



24/25 MIAA Insight
Cost Improvement Programmes
How do processes compare?

May 2024

Cost Improvement Programmes (CIP)

1. Introduction and Background

NHS Trusts have to embark on Cost Improvement Programmes (CIPs), comprising multiple schemes designed to save money without impacting on services and patient safety.

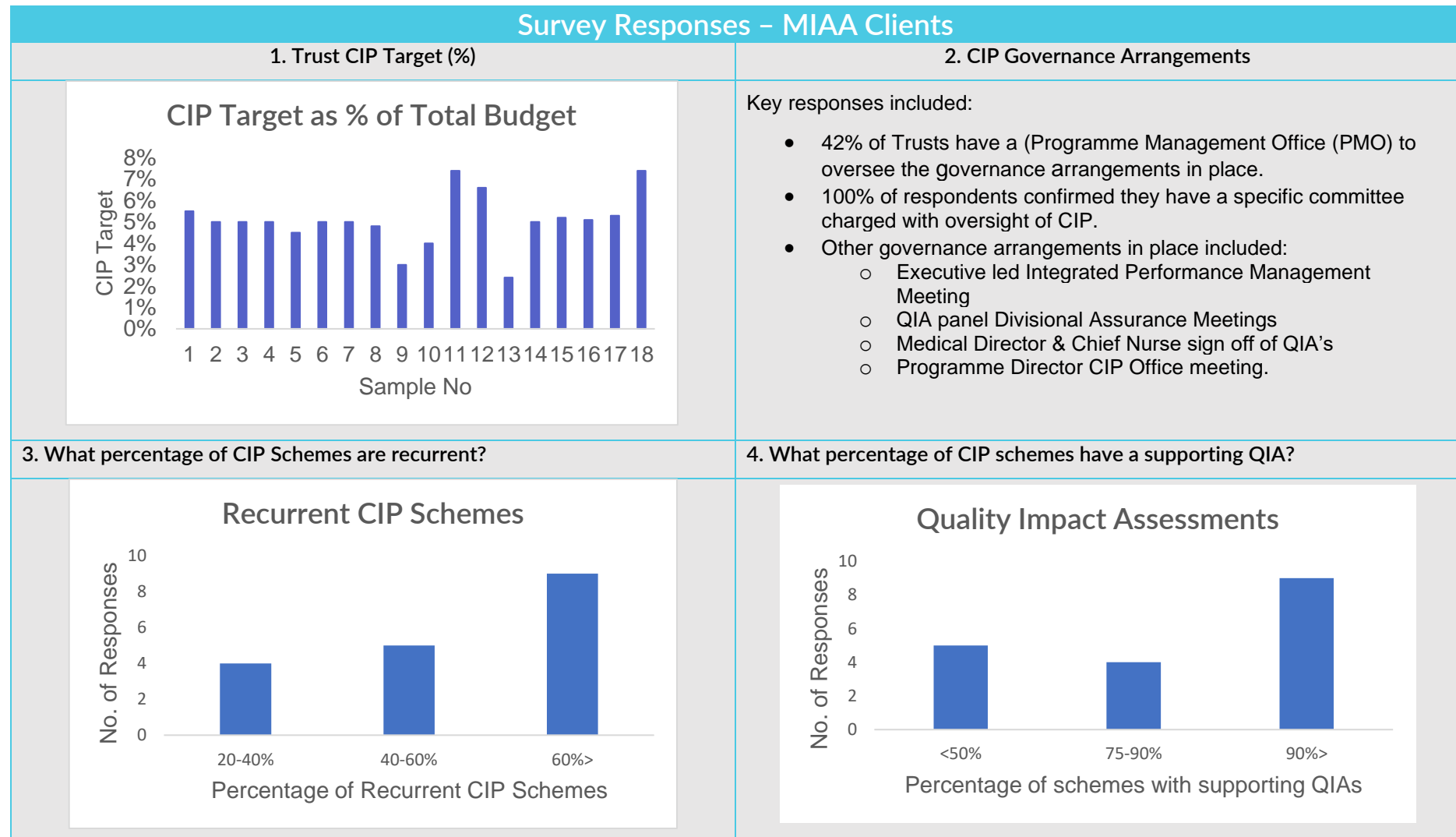
It is important that robust systems and processes are in place in all Trusts to ensure the achievement of the CIP.

This briefing summarises the anonymised results of a survey of NHS Foundation Trust/Trust Board members and other relevant personnel, across MIAA's client base, to collate views on the CIP processes within their organisations. The topics covered by the survey were:

- CIP Identification Processes
- CIP Monitoring
- Governance Arrangements
- Implementation Criteria
- Post Implementation Reviews
- Quality Impact Assessments (QIA)
- CIP Schemes: Recurrent v Non Recurrent

This report analyses the benchmarking data provided and highlights key trends and areas of good practice and areas for enhancement and consideration.

2. Survey Results



Survey Responses – MIAA Clients

5. What processes are in place for the identification of CIP projects?

Common responses included:

- Divisional 'bottom up' and 'top down' identification of operational cross-cutting and transitional schemes
- Facilitated workshops with divisional leadership teams
- Divisional meetings with focus on CIP
- Discussion at monthly finance committee.
- Workshops with care groups utilising benchmarking data.
- Financial review of budgets to identify underspends.
- CIP brainstorming workshops.

6. How are CIP plans monitored and slippage identified?

Common responses included:

- Monthly reporting at finance committee & divisional performance review groups.
- Divisional meetings with CIP leads.
- Milestone tracking and 3 year forward strategic CIP spreadsheets
- Monthly CIP oversight groups for all Directorate leads.
- Weekly review of Trust wide report at Senior Responsible Officer (SRO) meeting chaired by Chief Executive.

7. How are post implementation reviews carried out and how is learning recorded?

Common Responses included:

- Sample reviewed annually with learning recorded in the specific QIA documentation.
- Budget monitoring by Divisional Finance Business Partner
- Reviewed by the committee charged with governance of CIP.
- Conducted as part of the annual planning process to assess any changes.
- Milestone post implementation review tracking at the 6,9 and 12 month stage.

8. What criteria has been implemented to assess CIP against?

Common responses included:

- Financial Savings;
- Recurrency of Saving;
- No adverse impact on care quality;
- Equality & Diversity.

3. Survey Findings

Areas of good practice

- Most respondents identify CIP schemes via divisional meetings or CIP specific groups and/or committees.
- The survey confirmed that 100% of respondents assess CIP against;
 - Financial Savings
 - Recurrency of Savings
 - No adverse impact on quality.
 - Equality & Diversity.
- 100% of respondents have a specific committee charged with oversight and governance of CIP projects, and are accountable for the monitoring and evaluation of projects.
- 80% of respondents have supporting QIAs which assess the risks to quality and financial savings prior to the commencement of a CIP.
- All respondents to the survey have provided several methods to generate and identify ideas of CIP that can be established across organisations.

Areas for Enhancement/Consideration

- 30% respondents state their organisation currently does not have processes in place for post implementation reviews, which are used to provide assurance on quality and CIP impact. Post implementation reviews can be conducted through budget monitoring exercises and milestone tracking of CIP projects.
- 20% of respondents state that their organisation does not have a supporting QIA in place. There is a risk quality could be compromised in the establishment of CIP projects.
- 20% of respondents have a level of recurrent CIPs under 40% leading to the requirement of further CIP identification and generation in future.

This Insight provides information to support NHS organisations in understanding current Trust views of CIP. It is intended to prompt and inform discussions.

Find out more: If you have any queries or feedback on this briefing, please contact: Sarah Dowbekin, Associate Director – Continuous Improvement at MIAA (M: 07788 308 155; E: sarah.dowbekin@miaa.nhs.uk)