we have clearly described why hospital gynaecology and maternity services need to change?



# How much do you agree or disagree with this statement: The NHS needs to make changes to hospital gynaecology and maternity services in Liverpool.



## Patient experience themes

People who had experienced hospital gynaecology or maternity services, or knew someone who had, were asked to rate their experience, or that of the person close to them

56% described it as positive or very positive, neutral responses accounted for 18%, and negative feedback was reported by 25% of respondents.

When asked to provide more information, feedback revolved around five key themes:

- Staff attitude and compassion
- Maternal and neonatal care quality
- Access and waiting times
- Staffing and expertise
- Scheduling and communication

Respondents were asked whether they, or someone close to them, felt disadvantaged when using hospital gynaecology or maternity services: 62% responded that they had not felt or observed some form of disadvantage, 21% indicated that they had, and 17% were unsure.

## Future priorities

Respondents were asked to identify the three most important factors to them when considering the future of hospital gynaecology and maternity services in Liverpool.

Five broad themes emerged in the feedback which, understandably, echo feedback provided elsewhere in the questionnaire. The five key themes were:

- Patient experience
- Accessibility and equity of care
- Waiting times and appointment delays
- Patient safety
- Staff compassion and competence

## Learnings to inform future engagement

- Consider making the questionnaire (with provision for completion online/hard copy/over the phone) the main data collection method, as it provides a clear structure for responses. Face-to-face activity would therefore be about promotion of the questionnaire, and working with individuals who might need support to complete it, rather than collecting a separate set of feedback.
- Hold early briefing sessions with wider partners to provide an overview of the engagement and discuss how organisations can help share information with their staff and communities.
- Use unique QR codes for each different engagement material/type of activity, so that their effectiveness can be more accurately tracked.
- Produce specific materials to support staff in helping promote the opportunity to get involved to patients and the public.

## Next steps

- Wider communications were issued last week to mark the publication of the engagement report.
- The engagement findings will be used to inform the next stage of the Women's Hospital Services in Liverpool programme, and in particular the options process.
- Headlines from the engagement report were shared with a group of Lived Experience Panel members at the beginning of March. We are now inviting other people who have used gynaecology and maternity services to express an interest in joining the group, so that the membership can expand. In the meantime, we have also put out a call for panel members to get involved in the upcoming options process.
- **[www.GynaeandMaternityLiverpool.nhs.uk](http://www.GynaeandMaternityLiverpool.nhs.uk)** will remain live, and people can sign up for the Virtual Reference Group to receive updates.

# **Supporting Care Leavers into Employment**

NHS Cheshire and Merseyside

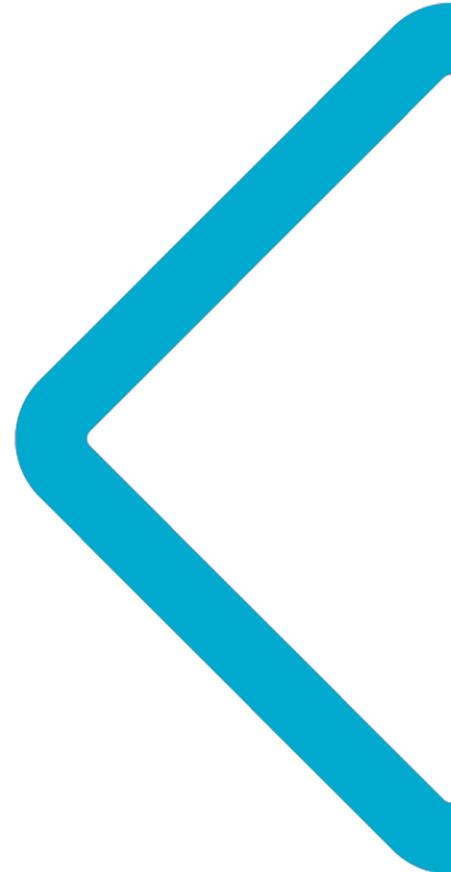
March 2025

Prepared by:

Dr Katherine Birch

Dr Bryony Kendall

Paul Martin

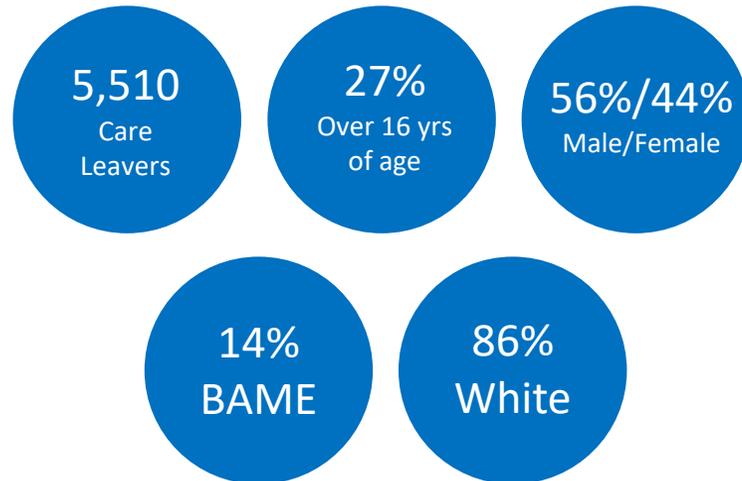


# Supporting Care Leavers into Employment

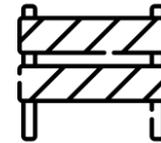
## Seeking Parity With Protected Characteristics



### The Scale of the Issue



- High prevalence of disability and neurodiversity: Many care leavers have SEND, with higher rates of Autism, ADHD, and mental health challenges
- Highlights the need for tailored approaches.



### Barriers Faced by Care Leavers

- Care leavers often face disrupted education, financial hardship, leading to lower academic attainment, higher unemployment, and greater mental health challenges
- Many experience housing instability and limited career guidance, affecting long-term prospects.
- Often lack access to support networks

# Supporting Care Leavers into Employment

## Challenges Faced by Care Leavers in NHS Recruitment



### Challenges:

#### Recognition & Policy Gaps

Care leavers are not formally recognised as a priority group in NHS recruitment, and there is no national policy protection under the **Equality Act 2010**.

#### Employment Barriers

Strict reference requirements, restrictive job descriptions, and lack of tailored recruitment pathways limit access.

#### Career Development & Retention Issues

Limited structured support makes it difficult for care leavers to build long-term NHS careers.



### Proposed Solutions:

#### Prioritising Care Leavers in Workforce Strategy

Embed them as a priority group in recruitment and career development policies.

#### Improving Recruitment Pathways

Introduce guaranteed interviews, ring-fenced placements, and tailored apprenticeship schemes.

#### Strengthening Career Support

Expand mentorship, pre-employment coaching, and structured career pathways to improve retention.

#### Executive & National Leadership

Appoint an Executive Champion for Care Leavers and advocate for formal national recognition.

# Supporting Care Leavers into Employment

## Current Initiatives

### ① Universal Family Programme

Following the national programme promoting inclusive employment, training, and wellbeing opportunities within the NHS

### ② ICS Stakeholder Engagement

Working with Local and Regional Authorities, The King's Fund, NHSE, and C&M Trusts to strengthen recruitment and career readiness support

### ③ SPECTRA 25/7 Partnership

Recruiting 25 care leavers into NHS employment, Candidates currently being shortlisted for 18 positions across the ICS

### ④ Medical Student Mentoring

(Alder Hey, Liverpool/ Edge Hill Universities) Piloting a mentoring scheme for up to 30 care-experienced medical students to address professional pathway challenges.

### ⑤ Helping Hands Programme

Alder Hey Supporting NEET and at-risk young people aged 14-17 with life skills, structured career guidance, and early intervention strategies.

# Supporting Care Leavers into Employment

## Next Steps



### Formal Policy Recognition

Endorse care leavers as a priority recruitment group across NHS Cheshire & Merseyside.



### Executive Leadership & Governance

Appoint an Executive Champion to oversee inclusion strategies and workforce support.



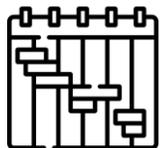
### Data Collection & Monitoring

Enable self-identification in ESR to track care leaver employment and retention trends.



### Advocate for National Recognition

Push for care leavers to be formally recognised as a protected group under NHS workforce policies and the Equality Act 2010.



### Expand Key Initiatives

Scale up programmes across our Trusts and build a community of practice and support network for care leavers and hiring managers



# NHS Opportunities coming soon!



Are you looking to start an exciting career in healthcare? Join the NHS and work alongside dedicated professionals who make a real difference every day.

Whether you're interested in clinical, administrative, or support roles, the NHS offers opportunities to learn, develop and help deliver vital healthcare services.

Ready to make your mark?

