

Kath Hinchliff – ROI in the NHS

‘We’d tried to evaluate in the past but never come up with methodology that we felt fitted our needs. Colleagues said, we know this methodology, and when we went to tender there was nothing that matched our requirements in the way ROI did’.

Kath Hinchliff is Associate Director Education Commissioning at the Strategic Health Authority for Yorkshire and the Humber. With abdi, the SHA is building the metrics and the processes to enable it to report on the impact of its substantial learning and development budget for health professional education and training. It is the first Strategic Health Authority to decide to embed impact measurement in its commissioning and delivery of learning.

‘It’s very clearly a drive to be more efficient and effective’, she says, explaining why the SHA took the ROI Methodology route. ‘We needed to be able to demonstrate a clear methodology for how we evaluate our effectiveness and efficiency and also demonstrate value for money and how our investments are contributing to improving productivity and contributing to high quality health services.’

‘We must be able to demonstrate how the funding we receive will support the key policy drivers and how we as an organisation can show clearly that our resources are going into key government and local health economy priorities. Learning and development has to achieve demonstrably improved health outcomes’.

The work began in January 2009, and since then, Kath Hinchliff points out, the Health Service is looking even harder at how to justify and get maximum benefit from its budgets. ‘It’s added a new prominence and dimension that wasn’t necessarily there at the start,’ she says.

This underlines another key theme - ‘accountability to our board for the money we spend, and identifying the benefits of it’.

She says she is very heartened by the response of the local organisations and trusts and the level of interest in having it in the SHA. ‘This opens up the possibility of rolling it out into the work that the Deanery and other directorates are doing.’

‘We’re now arriving at the point,’ she feels, ‘where people are getting it. I don’t think everyone has quite got it yet, but the secret is getting people to understand the benefits, and putting together as streamlined a process as we can devise - not overcomplicated, and not a burden.’

So what told Kath that the ROI Methodology could offer the SHA something quite distinct? ‘I think it was the light it sheds on different levels of activity. As an organisation we need to focus on the higher levels, but also need to demonstrate impact all the way down to the point of delivery to individual patients. In a regional organisation it isn’t possible to drill down to the individual level in many instances, but we need to because if it is not making a positive difference to patient care we should not be investing in it.’