

## Board of Directors

### Item 3.1

**Subject:** Strategic objectives Q1 update  
**Date of Meeting:** 30th July 2024  
**Presented by:** Tom Pharaoh, Director of Strategy  
**Purpose of Report:** For Assurance

BAF Reference	Impact on BAF
ALL	Update on progress against the Strategic Objectives as at Q1.

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="" type="checkbox"/>	<b>Acceptable assurance</b> Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	<b>Partial assurance</b> Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	<b>Low assurance</b> Evidence indicates poor effectiveness of controls

### 1. Executive Summary

This paper provides an update on the progress against the Trust's strategic objectives as at quarter 1 2024/25.

The paper demonstrates the progress against a number of priorities set in 2023/24 to support the delivery of its strategic objectives.

The paper follows the same format as a quarterly updates previously presented at Board of Directors. Following a brief introduction, updates on each priority are found in appendix 1.

The format and frequency of reporting against the Trust's strategic objectives will be reviewed in the current financial year. These proposals will be developed in line with the development of the new five-year strategy.

### 2. Strategic objectives

The current Trust five-year strategy contains the following strategic objectives:

- i) Delivering World Class Care
- ii) Advancing Quality and Innovation

- iii) Increasing Value
- iv) Developing People
- v) Leading Through Collaboration
- vi) Improving Our Population Health

### **3. Delivering the strategic objectives**

In the last financial year, 2023/24, the Trust set a number of priorities to continue to support the delivery of the six strategic objectives. Each priority was aligned to a member of the Executive team.

The priorities determined in early 2023/24 are set out below and mapped against the relevant strategic objective.

#### **Strategic objective 1: Delivering World Class Care**

- Implementation of Quality and Safety Strategy
- Implementation of the Research Strategy
- Implementation of the Clinical Strategy
- Develop World Class Facilities
- Operational Excellence

#### **Strategic objective 2: Advancing Quality and Innovation**

- Develop the Trusts academic expertise.
- Develop a case for a recognised learning and academic facility.
- Implementation of the digital strategy.
- Develop Organisational Learning
- Development of a Strategy for Innovation

#### **Strategic objective 3: Increasing Value**

- Implementation of financial strategy
- Develop capacity for program and quality improvement
- Utilise benchmarking and performance data to drive quality, productivity, efficiency, and improvement
- Governance development and regulatory compliance

#### **Strategic objective 4: Developing People**

- Improve recruitment and retention
- Development of a Culture and Wellbeing Strategy and commitment to the NHS Wellbeing framework
- Further development and achievement of the EDIB action plan

#### **Strategic objective 5: Leading through Collaboration**

- Lead the integration of the Cardiac Board and Cardiology Clinical network
- Take a systems leadership role within the ICS, CMAST, Provider collaboratives and Place
- Lead the CVD Prevention Board

#### **Strategic objective 6: Improving Population Health**

- Implementation of our approach for health inequalities
- Continue to develop ourselves as an anchor institution

An update position on each of these priorities, along with the position reported in previous quarters, is set out in the appendix to the report.

#### **4. Recommendation**

The Board of Directors is asked to note the progress that continues to be made in 2024/25 against the priorities identified in 2023/24 to deliver the strategic objectives in the current five-year strategy.

The format and frequency of reporting against the Trust's strategic objectives will be reviewed in the current financial year. These proposals will be developed in line with the development of the new five-year strategy.

It is now proposed that the development of the new five-year strategy does not take place until early 2025. This is to allow the Trust to take full account of the changing NHS landscape, both nationally and in Cheshire & Merseyside, before setting its direction for the next five years.

## Appendix 1 – Q1 progress against priorities to deliver strategic objectives

World Class Care			2023/24			2024/25
	Director Objective	Lead	Q2	Q3	Q4	Q1
WCC1	Implementation of Quality and Safety Strategy	Joan Mathews	Update to be provided to Nov 2023 Board. Good progress being made across all areas.	As previously reported, good progress across all areas of the Q&S Strategy has been made. Final update due April 2024. Plan to consult and refocus priorities for 2025-2028.	April 2024 update on track with a final session to review quality and safety strategy progress. Plan in place to progress new strategy during 2024, to be presented to the Board in December 2024.	Final meeting to progress actions from the Strategy occurred on 2/5/24. Discussion with Nurse and Medical Patient Safety Leads, commenced to look at what priorities are required for consultation for the refreshed Strategy 2025-2028.
WCC2	Implementation of the Research Strategy	Manoj Kuduvali	Implemented and Director of Research taking actions forward through new governance structure	Delivery against the strategy progressing and Strategic R&I Committee in place	Executive portfolios reviewed and agreed in Q4, with an increased emphasis on an R&D leadership team to drive forward the Research Strategy.	Medical Director now established as Executive lead for R&D. New Director of Research Operations appointed and will support a refresh of the research strategy. Development of research metrics for addition to Board of Directors strategic oversight framework (SOF) underway.
WCC3	Implementation of the Clinical Strategy	Manoj Kuduvali	Awaiting ICB clinical strategy. Horizon scanning presented by divisions.	Clinical strategy will be a core part of the LHCH strategy refresh. ICB clinical strategy awaited.	Clinical strategy priorities clearly articulated as part of the LHCH strategy refresh. Increased emphasis on system and collaborative working on future strategic direction.	Clinical strategy in place with increased focus on collaboration. Progress made with clinical collaborations in ACS and vascular. Clinical strategy priorities will be clearly articulated in new five-year strategy. Development of new five-year strategy paused to ensure alignment with ongoing work to build on provider collaboration in Liverpool.
WCC4	Develop World Class Facilities	James Thomson	Final phase of Cath Lab completed and installation of equipment underway with commencement date Dec 2023.	Cath lab handover complete and relocation of pacing achieved in line with operational plan. Business case approved and work commenced on Cath Lab 7.	Work progressing on Cath Lab 7 and residual funding allocated for delivery in Q4.	Work continues on cath lab 7 - sign-off expected in Q2. Development of decant theatre ongoing with business case for theatre ventilation programme in development. LHCH has committed capital to LUHFT to support enabling works for ward 1 development.
WCC5	Operational Excellence	Jonathan Mathews	Significant work force pressures have continued within Q2; industrial action, Scrub staffing and anaesthetic capacity. Activity and Performance continues to be monitored, reviewed and mitigating actions put in place through reinforced governance structures. Safe waiting list enablement work is underway; once in place will allow for clinical and operational teams to have clear alignment and working. Operational away sessions continue to support operational skill development	Operational targets aligned to H2 planning submission. Delivery continues to be monitored through Operational Board with mitigating actions in place. Scrub capacity continues to be a risk to delivery of elective plan and performance. Impact of industrial action continues to be managed internally through strategic command structures and externally as part of the system.	Strong end of year performance aligned to H2 activity submission and support of ICB financial position. Key areas of concern highlighted to Board around Operational Performance (DMO1, cancer & long waiters). Industrial action remains a continued risk to operational delivery with internal governance and controls to manage safety on site. Safe waiting list management work has continued, with progress impacted due to workforce sickness and vacancies. Investment case will be brought back as part of annual planning.	Key Operational Metrics summarised in the Strategic Oversight Framework. Targets set based on regional and national expectations. Strong performance from M2 data.  Industrial Action for Junior Doctors remains a risk with national political change.  Safe Waiting List meeting has been refreshed based on 24/25 priorities. Additional admin investment agreed as part of annual planning decisions.

Advancing Quality			2023/24			2024/25
	Director Objective	Lead	Q2	Q3	Q4	Q1
AQI 1	Develop the Trusts academic expertise.	Manoj Kuduvali	Continued development with senior lecturer in surgery.	Structure and roles established. Continue to develop senior lecturer roles and university joint appointments.	Advanced discussions ongoing to have a senior clinical research fellow (SCRF) in cardiac surgery in collaboration with University of Liverpool. Academic expertise and divisional ambitions included in LHCH strategy refresh discussions.	Recruitment process for senior clinical research fellow in cardiac surgery underway. New joint consultant respiratory physician post agreed with University of Liverpool. Objective to achieve university teaching hospital status remains and work is ongoing.
AQI 2	Develop a recognised learning and academic facility (The LHCH Institute)	Tom Pharaoh	Strategic conversation and invitations have been extended to the British Heart Foundation to explore opportunities for further research and education within LHCH. Broadgreen site committee are also exploring estates options on the site which may provide opportunity. It should be noted that whilst the institute has to date not developed physically the virtual education offers are extensive	Work with British Heart Foundation is progressing well and focuses on the development of a condition specific toolkit (Hypertension) providing information for professionals and patients. The intention will be to promote the toolkit using the C&M Happy Hearts Website. A CVD module is being developed in collaboration with Edge Hill (Level 7 Module) open to healthcare professionals and will be delivered from February 2024.	Actions continue to be taken forward as per Q3.	Objective under review.
AQI 3	Implementation of the digital strategy	Kate Warriner	Work on deploying the digital excellence strategy continues to progress. Project go livers have continued including the new Trust website and upgrade to the Trust's Electronic Patient Record. Plans continue and are on track for HIMSS 7 accreditation in 23/24.	Deployment of key priorities continues. Plans in place for HIMSS 7 accreditation in Q4. Work to commence with regards to Digital Excellence Strategy refresh going into 2024/25.	HIMSS 7 accreditation successfully achieved in March 2024. Deployment of key priorities continues. Work planned with regards to Digital Excellence Strategy refresh going into 2024/25.	Implementation of digital strategy continues to progress. Work to commence on refreshed strategy from 2025/26 aligned to new CDIO. Liverpool EPR collaboration in train.
AQI 4	Develop Organisational Learning	Ben Vinter	Organisational learning database developed bringing together all the Trust learning to assess themes and take action. Launched with Divisions and further refinement in progress including learning from mortality reviews prior to wider roll. Focus has been on In-Phase system implementation and mortality review developments. Organisation learning well embedded and update paper reported to Audit Committee July 2023.	Organisational learning continues to be well embedded. Weekly patient safety meeting is providing a great forum for sharing early learning from PSIRF and communication from this is being developed to ensure cascade. In-Phase reporting has progressed and a workshop is planned to further enhance functionality. The organisational learning database has been rolled out for mortality, and the Trust's Patient Safety Lead is working with clinicians to raise awareness and use of the database. Wider use of the database will need to be revisited.	Organisational learning embedded across forums. PSIRF learning shared in weekly comms and at the Friday Safety Huddle. Learning database rolled out for mortality and now includes sharing and learning information, and PSIRF learning. Organisation learning added to Private Board as a standing agenda item to share examples of incidents, the incident response tools and the learning identified.	Organisational learning embedded across Trust forums. PSIRF learning shared in weekly comms and at the Friday Safety Huddle. Learning database for mortality reported to Audit Committee and reporting complications approached now launched on Inphase. Organisation learning added to Private Board as a standing agenda item to share examples of incidents now embedded.
AQI 5	Development of a Strategy for Innovation	Tom Pharaoh	Draft innovation strategy presented to Operational Board and Clinical Leads in September 2023. Final draft strategy will be available end Q3. Discussions commenced on operationalising the strategy alongside programme management, transformation workstreams and improvement projects.	Draft Strategy now finalised and ready for operationalisation, alongside programme management, transformation workstreams and improvement projects.	Draft innovation strategy presented to Operational Board and Clinical Leads in September 2023. Final draft strategy presented to Executive Directors in March 2024, informing portfolios for 24/25. Discussions ongoing on operationalising the strategy alongside programme management, transformation workstreams and improvement projects.	Draft innovation strategy has been reviewed and in need of further development. Position paper presented to Strategic Research and Innovation Committee in July 2024. Paper used to review Trust position on innovation and suggest an approach to fostering innovation and developing a coordinated programme to support. Investment would be required and current NHS context is therefore important consideration. Way forward to be established by Executive Team.

Increasing Value			2023/24			2024/25
	Director Objective	Lead	Q2	Q3	Q4	Q1
IV 1	Implementation of financial strategy	James Thomson	Annual plan delivery in line with expectations. Development work continues over future years productivity and efficiency opportunities. Continued engagement with C&M financial strategy.	Good progress on diversification of income with recent award of Phase 4 THLC programme. Annual planning 24/25 commenced.	Trust on track to deliver financial targets and external audit assurances for 2023/24. System planning continuing for 2024/25 with LHCH compliant plan submitted.	The Trust delivered an improved financial outturn agreed with the ICB as part of the national refresh for H2 of 2023/24. Annual planning for 2024/25 is complete. The Trust is planning to deliver a surplus in 2024/25, but significant risks exist across the wider Cheshire and Merseyside System. Achieving the Trust's target surplus in 2024/25 will be contingent on achieving the CIP target, hitting the activity plan, and ensuring strong fiscal discipline and financial management.
IV 2	Develop capacity for program and quality improvement	Joan Mathews	PSIRF implemented, with policy and plan approved by Trust and ICB. PSIRF tools now being used with an increased focus on learning and improvement. Quality Improvement Team working alongside patient safety leads. New tools and documentation/ training continuing to be rolled out.	PSIRF in place and report including early learning provided to the Quality Committee in January 2024. Quality improvement projects for 23/24 progressing well and plan in place to refresh these for 24/25.	Principles of PSIRF embedded across the Trust and early learning shared with the ICB and wider system. Rapid dissemination of learning through weekly patient safety meeting and to wider staff through the Friday Trust Safety Huddle. Swarm huddles are used regularly and have supported the early prevention of harm. The Quality Improvement Team are fully involved in PSIRF alongside other quality improvement priorities. 2024/25 quality improvement priorities have been discussed with the Operational Board in February 2024.	The principles of PSIRF have continued to be embedded. Swarm huddles are becoming more frequent across clinical and non clinical department. Learning from these initiatives are reported each Board with the emphasis on changing practice as a consequence of the discussions had through the swarm huddle. Quality Priorities will continue to be progressed with reporting through the A3 method to Executive team throughout Q2-Q4.
IV 3	Utilise benchmarking and performance data to drive quality, productivity, efficiency and improvement	Jonathan Mathews	Transformational groups TOR drafted for Operational Board sign off and implementation in November. Finance & Performance group continue to review key performance indicators with a dedicated slot for benchmarking. The Trust has made great progress against GIRFT with a full update to the Board of Directors planned across the year. Cardiac Board continue to support regional improvement work driven by Model Hospital Data. Model hospital data analysis for 2023 progressing.	Focus on transformation continues to be a key priority, and the groups will be established in Q4. Delays in data and capacity have impacted the enablement of workstreams in Q3. The Trust continues to make great progress in respect of GIRFT with further updates to be reported to Operational Board in Q4. CEO discussions ongoing regarding role of Cardiac Board in the system. Continued focus on model hospital with the new data analysis to be reviewed by leads in Q4.	Significant focus on data and dashboards required for next steps in transformational schemes. Working groups will continue in to 2024/25. The Trust continues to make great progress in respect of GIRFT with further updates to be reported to Operational Board in Q1 2024/25. CEO discussions progressing regarding role of Cardiac Board in the system. Model hospital data analysis in progress.	Productivity and Benchmarking has increased in focus based on the national and regional financial performance. Key workstreams have been identified and reviewed within Q1 with planning underway around governance and delivery in Q2-Q4. GIRFT and Model Hospital work has been updated with significant changes in the System Landscape and increased focus on collaboration.
IV 4	Governance development and regulatory compliance	Ben Vinter	Baseline reviews demonstrate good compliance against new governance requirements. Corporate Governance Manual has been updated and amendments approved. The Trust Constitution has been amended and approved (September 2023). A system governance update was reported to the Audit Committee in October 2023. We are continuing to work with the system to ensure alignment.	The majority of actions from the baseline assessments have been completed. The Council of Governors assessed its arrangements and effectiveness at the Joint COG and Board development day in November 2023. The Audit Committee have received the quarterly compliance checklist against the new Provider Licence. The year end compliance statements will be drafted in Q4. The CQC well led self assessment has been finalised following a range of sessions, mock interviews and final review. Actions from this are aligned to strategic objectives.	Annual assessments completed against the Code of Governance and Provider Licence demonstrating a strong level of compliance. These have been reviewed by the Audit Committee in March 2024, and summary to the Board of Directors in April 2024 alongside the disclosure statement. CQC well led baseline assessment to be re-mapped to new CQC assessment framework in Q1 2024/25.	Annual assessments completed in this quarter against the Code of Governance and Provider Licence. These demonstrated a strong level of compliance and were reviewed by the Audit Committee in March 2024, and summary to the Board of Directors in April 2024 alongside the disclosure statement. A comprehensive review of the Corporate Governance Manual has been completed in July 2023 for Audit Committee review and Board approval. A review and refresh of Joint Committee arrangements has been proposed. The Trust intends to commission an external well led assessment in 2024/5.



Developing People			2023/24			2024/25
	Director Objective	Lead	Q2	Q3	Q4	Q1
DP 1	Improve recruitment and retention	Jane Royds	Turnover is now below target (9.78%). Benefits videos are well under way (lease car/child benefits/gym/EOM). Website launched - internet due Q3). Patient safety awards finalists - HSJ. Supporting hard to recruit areas such as therapies and theatres. Part of C&M retention group to share LHCH best practice. Preceptorship Quality Mark achieved.	Turnover continues to remain below target (9.26%). Retirement and Pension sessions took place across Sept / October to promote a positive and flexible culture. Targeted recruitment support in Theatres and Physiotherapy which included successful Theatre Recruitment Day in November. Four LHCH Benefit Videos have been launched to promote a positive culture and recruitment materials are being redesigned to incorporate accreditation and KITE marks to promote LHCH as an employer of choice. Continued development in HR Digital process to improve employee experience. Achieved appraisal compliance (90%) with a TNA being developed in Q4 Apprenticeship First policy ratified and published. Aspiring clinical leads programme commenced in September 23.	LHCH continue to make good progress the delivery of the strategy, which is evidenced through lower levels of turnover, workforce stability and staff satisfaction. Positive staff survey results Implementation of TRAC in March 24 which streamlines the recruitment and onboarding process and will improve reporting functionality. A Retention Summit was held in January which will support a refreshed LHCH Retention Action Plan. Robotic processing goes live in March 24 Aspiring clinical leads programme ongoing and will be finishing in March. One of the 8 aspiring leads on the programmes promoted into a Clinical Lead Role. Continue to work towards validation of MSc in Cardiothoracic Practice (expected delivery September 25)	Action Plan developed to support delivery of the People Strategy over the next 12 months. Delivered bespoke Pension sessions to support employee who are considering retirement. Exec/Board recruitment complete. Introduction of Pay and Activity Group to strengthen vacancy control process and apply additional scrutiny
DP 2	Development of a Culture and Wellbeing Strategy and commitment to the NHS Wellbeing framework	Jane Royds	Live Well Work Well event in September - collaboration continues to be progressed with Broadgreen. Increased training sessions with internal psychologist (debrief and managers reflections). Launched Culture & Wellbeing strategy. Held a range of events and awareness sessions - world mental health day, menopause awareness month and launched a tobacco dependent treatment service. Successful Schwartz rounds continue. Appraisals reach 92% completion - mandatory training stayed above 95% with recovery plans for bank mand training (although improved to 60%). Substantial assurance on Recruitment audit by MIAA.	Collaboration continues to progress with Broadgreen - plans are being progressed for the next LWWW event scheduled for Feb 24 (Q4). Engagement event planned in line with the national campaign 'Brew Monday' (Q4) Further training for 'hot debriefs and Manager Reflection has been delivered by the Staff Support Psychologist. OD/HR have started a diagnostic to help develop a 'Managers Essentials' Programme which will build leadership confidence and capability De-escalation leaflet launched as part of the 'Its not okay' campaign which includes tools and techniques to support conflict resolution Menopause Staff Network / Lounge is established and continues to grow, helping to influence policy and practice	Collaboration Steering Group in place with Broadgreen to support delivery of a joint HWB offer. Live Well Work Well Event held in February – 100 staff received health checks. Managers Essentials Training- the diagnostic stage is now completed. Delivery of the programme will commence in Q1 (2024) Coaching and mentoring platform – expected launch March	Culture and Wellbeing Action Plan developed to support delivery of the strategy over the next 12 months. Increased Training for Wellbeing Champions Successful Live Well Work Event held in July with expanded 'Health Check' offer Focussed HWB sessions delivered in the clinical areas e.g. Surgery Division and Critical Care Launch of Managers Essentials Programme
DP 3	Further development and achievement of the EDIB action plan	Jane Royds	BAME Assembly have visited and presented to Clinical leads event (end Q2) and for Board awareness Q3. Finalised Y2 EDIB action plan. Set up staff network groups - Endometriosis/ LGBTQ+ and start of a disability network. Celebrated black history month and Anti Racist framework went to BOD with an implementation plan. Secretary of State issued a letter regarding designated EDI resource which will be discussed at People Committee in Q3.	EDI Staff Networks have been established. Action Plan developed to support the implemented of the NHS Implemented Plan Board Awareness Session on the Anti Racism Framework took place in Q3 EDI Board Objectives agreed Lived Experience 'Drama Based Training' to be rolled out across 24 Staff Survey/WRES/WDES expected in Q4	Specific action plans have been developed to support delivery of the NHS Improvement Plan and Anti Racism Framework. Relaunch LHCH Anti Racism Commitment Statement. LHCH has submitted its Equality Delivery System Report in line with reporting timeframe. Improvements seen in some WRES / WDES indicators. Throughout the last quarter the L&D team have attended 4 school and community careers events to promote widening participation programmes and recruitment at LHCH. New cohort of Traineeships was launched in February. Expansion of areas with placements in Finance and HR.	Introduction of Schwartz 'on the road Delivery of a range of EDI awareness events, including Trans Awareness and Neurodiversity training Publication of our Workforce Monitoring Report in line with Public Sector Duty

Leading Collaborations			2023/24			2024/25
	Director Objective	Lead	Q2	Q3	Q4	Q1
LC 1	Lead the integration of the Cardiac Board and Cardiology Clinical network	Tom Pharaoh	Transformation funds have now been secured for the remainder of 2023/24 and there is confirmation that we have been successful in part for 2024/25 enabling the CVD Prevention and FH services to be continued. National funding for clinical networks are subject to review and as such it is likely that a reduced network offer will be in place across C&M and C&L. This is resulting in additional work being undertaken by the LHCH Partnership Team.	National funding for clinical networks are yet to be confirmed. A reduced network structure has been implemented resulting in the LHCH Strategic Partnership Team picking up additional work until confirmation has been provided. Wider Strategic piece of work is underway in partnership with Health Innovation NWC to align existing Cardiac Board within ICB governance structures.	Transition arrangements for the Cardiac and CVD Prevention Groups are in discussion with the ICB and with CMAST to align the work of the Liverpool Cardiology Partnership with the clinical pathways within CMAST.	LHCH has supported the integration of cardiac system governance arrangements. LHCH clinician chairs new joint ICB and cardiac clinical network board. LHCH DoS is a member of the Board and LHCH admin services meeting. System governance now clarified (including ongoing role of Cardiology Provider Alliance) to allow focus on development and delivery of work plan.
LC 2	Take a systems leadership role within the ICS, CMAST, Provider collaboratives and PLACE including Liverpool Clinical Services Review	Tom Pharaoh	LHCH is an active member of CMAST and local leadership forums within Liverpool, Sefton and Knowsley. Within Liverpool the Director of Strategy leads the Long Term Conditions segment of the One Liverpool Plan.	LHCH is an active member of CMAST and local leadership forums within Liverpool, Sefton and Knowsley. Within Liverpool the Director of Strategy leads the Long Term Conditions segment of the One Liverpool Plan.	Transition arrangements for the Cardiac and CVD Prevention Groups are in discussion with the ICB and with CMAST to align the work of the Liverpool Cardiology Partnership with the clinical pathways within CMAST.	LHCH continues to play an active role in the system. LHCH clinician chairs Cardiology Provider Alliance, which now sits within the clinical pathways programme of CMAST. LHCH Executive Team is engaging in programme to further build upon provider collaboration in Liverpool in light of the Liverpool clinical services review.
LC 3	Lead the CVD Prevention Board	Tom Pharaoh	Prevention Group is facilitating a workshop with the Voluntary Sector in November to explore the contributions that may be made through local groups in championing CVD Prevention.	Successful workshop delivered in Q3 including key stakeholders and Voluntary Sector colleagues. A successful network bid application has resulted in £6k being awarded to each of the 9 Places across C&M to progress new partnership working arrangements with Voluntary sector, focusing on health inequalities within the context of CVD.	The CVD Prevention Group governance is being reviewed to ensure a closer alignment with the ICB Population Health Board.	LHCH has supported the review of the system CVD Prevention Group. Leadership to be appropriately provided by ICB Public Health team. LHCH hosting a new ICB CVD Prevention Programme Manager post to support programme. Postholder to be seconded from within LHCH strategic partnerships team. CVD Prevention Group to be reformed - DoS to continue be a member and admin support to come from LHCH. Group priority to be establishment of clear work programme, including ongoing LHCH CVD prevention initiatives.



Improving Population Health			2023/24			2024/25
	Director Objective	Lead	Q2	Q3	Q4	Q1
IPH 1	Implementation of our approach for health inequalities	Tom Pharaoh	The Trust now has access to the enhanced case finding tool within the CIPHA platform and will use this information strategically to lead and target areas of preventative work in the future.	The Trust now has access to the enhanced case finding tool within the CIPHA platform and will use this information strategically to lead and target areas of preventative work in the future.	Early work on health inequalities shared through the Board strategy day. Update provided to Board in May 2023. The Trust is now working with Place through the long term conditions group for the Liverpool population. CIPHA enhanced surveillance tools, and CVD Prevent being used as a means of identifying those areas of inequality within Place relating to heart and lung disease. This information is being used strategically by the Long Term Conditions Group to direct partners in the deployment of resources. Dedicated data collection exercise on safe waiting list management identifying those with protected characteristics in order to ensure prioritisation as appropriate. Board maturity for health inequalities was assessed by the Board using the NHS Providers questionnaires in March 2024 demonstrating	LHCH position and approach to health inequalities to be clarified in paper to Board of Directors in September 2024.
IPH 2	Develop ourselves as an anchor institution	Tom Pharaoh	The Trust is working towards Bronze level social value accreditation. The Trust continues to progress delivery against the prevention plan and green plan.	Application for Bronze (Level 2) Social Value accreditation to be submitted by the end of January 2024. The Trust continues to deliver against the prevention and green plan agendas.	The Trust was Accredited at level 1 Social Value Award (Jan 2022) and has now been awarded the social value quality mark bronze accreditation in February 2024.	LHCH has continued to establish itself as an anchor institution in line with ICB direction. Structure and governance of anchor institution activities to be reviewed in tandem with approach to health inequalities.