

## BOARD OF DIRECTORS MEETING

Agenda Item	P1/032/19	Date: 1 <sup>st</sup> March 2019
Subject /title	3 Year Operational and Business Plan	
Author	Jon Hayes, Programme Director, TCC	
Responsible Director	Barney Schofield, Director of Transformation and Operations James Thomson, Director of Finance	
Executive summary and key issues for discussion		
<p>The three-year operational and business plan supports the delivery of the trust's strategy.</p> <p>This plan covers an exciting period of change for the trust – probably the most significant in its 60 year history. In 2020 we are due to open a state-of-the-art 11 floor specialist cancer hospital in the heart of Liverpool. The new centre will become our main base and, along with our existing facilities, will enable us to keep pushing the boundaries of excellence in patient care and cancer research.</p> <p>Ensuring that we continue to deliver NHS Constitution standards and meet our financial obligations during this period is critical. The operational and business plan summarises our key priorities and risks, and our assumptions about changing demand for our services. It sets out how our approach to quality, workforce and financial planning will respond to these drivers.</p>		
Strategic context and background papers (if relevant)		
<p>NHS Improvement requires all providers to have robust, integrated operational plans for 2019/20 that demonstrate the delivery of safe, high quality services that meet the NHS Constitution standards and delivery milestones within available resources. Our operational plan reflects the <a href="#">NHS operational planning and contracting guidance 2019/20</a>.</p>		
Recommended Resolution		
<p>Trust Board is asked to receive and approve the three-year operational and business plan.</p>		
Risk and assurance		
<p>The three-year operational and business plan relates to the following domains of the Board Assurance Framework:</p> <p>SP1 – Deliver outstanding care</p> <p>SP2 – Retain and develop our outstanding staff</p> <p>SP3 – Invest in research and innovation</p> <p>SP4 – Collaborative system leadership</p> <p>SP6 – Maintain excellent performance</p>		
Link to CQC Regulations		
<p>Delivering services from CCC-Liverpool will require a change to our CQC registration.</p>		
Resource Implications		
<p>The operational and business plan sets out the financial planning assumptions for 2019/20.</p>		

### Key communication points (internal and external)

The Clatterbridge Cancer Centre NHS Foundation Trust has a three-year operational and business plan to support the delivery of its strategy over an exciting period of change.

### Freedom of Information Status

FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.

#### Application Exemptions:

- **Prejudice to effective conduct of public affairs**
- **Personal Information**
- **Info provided in confidence**
- **Commercial interests**
- **Info intended for future publication**

Please tick the appropriate box below:

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**A. This document is for full publication**

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#### IMPORTANT:

If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.

Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

### Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		<b>X</b>
Disability		<b>X</b>
Sex (gender)		<b>X</b>
Race		<b>X</b>
Sexual Orientation		<b>X</b>
Gender reassignment		<b>X</b>
Religion / Belief		<b>X</b>
Pregnancy and maternity		<b>X</b>

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

### Next steps

### Appendices

### Strategic Objectives supported by this report

Improving Quality	<b>x</b>	Maintaining financial sustainability	<b>x</b>
Transforming how cancer care is provided across the Network	<b>x</b>	Continuous improvement and innovation	<b>x</b>
Research	<b>x</b>	Generating Intelligence	<b>x</b>

### Link to the NHS Constitution

Patients		Staff	
Access to health care	x	<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	x
Quality of care and environment	x	<i>Being heard:</i> <ul style="list-style-type: none"> <li>• Involved and represented</li> <li>• Able to raise grievances</li> <li>• Able to make suggestions</li> <li>• Able to raise concerns and complaints</li> </ul>	
Nationally approved treatments, drugs and programmes	x		
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	x
Complaint and redress		Treated fairly and equally	



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

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2018/19-2020/21

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# 3 Year Operational and Business Plan

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February 2019



# Compassionate, safe and effective care

The Clatterbridge Cancer Centre NHS Foundation Trust is one of the UK's leading cancer centres providing highly specialist cancer care to a population of 2.3m people across Cheshire, Merseyside and the surrounding areas including the Isle of Man.

This operational and business plan covers an exciting period of change for the trust – probably the most significant in its 60 year history. In 2020 we are due to open a state-of-the-art 11 floor specialist cancer hospital in the heart of Liverpool. The new centre will become our main base and, along with our existing facilities, will enable us to keep pushing the boundaries of excellence in patient care and cancer research.



# Vision, strategy and values

Our vision is **to provide the best cancer care to the people we serve** – that means delivering compassionate, safe and effective care.

In 2018 the trust worked with stakeholders to develop a strategy to support this vision. The strategy aims to:

- Retain and develop our outstanding staff
- Invest in research and innovation to deliver excellent patient care in the future
- Provide collaborative system leadership to deliver better patient outcomes - Leading the Cheshire & Merseyside Cancer Alliance
- Develop and invest in digital technology to enable interoperability across Cheshire & Merseyside
- Maintain excellent quality and financial stability and aim to improve operational performance further

## Our Values

- Putting people first
- Always improving our care
- Passionate about what we do
- Achieving excellence
- Looking to the future

The development of CCC-Liverpool and our new model of care are key vehicles for delivering our strategy, upholding our values and achieving our vision.





# Key strategic priorities for 2019-21

## CCC-Liverpool and our new clinical model – improving care and quality

- Delivering the new hospital (CCC-Liverpool) on time and within budget by 2020
- Continuing to achieve top decile results for patient experience
- Improving access to more comprehensive and equitable cancer care within 45 minutes travel for 90% of patients by 2020
- Ensuring patients have seamless access to all supporting acute services
- Completing the integration of haemato-oncology into CCC-Liverpool
- Completing the implementation of our CQC action plan

## Investing in research and development

- Doubling the number of patients recruited into clinical trials from a baseline of 500 per year
- Retaining our status as an experimental cancer medicine centre (ECMC) leading world-class early phase clinical research

## Developing our outstanding staff

- Recruiting and retaining staff for CCC-Liverpool and to deliver care closer to home
- Increasing our clinical academic workforce in partnership with the University of Liverpool
- Staff engagement – building on the excellent staff survey results in 2018

## System leadership and improving outcomes across Cheshire and Merseyside

- Securing national transformational funding to drive an ambitious work programme through the Cheshire and Merseyside Cancer Alliance
- Diagnosing more cancers at an early stage to improve patient outcomes
- Improving ten year survival rates by from 50% to 57% by 2022



# CCC's contribution to the system

We are committed to work with local system partners to tackle the wide variation in cancer outcomes and performance across Cheshire and Merseyside. CCC is making a significant impact in the following areas:

## **Improving access where it is needed the most**

- £162m investment in a new inpatient and outpatient facility in Liverpool and on the Wirral site. The Liverpool site will open in 2020, with c£11m raised by the CCC Charity
- Continuing to build a network to deliver care closer to home, through sector hubs and treatments delivered in patients' homes and workplaces

## **Improving research and access to cancer trials**

- Our new hospital in Liverpool will be part of the Liverpool Knowledge Quarter, co-located with the University of Liverpool and the Royal Liverpool & Broadgreen University Teaching Hospital NHS Trust

## **Improving cancer system leadership**

- CCC leads and hosts the Cheshire and Merseyside Cancer Alliance. The Alliance secured £9m Cancer Transformation Funding for system improvements in 2017-19 and is expecting to secure further funding for 2019-21 funding bids. The Alliance's work programme includes:
  - Screening & prevention
  - Earlier and faster diagnosis
  - Reducing variation and improving access





# Principal risks to the trust - 2019-2022

Risks are proactively managed through the trust's board and its committees. The principle risks relevant to the operational and business plan are presented below:

Board Assurance Framework strategic priority	Risk
Deliver outstanding care	Reputational and service risk if we fail to open CCC-Liverpool on time and within budget in 2020
Retail and develop our outstanding staff	Preservation of the workforce and CCC culture during the transition to CCC-Liverpool, whilst maintaining performance
Collaborative system leadership	Ability to secure Cancer Transformation Funding for the Cheshire and Merseyside Cancer Alliance to deliver its work programme
Maintain excellent performance	Financial sustainability due to cancer tariffs and changes in the clinical portfolio from 2020 following the opening of CCC-Liverpool
	Ability to meet the 62 day target, and the new 28 day target. Late referrals from other hospitals remain an issue, but we are working with the Cheshire & Merseyside Alliance to mitigate the risk

# Quality planning - our approach to quality improvement

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CCC is proud to be a top decile performer in relation to patient experience. Quality planning is key to delivering compassionate, safe and effective care. Our key priorities relating to quality are:

- Ensuring that all staff have the necessary skills and training to do their job. We are improving statutory and role essential competency compliance across our workforce
- Reducing waiting times
- Shared learning from PAL's, Complaints, deaths and incidents
- Establishing a system wide helpline – via Cheshire & Mersey Cancer Alliance
- Delivering effective infection prevention & control, including the E. Coli bundle
- Delivery of The Patient & Public Involvement & Engagement Strategy
- Delivery of the Quality Strategy

These will be monitored by the Integrated Performance Review (trust scorecard) and:

- Datix reports
- SI report
- Mortality reviews
- Safeguarding reports
- VTE, pressure ulcers, falls and other key quality metrics



# Quality impact assessment process

The Transforming Cancer Care Programme Board directs and oversees service and quality improvement projects. This reports directly to the Trust Board via the Quality Committee and Finance and Business Development Committee.

Core components of the quality impact assessment process include:

- Undertaking patient and public involvement and engagement wherever appropriate e.g. co-design of new builds
- The cost improvement programme (CIP) is identified as part of business planning and overseen by Performance Review Group. Quality Impact Assessments are completed for each CIP and signed off by the Chief Nurse and Medical Director.
- Business cases (i.e. investment) include an impact assessment and options appraisal. The assessment considers equality requirements, clinical outcomes, the financial impact and the impact on staff and patients.



# NHS activity at CCC: Growth assumptions

Department	Detail	Headline growth	Narrative
Chemotherapy	<ul style="list-style-type: none"> <li>Solid tumour chemo</li> <li>Haemato-oncology</li> </ul>	+4.8% per year +3.2% per year	Population-based growth of 2.5% per year. Growth in immunotherapy treatments of c.150% expected between 2017/18 and 2020
Outpatients	<ul style="list-style-type: none"> <li>First appointment</li> <li>Follow-up, including on-treatment reviews, floor clinics, nurse/ therapist clinics and telephone appointments</li> </ul>	+1.6% per year +3.9% per year	Population-based growth of 1-2% per year for new patients and 2-3% per year for follow-up. Immunotherapy-associated growth as above
Imaging	CT imaging including outsourced and HO	+80% between 2017/18 and 2021	Growth driven by demand for diagnosis, planning and treatment.
	CT planning	+1.0% per year	Includes CT and MRI transfer of activity provided at Aintree University Hospital and Royal Liverpool University Hospital due to repatriation of activity – net real growth c.2% p.a.
	MRI	+16% between 2017/18 and 2021	
Radiotherapy	<ul style="list-style-type: none"> <li>Linacs</li> </ul>	+0.9% per year	Growth of <1% expected
Daycase	<ul style="list-style-type: none"> <li>Daycases, outpatient procedures and ward attenders</li> </ul>	c.3% per year	Consolidation of activity that is currently delivered from a variety of locations
Inpatients	<ul style="list-style-type: none"> <li>Admissions</li> <li>Bed days</li> <li>Transplants</li> </ul>	+1.5% per year +1.6% per year +7.0% per year	Population-based growth of 1-2% per year.  Increase in transplants from <100 to 125+ by 2022

# Planned capacity changes (1)

Department	Current	2020	Requirement
Chemotherapy	25 chairs on Delamere, plus capacity at local units c.6 chairs on 7Y	35 chairs in the CCC-L, of which c.29 which can be used flexibly (excluding clinical trials chairs (4), rapid chair and intrathecal room) Capacity at local units	Including Haemato-oncology, 29 chairs available 55 hours/week, excluding clinical trials, inpatients, private patients and regimens repatriated to local units
Outpatients	17 clinic rooms at CCC-W 181 sessions across all settings	17 clinic rooms at CCC-W 20 clinic room at CCC-L Plus sessions at other hospitals (activity scheduling subject to confirmation)	Rare cancer clinics at CCC-L. New patients for common cancers to be seen in sector hubs. Follow-ups for common cancer at local hospitals
Imaging	1 imaging CT Wirral 1 planning CT Wirral 1 planning CT Aintree 2 MRI Wirral 1 PET/CT Wirral	1 imaging CT Liverpool 1 planning CT Liverpool 1 imaging CT Wirral 1 planning CT Wirral 1 combined CT Aintree 1 MRI Liverpool 1 MRI Wirral 1 PET/CT Liverpool 1 PET/CT Wirral	Modelled requirement (2020 capacity in brackets) for 1.8 imaging CTs (2+), 1.5 planning CTs (3-) and 1.8 MRI (2), based on 50 hours/scanner/week  PET/CT not modelled
Radiotherapy	6 linacs Wirral 3 linacs Aintree 0.25 linacs outsourced	5 linacs Liverpool 3 linacs Aintree 2 linacs Wirral	Modelled requirement for 9.43 linacs including PP

# Planned capacity changes (2)

Department	Current	2020	Requirement
Daycase	Delamere, Clinical Interventions Team, Sulby, 7Y (CCC-L) 10Z (CCC-L)	15 chairs/trolleys, 2 minor procedure rooms, 4 brachytherapy trolleys, Plus, apheresis, fluoroscopy and pentamidine rooms	Modelled requirement for 12 chairs/trolleys available 12 hours x 6 days/week. 4 brachytherapy trolleys available 12 hours x 2-3 days/week. Plus specialist rooms
Inpatients	46 solid tumour beds 4 TYA beds 2 step-up beds Overnight capacity (Sulby) 19 HO beds (CCC-L) 12 BMT beds (CCC-L)  <b>Total Beds = 83</b>	8 CDU trolleys 52 solid tumour beds 8 TYA beds 6 step-up beds 29 HO beds 15 BMT beds  <b>Total Beds = 110</b>	6-8 CDU trolleys (+/-HO) Up to 52 solid tumour beds 4-8 TYA beds (+/- HO) 2-6 SUSD beds (+/- HO) 29 HO beds (exc AUH) 12 BMT beds  <b>Safe Day One requirement = 52 Beds, includes ST, step- up and TYA</b>  <b>Future bed capacity/demand sensitive to HO transfers</b>

CDU = Clinical decisions unit

ST = Solid tumour

TYA = Teenage and young adult

SUSD = Step up / step down

HO = Haemato oncology

BMT = Bone marrow transplantation





# Workforce planning

In October 2018, the trust approved a new workforce and organisational development strategy. This strategy looks to the future in relation to our ability to attract, retain and develop the workforce we need to deliver our new clinical model.

Approximately two thirds of our existing clinical workforce will relocate to our new cancer centre in 2020. Workforce plans corresponding to the changes in activity and the trust's portfolio of services have been developed, and assumptions have been tested. Some plans will be subject to business case approval, including amongst others:

- Transfer of Aintree and Southport Haemato-Oncology service
- Interventional radiology staffing at CCC-Liverpool
- Additional PET CT scanner in CCC-Liverpool
- Acute oncology triage service
- Expansion of the chemotherapy home treatment team
- Review of acute care including outside normal working hours ('safe hospital')

We will continue to adopt new and extended roles to support national and local shortages e.g. consultant radiographers, nurse associate roles or to meet patient need e.g. cancer support workers. CCC will support the Cheshire & Merseyside Alliance to co-ordinate system-wide workforce planning e.g. through the radiology network.

We will work with the University of Liverpool and Liverpool Healthcare Partners to recruit clinical academics to align with the joint research strategy and facilitate the NIHR BRC renewal process.



# Workforce strategy – three year plan

Year 1 – 2019-20	Year 2 – 2020-21	Year 3 – 2021-22
<ul style="list-style-type: none"> <li>Develop managers to accurately forecast workforce numbers based on service provision.</li> <li>Define future organisational restructures which enables the trust to further develop and implement the future clinical model.</li> <li>Enhance and develop further a talent management system and career development framework along with developing potential career opportunities for staff across all professions.</li> <li>Being innovative to attract new staff to the trust and use different methods of promoting the trust, advertising and recruiting (including international recruitment)</li> <li>Continue to recruit apprentices across the trust with the aim to retain them following their apprenticeship.</li> <li>Develop the nursing associate and advanced practitioner roles.</li> <li>Launch leadership behaviours framework.</li> <li>Ensure all staff are compliant with their mandatory training (90%)</li> </ul>	<ul style="list-style-type: none"> <li>Review and launch Clatterbridge approach to changes - OD support programmes.</li> <li>Implement organisational change and transformation programmes.</li> <li>Deploy agile working concept to support implementation of the future clinical model.</li> <li>Develop competency framework for all staff.</li> <li>Launch the new appraisal and succession planning tool system and audit the quality of appraisals to provide continuous improvement with managers appropriately trained.</li> <li>Review and issue revised terms and conditions to staff.</li> <li>Continue to review the benefits packages that are on offer for staff with the aim to improve these.</li> <li>Develop trust's Health and Wellbeing Strategy which focuses on physical and mental health along with health promotion and effective management.</li> <li>Deploy a temporary staffing solution, which enables our trust to access a highly skilled workforce who provide excellent levels of care at an appropriate cost.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure all teams are using the health roster system ensuring effective roster management.</li> <li>Continue to implement organisational change and transformation programmes.</li> <li>Increase technically enhanced learning, providing a virtual environment to support and record training.</li> <li>Evaluate the impact of sector model working, ensuring the environment, equipment is fit for purpose and supports the health and wellbeing of our staff.</li> <li>Widen the opportunities for all professions, nursing, AHPs, medical to develop into leadership roles.</li> </ul>

# Financial planning - context

The Trust has a strong track record of financial stability, and its financial planning aims to continue good performance, whilst investing in services as part of the TCC programme.

Financial management is a critical feature of performance across the organization. Monthly financial review meetings are held with the Executive Team and operational directorates. Any risks are identified, including analysis of patient activity, income, expenditure and workforce data. This provides a sound basis for planning, with directorates highly involved in the development of commissioning contracts, expenditure budgets and achievement of the efficiency target.

For 2019-20 commissioner contracts have yet to be finalized, and the income plan is based on 2018-19 forecast outturn activity levels. Service growth (per slide above) has then been added, and 2019-20 tariffs applied.

The Trust has received a surplus control total of £3.492m from NHS Improvement, for 2019-20. The financial plan has been developed to achieve this target.

In subsequent years, it is likely that the Trust will not receive a control total, and the financial surplus is determined by expected levels of income relative to required levels of investment in the TCC model.

The planning assumes continued delivery of efficiencies in order to maintain revenue and cash sustainability.

The final financial plan is due to be considered by Trust Board on 27<sup>th</sup> March. The final submission of the 2019-20 plan is due on 4<sup>th</sup> April, and it is required that this is approved by Trust Boards.



# Financial Plan - summary

Criteria	2018-19 Plan £'000	2019-20 Plan £'000	2020-21 Plan £'000	2021-22 Plan £'000
Clinical Income	130,347	151,230	159,430	166,630
Other Income	15,268	13,633	25,681	13,821
<b>Total Income</b>	<b>145,615</b>	<b>164,863</b>	<b>185,111</b>	<b>180,451</b>
Pay	(56,301)	(62,661)	(65,082)	(65,532)
Non Pay	(43,289)	(34,156)	(38,745)	(38,160)
Drugs	(35,452)	(55,051)	(60,051)	(65,051)
<b>Total Operating Expenditure</b>	<b>(135,042)</b>	<b>(151,868)</b>	<b>(163,878)</b>	<b>(168,743)</b>
<b>Operating Profit</b>	<b>10,573</b>	<b>12,995</b>	<b>21,233</b>	<b>11,708</b>
Capital Charges/Financing	(9,410)	(10,543)	(12,202)	(12,202)
Impairment			(25,500)	
Profit on PP JV	624	624	624	624
<b>Surplus</b>	<b>1,787</b>	<b>3,076</b>	<b>(15,845)</b>	<b>130</b>
<b>Surplus %</b>	<b>1.23%</b>	<b>1.87%</b>	<b>(8.56%)</b>	<b>0.07%</b>
<b>NHSI SOF Rating</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>
Exclude non-recurrent income	(536)	(412)	(460)	0
Exclude Charity Income	0	0	(11,700)	0
Add back Impairment	0	0	25,500	0
Add back Exceptional costs	0	0	2,659	1,964
<b>Normalised Surplus</b>	<b>1,251</b>	<b>2,664</b>	<b>154</b>	<b>2,094</b>

## Commentary:

- Forecast to deliver plan for 2018-19.
- The 2019-20 plan delivers the NHSI control total of £3.492m.
- To arrive at the NHSI control total donated asset depreciation is added back.
- The Trust maintains a normalized break-even position or better throughout.
- The Strategic Outcome Framework drops to 2 in 2020-21. This is in line with strategic objective of remaining at 2 or above.
- Impact of TCC move in 2020-21 and 2021-22.
- Charitable contribution to new building included as £11.7m



# Financial Plan - income

## Income change profile 2019-2022

Criteria (£'000)	2019-20	2020-21	2021-22	Basis/Comment
Outturn 2018-19	3,339	0	0	Based on forecast outturn
Activity Growth	2,203	2,200	2,200	Assumptions highlighted above
Tariff Changes	4,214	1,000	0	Based on national guidance and actual activity. Included in Control Total target
Drug income	10,000	5,000	5,000	Based on historic trend, matched to expenditure
CIP	430	300	300	
PSF	(124)	(412)	0	Net movement in 2019-20 and not expected in future years
Charity	0	11,700	(11,700)	Relates to TCC investment
Other	(814)	460	(460)	Non recurrent income from CQUIN 2019-20 and RLBUHT bridge contribution
<b>Total Income Change</b>	<b>19,248</b>	<b>20,248</b>	<b>(4,660)</b>	

- No increase in income base from HO transfer from Aintree/Southport transfer of service
- No increase in income due to acuity of patients



# Financial Plan - expenditure

## Expenditure change profile 2019-22

Criteria (£'000)	2019-20	2020-21	2021-22	Basis/Comment
Pay inflation	1,768	1,200	1,200	National pay award
Workforce growth	4,915	1,971	0	Workforce plan
Drug growth	9,729	5,000	5,000	2019-20 includes full year
Non pay inflation	575	600	600	3% based on local trend. Excludes drugs inflation
Non Pay growth	(1,779)	2080	1960	For 2019-20 virement to workforce growth. Includes additional SLA costs
Reserves	2,456	0	0	Contingency based on draft income position
Transitional costs	0	2,659	(3,395)	Includes end of HO support to RLBUHT in 2021-22
CIP	(1,370)	(1,500)	(1,500)	
<b>Total Operating Cost Change</b>	<b>16,826</b>	<b>12,010</b>	<b>3,865</b>	
Capital charges	1,133	1,659	0	Existing valuation
Impairment	0	25,500	0	Historic % applied to gross capital cost

- Current financial planning does not take into account any impact of the proposed increase to employer's National Insurance contribution. Per NHSI guidance, this would be separately funded if implemented. The proposed rate rises from 14.3% to 20.1%.





# Financial Plan - efficiency

## Commentary

Draft financial plan based on delivery of efficiency of circa of £1.8m p.a. or c.2% of relevant expenditure (i.e. excluding drugs and hosted services). This is in line with the expected tariff deflator.

This equates to 1.1% of total expenditure.

## CIP Identified for 2019-20

Currently identified CIP schemes to a value of £955k (53%), leaving £845k currently unidentified. Schemes include:

- LED lighting
- Drug wastage and re-use efficiencies
- Radiology reporting to other Trusts
- Physics education services

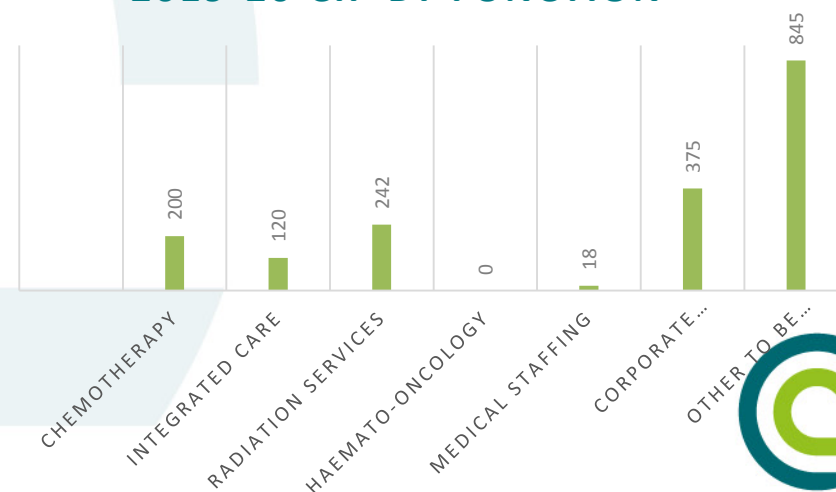
## CIP Methodology

Changes to clinical pathway should continue to reduce length of stay, increasing in-patient capacity to enable planned growth in activity (circa 1.5% p.a.) to be delivered within existing bed numbers for solid tumour activity.

For planning purposes the CIP target is allocated on an expenditure basis.

CIP Profile (£'000)	2019-20	2020-21	2021-22
Income	430	430	430
Pay	323	750	750
Drug	400	0	0
Non Pay	647	750	750
<b>Total CIP Required</b>	<b>1,800</b>	<b>1,800</b>	<b>1,800</b>
To fund pay inflation	(1,225)	(1,200)	(1,200)
To fund Non Pay inflation	(575)	(575)	(575)
CIP % Total Expenditure	1.2%	1.1%	1.1%
CIP % Relevant Expenditure	1.9%	1.7%	1.7%

## 2019-20 CIP BY FUNCTION



# Financial planning – capital and cash

The Trust's financial plan is based on ensuring that patient services have appropriate accommodation and access to safe and effective facilities. The Trust has a 5 year capital programme.

The principal expenditure is £66.36m to complete and equip the new Cancer Centre in Liverpool and reconfigure the Wirral site. A further £15.07m is anticipated to be required to fund the Trust major equipment replacement programme. Other capital investments include Global Digital Exemplar (IT) and minor estate works.

All capital is expected to be funded from internally generated resources, with the exception of GDE, which is funded by PDC; £2.40m in the plan.

Capital Expend (£'000)	2019-20	2020-21	2021-22	2022-23	2022-24	Total
Building for the Future (excl equipment)	47,746	12,007	0	0	0	59,753
Estates	483	500	500	500	500	2,483
Medical Equipment (incl TCC)	3,584	8,628	3,867	2,600	3,000	21,678
IM&T	2,850	300	300	300	300	4,050
<b>Total Capital Expenditure</b>	<b>54,663</b>	<b>21,435</b>	<b>4,667</b>	<b>3,400</b>	<b>3,800</b>	<b>87,964</b>

**Capital and Cash Forecast 2019-24**

