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<b>Cost Improvement Programme (CIPs) Policy 3.2</b>		
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<b>Approved by:</b>	Executive Committee	
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<b>Financial Implications:</b>	Where a document has any financial implications on the Trust, the Local Counter Fraud Specialist (LCFS) has the authority to investigate and challenge this document in regards to current fraud and bribery legislation and to ensure appropriate counter fraud measures are in place. LCFS contact details are available on the Trust's Intranet.	
<b>Equality &amp; Diversity Impact (Policies only):</b>	 EDIA.docx	
<b>Trust Values</b>	This policy has been developed to ensure it aligns with our Trust values of honesty, empathy, ambition, and respect.	
<b>Diversity &amp; Inclusion Statement</b>	Cambridgeshire Community Services NHS Trust will ensure that this policy is applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex & sexual orientation.	
<b>Keywords:</b>	CIP, innovation, improvement, cost improvement, savings	
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<b>VERSION CONTROL SUMMARY</b>			
<b>VERSION</b>	<b>SECTION REFERENCE</b>	<b>DESCRIPTION OF CHANGE</b>	<b>DATE APPROVED</b>
1.0	N/A	First issue	September 2012
1.1	6/6.2	Governance strengthened following discussion at Board development day and following feedback from Chief Nurse.	October 2012
1.2	Various	Removal of references to Director of Clinical Delivery of flow chart to include reference to QIA and post implementation QIA review. Clarification and additional information regarding QIA.	May 2014
2.0	Various	Review. Introduction of simplified process and Quality Impact Analysis tool using existing Trust templates with Transformation project planning and Datix Risk assessment	December 2015
2.1	All	Document Control Template updated to include:- NHS Litigation Authority Standards removed CQC Fundamentals of Care updated EDIA Tool added or updated Job titles, roles and committee structures updated.	June 2016
2.2	All	Amendments made to the roles and responsibilities, process, QIA and governance sections.	October 2016
2.3	8 & 9	Amended Quality Impact Assessment to include Equality and Diversity Impact Assessment.	November 2016
2.4	7.4	Amended by the Assistant Director of Corporate Governance to include Board assurance process. Added in Trust Board responsibilities.	December 2016
2.5	8	Amended Quality Impact Assessment process to include any negative impacts scored 8 or higher must have a Datix entry.	December 2016
2.6	All	Amendments made to: Roles and responsibilities Gateway process QIA process amended. Document Control Template updated.	April 2017
3.0	All	Full Policy Review	October 2020
3.1	Front page	Trust Values and Diversity & Inclusion Statement added to front page.	Mar 2022
3.2	All	Full Policy Review - (expiry date of Dec 23 extended)	April 2024

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## 1.0 INTRODUCTION

- 1.1 Effective planning is a key part of CCS NHST and embedding quality in Cost Improvement Programmes (CIPs) to ensure that CIPs support a culture of continuous quality improvement and optimise quality is of paramount importance. This policy ensures that sound financial and quality governance is applied at the development, delivery monitoring, measuring and reporting stages of CIPs.

## 2.0 OBJECTIVES/AIMS

- 2.1
- Clear responsibility for the delivery of CIPs in order to promote the development of locality owned CIPs across CCS.
  - A timeline and process for identifying and managing CIPs is communicated.
  - Agree a methodology for presenting CIP performance, tracking, milestone delivery and monitoring from the floor to the board.
  - To describe the governance process by which CIP progress will be monitored, measured and reported.
  - To describe and support the Quality Impact Analysis and Equality and Diversity Impact Assessment associated with CIP.

## 3.0 DUTIES

- 3.1 The overall accountability for the delivery of CIPs sits with the Director of Finance and Resources.

### **Director of Finance**

- To provide an update and assurance to the Trust Board on the progress of the Cost Improvement Programme.
- To identify the annual CIP target required.
- To identify and validate any CIPs for corporate areas.
- Alongside the Chief Nurse and Medical Director to review, comment and approve or reject QIAs (Datix entries only) providing feedback to the author on decision made.

### **Chief Nurse and Medical Director**

- To establish a robust QIA process which clearly details when and how QIAs

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should be completed.

- Alongside the Director of Finance review, comment and approve or reject QIAs providing feedback to the author on decision made.
- To oversee that the QIAs (like other risks to the service) are being reviewed and monitored frequently.
- To ensure post implementation QIA reviews are completed to ascertain if any negative impact from the delivery of the scheme is evident.

### **Trust Board**

- To oversee CIP delivery as part of the Trust's sustainable financial planning.
- To receive monthly updates on CIP progress as part of the financial position of the Trust.
- To receive quarterly reporting of corporate CIPs RAG rated Amber or Red.

### **Executive Programme Board**

- To oversee the delivery of the Cost Improvement Programme and governance process.
- To receive monthly updates on progress, provide direction and act as the decision making authority on the resolution of any risks or issues raised.
- To act as the decision making authority for business cases or investment requests which support the delivery of CIP.

### **Finance CIP Lead**

- To support services with identifying CIP schemes and areas for cost reduction.
- To validate financial savings of all CIP schemes, including identifying cost centres affected.
- Track and monitor financial delivery and overall spend levels to confirm CIP achievement.
- To maintain a record of all CIP schemes and SIDs (Saving Initiation Document) tracking the authorisation and approval for each scheme.
- To produce a monthly report for services to discuss progress and raise any concerns on the viability of schemes and intended phased savings.
- To provide monthly updates to the Executive Programme Board on the overall CIP position including the RAG rating for each scheme.
- Escalate any identified risks to delivery to Finance Director.

### **Service Director**

- Accountable for the delivery of CIP schemes within their service.
- To work with Service Managers on identifying opportunities to reduce costs or increase income.
- To identify alternative CIP schemes to the same value when other schemes within their service are no longer viable or where the anticipated planned savings have reduced.

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- To participate in the monthly CIP review meetings established by the Finance Lead.
- To ensure there is a robust project management process in place in the Service to deliver high value or more complex schemes (transformational CIPs).
- To identify and agree any additional support required from corporate teams to deliver the CIP schemes.
- To support CIP Accountable Managers in identifying and analysing the risk to patients, staff or on operational performance by implementing the CIP scheme. Recording the risk on Datix as a QIA and ensuring it is monitored both during and post implementation.

### **CIP Accountable Manager**

- Responsible for the delivery of the CIP schemes within their areas.
- To confirm and authorise any budget adjustments agreed and detailed on the SID.
- To promptly escalate any risks to delivery and corresponding mitigation plans to Service Director and to CIP Programme Management and Finance CIP Lead.
- To maintain a record of all transformational CIP schemes on Verto, to include Project initiation, approval, finances, and quality impact assessment.
- To complete SIDS, QIAs for and EDIAs for non transformational CIP schemes taking into consideration any impact to the service for patients, staff and on operational performance.

### **PMO Manager**

- Ensuring all transformational CIP programmes and projects have full project documentation and have undergone the designated process of assessment and approval.
- Ensuring identified transformational CIP programmes and projects meet the financial efficiency targets set for CCS each year.
- Facilitating the co-ordination of objectives, scope, requirements, benefits, resources and timelines across all transformational CIP projects within the overall portfolio.
- Maintaining and updating a central record of all identified risks and issues and ensuring mitigating actions are completed.
- Monitoring transformational CIP programme and project benefits delivery and proactive remediation action.
- For transformational CIPs, providing the Executive Programme Board and key stakeholders with focussed progress reports and escalating issues to allow them to make effective decisions.
- Ensuring the Executive Programme Board receives timely warning about critical issues and possible steps toward resolution.
- For transformational CIPs, managing and coordinating the impact assessment process, ensuring quality, equality and privacy risks are fully mitigated and

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recorded in each project risk register.

- Providing support and guidance to project sponsors and project managers / leads in the development and approval of transformational CIP projects.
- To provide the finance lead with regular updates as required, on the gateway status for each transformational CIP

### **Corporate Support**

Where corporate support is required to help deliver CIP schemes the roles and responsibilities of these individuals must be agreed at the beginning of the process.

## **4.0 RESPONSIBILITY FOR THE DELIVERY OF CIPS TO THE OPERATIONAL AND CORPORATE SERVICES**

- 4.1 Services are responsible for the CIPs associated within their service area.

## **5.0 PROCESS FOR IDENTIFYING AND MANAGING CIPs**

### **5.1 Allocation of CIP targets for each unit**

The annual budget setting and CQUIN development process will be integrated and include quality improvement targets, the Trust's recurrent performance, inflationary pressures, and the agreed surplus target.

CCS NHST will identify plans, risk assessed for quality impact, which will be built on to ensure delivery.

The final CIP target will be agreed with the Director of Finance and Resources and the Service and Assistant Directors, and budgets will be adjusted in line with these targets.

### **5.2 Devising of schemes at unit/department level**

Corporate and operational units identify schemes to fully **recurrently** meet the allocated CIP target that has been agreed with the relevant Director, Assistant Director and/or the service lead.

Schemes that require investment to progress may require a full business case prior to approval.

### **5.3 CIP gateway process**

All CIP schemes are tracked against a gateway process (Appendix 1). This standardised approach ensures that all schemes must go through all three

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gateways before they are declared as delivered and completed.

The process is designed to:

- Facilitate early validation and assessment of the schemes ensuring that unrealistic or unsafe schemes are removed before we have committed time and resources.
- Formalise the approach with documentation at each stage which is essential from governance and reporting perspective and to avoid any confusion on which budgets will be affected.
- Ensure comprehensive delivery plans are developed early in the process particularly for higher value or complex schemes.

### **Gateway 1 – Idea Generation**

This first phase is the generation of CIP ideas and includes a high-level calculation of the costs and benefits. From the very outset the impact to quality should be considered and all Accountable Managers are requested to consider any impacts to the quality of the service and beginning discussions with stakeholders that may be affected by the scheme.

### **Gateway 2 - Approval**

This phase involves working with other colleagues to add more detail to the scheme. The value of the scheme and scope of the work involved will determine whether a Saving Initiation Document (SID) will suffice or a Verto Project submission should be completed in this phase. Support to deliver the scheme should be identified and departments/ colleagues contacted, with any issues escalated.

For transformational CIPs and large value non transformational CIPS (>£250,000), a QIA and EQIA will be submitted and tracked through Verto with oversight from the PMO.

For all non transformational CIPS, the Chief Nurse will review and determine if a QIA/EQIA is required. If required a QIA screening tool will be completed and submitted to the Chief Nurse for approval. If any negative impacts (scored 8 or higher) are identified a formal Datix entry is required. For further information on the QIA process please see section 6. EDIA risks or issues should be escalated to the Associate Director for Corporate Governance.

Schemes that are unlikely to deliver, or are not consistent with the organisation's strategic objectives, are rejected at this stage.

### **Gateway 3 – Delivering**

At this stage the schemes should have:

- Detailed calculations (supported by Finance)



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- Completed SID or Verto project submission (as appropriate) with Verto projects following the usual Verto Gateway approvals
- SIDs should have approval from the Finance Director, Service Director and Budget holder. Transformational projects should have reached gateway 3 on Verto.
- All requested QIAs completed and approved by the Chief Nurse and Medical Director
- CIP value removed from service budgets on the general ledger as appropriate

#### **5.4 CIP scheme methodology**

**All schemes** that are being proposed as a CIP must demonstrate:

- The use where applicable of an appropriate methodology that is demonstrative of service/department staff involvement and where relevant stakeholder involvement, ex. skill mix modeling
- Evidence of unit/department level critiquing of each scheme through a structured evaluation.
- An internal assessment of delivery capability against an agreed timeline that can be measured and monitored (involving the scheme owner, unit lead, clinical lead, finance representative and HR representative as required)
- An internal validation of agreed savings that can be achieved and a phasing methodology that will be/is reflected in the monthly budget statements and has been agreed with the identified scheme owner, unit/department lead and finance representative.

## **6.0 EQUALITY AND QUALITY IMPACT RISK ASSESSMENT**

### **6.1 Equality and Diversity Impact Assessment**

#### **6.1.1 Rapid Equality and Diversity Impact Assessment Tool**

The purpose of an Equality Impact Assessment is to improve the work of the Trust by ensuring that it does not discriminate and that, where possible, promotes equality. It is a way to ensure individuals and teams think carefully about the likely impact of their work on service users and take action to improve activities, where appropriate. An Equality Impact Assessment (EQIA) template must be completed for either each CIP scheme or a joint EQIA completed for a group of CIP schemes i.e. non-pay, pay etc

### **6.2 Quality Impact Assessment**

#### **6.2.1 Quality Impact Assessment (QIA) Template**

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Impact assessment is a continuous process to help decision makers fully think through and understand the consequences of possible and actual financial and operational initiatives.

To ensure that all risks to quality are considered a Quality Impact Assessment (QIA) template must be completed for either each CIP scheme or a joint QIA completed for a group of CIP schemes i.e. non-pay, pay etc. All QIAs should be completed with a group of stakeholders to ensure a wide range of opinions have considered each element.

When complete the template should be submitted to the Chief Nurse and Medical Director for review, copying in the Finance Lead

#### 6.2.2 Datix Entry

The Chief Nurse and Medical Director will identify if a further risk assessment is required on Datix. Service Directors will be responsible for the creation of Datix entries.

- The Datix entry must include the CIP scheme reference number to ensure that it clearly aligns to the correct CIP scheme.
- These risks should be monitored, updated and reported in line with all other risks to the service. High risks should be reported and discussed monthly at the Clinical Operational Boards (COBs).

#### 6.2.3 Post Implementation Review

All CIP schemes that identify risks of negative impact to quality and where a Datix entry has been completed must have a post implementation review. Document attached as Appendix 2.

- These reviews must occur 6 months and 12 months post implementation.
- Each review should document whether the anticipated impacts to quality were realised, whether there were any unexpected impacts to quality and what additional mitigating actions are required.
- All completed reviews must be submitted to the Chief Nurse for review and approval.
- Wider Executive Group and Executive Programme Board will receive updates on post implementation reviews to share learning between services and areas.

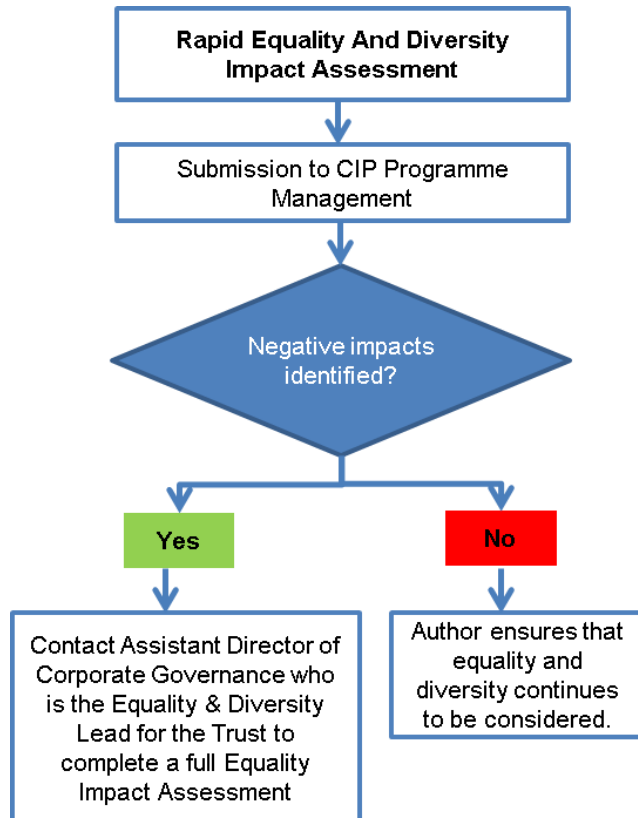
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### 6.3 Process Overview

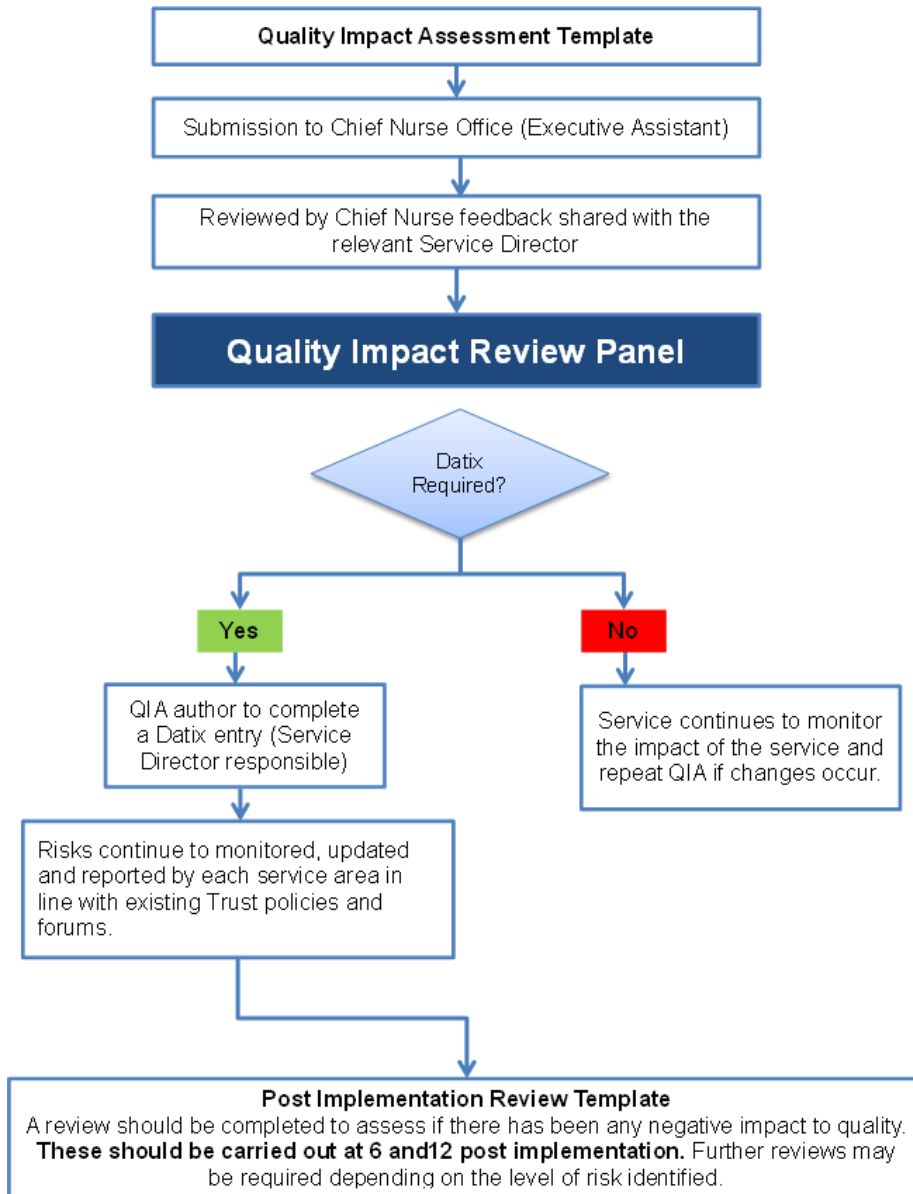
The below flowchart details the process described above.

#### EQUALITY AND DIVERSITY IMPACT ASSESSMENT PROCESS



#### QUALITY IMPACT ASSESSMENT PROCESS

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## **7.0 GOVERNANCE**

The governance process by which CIP progress will be monitored, measured and reported.

### **7.1. Documentation**

All transformational schemes and large value non-transformational schemes (>£250k) are required to use Verto for all project documentation and governance to include project plans, finances, gateway tracking, QIAs and EDIAs.

A Savings Initiation Document (SID) must be completed for all other schemes . A template is attached in Appendix 3.

For non-transformational schemes, an EDIA should be completed for each scheme. This forms part of the SID in Appendix 3

For non-transformational schemes, a QIA should be completed, either for each scheme or for group of related schemes, if advised by the chief nurse to do so. This forms part of the SID in Appendix 3.

### **7.2 CIP Tracker**

All schemes will be recorded on the CIP Tracker which will detail key information about each scheme, for example:

- Scheme Name
- Accountable Manager
- Transactional/Transformational
- Verto management required
- SID required
- QIA status
- Gateway
- RAG rating
- CIP Recurrent Value and part year effect for current year

All schemes also have a unique reference number to avoid confusion over schemes.

### **7.3 Ongoing monitoring and reporting**

- Monthly CIP meetings take place with each Service Director/or delegated colleague to review progress and discuss any risks to delivery. During these meetings the group agrees the RAG rating for all schemes and any comments to reflect the lack of progress or concerns that need to be escalated to Executive Programme Board. Appendix 4.
- Service level dashboards are created and a snapshot is shared at the Clinical Operational Board meetings.

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- A monthly update on CIP progress is presented to the Executive Programme Board and to Trust Board as part of the financial position of the Trust. Examples of the dashboard and an exception report presented at this meeting is included as Appendix 5 & 6 .
- All services should continue to monitor risks to delivery and quality in line with any other service risks. This should include reassessment and amended where required for any identified changes in risk.
- For transformational schemes and those over £100,000, a post-delivery review must be carried out to ensure that the QIA was accurate and that the saving scheme has not had a detrimental impact on the provision of services by the service director with the support of the PMO office as required

#### **7.4 Board Assurance**

- A monthly update on delivery against all CIP schemes across the Trust is presented to the Board as part of the Finance Report.
- Quarterly reporting of service CIPs to the Clinical Operational Board through the CIP dashboard. Reporting will focus on schemes that are RAG rated Amber or Red.
- Quarterly reporting of corporate CIPs to the Trust Board through the CIP dashboard. Reporting will focus on schemes that are rag rated Amber or Red.
- CIPs relating to Service Redesign and Transformation programmes are monitored bi-monthly through the Strategic Change Board.

#### **7.5 Post-Implementation Process**

Each CIP project which has a Datix entry due to the level of risk should be reviewed [by ??- KH to advise] at six and twelve months post implementation. This will identify the impact of the project: the qualitative improvements made; actual cost improvements; current status of the change and its sustainability; any risks that materialised and any learning which might be applied for other similar plans.

Exception reporting on any mitigation actions identified during the QIA/EDIA process which were not implemented, any unanticipated negative impacts and any new mitigation actions identified during the post implementation review. These exception reports will be reported as follows:

- Exceptions for corporate CIPs to be reported to the Board.
- Exceptions for service CIPs to be reported to the relevant Clinical Operational Board.
- Exceptions for CIPs relating to Service Redesign and Transformation programmes to be reported to the Board.
- The Quality Improvement and Safety Committee will review the project themes and learning applied on an annual basis.

## **8.0 RISK MANAGEMENT/LIABILITY/MONITORING AND AUDIT**

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- 8.1** If indicated by the chief nurse, a Quality Impact Assessment needs to be completed for either CIP schemes as part of the approval process and must follow the QIA process as indicated in this policy.

A schedule for agreeing, reviewing, monitoring and reporting endorsed CIPs is in place.

A post implementation review of the Quality Impact Assessment will be carried out by the Service Director, with the support of the PMO office as required, to ensure its accuracy and to identify any detrimental impact on services.

## **9.0 TRAINING AND COMPETENCY**

- 9.1** Training will be included in the budget training programme that is delivered through the Finance department

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## APPENDIX 1: CIP GATEWAY PROCESS



CIP Gateway Process  
v9.0.pdf

## APPENDIX 2: QUALITY IMPACT ASSESSMENT POST IMPLEMENTATION REVIEW TEMPLATE (KH to review)



APPENDIX 3: QIA  
REVIEW TEMPLATE

## APPENDIX 3: SAVING INITATION DOCUMENT (SID)



SID template  
2024.doc

## APPENDIX 4: CIP RAG RATING CRITERIA



APPENDIX 6: CIP  
RAG RATING CRITERIA

## APPENDIX 5: CIP DASHBOARD



BLMK CIP 070923.pdf

## APPENDIX 6: CIP EXCEPTION REPORT



Trust exception  
report.pdf