



Specialty Transformation

The 15% Plan

Context – Specialty Transformation

1

Inch wide, mile deep support in a few specialties each year

2

Short term improvement set in longer-term change

3

Opportunity for Gain share approach



- ✓ Multi £m Business Units
- ✓ Purpose, Vision, Leadership Development and Scoreboard
- ✓ Targeted gains of 15%/5%/5% over 3 years
- ✓ Step change in **recurrent** benefits
- ✓ Operational Excellence through grip and demand/capacity planning
- ✓ Strategic shift in line with fit for future and Medium-term plan
- ✓ One plan for specialty towards future operating model

Strategic Planning – Purposeful Service Line Leadership Programme

Strategic Planning

1. Long Term Success Measures

What are the key metrics (lag measures) that will determine the long-term success of the strategy?

2. Multi Year Programmes

A few programmes that will add capability into the organisation to support the strategy

4. Corporate Projects

A list of projects either drawn from the multi year programmes or which are required to deliver the in-year objectives

3. In Year Objectives

A few dials (lead measures) to move this year that will most impact the long-term success measures

Domain of Annual Plan

2. PIFU

Patient Initiated Follow Ups (PIFU) is an NHS initiative allowing patients with stable or chronic conditions to book appointments only when needed rather than at routine intervals. In essence its about purposeful follow ups. The waste that it reduces is referred to as “unnecessary OPFU”.

The medium-term plan states as a priority “empowering patients with greater choice and control over their follow up care – including access to patient initiated follow up (PIFU), remote consultations and digital monitoring”. It asks Trusts to model the level of OPFU opportunity and compare it to the reduction required locally to accelerate delivery of RTT and long wait recovery objectives and to then develop plans to reflect the local ambition and the scale of change required.

Liaison Assist is a digital task management system and a clinician tool. It integrates with the patient administration system, the patient engagement portal (and if required the NHS App) and the diagnostic systems to enable and enhance PIFU beyond standard PIFU pathways into long term conditions. It enables digital assessments and tests to be carried out before a follow up is booked. Importantly this provides confidence to patients and clinicians as to when a follow up is and is not required.

The data from our work using Liaison Assist shows that only 8% of patients put on to a PIFU pathway require/have a further follow up. This is complimented by very low follow up DNA rates ~3%.

PIFU by Specialty | February 2026

PIFU utilisation rate	7.20%
PIFU utilisation rate for audiology	48.90%
PIFU utilisation rate for cardiology	7.00%
PIFU utilisation rate for clinical haematology	0.00%
PIFU utilisation rate for dermatology	10.00%
PIFU utilisation rate for diabetes	1.00%
PIFU utilisation rate for ear nose and throat	4.80%
PIFU utilisation rate for endocrinology	2.50%
PIFU utilisation rate for gastroenterology	23.00%
PIFU utilisation rate for gynaecology	5.60%
PIFU utilisation rate for neurology	9.40%
PIFU utilisation rate for ophthalmology	1.50%
PIFU utilisation rate for paediatrics	6.90%
PIFU utilisation rate for physiotherapy	16.00%
PIFU utilisation rate for respiratory medicine	2.60%
PIFU utilisation rate for rheumatology	10.80%
PIFU utilisation rate for trauma and orthopaedics	21.30%
PIFU utilisation rate for urology	2.20%

Data taken from Model Hospital

■ In quartile 2 - Mid-Low 25%
■ In quartile 3 - Mid-High 25%

■ In quartile 4 - Highest 25%

2. PIFU - By default / 70% / reduction

PIFU Potential Savings										
All Spec Follow Ups Attended	Annualised Value	Extra PIFU %	Appointments Released (8% Return)	Potential Cost Saving	Potential Cost Saving per 5% increase	Time Saved based on 4 appt per hour in PA's	Consultants	Consultants per 5% increase	Hours released	First Appointment Differential
807,755	969,306	65%	579,645	£75.4M	£5.8M	3,623	115	7	193,215	£50.2M

Assumptions and Calculations

1. Aspiration to move PIFU rates from from 5% to 70%. Recognising that this is aspirational we have also shown the opportunity by 5% increase in overall PIFU rates.
2. Cost saving is based on NHS Digital DNA cost of £130 which is also an approximate mid point for an average specialty follow up tariff based on WF01A Follow Up Attendance – Single Professional. Note that tariffs vary by specialty.
3. Consultants saved assumes that: Consultants do all the follow ups; a follow up is 15 minutes long so dividing by 4 gives hours saved and dividing by 4 again gives planned activities saved. Planned activities divided by 10 gives number of Consultants which we have then multiplied by 4/3 to recognise that a Consultant job plan has ~2.5 PAs which support professional activities whereas we would release all direct clinical care activity.
4. To calculate "per 5%" we have divided either the cost saving or the Consultants saved by 13, being the number of steps of 5% increases to go from 5% to 70%.
5. We have completed further work to refine the route to cash based upon the transition from follow ups (15 mins) to news (20 mins) alongside the increased tariff that is applied to the news. This is now shown in the table above. We are also looking at whether there should be a locally agreed advice and guidance tariff for patients that are monitored during their PIFU window.
6. Appointments released takes into account an 8% return rate on PIFU pathway

Top Performing PIFU Rates January 2026

PIFU utilisation rate	University Hospitals of Morecambe Bay NHS Foundation Trust	12.70%
PIFU utilisation rate for neurology	Surrey and Sussex Healthcare NHS Trust	53.70%
PIFU utilisation rate for gastroenterology	Stockport NHS Foundation Trust	44.20%
PIFU utilisation rate for rheumatology	Homerton Healthcare NHS Foundation Trust	37.30%
PIFU utilisation rate for gynaecology	United Lincolnshire Hospitals NHS Trust	29.60%
PIFU utilisation rate for ear nose and throat	Dorset County Hospital NHS Foundation Trust	22.20%
PIFU utilisation rate for urology	Dorset County Hospital NHS Foundation Trust	20.90%
PIFU utilisation rate for general surgery	Royal Wolverhampton NHS Trust	17.80%
PIFU utilisation rate for dermatology	Dorset County Hospital NHS Foundation Trust	16.50%
PIFU utilisation rate for cardiology	University Hospital Southampton NHS Foundation Trust	14.90%
PIFU utilisation rate for ophthalmology	United Lincolnshire Hospitals NHS Trust	13.50%

1 . PIFU

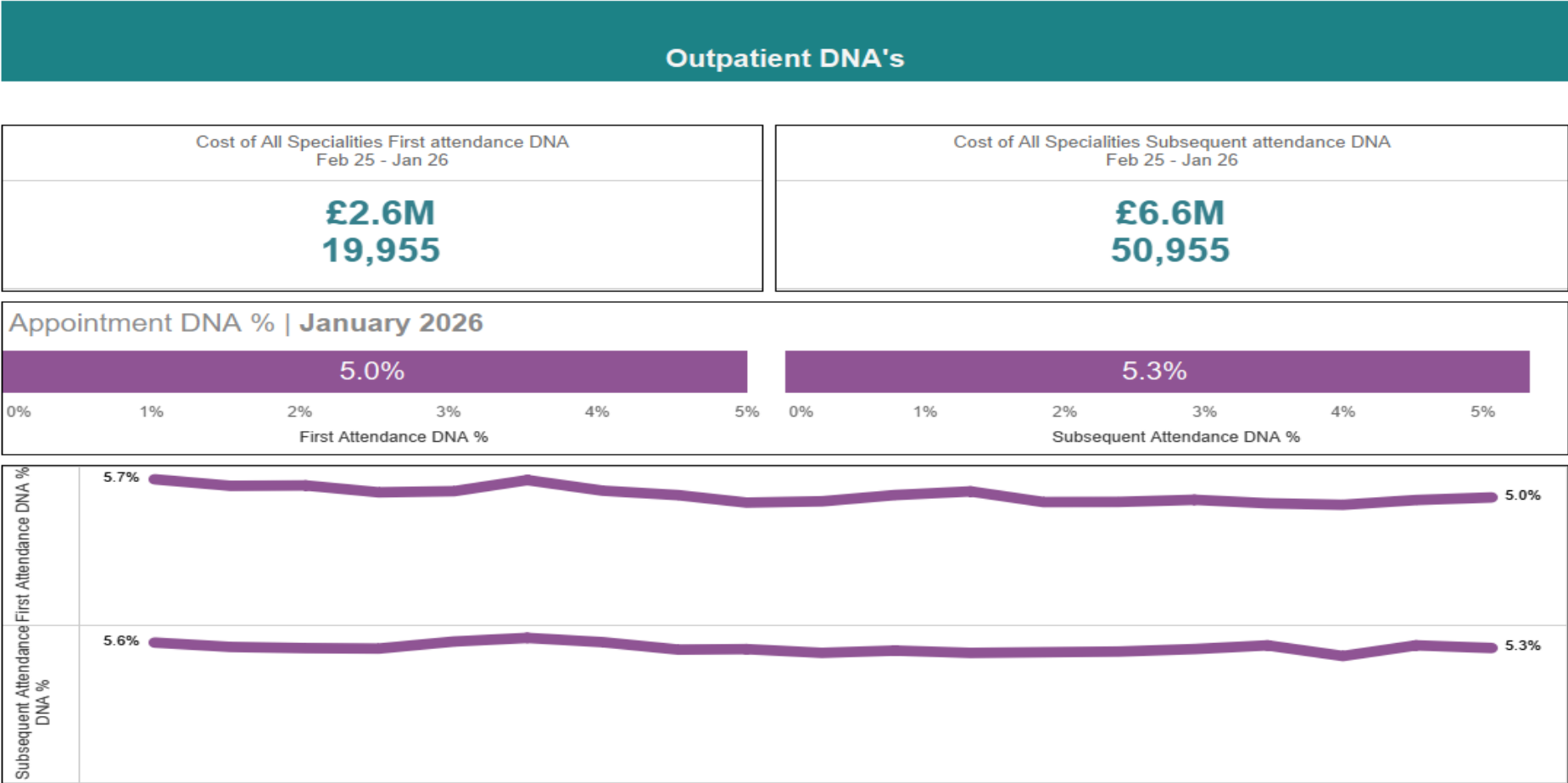
PIFU Rates by Specialty February 2026

PIFU utilisation rate	PIFU utilisation rate for cardiology	PIFU utilisation rate for clinical haematology	PIFU utilisation rate for dermatology	PIFU utilisation rate for diabetes	PIFU utilisation rate for ear nose and throat	PIFU utilisation rate for endocrinology	PIFU utilisation rate for gastroenterology	PIFU utilisation rate for gynaecology	PIFU utilisation rate for neurology	PIFU utilisation rate for ophthalmology	PIFU utilisation rate for oral and maxillofacial surgery	PIFU utilisation rate for paediatrics	PIFU utilisation rate for physiotherapy	PIFU utilisation rate for respiratory medicine	PIFU utilisation rate for rheumatology	PIFU utilisation rate for trauma and orthopaedics	PIFU utilisation rate for urology
7.20%	7.00%	0.00%	10.00%	1.00%	4.80%	2.50%	23.00%	5.60%	9.40%	1.50%	8.70%	6.90%	16.00%	2.60%	10.80%	21.30%	2.20%

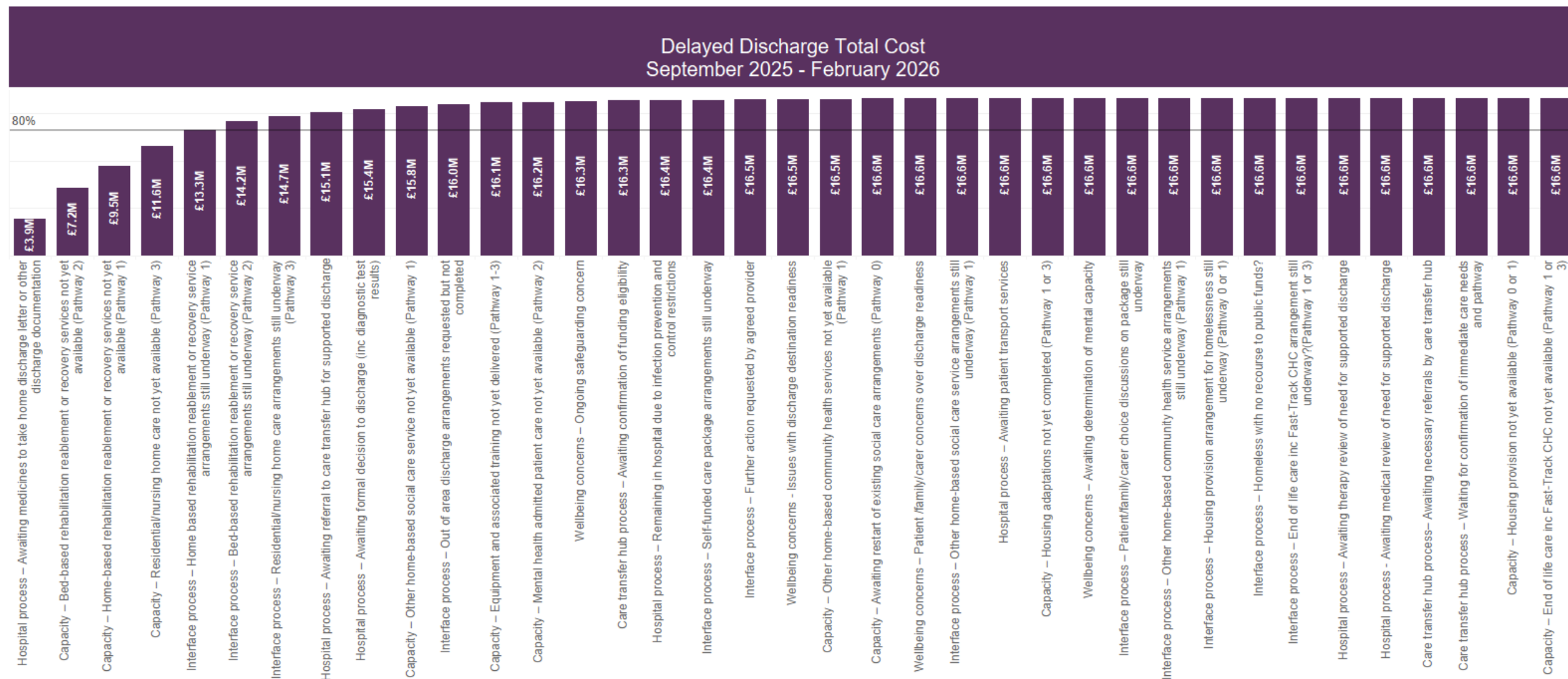
Follow Up Rates by Specialty February 2026

Ratio of follow up : first appointment	Ratio of follow up : first appointment in cardiology	Ratio of follow up : first appointment in clinical haematology	Ratio of follow up : first appointment in dermatology	Ratio of follow up : first appointment in diabetes	Ratio of follow up : first appointment in ear nose and throat	Ratio of follow up : first appointment in endocrinology	Ratio of follow up : first appointment in gastroenterology	Ratio of follow up : first appointment in gynaecology	Ratio of follow up : first appointment in neurology	Ratio of follow up : first appointment in ophthalmology	Ratio of follow up : first appointment in oral and maxillofacial surgery	Ratio of follow up : first appointment in paediatrics	Ratio of follow up : first appointment in physiotherapy	Ratio of follow up : first appointment in respiratory medicine	Ratio of follow up : first appointment in rheumatology	Ratio of follow up : first appointment in trauma and orthopaedics	Ratio of follow up : first appointment in urology
2.2	1.5	13.7	0.9	3.7	1	2.8	2.1	1.1	2.7	3.5	1.6	1.7	2	3	5.6	1.5	1.6

2. Outpatients DNAs



3. Cost of Discharge Delays - Pareto Analysis (£33.2m per annum)



3. Constraint Management – Categorised

Discharge Delays							
	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	Grand Total
Capacity	£1,345K	£1,449K	£1,575K	£1,352K	£1,400K	£1,162K	£8,281K
Care Transfer	£0K	£4K	£9K	£0K	£10K	£36K	£59K
Hospital Process	£605K	£674K	£711K	£925K	£894K	£884K	£4,692K
Interface Process	£392K	£655K	£595K	£530K	£603K	£664K	£3,438K
Wellbeing Concerns	£19K	£23K	£23K	£13K	£10K	£40K	£129K
Total	£2,360K	£2,805K	£2,912K	£2,819K	£2,916K	£2,786K	£16,600K
Grand Total	£2,360K	£2,805K	£2,912K	£2,819K	£2,916K	£2,786K	£16,600K

~£16m per annum

~£9m per annum

~£7m per annum

Data taken from NHS England Statistical Collection.

1. Delay reason data is taken from weekly snapshots. Submitting providers choose on which day of the week their snapshot will be collected depending on local operational practices, they do not have to select the same day of the week every collection window, and different submitting providers may have selected different days in any given collection window.
2. Due to missing provider submissions, aggregated provider figures may not sum to the ICB, Regional or National totals.
3. There are 4 weekly snapshots in the publication this month. Please see Table 3 for reference where there are dashes against each day for which an organisation did not provide data.
4. Estimated cost is calculated by using the unit cost of a bed day multiplied by the number of delayed bed days in the month, taken from daily data (Table 2). Where figures in Table 2 are missing or less than zero, they have been excluded from the average.
5. Estimated cost by delay reason is calculated by using the proportion of patients within each delay reason multiplied by the estimated cost. Note that the delay reason data is an average of 4 snapshots in the month and is only for patients with a LOS of 7+ days. We have used this as a proxy figure for all LOS delays but this may not be accurate and should be used with caution.
6. Due to the way that 'Estimated cost by delay reason' is calculated the aggregated totals for provider, ICB or Region may not sum to the ICB, Regional or National totals.
7. 23/24 National Costs Collection has been used to estimate the expected marginal increase in cost of a spell per additional day in hospital based on a statistical analysis of average spell costs and length of stay. This provides a proxy average cost of £527 per day for patients' use of hospital services towards the end of their time in hospital based on FY23/24 data. The £527 figure is derived from all spells delivered by NHS Trusts in 23/24 as reported in the Costs Collection, with extremely high cost (200k+) removed. Very long spells (100 days+) are also removed due to small numbers making it difficult to reliably estimate an additional day cost.
8. The £527 FY23/25 bed day cost have been uplifted by 6.65% to estimate bed day costs for FY25/26 using the NHS Cumulative Uplift Factor to account for inflation, resulting in a unit cost of £562.
9. This analysis does not include wider costs such as opportunity cost of care foregone by not being able to admit other patients, or the cost to the patient themselves of being in an inappropriate setting. Furthermore, the estimates do not consider the alternative cost of providing health and care support to patients outside of the acute hospital setting if these patients were not delayed in hospital.

Community capacity, hospital processes and Interface processes make up almost all the opportunity. As well as supporting the work around PIFU, Liaison Assist could use task management to improve/streamline this process.

3. Discharges – Hospital Processes

Discharge Delays | Hospital Process September 2025 - February 2026

Hospital process – Awaiting medicines to take home discharge letter or other discharge documentation	£3,876K
Hospital process – Awaiting referral to care transfer hub for supported discharge	£390K
Hospital process – Awaiting formal decision to discharge (inc diagnostic test results)	£372K
Hospital process – Remaining in hospital due to infection prevention and control restrictions	£50K
Hospital process – Awaiting patient transport services	£5K
Hospital process – Awaiting therapy review of need for supported discharge	£0K
Hospital process - Awaiting medical review of need for supported discharge	£0K
Grand Total	£4,692K

~£7.6m per annum

Data taken from NHS England Statistical Collection

Medicines and discharge letters appear to be costing the Trust £7.6m per annum

GIRFT – Opportunity Analysis

Breast Surgery - Cost per WAU (MFF adjusted)	4,186
Cardiology - Cost per WAU (MFF adjusted)	4,149
Dermatology - Cost per WAU (MFF adjusted)	3,420
Diabetes and Endocrinology - Cost per WAU (MFF adjusted)	3,218
Ear, Nose and Throat - Cost per WAU (MFF adjusted)	2,932
Gastroenterology - Cost per WAU (MFF adjusted)	3,815
General & Acute Medicine - Cost per WAU (MFF adjusted)	3,059
General Surgery - Cost per WAU (MFF adjusted)	3,710
Geriatric Medicine - Cost per WAU (MFF adjusted)	3,203
Gynaecology - Cost per WAU (MFF adjusted)	3,410
Neurology - Cost per WAU (MFF adjusted)	3,293
Ophthalmology - Cost per WAU (MFF adjusted)	3,330
Oral and Maxillofacial - Cost per WAU (MFF adjusted)	3,340
Orthopaedic Surgery - Cost per WAU (MFF adjusted)	3,508
Paediatrics - Cost per WAU (MFF adjusted)	3,576
Respiratory Medicine - Cost per WAU (MFF adjusted)	3,581
Rheumatology - Cost per WAU (MFF adjusted)	6,508
Spinal Surgery - Cost per WAU (MFF adjusted)	3,306
Stroke- Cost per WAU (MFF adjusted)	3,293
Urology - Cost per WAU (MFF adjusted)	3,893
Vascular Surgery - Cost per WAU (MFF adjusted)	2,805

Data taken from Model Hospital

- In quartile 1 - Lowest 25% [green]
- In quartile 2 - Mid-Low 25% [amber / green]
- In quartile 3 - Mid-High 25% [amber / red]
- In quartile 4 - Highest 25% [red]

Orthopaedic Surgery	£9,826K
Cardiology	£9,262K
General Surgery	£6,276K
Urology	£5,995K
Gastroenterology	£4,915K
Rheumatology	£4,060K
Paediatrics	£3,651K
Respiratory	£3,158K
Breast Surgery	£2,842K
Ophthalmology	£2,114K
Gynaecology	£1,810K
Dermatology	£1,382K
Geriatric Medicine	£1,134K
Stroke	£1,083K
Spinal Services	£1,005K
Neurology	£816K
Oral & Maxillofacial	£591K
Diabetes & Endocrinology	£455K
Vascular	£0K
General & Acute Medicine	£0K
Ear, Nose & Throat	£0K
Grand Total	£60,182K

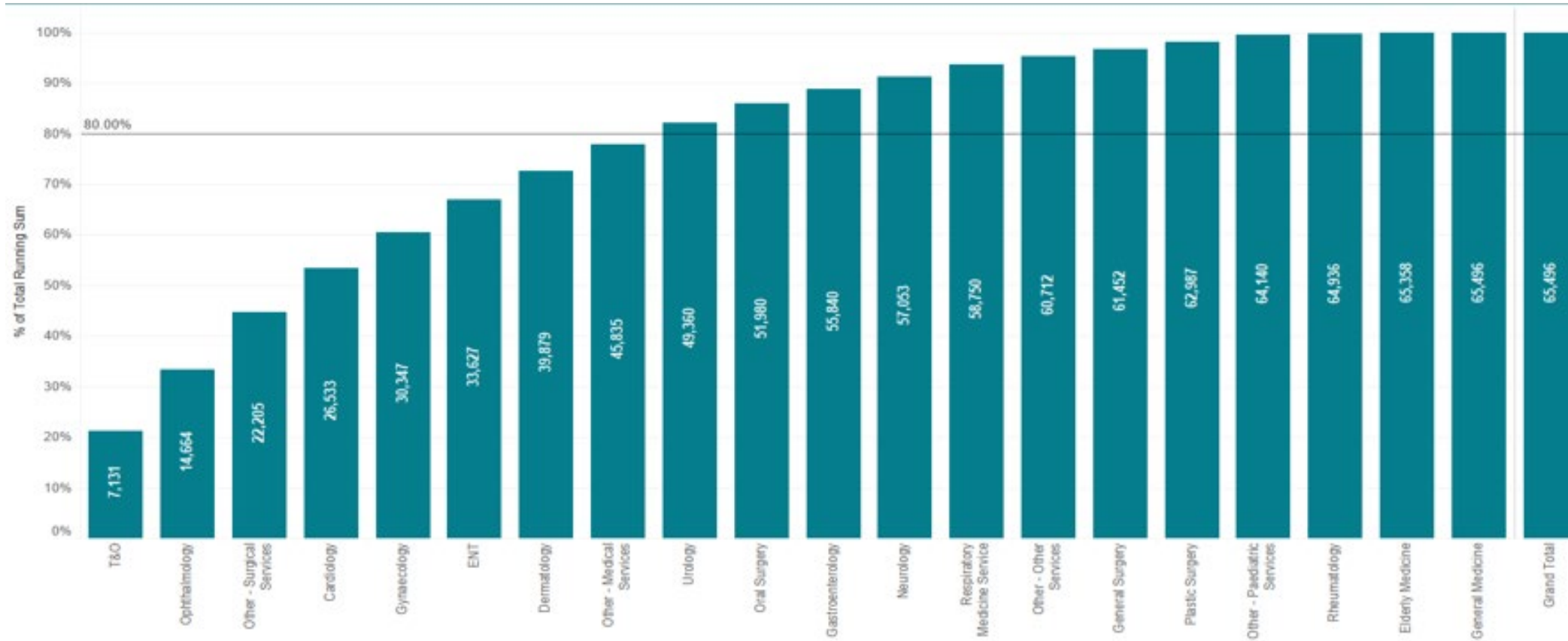
Data taken from Model Hospital

This metric shows the potential productivity gain for the organisation's 'Cost per WAU' function against the Peer Lower Quartile. It is intended to help organisations identify their most significant opportunities, which can then be explored at a more granular level.

Methodology

Market Forces Factors (MFF) are applied to the cost of each Activity, POD, TFC, and HRG combination. A National Cost for each Unit of activity is then Calculated and is used to calculate an Expected Cost of Activity. The Total Cost per provider, divided by the National Expected Cost provides the Number of WAUs and the Cost per WAU is calculated as the Total Expenditure divided by the number of WAUs at Organisational level. For this measure the Cost Per WAU is compared with the Lower Quartile of the Peer Values for Cost per WAU.

Waiting List Pareto



Data taken from NHS England RTT Publication

Discharge Pareto



Discharge Categorisation

	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	Grand Total
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In Hospital Discharge Categorisation

Hospital process – Awaiting medicines to take home discharge letter or other discharge documentation	£3,876K	~£7.6m per annum
Hospital process – Awaiting referral to care transfer hub for supported discharge	£390K	
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Grand Total	£4,692K	

Data taken from NHS England Statistical Collection

Delivering the Change – One Team, One Plan

1. Leadership Team Development (could be done by internal OD team)

2. Team Scoreboard and Data feeds



3. Operational Excellence Diagnostics

- Demand, Job Planning, Capacity Planning
- Medical/Surgical Productivity through theatres and outpatients
- GIRFT, Model Health and Productivity pack opportunities
- **Digital Patient Initiated Follow Up (PIFU)**
- Effective Rostering
- Reduction of Variable Pay
- Harnessing retired doctors (Nationally)
- Capturing activity completed
- Review medicines and medical devices spend
- Transactional finance incl: contract management



4. Strategic Shift (Data and Workshops)

- Left Shift - Reduce Attendances, Admissions, Length of Stay
- Best Practice tariffs and unfunded service analysis
- Cohort management using PLICs data
- **Enhanced PIFU (Long Term Conditions)**
- Intra relationships – Flow bottlenecks and test ordering analysis e.g. standardising pathways and tests requested
- Advanced roles and broadened job planning beyond Consultants
- Harnessing Digital and Informal Workers

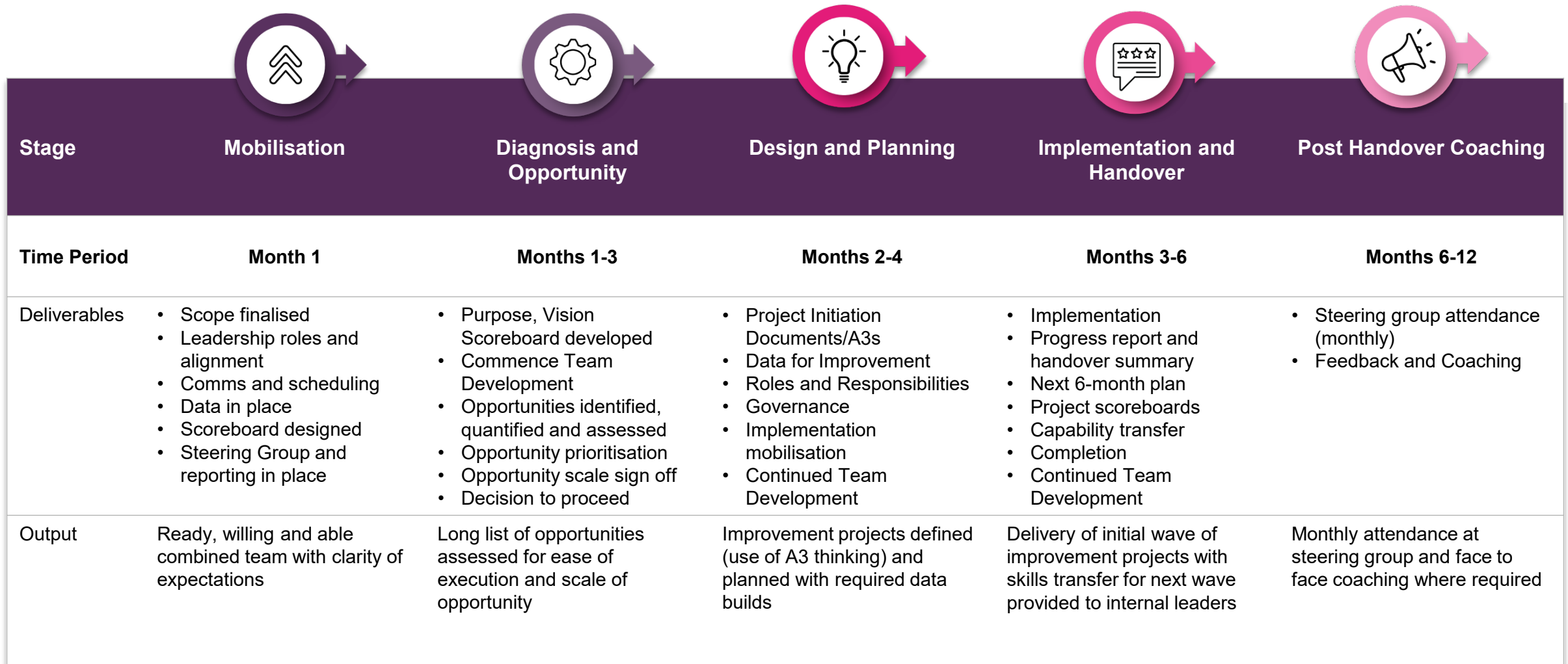
Operational Excellence



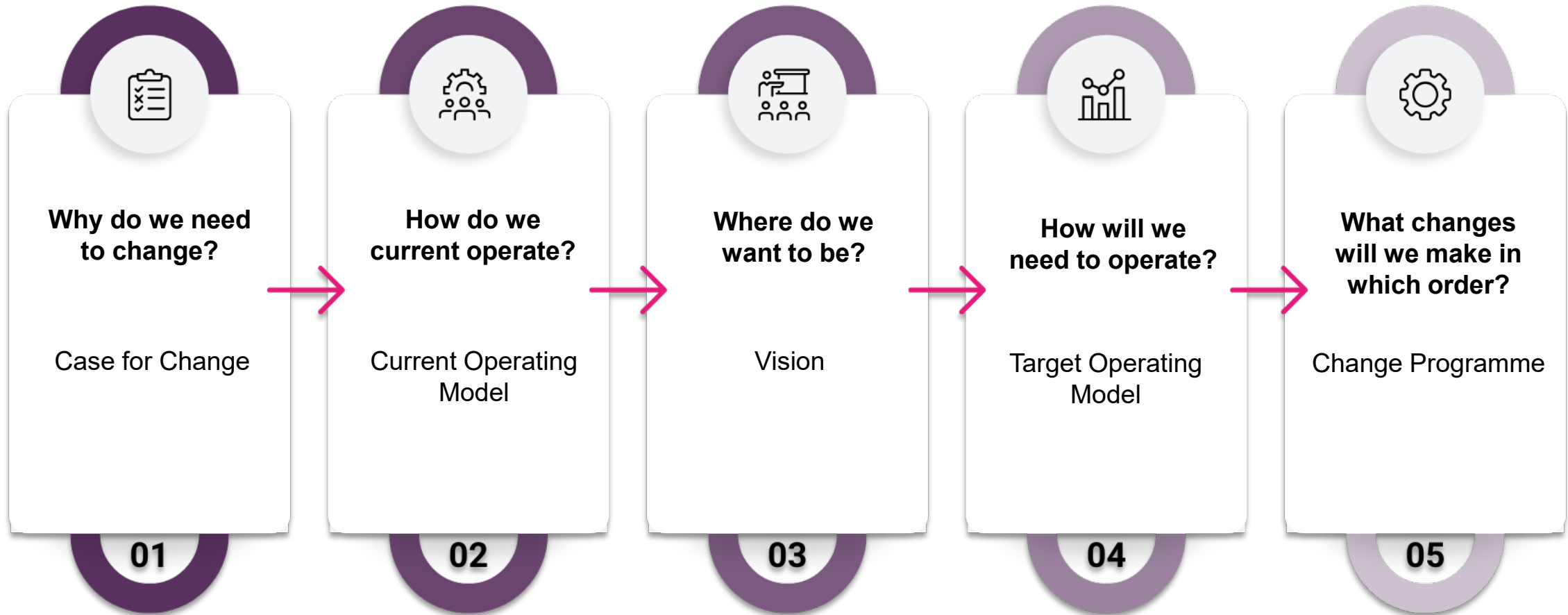
Strategic Shift

5. One Plan

Stages of Delivery



Setting the Direction - Target Operating Model



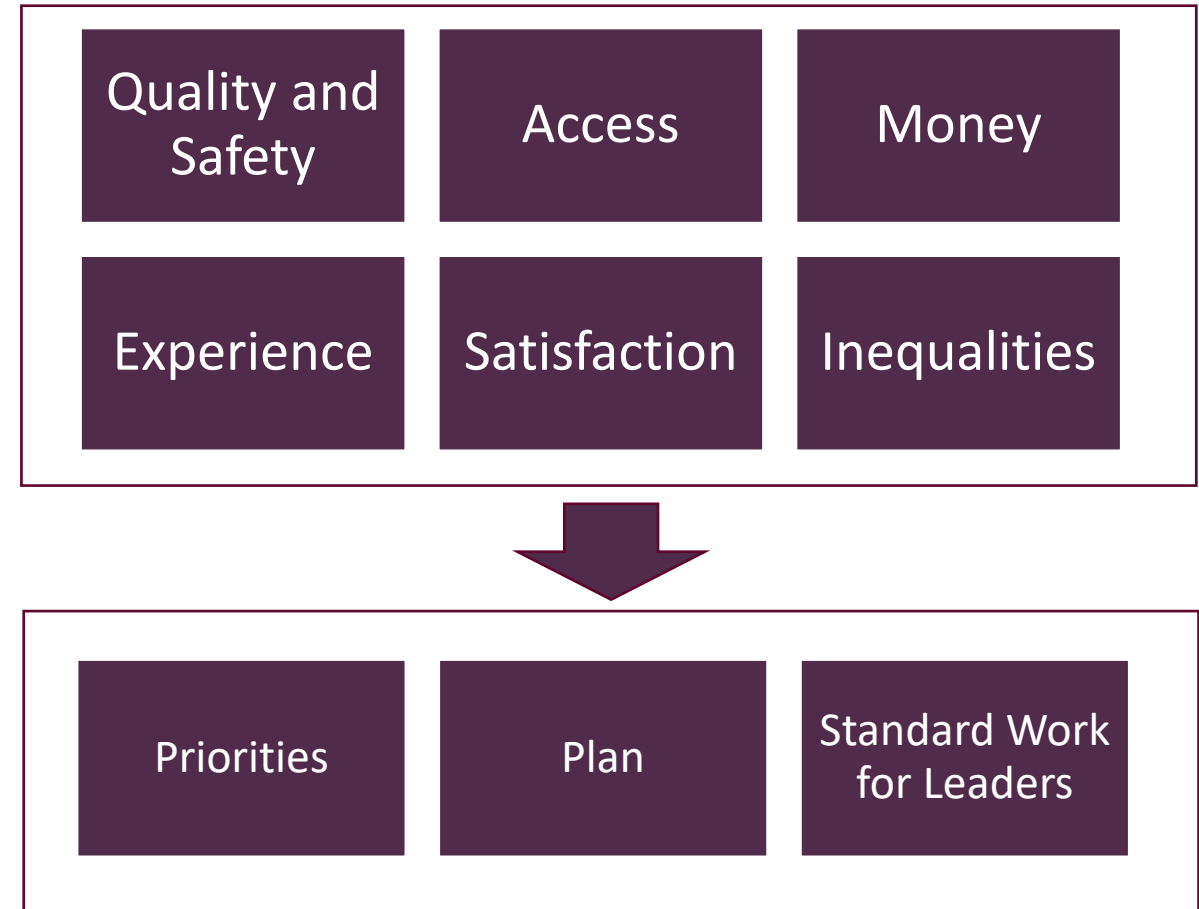
1. Leadership and 2. Scoreboard

Who, How Cohesive, How equipped?



Model by Patrick Lencioni – The 5 Dysfunctions a team (2002)

Scoreboard, Data Feeds and Standard Work

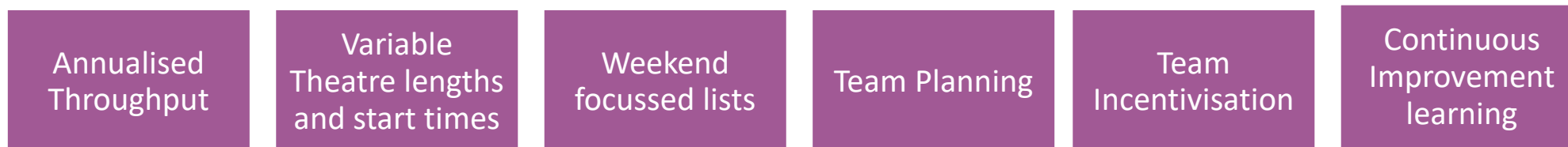


3. Operational Excellence

Optimising the Current Operating Model



Potential Drivers



4. Strategic Shift Delivering the Target Operating Model

Community Shift

Community Pathways by default – reduce demand	Faster Discharge receipt
Cohort Management	Standardised Pathways and Diagnostics
Intra relationships and flow	Consultant Confidence in Community

Workforce

Community Roles	Advanced Roles
Broaden Job Planning	Top of License
Multi Disciplinary Teams	Act like entrepreneurs

Digital

Digital Workers and AI	Informal Community Workers
Harnessing National Priorities e.g. NHS App, FDP	Specialty/Organisation specific digital innovation e.g. PIFU,
NHS On-Line	Task Management

Potential Drivers

Better Experience	Better Care	Growing Talent	Partnering	Lower Cost	Prevention
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5. One Plan Execution

Knowing where we are

Quality and Safety	Access	Money
Experience	Satisfaction	Inequalities

Aligning around the Change

Priorities	Plan	Standard Work for Leaders
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Delivering Together

Key New Capabilities	Key Dials to Improve	Behaviours and Disciplines
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Projects

Improvements

Governance

Performance, Insight and Digital at Sandwell and West Birmingham NHS Trust

Teamwork within and across departments is critical to success. The Team Assessment provided a tool that could be easily deployed and coached to identify gaps in team effectiveness and provide the approaches to narrow the gaps.

Solution

- **Lencioni – 5 Functions of Team:** Sustained work on leadership team development
- **Scoring:** Each section scores out of 9. 3-5 means dysfunction, needs addressing; 6-7 means dysfunction, could be a problem; 8-9 means dysfunction, likely not a problem.
- **Data led:** Specific scoring informed the discussions about the next exercise.
- **Merging Departments:** Incorporated integration of a new department and different leaders.






Sandwell and
West Birmingham
NHS Trust

Outcomes

- ✓ **29% increase** in trust, **60+% increase** in attention to results and **47% increase** in accountability
- ✓ **Half a day per month**
- ✓ **No known dysfunctions within 15 months** and first score of 8
- ✓ **Scores of 8 across all categories** at some point
- ✓ **Scores remained high** after integration of new department and its leaders

	ScoreBoard			Personal Histories, MBTI, Receiving and Giving Feedback		Personal Feedback. Positive, Negative		Strategic Playbook		Strategic Playbook including Digital	
Team Effectiveness	Oct-20	Jan-21	Change	Aug-21	Change	Jan-22	Change	May-24	Change	Jan-25	Change
Inattention to Results	4.89	7.11	45%	7.12	46%	7.4	51%	8	64%	7.83	60%
Avoidance of Accountability	5.56	6.44	16%	6.75	21%	7.8	40%	7.6	37%	8.16	47%
Lack of Commitment	6.89	6.89	0	8	16%	7.6	10%	8.2	19%	8	16%
Fear of Conflict	7.11	7.22	2%	7.87	11%	7.8	10%	8.2	15%	7.16	1%
Absence of Trust	5.78	7.44	29%	7.5	30%	8	38%	7.4	28%	7.44	29%

This work was delivered by a member of our Board during their time in the NHS, and the proven methodology now subsumed in Liaison's approach.

Outpatients at Imperial College Healthcare NHS Foundation Trust

Nationally, the NHS is struggling with rising outpatient waiting lists and delays. Imperial College Healthcare NHS Foundation Trust recognised the need to set a long-term strategy focused on productivity through better alignment of expectations, workforce, and digital systems.

Solution

- **Developed a central model** to map clinics, resources, templates, and their relationship to the commissioned contract.
- **Engaged each specialty** to reset expectations in line with the commissioned contract, standardising by site, specialty, and sub-specialty.
- **Collaborated with Chiefs of Service/Clinical Leads** to agree on standardised timings, clinic frequencies, academic templates, throughput, and resident doctor attendance.
- **Built monitoring tools** to track effectiveness and reliability.
- **Secured leadership sign-off** and removed or repurposed unnecessary clinics.



NHS
Imperial College Healthcare
NHS Trust

Outcomes

- ✓ An **average productivity gain of 22%** across the largest **17 specialties** at the Trust.
- ✓ A **capacity model**, aligned to the commissioner contract using standardised, specialty agreed timings and factoring in the number of Consultants, Academics and Resident doctors expected at each clinic.
- ✓ A **longer-term strategic direction** for Outpatients at the Trust.

Orthopaedics at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust needed support in addressing major operational and financial issues. The Trust was the West Midlands' worst performer on the 18-week standard, running a 10% deficit on its £60m budget, and facing a potential merger with Shrewsbury and Telford.

Solution

- **Diagnosed constraints** through controlled experimentation to identify process bottlenecks.
- **Rolled out improvements** systematically across subspecialty teams using core performance measures.
- **Validated outcomes** with reviews at 12 months and two years, confirming sustained gains.
- **Delivered impact** by reducing waiting times, improving financial performance, and avoiding merger.
- **Embedded resilience** through robust systems for ongoing performance management and continuous improvement.





The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Outcomes

The Trust not only avoided the proposed merger but went on to be awarded **Foundation Trust status**. Theatre productivity improvements **delivered the entire £6m financial gap closure**, with outpatients contributing **an additional £1m**.

At operational level:

- ✓ Session utilisation increased from **78% to over 95%**
- ✓ Cases per list improved **from 1.8 to 2.3**
- ✓ Control measures ensured that longer procedures weren't delayed, with the longest waiting times **reduced by approx. two months**

This work was delivered by a member of our Board during their time in Consulting, and the proven methodology is now subsumed in Liaison's approach.

Imaging at an FT in the South West and an Acute Trust in the Midlands*

South West

In the South West, an FT wanted to reduce its scanning backlog. Using standard work analysis (time and motion), we identified two changes that reduced the required scanning time from 20 minutes to 8 minutes. These two changes involved:

1. Where the next but one patient waited;
2. How and where the radiography team worked together through the process of administering the contrast medium and completing the scanning.

Productivity benefits were gained by reducing slot times from 20 to 12 mins in the first instance. This helped the Trust to move away from every scan time having to be a multiple of 5 minutes. Financial benefits were ultimately cashed by selling excess capacity created to nearby Trusts.

Midlands

In the Midlands, an NHS Trust wanted to reduce the outsourced costs of reporting and the variation in reporting volumes by Consultant.

Using the Royal Australian and New Zealand College of Radiologists (RANZCR) as a guide, a set of agreed-upon times was allocated by modality and by body part for all types of reporting.

This was then converted into a points system, agreed and monitored, eliminating variation and increasing productivity. The productivity gains were cashed by reducing outsourced reporting, particularly unplanned reporting in areas where costs were highest per minute.

*This work was delivered by a member of our Board during their time in Consulting, and the proven methodology is now subsumed in Liaison's approach.



Outcomes

- ✓ **Increased throughput of 40% per session** at no extra cost through re-engineering the patient journey and the roles of the staff.
- ✓ **Implementation of a “points-based” system**, which standardised timings per report by modality and body part, eliminating variation.

Tackling the waiting lists at NNUH using a digital tool

Waiting lists continue to grow in outpatients; patients are waiting longer than ever, not just for surgery, but for outpatients or follow up appointments. Trusts are not able to move beyond their current statuses, with no funding for more digital solutions. Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) had a requirement to reduce unnecessary appointments and free up clinical time for those patients needing care the most.

Solution

- **NHSE** funded the first wave of solutions for outpatients, and **HSJ recognised** the work at NNUH as the most ambitious of those projects.
- The project continues to deliver **over and above** any other outpatient digital long-term condition management solution implemented nationally due to its unique structure.
- This solution has **been rolled out across 47 specialties**, giving patients flexibility over their follow-up appointments.
- Instead of routine follow-up appointments being automatically booked, **patients decide** if they would like an appointment and requested it themselves at a convenient date and time.



Outcomes

- ✓ **85,000+ unnecessary appointments avoided**, releasing clinical time for elective recovery
- ✓ **Over 110,000 patients onboarded** (56,000 long-term condition) since go-live (May 2022)
- ✓ **5%+ long term condition management rate** maintained and working towards 8%
- ✓ **Only 7.8%** of those on a long-term condition management pathway have requested a follow-up appointment
- ✓ **69 specialties and 296 active pathways**
- ✓ Average patient satisfaction score of **4.2 out of 5**

Virtual Wards

The short-term assessment, rehabilitation and reablement service (STARRS) staff at London North West University Healthcare NHS Trust provide acute-level care in patients' homes but were relying on outdated handwritten lists, leading to duplicated tasks, lost time, and limited visibility of team activity.

Solution

- **Partnership with the Trust:** Worked collaboratively to deploy our task management platform.
- **Liaison Assist Implementation:** Digitises all tasks required to discharge patients, reducing delays and improving patient flow.
- **Monitoring & Target Tracking:** Provides real-time visibility of task status and highlights when timescale targets are not met.
- **Rapid Reassignment:** Enables quick reassignment of tasks to ensure timely completion.



Outcomes

- ✓ **Saved £5 million** in costs and discharging patients sooner.
- ✓ Coordinated **over 66,000 tasks over 3 years**, supporting earlier discharge for **over 5,000 patients every year**.
- ✓ Discharging patients **5 days sooner** from hospital into the virtual ward.
- ✓ Saved over **20,000 excess bed days**.
- ✓ Reduced readmission and A&E attendance with **a 55% increase in activity**.

Testimonials



The work was diligent and analytical in looking at the outpatient department, both in terms of Consultant productivity and relationships to new: follow up ratios and DNAs. However, it is important to emphasise that this work was carried out under the umbrella of a long-term strategy which they devised in order that the work that they have done will be ongoing over time so that the Trust can continue to benefit from the work that they have done.

The team that worked with us was extremely hard working and I have no hesitation in recommending them to you in carrying out similar work.

Mr DK Edmonds
FRCOG, FRANZCOG Clinical Programme
Group Director - Women and Children's
Directorate


Imperial College Healthcare
NHS Trust



I have been very impressed with the benefits we have been able to realise through our theatre operation and those further benefits that we know are achievable.

I have found the use of the Theory of Constraints methodology very exciting and effective. The action plan that we developed was critical to bringing each initiative to life and enabling us to monitor each of them right through to execution. As a result, there have been some significant improvements in the theatre throughput which has had a positive impact on our 18 week target and increased income.

I believe this methodology is an effective way of realising fast paced and sustainable benefits both in terms of efficiencies and throughput.

David James
Director of Operations and Development


The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust



The systems you have put in place clearly had a significant impact on the productivity of theatres and I believe your patience and support have enabled the organisational staff in theatres to sustain and develop the process following your departure.

I would also like to congratulate you on your diplomacy and constructive way in which you approached the consultant staff. Without this there may have been resistance to the changes, they have in fact engaged in the process very productively.

Professor Iain McCall
Medical Director


The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Why Liaison?



Our focus is on true partnership over transactions. With Liaison Group, you can expect:



Collaboration



Shared Vision



True Partnership



**Commitment to
Improving Patient Care**

Each of our 400+ NHS experts has a shared passion – to help create the best NHS for themselves and their loved ones.

That's just one of the reasons we take the risk of offering our services on a savings-contingent arrangement.

Start your journey with Liaison Group today.
Contact your Account Manager or get in touch at LiaisonGroup.com



Savings, streamlining and visibility achieved with Agency Management Solution implementation

Sussex Community NHS Foundation Trust was looking at how it could make its processes for managing agency staff more efficient and reduce costs. To address this, the Trust, in collaboration with Liaison Workforce, explored how Liaison's TempRE solution could support more efficient management of agency bookings and the associated costs.

Solution

- **Control over workforce management:** Significant savings and improved visibility.
- **User readiness and support:** Comprehensive training, ongoing assistance, and educational resources for all system users.
- **Booking process efficiency:** Centralised management for medical bank and agency staff, streamlining processes and infrastructure.
- **Compliance and governance:** A pre-agreed tiering model delivering increased compliance, a full audit trail, and stronger overall control.



Outcomes

- ✓ Potential savings of **£690,370** through direct engagement in the first 12 months.
- ✓ An **additional £297,890** in potential savings identified for the first 12 months by **reducing agency commission rates**, creating consistent labour rates eradicating agency invoices and limiting invoicing and timesheet errors.
- ✓ **100% of hours booked** for Medical & Dental workers at or under the NHSE rate commission caps.
- ✓ Manual booking processes were consolidated into TempRE, **streamlining operations**.
- ✓ Improved **visibility and control** over temporary staffing expenditures.

Implementing an interoperable Rostering solution at University Hospitals Coventry and Warwickshire

University Hospitals Coventry and Warwickshire (UHCW) had found that their previous supplier couldn't provide true interoperability, which was slowing the process of e-rostering across the organisation.

They sought a solution which was not only fully integrated, but an easy-to-use solution to ensure engagement with its workforce.

Solution

- **NHS At Work** implemented across the Trust.
- **Full support provided:** Liaison Workforce's product development team on hand to ensure the app and platform were set up to the Trust's requirements.
- **Open communication:** Close working relationship developed to share feedback, make improvements and enable a smooth and timely set up and roll-out across the organisation.



Outcomes

- ✓ Implemented in **5 weeks** generating a **20% reduction in medical agency pay spend** through effective rostering.
- ✓ **95%** of the medics and clinicians access NHS at Work via the app.
- ✓ **Improved** tracking and management of sickness.
- ✓ The WTE decrease achieved since Week 1 of implementation has equated to **c.£250k in the Emergency Department alone** - savings will increase as rollout is extended.
- ✓ Savings of **£500,000 achieved to date**, across 3 departments

Transforming temporary staffing spend with TempRE Bank

Hull University Teaching Hospitals, the largest employer in East Yorkshire, faced rising demand, funding pressures, and longstanding recruitment challenges that drove high agency spending. Implementing TempRE Bank enabled the Trust to centralise booking management, improve visibility and control, and achieve significant cost efficiencies through streamlined processes, comprehensive training, and stronger compliance.

Solution

- **Control over workforce management:** Significant savings and improved visibility.
- **User readiness and support:** Comprehensive training, ongoing assistance, and educational resources for all system users.
- **Booking process efficiency:** Centralised management for medical bank and agency staff, streamlining processes and infrastructure.
- **Compliance and governance:** A pre-agreed tiering model delivering increased compliance, a full audit trail, and stronger overall control.




Hull University
Teaching Hospitals
NHS Trust

 TempRE®

Outcomes

- ✓ Minimised administrative tasks, reduced invoice errors, and improved forecasting.
- ✓ Enabled detailed tracking of temporary workforce spending with **customised KPI dashboard and analytics**.
- ✓ Achieved **£5.3m in ADE savings since go-live** and a **5.5% reduction in ADE spend** between 2022/23 and 2023/24.
- ✓ Maintained an **overall shift fill rate of 87%** in 2023.
- ✓ Processed **22,000 ADE** and **7,500 Bank timesheets**, totaling over **640,000 hours**.

Historic and ongoing savings achieved at a large London Acute Trust

NHS bodies are expected to complete Partial Exemption (PEX) and Business Activities (BA) adjustments as a requirement from HMRC. Working with their previous advisors, this exercise was only being completed by a large London Acute Trust on a simplified and estimated basis with no approved methodology. This ultimately meant that the Trust were over declaring PEX and were missing out on potential BA savings.

Solution

- By working closely with the Trust to obtain all necessary data and information, Liaison Financial developed an understanding of the **Trust's past and current activities.**
- **A financially beneficial and tailored methodology** for the way in which the Trust conduct their BA and PEX reviews for which we gained **HMRC's approval**, ensured **compliance with current legislation.**
- **Historic savings delivered** in relation to overpaid PEX and previously missed BA, ensuring that **ongoing savings could be achieved** through use of the approved method going forward in future years.



**VATflow**[®]
Liaison Financial

Outcomes

- ✓ **£2.3m savings identified and delivered** for the Trust in relation to prior years.
- ✓ **Additional savings of £1.6m** over the period of Liaison being incumbent advisors to the Trust.
- ✓ **£3.9m in total savings** to date
- ✓ HMRC approved methodology to **ensure compliance**
- ✓ **Savings continue to be achieved** through the use of this methodology.

Thank You

