



Report Cover Sheet

Report to:	Board of Directors Meeting
Date of the Meeting:	27 March 2019
Agenda Item:	P1-050-19
Title:	3 Year Operational and Business Plan
Report prepared by:	Jon Hayes, Programme Director, TCC
Executive Lead:	Barney Schofield, Director of Transformation and Operations James Thomson, Director of Finance
Status of the Report:	Public

Paper previously considered by:	Performance Committee
Date & Decision:	18 March 2019 - Approved for recommendation to Board of Directors Meeting with minor amendments

Purpose of the Paper/Key Points for Discussion:	<p>The three-year operational and business plan supports the delivery of the trust's strategy.</p> <p>Specifically it presents the operational and financial plan for 2019-20.</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. It outlines our assumptions about the changing demand for our services – outlining our approach to quality, workforce, finance, digital and research.</p> <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.</p> <p>Our operational plan reflects the NHS operational planning and contracting guidance 2019/20.</p>
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Action Required:	Discuss	
	Approve	√
	For Information/Noting	

Next steps required	<ul style="list-style-type: none"> Trust Board is requested to approve the operational and financial plan for 2019-20 Trust Board is asked to receive and note the three-year operational and business plan
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally	√	Collaborative system leadership to deliver better patient care	
Retain and develop outstanding staff		Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future	√	Maintain excellent quality, operational and financial performance	√

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	√
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	√
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	√
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	√

Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		√
Disability		√
Gender		√
Race		√
Sexual Orientation		√
Gender Reassignment		√

Religion/Belief		√
Pregnancy and Maternity		√

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

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2019-20 to 2021-22

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3 Year Operational and Business Plan

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Trust Board
27 March 2019



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1. Compassionate, safe and effective care



The Clatterbridge
Cancer Centre
NHS Foundation Trust

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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 3 year operational and business plan covers an exciting period of change for the trust.

In 2020 we are due to open a specialist cancer hospital in 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.



2. Vision, strategy and values

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

In 2018 the trust worked with its stakeholders to develop a strategy to support this vision:

- 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.



3. Key strategic priorities for 2019-22

Transforming Cancer Care Improving care and quality

- Delivering CCC-Liverpool, on time and within budget by 2020
- Continuing to achieve top decile results for patient experience
- Improving access to 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
- Completing the implementation of our CQC action plan

Investing in research, innovation and development

- Doubling the number of patients recruited into clinical trials from a baseline of 500 per year
- Maintaining 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
- 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



4. Leading cancer care across the system

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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 (RLBUHT)

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



5. Quality: Approach

- The Trust's named Executive for Quality Improvement is Sheila Lloyd, Director of Nursing and Quality
- Following the Trust's Care Quality Commission (CQC) inspection (January 2019), an action plan is being developed in response to the outcome of the report. This is lead by the Director of Nursing and Quality.
- The Trust's Planning and Performance Improvement Framework details how the governance structure supports effective monitoring of quality priorities and how assurance is gained by forums at each level. Quality, workforce and finance indicators are triangulated in the integrated performance report, providing a cohesive, unified approach to performance monitoring and improvement.
- CCC's management approach to CQC assessment includes:
 - Integrated monitoring of performance against relevant quality, workforce and financial metrics
 - Ensuring that our performance and approach to improvement for key aspects of quality (e.g. safeguarding, equality and diversity and learning from incidents and deaths) are reviewed at the right Trust forums, escalated utilising the governance structure and reported to our commissioners
 - Commissioning independent auditors to assess our 'Well Led' compliance
 - Implementing recommendations from previous CQC inspections
 - Reviewing monthly CQC insight reports at the Integrated Governance Committee, whilst already being sighted on any areas of concern via more real time internal reporting.
- In 2019/20 the Trust will build on its work with AQUA (Advanced Quality Alliance) to further develop its quality improvement capacity and capability using recognised methodologies.
- Quality and governance support for Clinical directorates will be reviewed and strengthened, utilising a more devolved approach.



Quality: Delivery

- **Consistent achievement of the Venous Thromboembolism (VTE) risk assessment and sepsis targets** are priorities in 19/20. Key risks to quality are the allocation and retention of Junior Doctors / Consultant oncologist vacancies / Implications of Brexit for supply of medicines and HDR Brachytherapy sources – all managed via the risk register
- **Statutory and mandatory training and role based competency:** Continuing recent improvements to deliver compliance of 90% across the Trust
- **Cancer Waiting Times standards:** Continuing to improve on strong performance against all standards including 28 days, including supporting improvement across Cheshire and Merseyside.
- **Learning from national investigations:** Utilising information from NRLS to enable continued self assessment against recommendations from national investigations, investigate Trust SUIs and to share learning and implement any identified actions from both. High reporter of incidents, consistently improving year on year with the majority resulting in no harm to the patient.
- **Learning from deaths:** CCC uses a robust mortality review process to learn from deaths which, in addition to the minimal requirements set out in the National Quality Board “Learning From Deaths” guidelines also includes all inpatients, 30 post-treatment and 90 day post-radical radiotherapy deaths. The Trusts uses the Royal College Physician’s Structured Judgement Review tool to highlight lessons from individual cases, combined with a monthly multi-professional mortality review meeting to ensure lessons are disseminated effectively. Trends in mortality and lessons/action derived from the review process are rigorously analysed and overseen by a mortality surveillance group and a headline mortality dashboard is continuously maintained and presented regularly to the board.
- **7 Day services – compliance with 4 priority standards:** Developing the Electronic Patient Record to enable easier capture and reporting of 14 hr consultant review performance which will support monitoring and improvement.
- **NEWS 2:** Launched in December 2018 alongside the new multidisciplinary sepsis screening tool and sepsis interventions. The next step is to interface new electronic observation equipment with the EPR to strengthen accuracy and the ability to utilise real time data.
- **Infection Prevention and Control:** Reduction in Gram-negative bloodstream infections (50% by 2021). The IPC team is part of a Gram-negative collaborative as part of the cancer network looking at themes and trends of blood stream infections and is focusing on hydration and fluid balance. The E. Coli bundle will be implemented in 2019/20.
- **System wide cancer helpline in place,** with further development with the Cancer Alliance, regarding urgent care pathways and diagnostics.
- **Benchmarking:** continuing to work with our peers; The Christie and Royal Marsden to identify areas for efficiency improvements and use of technology to improve patient services. New Deputy Director of Nursing group to be established.
- **Workforce productivity and safe staffing:** reviewing the option to use the ‘Allocate’ module within the E-roster to enable real time monitoring and effective utilisation of staffing across our inpatient wards. Further recruitment and retention work is also in progress to strengthen staffing resilience and reduce the usage of bank/agency staff.



6. Quality: Impact assessment

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The Transforming Cancer Care Programme Board directs and oversees service and quality improvement projects. This reports directly to the Trust Board.

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. Delivery of The Trust's Patient & Public Involvement & Engagement Strategy.
- CIP schemes, which include quality metrics and a quality impact assessment (including safety, effectiveness, experience and equality and diversity, in relation to both patients and staff) are developed collaboratively within Directorates and Corporate Services and reviewed by a quality impact assessment panel prior to sign off by the Chief Nurse and Medical Director. During the year these assessments are repeated and the quality metrics are monitored to provide continuous, robust assurance. Any adverse effect on quality from CIP implementation and associated, identified, mitigating actions, will be escalated through the Trust's governance structures to Trust Board.
- Business cases include an impact assessment and options appraisal. The assessment considers equality requirements, clinical outcomes, the financial impact and the impact on staff and patients.



6. Trust KPIs 2019-20 (1)





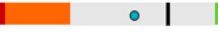
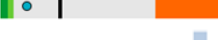





The following high level KPIs will be reported through the governance structure, to monitor and drive improvement and provide assurance at each stage including to Trust Board.

Safe

Indicator	2018/19 performance*	18/19 19/20 Target
Clostridium Difficile	3 cases	=<4 =<3**
E Coli	5 cases	=<13 =<11**
% of patients with no new harms (Safety Thermometer)		95% 95%
Pressure ulcers (CCC lapse in care)	1 ulcer	0 0
VTE Risk Assessment		95% 95%
Dementia (Assessment and referral)		95% 95%
Sepsis (IV antibiotics within an hour)		100% 100%
Emergency patient consultant review within 14 hours		75% 90%




* Bar charts are March 2018 – Feb 2019 **target still to be confirmed with Commissioners. ***Charts show Oct 17 – Sep 18. CCC is better than national av. for 100 days KPIs

Effective







Indicator	2018/19 performance	18/19 19/20 Target
30 day mortality rate (radical chemotherapy)		To be determined as part of ongoing benchmarking activity with peers.
30 day mortality rate (palliative chemotherapy)		
30 day mortality rate (radiotherapy)		
Stem cell transplant mortality ***	<div>100 days autologous </div> <div>1 year autologous </div> <div>100 days allogenic </div>	
Length of stay: HO elective		
Length of stay: HO emerg.		=<10 =<9
Length of stay: ST elective		
Length of stay: ST emerg.		
Clinical Utilisation Review (% patients not meeting criteria)		11.2% TBC

Trust KPIs 2019/20 (2)




Caring

Indicator	2018/19 performance	18/19 19/20 Target
F&F test: inpatient scores		95% 95%
F&F test: outpatient scores		95% 95%
Complaints		No target

Well Led

Indicator	2018/19 performance	18/19 19/20 Target
Staff Sickness		=<3.5% =<3.5%
Staff Turnover (12m rolling)		=<12% =<12%
Stat. and Mand. training		=>90% G:=>90%, A:85-90%, R:<85%
PADR rate		95% 95%
F&F test: staff recommending care		95% 95%
Proportion of temp. staff (YTD)		No target set

Responsive

Indicator	2018/19 performance			18/19 19/20 Target
62 day classic (pre allocation). To be discontinued in 2019/20				85% 85%
62 day classic (post alloc.)				85% 85%
62 Day Screening	NB: numbers of patients below diminimus			90% 90%
Two week wait				93% 93%
	Q1	Q2	Q3	
Diagnostic Imaging (6 WW)	100	100	100	99% 99%
31 Day Firsts (%)	98	98	99	96% 96%
31 Day Subs chemotherapy (%)	99	99	99	98% 98%
31 Day Subs Radiotherapy (%)	99	98	99	94% 94%
RTT Incompletes (%)	98	97	96	92% 92%
RTT Admitted (%)	95	96	97	90% 90%
RTT Non admitted (%)	98	98	98	95% 95%

New Board KPIs 2019-20

Responsive

Indicator	Rational for Inclusion
28 Day Faster Diagnosis	New national cancer waits target
% of patients receiving Chemotherapy closer to home	These KPIs are central to monitoring the effective delivery of the new clinical model, i.e. treatment in the sector closer to where patients live / in their own homes.
% of 1st new outpatient appointments delivered in sector hubs	
Patient hotline calls	KPIs relating to the Patient Hotline service will be developed to monitor the effectiveness of this well received initiative in supporting patients remotely (where clinically appropriate) and avoiding admissions to CCC and other Trusts' A&E depts.
Haemato-Oncology mortality indicators	Standardised approach to mortality indicators, bringing HO service in line with Trust KPIs
Patients recruited to clinical trials	Increased access for patients to receive novel care and therapies



7. Operational plan – context

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This 3 year plan describes how CCC will transition through the Transforming Cancer Care programme. Year 1 is the last full year before the opening of the new CCC-Liverpool, year 2 is the year of the main service moves and year 3 is when further developments to the clinical model will be put in place. The new CCC-Liverpool is scheduled to be handed over in February 2020 and, following a period of operational commissioning, will be in clinical use from Spring/Summer 2020.

A Full Business Case was approved in Spring 2016 setting out capital and revenue investments required to deliver the Transforming Cancer Care programme. The development of this plan has been driven by an updated highly sophisticated activity model containing key clinical and productivity assumptions of factors impacting activity trends over the 3 years of this plan. ***The following slides outline the activity, capacity, workforce, financial and digital plans that underpin delivery of the strategy.***

Over the period of this plan CCC will transition into a materially different clinical model to deliver the Trust's strategic ambitions, the key changes are summarised below:

- The main clinical centre of the Trust will be in the new CCC-Liverpool. All the Trust's in-patients beds for solid tumour patients will move from CCC-Wirral into CCC-Liverpool as part of an operational move plan in Spring 2020. The in-patient facility in the new centre is 100% single rooms and staffing provision has been modelled accordingly.
- In the early period of operation of our new hospital, Haemato-oncology In-patients will remain in the old Royal Liverpool Hospital, until the new Royal Liverpool Hospital with bridge links to the new CCC is open (date TBC). This plan provides for an increase of 6 beds in H-O in 19/20 due to high levels of bed occupancy and outliers.
- Haemato-oncology in-patients and day case services will be provided in CCC-Liverpool from Spring 2020.
- Radiotherapy services will be provided on 3 sites, with the main base in CCC-Liverpool and 2 satellite facilities (CCC-Aintree and CCC-Wirral)
- CCC's main chemotherapy centre will be in CCC-Liverpool and CCC will maintain a distributed model of delivery across Cheshire and Mersey, including home chemotherapy
- CCC's pharmacy manufacturing service will be based in CCC-Liverpool, providing cytotoxic drugs for both solid tumour and haemato-oncology patients
- The location of a fourth 'sector hub' site in the Eastern Sector of our catchment area will be determined through formal public consultation in the summer of 2019 and delivered in partnership with the Trust's in the sector.



7.1 Patient activity assumptions

Department	Detail	Headline growth	Narrative
Chemotherapy	<ul style="list-style-type: none"> Solid tumour Haemato-oncology 	+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"> First appointment Follow-up, including on-treatment reviews, floor clinics, nurse/ therapist clinics and telephone appointments 	+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	<ul style="list-style-type: none"> CT imaging including outsourced and HO CT planning MRI 	+80% between 2017/18 and 2021 +1.0% per year +16% between 2017/18 and 2021	Growth driven by demand for diagnosis, planning and treatment. 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.
Radiotherapy	<ul style="list-style-type: none"> Linacs 	+0.9% per year	Growth of <1% expected
Daycase	<ul style="list-style-type: none"> Daycases, outpatient procedures and ward attenders 	c.3% per year	Consolidation of activity that is currently delivered from a variety of locations
Inpatients	<ul style="list-style-type: none"> Admissions Bed days Transplants 	+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

Patient activity and 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	2,782	2,200	Assumptions highlighted above. No change in acuity profile.
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 drug 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
Total Income Change	19,248	20,830	(4,660)	

The plan is based on a clinical income position that has been proposed to NHS England Specialist Commissioning Team and CCGs. For 2019-20 the final contract value has not been agreed with NHS England SC. The Trust expects to sign a contract by the end of March deadline.



7.2 Planned capacity changes (1)

Department	Current	2020 – New capacity	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 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 (2) 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 private patients

Planned capacity changes (2)

Department	Current	2020 – New Capacity	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	8 trolleys 46 solid tumour beds 4 TYA beds 2 step-up beds Overnight capacity (Sulby) 19 HO beds (CCC-L) 12 BMT beds (CCC-L) Total Beds = 83	8 CDU trolleys 52 solid tumour beds 8 TYA beds 6 step-up beds 29 HO beds 15 BMT beds Total Beds = 110	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 Safe Day One requirement = 52 Beds, includes ST, step- up and TYA Future bed capacity/demand sensitive to HO transfers

CDU = Clinical decisions unit

ST = Solid tumour

TYA = Teenage and young adult

SUSD = Step up / step down

HO = Haemato oncology

BMT = Bone marrow transplantation



Capacity – capital planning

Capex (£000)	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Building for the Future	47,746	12,007	0	0	0	59,753
Other Minor Estates	483	500	500	500	500	2,483
Total Estates	48,229	12,507	500	500	500	62,236
Linacs	1,870	1,600	3,200	2,100	0	8,770
Imaging Equipment	500	4,376	0	0	0	4,876
Other major equipment	1,114	472	0	0	2,500	4,086
Equipment movement	0	1,200	0	0	0	1,200
Minor equipment	100	980	666	500	500	2,746
Total Equipment	3,584	8,628	3,866	2,600	3,000	21,678
Global Digital Exemplar	2,406	0	0	0	0	2,406
Other IM&T	444	300	300	300	300	1,644
Total IM&T	2,850	300	300	300	300	4,050
Total Capex	54,663	21,435	4,667	3,400	3,800	87,964

Commentary

New equipment for the Cancer Centre includes:

- 1 x Linac
- 1 x PET-CT
- 1 x MRI
- Interventional Radiology
- Allowance has also been made for the cost of moving equipment from the Wirral (e.g. 4 x Linac)

Building for the Future includes the cost of re-configuring the Wirral site and a multi-storey car park on the Liverpool campus.



Capacity – workforce planning

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

Capacity – workforce investment

Expenditure change profile 2019-22

Directorate	Theme	Principal Staff Group	2019/20 Growth £000	2019/20 Growth WTE	2020/21 Growth £000	2020/21 Growth WTE
Integrated Care	Hospital at Night – Nursing team	Nursing	243	7.45	532	7.52
Integrated Care	Ward Staffing – Solid Tumour	Nursing	21	(0.45)	569	21.19
Integrated Care	ICD: Other - Tissue Viability	Nursing	77	3.15	69	1.67
Integrated Care	Additional Palliative Care Consultant	Medical	120	1.00	0	0.00
Radiation Services	Radiotherapy – 3 site working	Radiographer	367	15.80	112	(3.00)
Radiation Services	Radiotherapy – Clinical Oncologists	Medical	280	2.00	0	0.00
Radiation Services	Brachytherapy	Therapist	94	2.40	(40)	(2.40)
Radiation Services	Radiology – 3 site working	Radiographer	163	11.50	315	0.00
Radiation Services	Radiology – Interventional Radiology	Medical	0	0.00	145	2.50
Chemotherapy	Increase in Immunotherapies	Nursing	396	11.20	139	4.00
Chemotherapy	Pharmacy Aseptic Unit	Pharmacist	92	6.00	97	1.00
Chemotherapy	Chemotherapy – Patient management	Nursing	0	0.00	234	13.47
Haemato-Onc	HO – Ward Staffing	Nursing	234	17.11	259	2.00
Haemato-Onc	Other HO	Nursing	150	3.77	(42)	(0.80)
Chemotherapy	Integration of HO Pharmacy into CCC	Nursing	193	4.00	84	3.00
Total Investments			2,430	84.93	2,473	50.15



Non workforce costs

Transitional Costs: Non-Recurrent	2019/20 £000	2020/21 £000	2021/22 £000
Site removal	0	300	0
Commissioning / Dual Running	0	300	0
Travel – car parking – patient and staff	0	1,101	551
Staff excess travel	0	958	958
Staff retention bonus	0	0	456
Total Non-Recurrent Transitional Costs	0	2,659	1,964
Saving: End of HO write back of pre-payment to RLBUHT	0	0	(2,700)
Anticipated Impairment of new build	0	25,500	0
Increased Non-pay Costs	2019/20 £000	2020/21 £000	2021/22 £000
Additional new site facilities	0	2,000	1,460
Other non-pay and Interventional Radiology	0	676	1,500
SLA reductions: outpatient clinic at RLBUHT	0	(229)	0
SLA reductions: repatriation of imaging activity	0	(478)	0
Total Non-Recurrent Transitional Costs	0	1,969	2,960

Transitional costs continue to be validated. Work undertaken date indicates that the overall quantum allowed is appropriate.

The car-parking issue planned costs have been reviewed against the discussions with Liverpool City Council, and an offer of capacity at £1,000 per space.

Excess travel costs are based on public transport mileage rate.



Costs and investments overview

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	2,473	0	2019-20 includes workforce pressures. Workforce investment plan in 209-21
Drug growth	9,729	5,000	5,000	2019-20 includes full year effect
Non pay inflation	575	600	600	3% based on local trend. Excludes drugs cost inflation
Non Pay growth	(1,247)	1,969	2,960	For 2019-20 virement to workforce growth. Includes additional SLA costs
Reserves	2,456	0	0	Contingency based on proposed 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)	
Total Operating Cost Change	16,826	12,401	4,865	
Capital charges	1,133	1,850	0	2018-19 valuation basis
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%.



7.3 Key enablers - efficiency profile

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.

CIP Identified for 2019-20

Currently identified CIP schemes to a value of £1,155k (64%), leaving £645k currently unidentified. Schemes include:

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

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

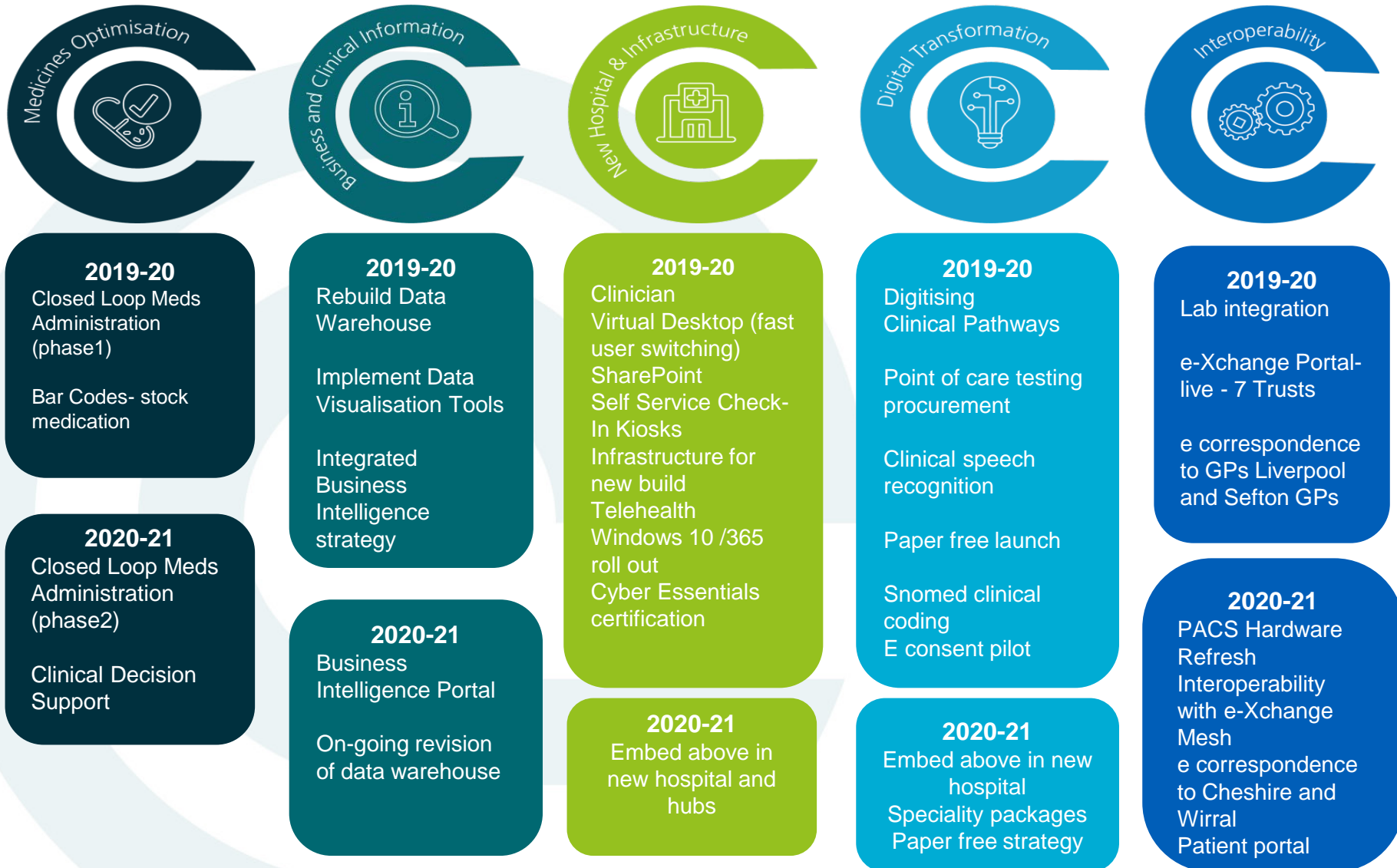
All directorates are working to deliver CIP. Key areas of focus are:

- Haemato-oncology capacity
- Clinical contract review – all directorates

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
Total CIP Required	1,800	1,800	1,800
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%

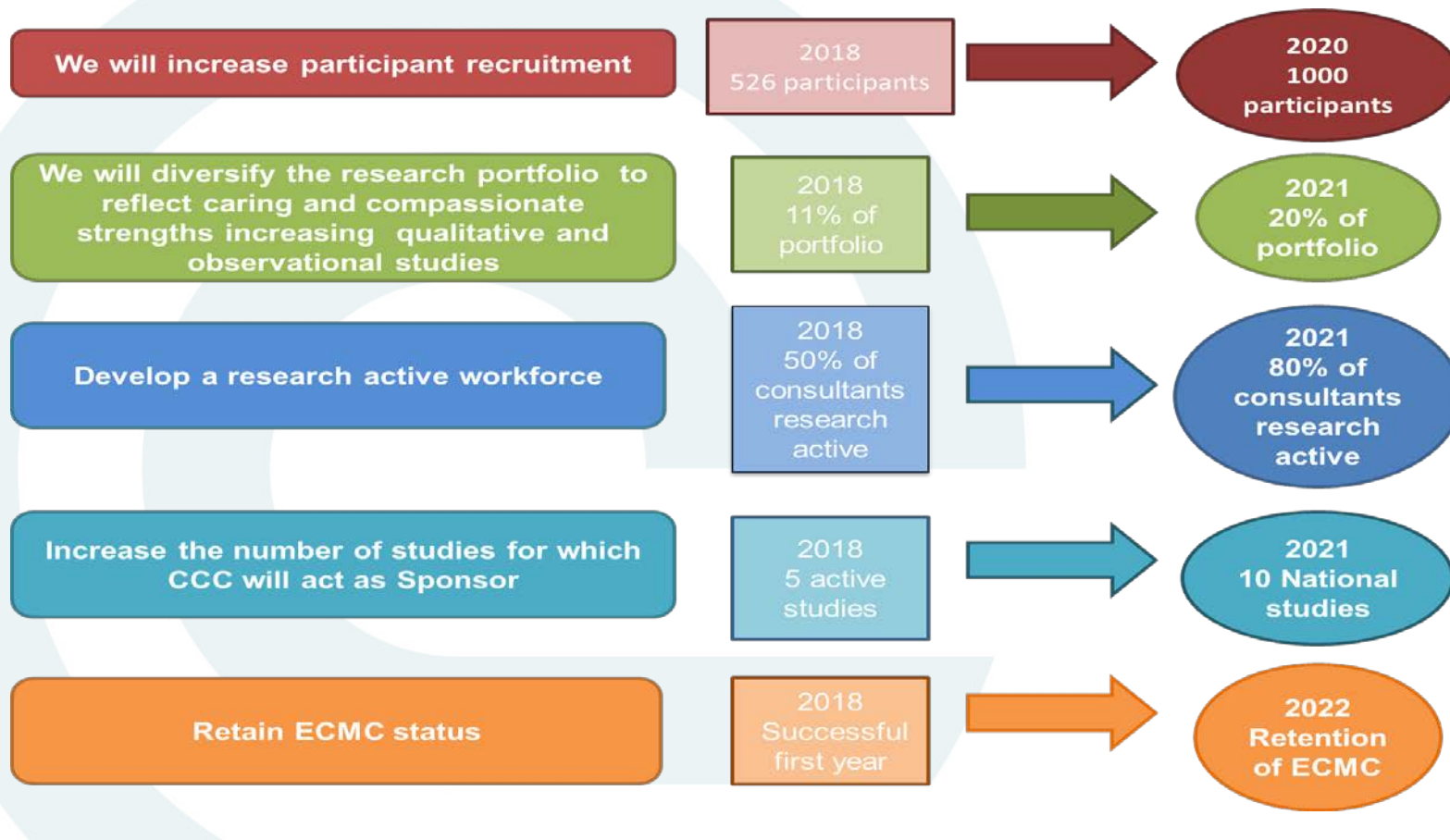
2019-20 CIP By Directorate (£000)	Rec	Non-Rec	Total
Chemotherapy	400	0	400
Integrated Care	120	0	120
Radiation Services	200	42	242
Haemato-Oncology	0	0	0
Medical Staffing	0	18	18
Sub-Total Clinical Directorates	720	60	780
Corporate Departments	375	0	375
Other To Be Identified	645	0	645
Total CIP Required	1,740	60	1,800

7.3 Key enablers – digital programme



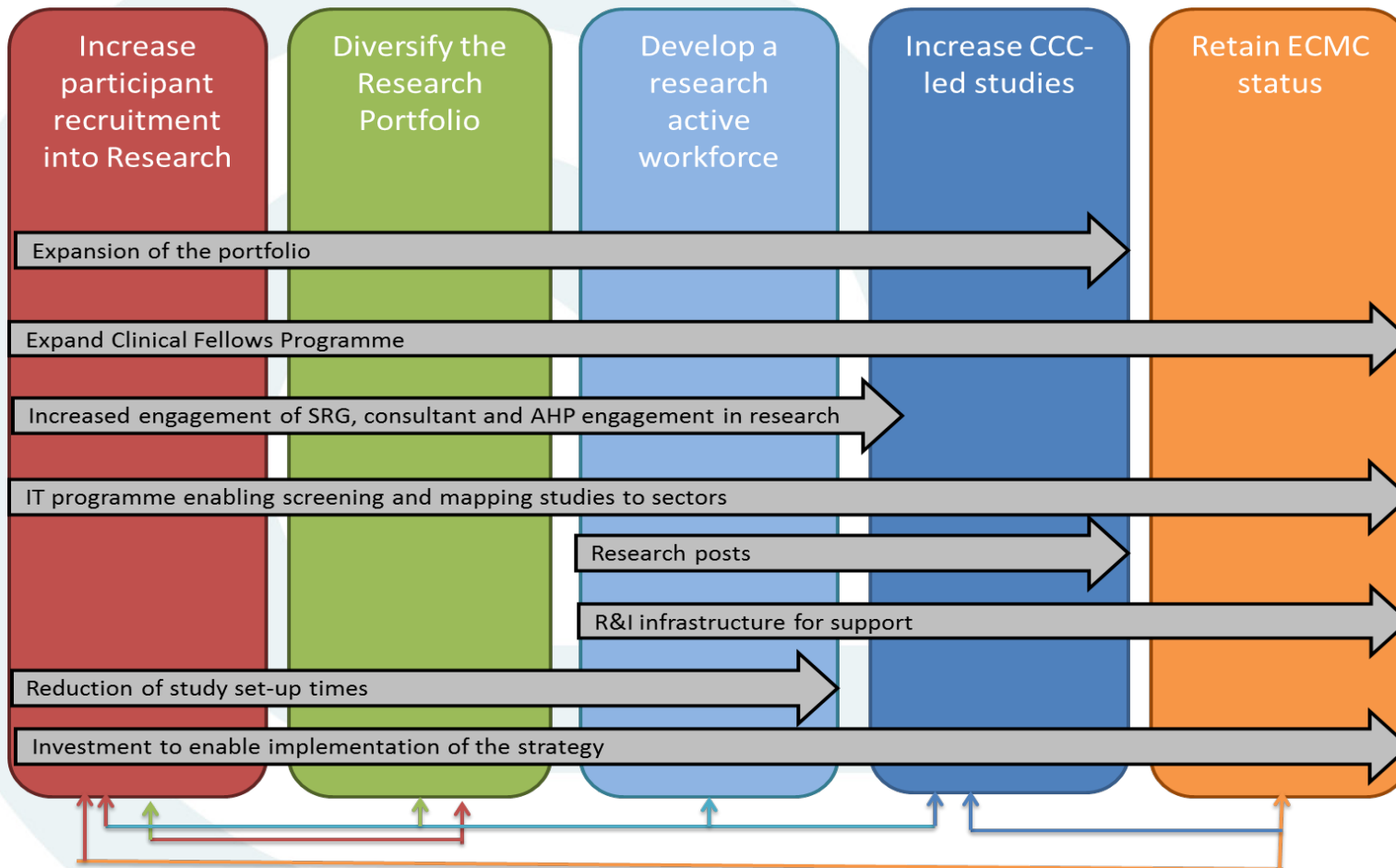
7.3 R&I Goals and milestones

Research and Innovation is critical to offering our patients the latest treatments and improving clinical services. It is a key element of the Trust's strategy. The R&I function has a plan to increase its activity over the planning period.



7.3 R&I Enablers

To achieve its R&I goals the Trust has identified enabling themes. These include working with clinicians to increase patient recruitment, and reducing set-up times for research. The plan is supported through increased investment in infrastructure and working closely with the University of Liverpool.



8. Financial planning - context

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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 27th March. The final submission of the 2019-20 plan is due on 4th April, and it is required that this is approved by Trust Boards.

It is expected that NHSI will require Trusts to provide a 5 year operational and financial plan, in Autumn 2019. This will be presented to the Trust Board, when appropriate in 2019-20.



Financial Plan – revenue

Criteria £'000	2018-19	2019-20	2020-21	2021-22
Clinical Income	130,347	151,230	160,012	167,212
Other Income	15,268	13,633	25,681	13,821
Total Income	145,615	164,863	185,693	181,033
Pay	(56,301)	(62,661)	(65,584)	(66,034)
Non Pay	(43,289)	(34,156)	(38,634)	(38,049)
Drugs	(35,452)	(55,051)	(60,051)	(65,051)
Total Operating Expenditure	(135,042)	(151,868)	(164,269)	(169,134)
Operating Profit	10,573	12,995	21,424	11,899
Capital Charges/Financing	(9,410)	(10,543)	(12,393)	(12,393)
Impairment	-	-	(25,500)	-
Profit on PP JV	624	624	624	624
Net Trading Surplus	1,787	3,076	(15,845)	130
Surplus %	1.23%	1.87%	(8.56%)	0.07%
NHSI SOF Rating	1	1	2	1
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
Normalised Surplus	1,251	2,664	154	2,094
Add back Donated Dep'n & PSF	952	828	416	416
Control Total / Surplus	2,203	3,492	570	2,510

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 – balance sheet

Forecast As at 31 st March	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000
Property, Plant & Equipment	171,583	221,091	209,521	207,183
Investment in JV	1,296	1,920	2,544	3,168
Other Non-Current Assets	97,352	142,398	152,545	152,545
Total Non-Current	270,231	365,409	364,610	362,896
Inventories	1,000	1,000	1,000	1,000
Current Receivables & Other	20,000	10,000	9,160	9,160
Cash	48,105	15,424	11,438	11,549
Total Current Assets	69,105	26,424	21,600	21,711
Payables	(15,901)	(16,952)	(16,952)	(16,952)
Other Current Liabilities	(7,071)	(7,071)	(7,020)	(7,018)
Total Non-Current Liabilities	(22,972)	(24,023)	(23,972)	(23,970)
Non-Current: Borrowing	(37,336)	(35,555)	(33,821)	(32,090)
Non-Current other liabilities	(93,972)	(141,718)	(153,725)	(153,725)
Total Non-Current Liabilities	(131,308)	(177,273)	(187,546)	(185,815)
Total Net Assets Employed	185,056	190,537	174,692	174,822
Financed By:				
Public Dividend Capital	54,753	57,158	57,158	57,158
Revaluation Reserve	7,839	7,839	7,839	7,839
I&E Reserve	122,464	125,540	109,695	109,825
Total Taxpayers Equity	185,056	190,537	174,692	174,822

Commentary:

- **Assets increase relative to capital expenditure and valuations**
- **Investment in JV relates to 'profit' element of the private clinic**
- **Borrowing decreases in line with payment profile**
- **From 2019-20 the concession relating to the Liverpool site is included in the non-current asset and liability profile.**



Financial plan – capital and cash

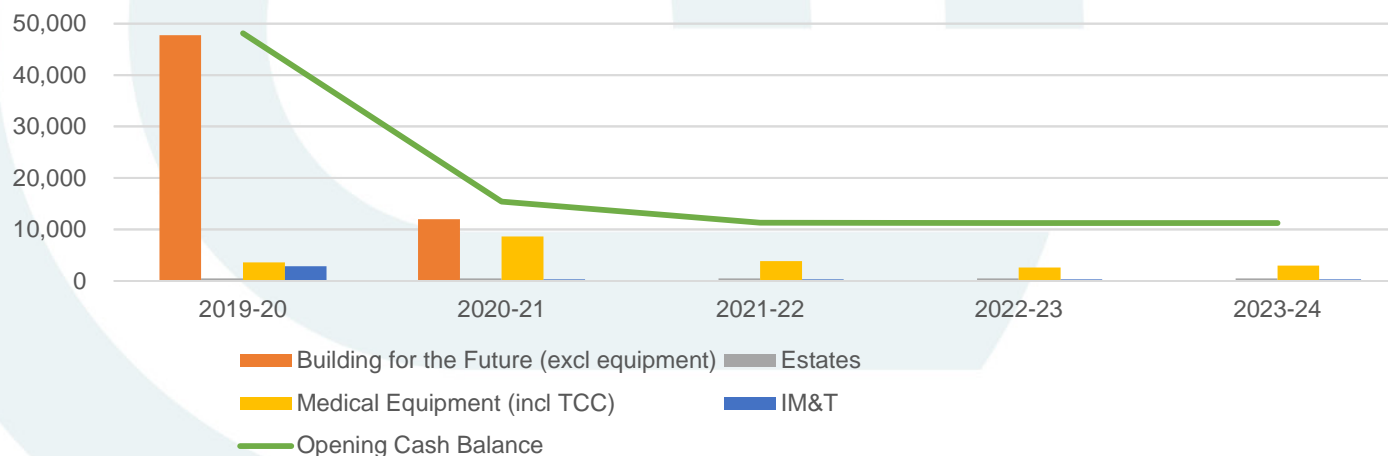
The Trust's financial plan is based on ensuring that patient services have appropriate accommodation and access to safe and effective facilities. The Trust has a 5 year capital programme.

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
Total Capital Expenditure	54,663	21,435	4,667	3,400	3,800	87,964

Capital and Cash Forecast 2019-24



Strategic risks to the delivery of the plan

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	Mitigation
Deliver outstanding care	Reputational and service risk if we fail to open CCC-Liverpool on time and within budget in 2020	<ul style="list-style-type: none"> Effective management of uncertainties and issues presented by delays to the new Royal Liverpool Hospital, including car parking and shared services. Agreement of office accommodation strategy. Development of comprehensive mobilisation and move plans. Invested in management capacity and capability.
Retain and develop our outstanding staff	Risk to the preservation of the workforce and CCC culture during the transition to CCC-Liverpool	<ul style="list-style-type: none"> Proactive recruitment to grow the workforce in line with plans to deliver the new model of care. Delivery of the workforce and organisational development strategy.
Collaborative system leadership	Risk to the ongoing improvement of patient outcomes and performance across Cheshire and Merseyside	<ul style="list-style-type: none"> CCC's proactive leadership of the Cancer Alliance and engagement with its work programme. Confirmation of Cancer Transformation Funding for the Cheshire and Merseyside Cancer Alliance to support its work programme.
Maintain excellent performance	Risk to financial sustainability due to cancer tariffs and changes in the clinical portfolio from 2020 following the opening of CCC-Liverpool	<ul style="list-style-type: none"> Confirmation of commissioner intentions, e.g. for papillon. Delivery of efficiencies and enhanced productivity. Agreement of cost-effective SLAs for shared services. Confirmation of plans for the residual estate at CCC-W once CCC-L is open.
	Risk to operational performance including the 62 day target and the new 28 day target.	<ul style="list-style-type: none"> Collaborative working with the Cheshire and Merseyside Cancer Alliance to minimise the number of late referrals from other hospitals. Effective management of capacity and activity planning especially over the move period. Effective management of fluctuations in non-elective demand and the impact of changes in acuity.