



## Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	25 March 2020	
Agenda Item:	P1-056-20	
Title:	Trust Financial Planning 2020-21	
Report prepared by:	John Andrews, Deputy Director of Finance	
Executive Lead:	James Thomson, Director of Finance	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	N/A
Date & Decision:	N/A

Purpose of the Paper/Key Points for Discussion:	<p>This paper presents the Trust's financial plan for 2020-21, and recommend it to the Trust Board for approval.</p> <p>The paper highlights that due to the national response for Covid-19 the usual financial planning process have been amended or suspended for a period during 2019-20 and 2020-21. Specific points include:</p> <ul style="list-style-type: none"> <li>• Suspension of planning submissions for 2020-21</li> <li>• Suspension of tariff based contracts for 2020-21</li> <li>• Reimbursement of Covid-19</li> </ul> <p>However, given the underlying business of the Trust, and the expansion to the Liverpool site, the expenditure budgets are robust and recommended for approval by the Trust Board.</p> <p>Trust Board will be kept informed of any further changes to the financial planning regime during 2020-21.</p>
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Action Required:	Discuss	
	Approve	X
	For Information/Noting	

Next steps required	The Trust Board will be informed of progress against the plan on a regular basis in accordance with the Board Reporting Cycle.
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>	X	Collaborative system <b>leadership to deliver better</b>	X
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		patient <b>care</b>	
<b>Retain and develop outstanding staff</b>	X	Be <b>enterprising</b>	
<b>Invest in research &amp; innovation</b> to deliver <b>excellent</b> patient <b>care</b> in the future		Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	X

*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.	X
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.	X
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-wide 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.	X

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

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

**Trust Board**  
**25<sup>th</sup> March 2020**

**Trust Financial Planning 2020-21 – Updated**

**1. Introduction and Context**

- 1.1** On 31 January, the Trust received NHSI's Operational Planning and Contracting Guidance for 2020-21<sup>1</sup>, and correspondence from NHS England/Improvement outlining the expected financial surplus for the organisation in 2020-21. The guidance requires Trusts to submit a final financial plan by 29 April 2020, with a notified financial surplus of £445k.
- 1.2** This paper provides a summary of the financial plans developed over Quarter 4 to deliver the expected financial position, and meet relevant regulatory requirements.
- 1.3** The Trust predicts it will deliver its financial plan for 2019-20, a surplus of £3,049k. The underlying plan for 2020-21 builds on this performance and is consistent with the medium-term planning business plan used for the Transforming Cancer Care initiative.
- 1.4** Subsequent to the plans outlined in this paper the Trust received further guidance on 17<sup>th</sup> March from NHS England and NHS Improvement. The correspondence from Simon Stephens identifies changes to the NHS financial system because of the Covid-19 outbreak. At this stage, the Trust is in dialogue with local commissioners to understand the financial impact of the guidance. The key instructions are aimed at reducing management burden and ensure that cash continues to be paid to Trusts over the short term. The key points are;
- The NHS planning timetable has been suspended
  - Expenditure related to Covid-19 response is to be captured and funded
  - From 1<sup>st</sup> April 2020 to 31<sup>st</sup> July 2020 providers will be paid based on 2019-20 values with an additional 2.5% for inflation
- 1.5** It is unclear at this stage as to how the financial system will be managed in 2020-21. On this basis, this paper provides the financial plan, in a 'business as usual' context, in the absence of further guidance or agreement with commissioners. Trust Board will be kept informed as the situation develops.
- 1.6** It is important to note that although the contracting and income process has changed, the cost base remains relevant, as the plan remains to open the new hospital. The Trust has hired additional workforce and signed facilities contracts, which are reflected in the proposed budgets.

Therefore, the Board is asked to approve the expenditure budgets, and the underlying financial plan, with the caveat that further responses to Covid-19, may influence the final cost profile of the Trust and the financial performance of the Trust in 2020-21.

**2. Income and Contracts**

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<sup>1</sup> <https://www.england.nhs.uk/operational-planning-and-contracting/>

- 2.1** The Trust receives income from commissioners for the provision of services to patients on a contractual basis. The expected volume and type of patient activity provide the basis for calculating then negotiating the value of the contract. As highlighted previously, NHSE/I emergency measures mean that the income position outlined in this paper may only be partially implemented in the year.

The Trust made an offer to commissioners based on a forecast level of activity for 2019-20 and applied the expected increase in activity for 2020-21 and the new tariff prices published by NHSE/I.

Non patient activity related income is included based on notified contract values, eg education and training or historic levels of activity adjusted for expected activity, eg clinical trials income.

## **2.2 Income Planning Assumptions and Values**

### **2.2.1 Commissioner Income and Activity**

The clinical increase in income can be seen in the following table, which shows the planned level of income by type of activity and by type of commissioner. These levels of activity are consistent with operational planning assumptions, and have been developed with the organisation's service managers.

#### **Income Plan Profile by Service Type**

<b>Service Type</b>	<b>2020-21 Plan £'000</b>	<b>2019-20 Plan £'000</b>	<b>Change to Plan %</b>	<b>Comment</b>
Elective	5,687	4,386	29.7%	
Non Elective	9,070	6,129	48%	
Outpatient Attends	27,532	24,730	11.3%	Inc OP procedures
Radiotherapy	22,362	20,160	10.9%	
Chemotherapy	26,131	23,308	12.1%	
Diagnostic Imaging	2,580	2,421	6.6%	
Bone Marrow Transplants	6,095	5,688	7.2%	
Other	2,871	1,028	185%	Inc £1.8m coding
CQUIN	1,339	970	38%	
Drugs	61,778	61,415	0.6%	
Private Patients	1,948	1,930	0%	
<b>Total</b>	<b>167,393</b>	<b>152,165</b>	<b>10%</b>	

#### **Contract Clinical Income Plan Profile by Commissioner**

<b>Commissioner</b>	<b>2020-21 Plan £'000</b>	<b>2019-20 Plan £'000</b>	<b>Change to Plan %</b>
NHS Spec Com	130,866	120,362	8.7%
Cancer Drugs Fund	9,416	9,416	0%
CCGs	18,502	14,211	30.2%
Other UK and Isle of Man	6,401	5,974	7.1%
Private Patient Drugs/TMS	1,948	1,930	1%
NHS Trust - Imaging	260	272	-4%
<b>Total</b>	<b>167,393</b>	<b>152,165</b>	<b>10%</b>

In arriving at the plan the Trust has applied the standard inflationary tariff uplift of 1.8%, which has increased income by £2.8m. The total growth element in the 2020-21 plan is £9.3m.

In the plan, the Trust has not included the 0.5% income available to organisations that post a surplus in 2020-21. The covering guidance states that this would flow to the 'bottom line', and as such would improve the £445k surplus if achieved. It is also the case that because the Trust is planning for a surplus it is not expected to draw down any NHSE/I Financial Recovery Funding income for distressed bodies.

It is worth noting that the impact of moving to the new Liverpool site has been factored into the Trust's income plan. An additional £3.9m of income is expected by the Trust, as patients currently seen by Liverpool University Hospital, will be transferred to the new Clatterbridge hospital, where clinically appropriate. This is predominantly clinical commissioning group activity from the North Mersey system, and accounts for the increase in planed income from CCGs.

The initial offer, shown in the table, to NHSE SC is in excess of their current offer of £127m.

### 2.2.2 Non-Commissioner Income

Non-commissioner related income includes several sources of revenue, which are included in the plan, per the table below.

#### Non-Patient Income Plan Profile

Type	2020-21 Plan £'000	2019-20 Plan £'000	Change to Plan %
Research and Development	3,080	2,582	19%
Education and Training	1,273	1,132	12%
Services to Other Bodies	8,061	4,978	62%
Other	4,766	6,529	-27%
Provider Sustainability Fund	0	412	0
Charitable donations	7,165	0	0
<b>Total</b>	<b>24,345</b>	<b>15,633</b>	<b>56%</b>

If charitable donations are removed there is an overall increase of £8.7m or 10%. Cancer Alliance funding accounts for £6.5m income, which is included in the Services to Other Bodies type.

### 2.3 Risks and Contract Format

At the time of writing this paper the Trust has not agreed a final contract value with commissioners. NHS England SC have raised a number of queries on the Trust's initial proposal. These include:

- Application of growth - £1m queried
- Hotline activity - £0.5m queried

- Application of CQUIN to total contract value - £0.5m queried
- Counting and coding challenge for outpatient procedures - £1.8m
- Full Application of QIPP - £3.7m

The Trust has responded, and maintains that these issues should be included in the contract value.

NHSE SC have also suggested that they would prefer a block contract arrangement with the Trust. Given the level of risk in the current negotiation and the underlying activity risk position with the new Liverpool site, the Trust considers that the current contract offer passes too much risk to the provider.

The final position regarding income for the Trust in 2020-21 will be determined in part by the rules imposed by NHSE/I as a response to the Covid-19 outbreak.

### 3. Expenditure Budgets

- 3.1** The Trust has completed its budget setting process, with finance colleagues working closely with service managers to ensure that sufficient resource is in place to meet expected patient activity levels.

As part of the budget setting process, the Trust has identified new cost pressures that have been included in the 2020-21 plan. In addition, the workforce and infrastructure costs of operating the new Liverpool site have been included in the financial plan.

Any additional costs for Covid-19 are being identified and the expectation is that these will be reimbursed by NHSE/I, at this stage.

### 3.2 Pay Expenditure

The staffing budgets for the next financial year are based on people in post, with allowances made for pay award and incremental drift. Vacancies have been costed at mid-point of band. Budgets for 2020-21 are as follows:

#### Pay Budget Profile 2020-21

Staff Group	2020-21 Plan £'000	2020-21 WTE	2019-20 Plan £'000	Change to Plan %
Medical	12,951	112.42	13,164	2%
Nursing	18,655	362.66	15,174	23%
Allied Health Professionals	9,251	186.21	8,454	9%
Scientific Staff	5,586	380.03	2,352	137%
Health Care Scientists	2,660	62.72	3,708	-28%
Clinical Support	14,981	492.06	9,228	62%
Administration and Support	6,978	113.80	9,250	-24%
Agency	1,138	0	1,000	14%
<b>Total</b>	<b>72,200</b>	<b>1,395.42</b>	<b>62,330</b>	<b>15%</b>

The workforce cost increase of £9.9m includes investment in the following categories:

- Liverpool expansion workforce - £2.3m (TCC)
- Pay award and incremental drift - £2.0m
- Cancer Alliance - £3.4m

- Service developments - £1.6m
  - Relates to Chemotherapy in the Community and the Bisphosphonate service

### 3.3 Non-Pay Expenditure

Non-workforce related costs have been reviewed and appropriate budgets put in place. Where costs of goods and services are subject to inflation, this has been included in the budget plan. The table below is based on the cost mapping used for NHSI planning returns, and this has been re-categorised from Other to Purchase of Healthcare.

#### Non-Pay Expenditure Plan Profile

Expenditure Type	2020-21 £'000	2019-20 £'000	2019-20 £ %
Purchase of Healthcare	14,657	10,068	49%
Clinical Supplies	4,963	6,503	-24%
Drugs	58,003	57,760	0.4%
Consultancy, Establishment	2,041	3,215	-37%
Premises and Transport	7,214	7,470	3%
Depreciation and Amortisation	7,982	5,155	55%
Research and Development	1,396	0	0
Education and Training	1,408	979	43%
Infrastructure Charge	9,959	0	0
Other	966	6,287	-85%
Impairments	25,500	0	0
<b>Total Operating Expenditure</b>	<b>134,089</b>	<b>97,437</b>	<b>37%</b>
<b>Normalised</b>	<b>108,589</b>	<b>97,427</b>	<b>11%</b>

The impairment value relates to the write down of the Liverpool site, as the construction cost of the asset is revalued to its operational value. This is considered exceptional, and is not included as a charge in achieving the NHSI financial trajectory.

In addition to the asset write down the plan, other exceptional costs of £1.5m has been included in planning. These relate to costs of mobilising Trust services to deliver care in Liverpool.

The non-pay quantum includes the funding of a revenue contingency reserve of £1.5m.

### 3.4 Cost Improvement Programme Requirement

In order to deliver the financial target, whilst funding budgetary pressures, the Trust has planned to deliver a financial improvement plan of £1.8m. This equates to 1.7% of relevant income. The level of savings is consistent with the Trust's medium term financial strategy, and is considered to be an achievable total.

As part of the financial planning process, Operational and Corporate departments have worked to identify saving schemes for 2020-21. Currently the Trust have identified £0.6m of definite improvements with the following profile.

<b>CIP Scheme</b>	<b>2020-21 £'000</b>	<b>Recurrent/ Non- Rec</b>	<b>Operational Area</b>
Drugs Optimisation	100	Recurrent	Pharmacy
Energy efficient LED lights	140	Recurrent	PropCare
Increased profit from JV	110	Recurrent	Private Patient JV
Contract review	59	Recurrent	Radiation Services
Physics staffing review	36	Recurrent	Radiation Services
Education income	30	Recurrent	MSc income
Trials income	20	Recurrent	Radiation Services
Wig service	15	Recurrent	Chemotherapy
Education income	10	Recurrent	Summer schools
Stores improvement	65	Non Rec	Integrated Care
<b>Total Achieved</b>	<b>589</b>		
<b>Total Requirement</b>	<b>1,800</b>		
<b>Achieved %</b>	<b>33%</b>		
<b>Unidentified</b>	<b>1,211</b>		
<b>Unidentified %</b>	<b>67%</b>		

The CIP total will be apportioned relative to the level of departmental expenditure. The Trust is particularly aware that given the operational and financial changes occurring in 2020-21 due to the Liverpool expansion, management focus must be maintained on delivering the CIP value recurrently. This will be supported through operational performance meetings.

However, if more than 50% of the target is not met by September, the Trust will enact a Director led escalation process.

It is also worth noting that if the final commissioner contract value is below the Trust's expectation the CIP plan may be increased to address the increased efficiency requirement.

#### **4. Income and Expenditure Profile**

- 4.1** The planned total income and the expenditure position achieves the NHSI control total surplus requirement of £445k. The planned Statement of Comprehensive Income (SOI) for 2020-21 is shown per the table below, and the adjusted position for NHS regulator purposes thereafter.

##### **SOI 2020-21**

	<b>2020-21 £'000</b>
Operating Income from Patient Services	167,393
Other Income	24,34
<b>Total Income</b>	<b>191,738</b>
Employee Expenses	(72,200)
Operating Expenses	(134,089)
<b>Operating Surplus/(Deficit)</b>	<b>(14,551)</b>



Finance Income	29
Finance Expense	(617)
PDC Payable	(4,800)
<b>Net Finance Costs</b>	<b>(5,388)</b>
Share of Profit/Loss on Joint Ventures	734
<b>Surplus/(Deficit) for the Year</b>	<b>(19,205)</b>

The exceptional elements of the position are removed when calculating the regulator required financial trajectory.

#### **Adjusted SOCI per NHSI Requirement**

	<b>2020-21 £'000</b>
<b>Surplus/(Deficit) for the Year</b>	<b>(19,205)</b>
Add Back I&E Impairments	25,500
<b>Surplus/(Deficit) before Transfers</b>	<b>6,259</b>
Remove Charity Donations	(5,850)
<b>Adjusted Surplus for the Year</b>	<b>445</b>

The NHSI revenue plan does not include the impact of the Trust's subsidiaries on consolidation. The Charity Donations value is a combination of Charitable Income for capital of £7.2m less donated asset depreciation of £1.3m

## **5. Capital Planning**

**5.1** The Trust continues to plan for developing and maintaining its asset base so that patient care is delivered safely and effectively. The plan for 2020-21 builds on the medium term financial strategy, and ensures that critical assets are replaced.

**5.2** In conjunction with operational colleagues the five year capital plan has been identified and shown below.

#### **5 Year Capital Expenditure Plan**

<b>Capital Scheme</b>	<b>2020-21 £'000</b>	<b>2021-22 £'000</b>	<b>2022-23 £'000</b>	<b>2023-24 £'000</b>	<b>2024-25 £'000</b>
Estates	540	275	300	300	500
Equipment	3,047	3,866	2,760	2,500	4,500
IM&T	2,104	500	500	1,000	2,000
TCC	5,409	7,000	0	0	7,400
Debt Servicing	1,730	1,730	1,730	1,730	1,730
<b>Total</b>	<b>12,830</b>	<b>13,192</b>	<b>5,290</b>	<b>5,530</b>	<b>16,130</b>

Key assumptions for capital include:

- Wirral site redevelopment estimated for completion in 2021-22, commencing 2020-21
- Car parking assumed deferred until 2024-25, and is dependent on Liverpool site reconfiguration
- IM&T includes Digital Aspirant funding in 2020-21 of £2m
- Operational teams developed asset replacement programme for linear accelerators and imaging equipment

The level of capital expenditure supports the balance sheet and factored into the 2020-21 planned cashflow forecast. For 2020-21, these are presented in Appendix A and Appendix B.

The sources of funding for the capital programme are sufficient to ensure organisational liquidity, and are shown in the following table.

#### 5 Year Capital Funding Plan

Capital Scheme	2020-21 £'000	2021-22 £'000	2022-23 £'000	2023-24 £'000	2024-25 £'000
Depreciation	6,185	6,185	6,185	6,185	6,185
Donated Dep'n	1,315	1,315	1,315	1,315	1,315
I&E Surplus	0	544	644	644	644
Digital PDC	2,000	0	0	0	0
TCC PDC	2,100	0	0	0	0
Charity	7,165	1,000	1,000	1,000	1,000
<b>Total</b>	<b>18,765</b>	<b>9,044</b>	<b>9,144</b>	<b>9,144</b>	<b>9,144</b>

Over the 5 year timeframe total capital expenditure is £53m relative to a cash funding envelope of £55m. This does not assume any cash benefit of the 0.5% surplus incentive.

#### 6. Strategic Outcomes Framework Score

The Trust is subject to a financial risk rating, as applied by its regulator NHS Improvement. A series of standard metrics indicate whether the Trust is financially stable, and ultimately whether any regulatory enhanced monitoring or action is required to ensure continuation of services, per its Foundation Trust license.

- 6.1** The financial plan described in this paper delivers a Strategic Outcomes Framework metric of 1.6, rounded to a score of 2. This is in line with the Trust's medium-term financial strategy and delivery of <2 metric is an organisation objective.

#### Planned SoF Performance 2020-21

Metric	2020-21 Plan Score	Comment
I&E Margin	2	Surplus/Turnover = <1%
Capital Servicing	3	Finance costs/Income for Debt
Distance to Plan	1	No planned divergence
Liquidity	1	Working capital position is positive

Agency	1	Assume recruit to vacancies
<b>Total</b>	<b>2</b>	

The planning assumption that the Trust operates within its Agency target, is likely to be tested, in line with any medical staff vacancies. If this metric deteriorated and the others categories remained as planned, it is likely that NHSI would not seek to change our provider segment classification of 1 – least risk.

## **7. Timetable to Completion**

- 7.1** The Trust was working to complete its financial and operational plans, with reference to national guidance timetable.

<b>Date</b>	<b>Submission</b>
31 January	Publication of national guidance Publication of Trust financial target for 2020-21
19 February	Outline planning paper to Performance Committee
2 March	Submission of Draft plan to STP/NHSI
25 March	Draft financial and operational plan to Trust Board
27 March	Deadline for commissioner contract agreement
23 April	Final planning paper to Performance Committee
29 April	Final submission financial and operational plans

At this stage, the Trust expects that it will agree contracts/payments without recourse to arbitration.

The Trust has been informed that the final submission will not be required. However, depending on the length and severity of the Covid-19 outbreak, it is likely that some form of financial/activity planning process will be implemented in 2020-21.

## **8. Recommendations**

- 8.1** Trust Board is asked to note the contents of the report, with reference to:
- The updated context of financial planning as a response to Covid-19
  - Original financial trajectory target of £445k for 2020-21
  - Commissioner contract position and associated risks
  - Expenditure budgets to deliver the required activity levels
  - Revised capital plan and Trust cash position
  - Original planning timetable upto the final submission on 29 April

**Appendix A**  
**Plan Balance Sheet 2020-21**

	<b>2020-21 Plan £'000</b>	<b>Comment</b>
Non Current Assets	200,442	
Current Assets:		
Inventory	1,500	Drugs
Receivables	25,000	Non NHS and NHS
Cash	24,644	
Current Liabilities:		
Capital Creditors	(1,000)	
Non Capital Creditors	(25,000)	Non NHS and NHS
Borrowing	(1,829)	
Provisions	(500)	
Deferred Income	(4,000)	
Non Current Liabilities:		
Borrowing	(33,820)	Loans for Liverpool build
Deferred Income	(1,156)	
<b>Total Net Assets</b>	<b>184,283</b>	
Financed By:		
Public Dividend Capital	64,209	
Revaluation Reserve	8,439	
I&E Reserve	111,581	
<b>Total Taxpayer's Equity</b>	<b>184,283</b>	

## Appendix B

### Plan Cashflow Statement 2020-21

	2020-21 Plan £'000	Comment
<b>Operating Surplus</b>	<b>(14,551)</b>	
<b>Non Cash Income/Expense</b>		
Depreciation	7,982	
Impairment	25,500	
Donated Income	(7,165)	
Receivables	(14,863)	Increase
Stock	(500)	
Payables	10,611	Increase
Other Liabilities	(700)	
Provisions	11	
<b>Net Cash Generated from Operations</b>	<b>6,324</b>	
Purchase of Assets	(12,353)	
Cash Donations for Assets	7,165	
Cash from Subsidiaries	1,576	
<b>Net Cash from Investing</b>	<b>(3,583)</b>	
<b>Cashflows from Financing</b>		
PDC Received	4,100	Digital and TCC build
PDC Paid	(4,800)	
Loan Repayment	(1,788)	
Interest Paid	(617)	
<b>Net Cash Generated from Financing</b>	<b>(3,104)</b>	
<b>Increase/Decrease in Cash</b>	<b>(364)</b>	
Opening Cash	25,010	
Decrease in Cash	(364)	
Closing Cash	24,644	Per Balance Sheet