
NHS National Graduate Management Training Scheme

Payback – Return on Investment for the NHS
Graduate Scheme

August 2011

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Introduction

The NHS Graduate Management Training Scheme is an established and award winning graduate programme which has been running in the NHS for over 50 years. The broad aim of the Scheme is to provide the NHS with emerging leaders of a high standard and to ensure that there is a pipeline of talent within all areas of the service. In recent times the Scheme has concentrated on ensuring that trainees are focussed on the quality, innovation, productivity and prevention (QIPP) agenda. Split into four specialisms, the Scheme recruits around 150 trainees a year to work as part of a two-year programme in a variety of NHS organisations. The Scheme is run by the NHS Institute for Innovation and Improvement.

It is fair to say that the Scheme has an excellent reputation with the trainees who participate in the Scheme and within the wider graduate recruitment arena. To date the Scheme has won many accolades that reinforce the high calibre and success of the Scheme. These awards include:

- Currently rated 6th in The Times Top 100 Graduate Recruiters
- Placed 7th in the Guardian Top 300 Graduate Employers 2010
- Best New Provider of Work Experience in the National Placement & Internship Awards for 2011
- Winner of the Diversity Award in CIPD's Recruitment Marketing Awards 2010
- Highly Commended by CIMA in the 'Large Employer' category of its annual awards November 2010.

Three out of the four last NHS Chief Executives have been Graduate Scheme Alumni and both the 2010 and 2011 intakes of the Scheme attracted over 12,000 applications from interested candidates.

Despite all the accolades, the Scheme recently embarked on two ambitious pieces of work centred around return on investment. In summary, the Scheme wanted to look in more depth at the value that the Scheme brings to the NHS. It is widely acknowledged that graduate trainees and graduate Schemes generate a return on investment for the organisation or business. For example, Dr Anthony Hesketh of Lancaster University's Management

School¹ revealed that the business case for graduate recruitment programmes is as strong as ever, at a time when economic uncertainty has led to many organisations adopting limited graduate recruitment strategies. With this in mind the Scheme looked to complete two key ROI-related projects to look at the impacts trainees make both on the Scheme and as alumni.

The first piece of work looked at implementing a system that would accurately track the progress of all trainees who start on the Scheme, something that would give statistical return on investment evidence. The NHS is a large and complex organisation and trainees have previously left the Scheme every year to work for hundreds of different NHS organisations, all previously with their own HR and payroll systems. The Scheme has always kept up to date with alumni through newsletters and optional databases but a statistical analysis of alumni has never been a realistic possibility due to the fragmented structure of the NHS. With the introduction of the National Electronic Staff Record (ESR) system, an opportunity presented itself for the Scheme to look at doing an accurate statistical analysis of previous trainees. A partnership with ESR was set up and the Scheme intake years from 2003 to 2008 were analysed to make up the first half of this report. Data protection standards were followed at all times and the Scheme is only able to report on anonymous data, not on any individual employee. But this piece of work has enabled the Scheme to look at producing information around retention rates, salary, career progression and regional information for the first time. Due to a high number of individuals not stating their ethnic origin for the ESR system we are unable to provide robust BME data. This report presents statistical information and provides some comparison to other graduate recruiting organisations in Chapter 1.

The second piece of work looked at the return on investment of trainees whilst on the Scheme. It is obviously easier to identify the work that trainees do whilst on the Scheme compared to when they leave but it is more of a challenge to produce a robust, standardised approach to calculating how this work supports the QIPP agenda, benefits patients and articulates how trainees generate a return on the investment made in them by the Scheme. Work has been carried out with a pilot group of current trainees to collect information about their placement work to try and calculate a ROI figure for this work and then to project the impact of this work over the length of the placement. The concept of ROI, underpinned by QIPP, has been embedded in the Scheme so

¹ Hesketh, Anthony Dr, Adding Value Beyond Measure, the Business Case for Graduate Recruitment Programmes, 2004,

that trainees are required to think about how they are generating a return on the investment made in them by the Scheme and how their work supports QIPP and ultimately benefits patients. This work is explained in more detail in Chapter 2.

The Scheme is committed to assessing how each of its trainees and alumni add value to the NHS both whilst on the Scheme and in their future careers. All trainees are now expected to complete a standardised template to capture ROI in their placements and we will continue to monitor their career progression through the use of ESR outlined below. This continual gathering of information will enable the Scheme to continue to showcase and spread best practice amongst its trainees and will allow the Scheme to provide robust evidence for continuing improvement in patient care and Return on Investment.

Providing a backdrop to the NHS return on investment work

Every year the Association of Graduate Recruiters (AGR) carries out a large survey of all the UK's main graduate recruiters². In 2011 over 200 organisations took part with the response list reading like a 'who's who' of the well-known organisations operating in the UK and it is this report that provides us with a useful backdrop to the work the NHS has carried out.

Assessing the success of graduate programmes, both whilst trainees are on the programmes and once they attain their first post-programme role, is clearly a difficult issue for organisations. The AGR report provides over 60 detailed pages of statistical information largely based around vacancies, salaries, application data and retention rates. It is perhaps a telling sign that the tricky subject of assessing the success of graduate programmes takes up just one page towards the back of the report and is not covered in much detail. The reasons for this are clear. The instinctive feeling from most organisations is that employing the best possible graduate talent as part of a programme and then developing them can only be a positive thing for the organisation. But how does one go about accurately assess the impact and success of the programme?

The AGR survey firstly reveals that 20% of organisations do not currently do any assessment whatsoever of the outcomes of their graduate programmes, but at least this is an improvement on 2008 when 30% of organisations

² Association of Graduate Recruiters 2011 review, <http://www.agr.org.uk/Default.aspx>

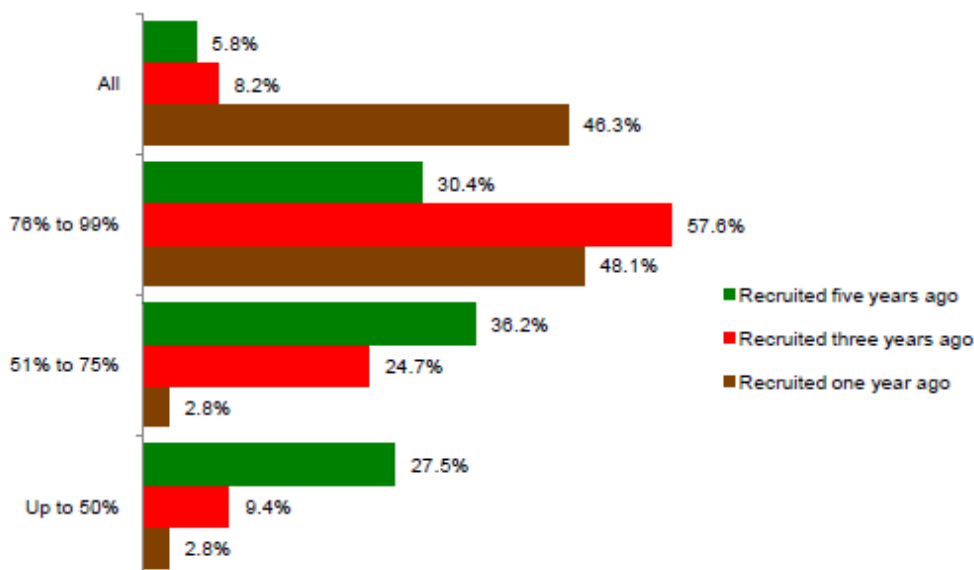
reported the same thing³. Of the remaining 80% of organisations who do attempt to measure the success of their graduate programmes it is largely statistical methods that seem to be used. Measuring retention rates is clearly the primary method of measuring success, with 89% of organisations who assess their programmes stating that this is their most common method of measurement. 85% use formal feedback from managers and 75% survey the graduates themselves. Other measures of success include tracking the graduate's progression through the organisation (71% of organisations do this) and further qualifications attained by graduates (55%).

Lastly, a surprising statistic is that according to the AGR report around three quarters of graduate recruiters surveyed do not do any assessment of the financial returns on their investment in their graduate programmes. This is essentially saying that three quarters of the UK's main organisations do not financially assess whether their graduate programmes are worth the money.

Retention rates

The AGR report paints an interesting picture of today's graduate market in terms of retention. It is clear that the days when a graduate joins a company from university and opts to stay for the bulk of their career are well and truly over. The survey found that only 46% of organisations manage to retain all of their graduates during the first 12 months of employing a new cohort and just 8% of organisations report that they have retained all of their graduate trainees after 36 months. When looking at retention rates the AGR found that on average around 10% of graduates leave their company during the first year, 20% leave during the first three years and 35% leave during the first five years.

³ Association of Graduate Recruiters 2008 review, <http://www.agr.org.uk/Default.aspx>



Proportion of graduates recruited at AGR employers one, three and five years ago and still working for the organisation in 2010-2011

source: AGR 2011 survey

The chart above, although somewhat complex, displays some stark themes. It shows that just over a quarter of graduate recruiting organisations lose over half of their graduate intake within five years. One in ten organisations lose over half of their graduate intake within *three years*. The message appears to be clear: Generation Y generally does not see themselves working for the same organisation for a decade, let alone a lifetime. However, the good news is that the NHS compares favourably to these statistics and retention rates to the NHS from the Scheme are looked at in more detail in Chapter 1.

The survey also found that three quarters of graduates are employed on permanent contracts within their organisation. The NHS Graduate Scheme employs all NHS trainees on 24 month or 31 month fixed-term contracts depending on their specialism. This creates a ‘decision point’ for NHS trainees coming to the end of the Scheme where a decision is required whether to stay in the NHS or move on to other organisations. The figures in this report show that not only do NHS trainees overwhelmingly opt to stay in the NHS, they do so at a higher rate than the average graduate retention rates found by AGR.

Chapter 1

Quantitative ROI – A Statistical Analysis of Scheme Alumni

We know that trainees do not just add value when they are on the Scheme; they continue to add value as they progress in their NHS careers. Anecdotally, we have known that trainees move into NHS jobs and tend to stay in the NHS. At a local level, Alumni continue to support the Scheme by hosting placements for trainees, and supporting the recruitment and assessment process. The Scheme communicates with alumni via network meetings, an alumni website and Scheme meetings.

As detailed in the introduction, a statistical analysis of alumni was carried out in early 2011 to look at quantitative information relating to trainees once they finish the Scheme. The report looked at over one thousand trainees from the Scheme intakes of 2003, 2004, 2005, 2006, 2007 and 2008. Further details about the process and analysis can be found by contacting the report authors (contact details on page 36).

This data analysis allows us to start to give answers to the following questions: What is the retention rate of the Scheme to the NHS? How does this retention rate compare with other graduate recruiting organisations? Does one particular Scheme specialism retain more trainees than another? What salaries do trainees earn post-Scheme? What is the average banding of trainees after a certain period post-Scheme?

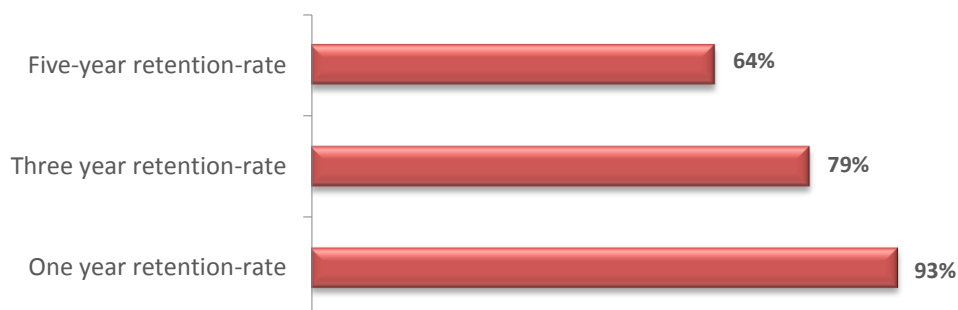
This chapter attempts to give answer the questions above based on information from trainees who were on the Scheme between 2003 and 2008.

Retention Rates

As referenced in the introduction to this report, according to the Association of Graduate Recruiters (AGR) 80% of graduate recruiting organisations who do attempt to measure the success of their graduate programmes, retention rates are by far the most common measurement method employed.

In 2011 the AGR conducted a major graduate survey of more than 200 graduate employers⁴. They found that average one year retention rates stood at 93%, three year retention rates stood at 79% and five year retention rates stood at 64%.

Average retention rates for graduate employers over one, three and five years



Source: AGR Graduate Recruitment Survey (2011)

The 2008 AGR report found that only 44% of organisations surveyed were happy with their retention rates and that the other 56% of organisations felt that they needed to work to retain a ‘few more’ or ‘many more’ of their graduates. Clearly this is an issue organisations seem to struggle with.

⁴ Association of Graduate Recruiters , <http://www.agr.org.uk/Default.aspx>

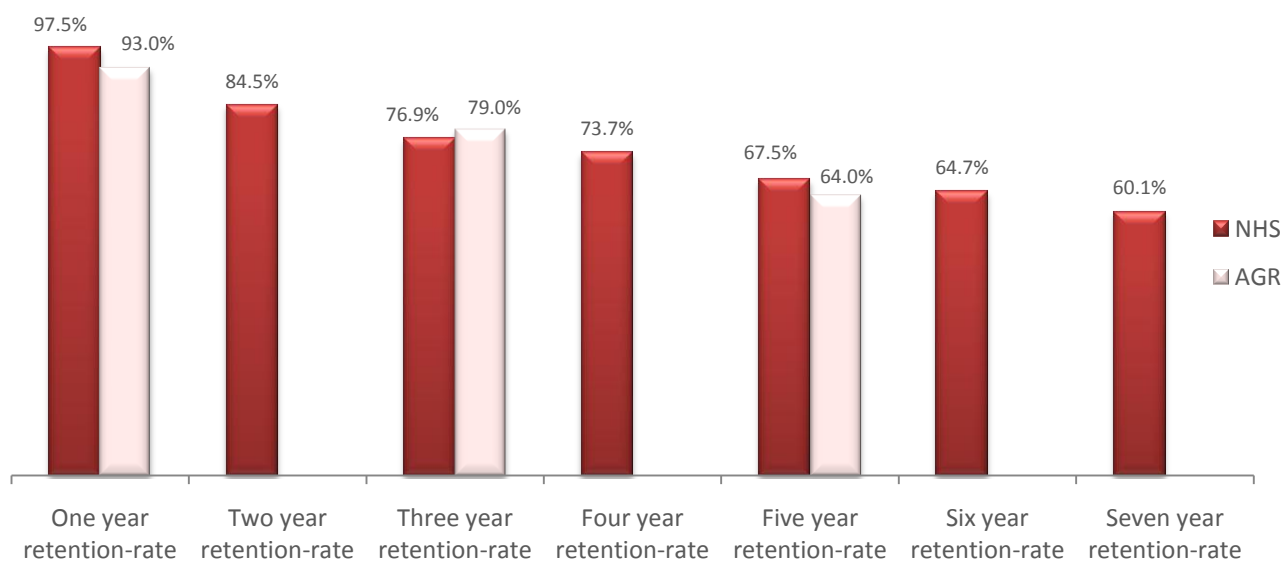
Overall retention rates for the NHS Graduate Management Training Scheme

Working with the ESR project has enabled the Scheme to obtain accurate retention data on alumni, and the NHS Scheme has favourable retention rates compared to other UK graduate recruiters, as found by the AGR Graduate Survey of 2011.

The data shows that the Scheme has a one year retention rate to the NHS of 97.5%. This shows that the vast majority of trainees progress in their placements and choose to stay in the NHS. The reasons for leaving during the first year on the Scheme tend to be for personal reasons or academic failure. Between 2004 and 2008 the NHS Scheme saw 746 trainees commence and just 18 of them leave within the first 12 months. A conclusion could be that trainees enjoy the challenge of working in the NHS and feel supported by both the Scheme and by their managers and colleagues whilst in their placements. In addition, our recruitment process looks for motivations and values aligned to the NHS.

When trainees finish the Scheme the majority seem to choose to stay in the NHS and the three year retention rate to the NHS is 76.9%. After four years the retention rate to the NHS is 73.7%, after five years it is 67.5%, after six years it is 64.4% and after seven years it is 60.1%.

Scheme retention rates to the NHS compared to AGR average graduate retention rates



Source: AGR Graduate Recruitment Survey (2011) / NHS Data

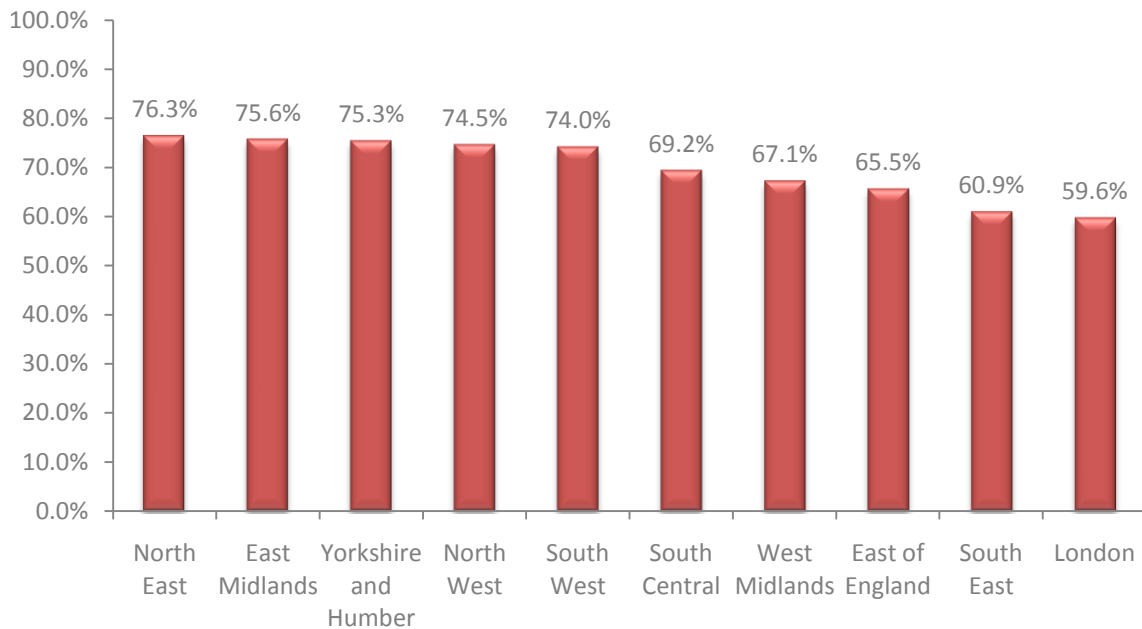
Retention rates by SHA region

The data on retention rates can be split further by SHA region. To be clear, this section looks at retention rates *to the NHS as a whole* by SHA region. So for example, 80% of trainees who were in the North West as part of the 2005 Graduate Intake are still working in the NHS. Some will still be working in the NW SHA region; others may be working in other SHA regions.

The following table shows retention rates to the NHS by region and by intake year:

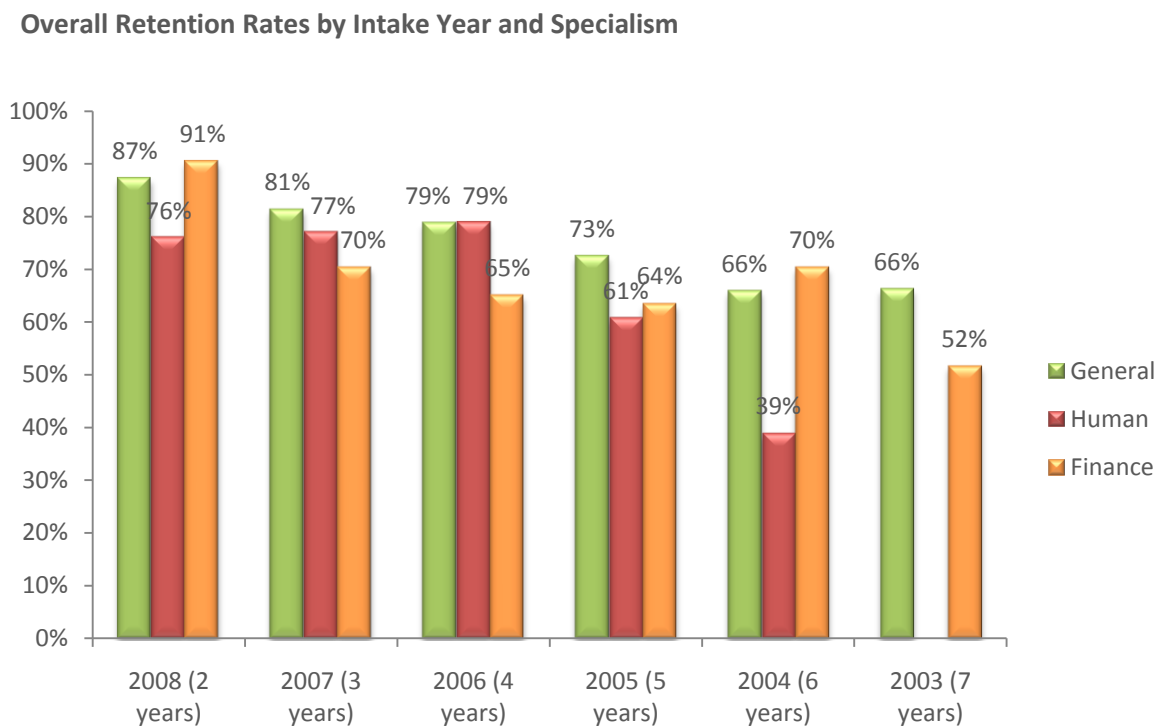
Region	2008	2007	2006	2005	2004	2003
East Midlands	79%	81%	85%	56%	88%	58%
East of England	88%	65%	80%	56%	77%	46%
London	74%	74%	69%	60%	48%	43%
North East	83%	93%	72%	80%	58%	73%
North West	90%	82%	67%	80%	69%	73%
South Central	92%	79%	77%	69%	50%	73%
South East	87%	71%	77%	43%	56%	58%
South West	81%	75%	70%	92%	53%	85%
West Midlands	88%	80%	64%	67%	71%	54%
Yorks & Humber	89%	75%	79%	81%	79%	60%

The following chart looks at retention rate by SHA in a different way and totals up all the trainees who have taken part in the Scheme between 2003 and 2008. It then looks at the total percentage that are still working in the NHS.



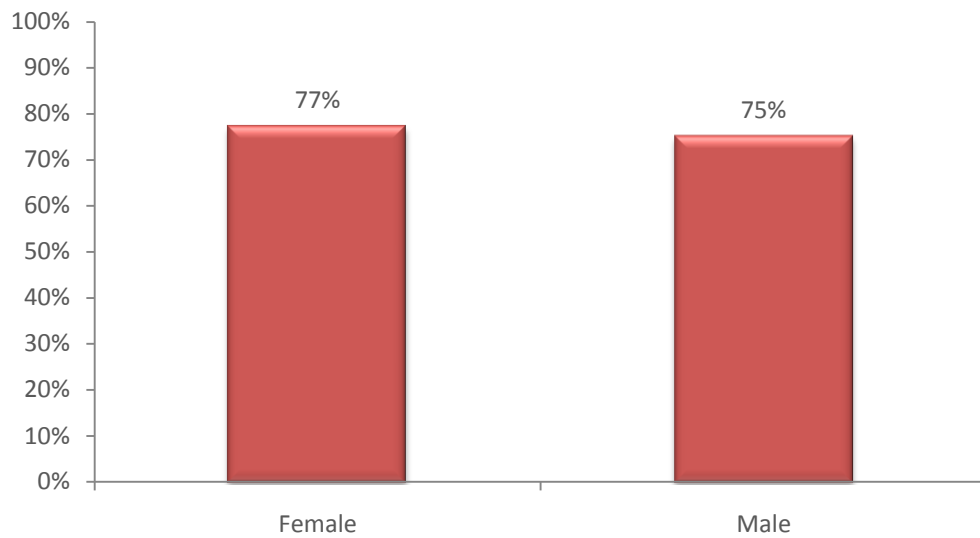
The chart shows a fairly even percentage rate, but it's interesting to note that trainees who trained in London and the South East are slightly more likely to leave the NHS compared to other regions, presumably due to the abundance of other graduate recruiting companies within these areas.

Overall retention rates by intake year and specialism



The chart above shows that, with at least the past five years' worth of intakes, there isn't any direct correlation between chosen specialism and retention rate to the NHS. Only 39% of 2004 HR trainees remain in the NHS at the current time, but this is perhaps because this was the first intake, and was only 20 trainees. The HR Scheme started in 2004, so there is no data for 2003.

Overall retention rates by gender



The chart above shows the overall percentage of trainees from 2003 to 2008 who have stayed in the NHS by gender. The chart shows an even percentage rate between male and female.

Retention rates – full breakdown by region, specialism and year

	2003			2004			2005		
	Finance	General	HR	Finance	General	HR	Finance	General	HR
East Midlands	50%	67%	N/A	100%	100%	33%	57%	56%	50%
East of England	75%	33%	N/A	80%	86%	0%	43%	71%	50%
London	20%	56%	N/A	57%	41%	67%	50%	65%	60%
North East	25%	100%	N/A	67%	63%	0%	89%	78%	50%
North West	75%	71%	N/A	86%	50%	100%	75%	89%	67%
South Central	100%	67%	N/A	67%	50%	0%	40%	100%	50%
South East	50%	67%	N/A	40%	70%	0%	60%	29%	50%
South West	83%	86%	N/A	80%	50%	0%	100%	86%	100%
West Midlands	57%	50%	N/A	25%	89%	100%	50%	75%	67%
Yorks & Humber	29%	88%	N/A	83%	80%	67%	80%	89%	50%

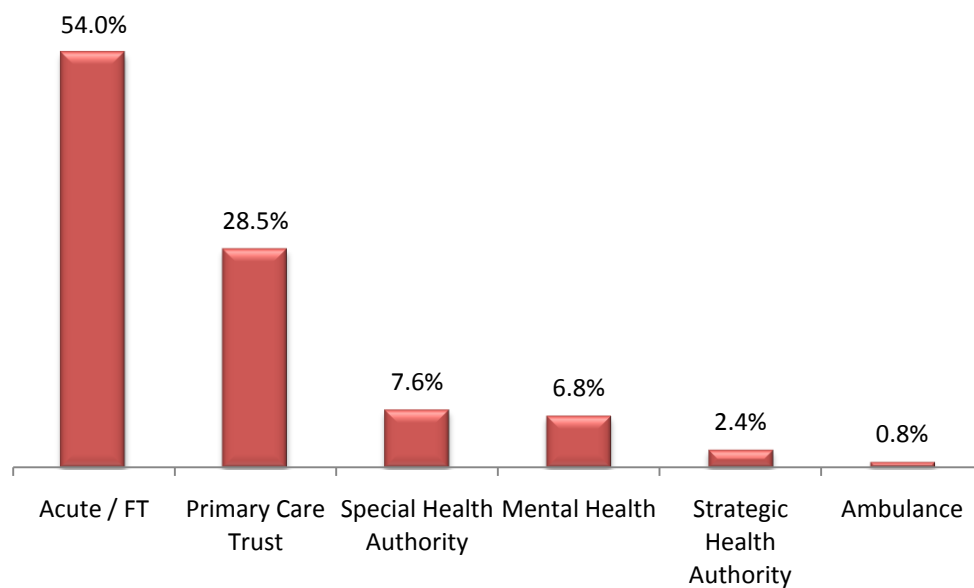
	2006			2007			2008		
	Finance	General	HR	Finance	General	HR	Finance	General	HR
East Midlands	80%	88%	80%	50%	88%	83%	75%	100%	60%
East of England	71%	75%	100%	71%	75%	40%	100%	86%	83%
London	82%	56%	67%	64%	71%	89%	67%	71%	86%
North East	67%	71%	80%	75%	100%	100%	100%	86%	60%
North West	63%	50%	100%	71%	89%	83%	100%	100%	78%
South Central	50%	88%	100%	80%	67%	100%	100%	88%	100%
South East	50%	100%	67%	100%	60%	50%	100%	83%	83%
South West	60%	78%	67%	50%	75%	100%	100%	90%	50%
West Midlands	29%	89%	67%	50%	86%	83%	80%	100%	75%
Yorks & Humber	83%	67%	100%	71%	100%	40%	100%	88%	83%

The tables above show individual retention rates by intake year, region and specialism. For example, 86% of General Management trainees who were placed in East Midlands in 2004 are still working for the NHS. It should be noted that some of these sample sizes are very small and therefore the percentages shown shouldn't be used for trend analysis.

Organisation Types

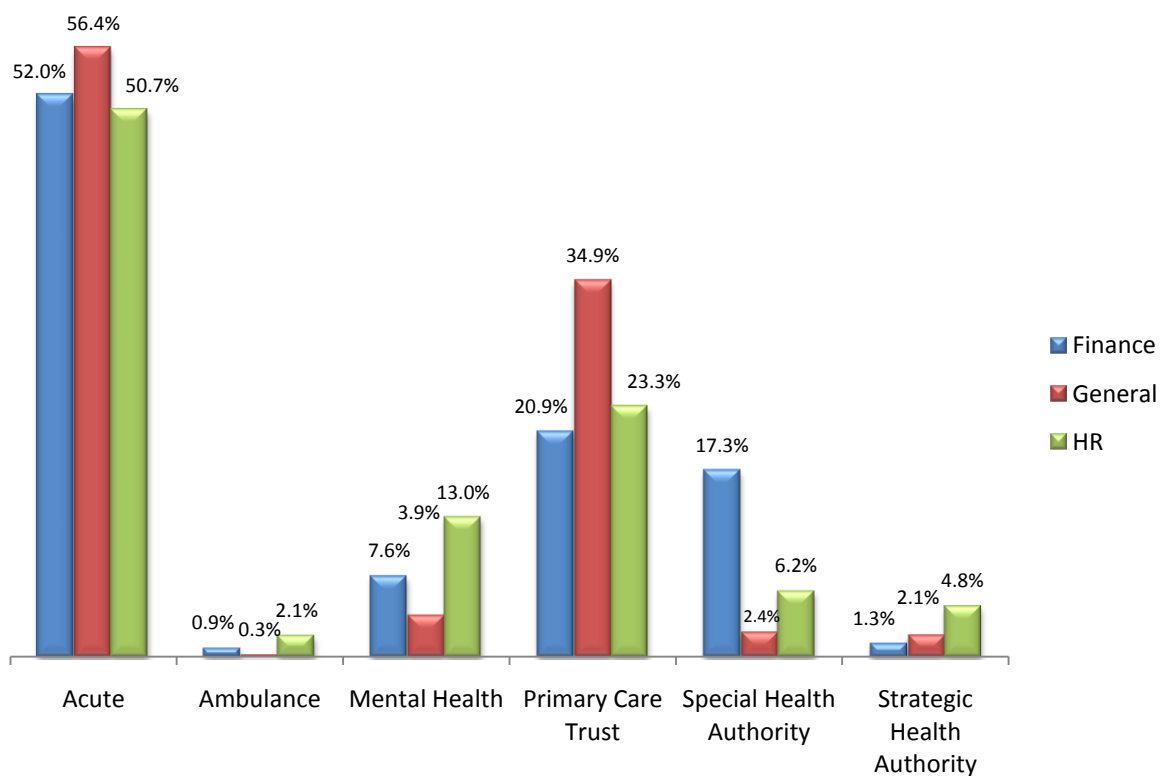
The following section contains information about the types of organisations that trainees from the 2003 to 2008 intake (and still working in the NHS) are now working for.

Organisation type - overall



The chart above shows the overall breakdown of the types of organisations where trainees from the 2003 to 2008 intakes are currently working within the NHS.

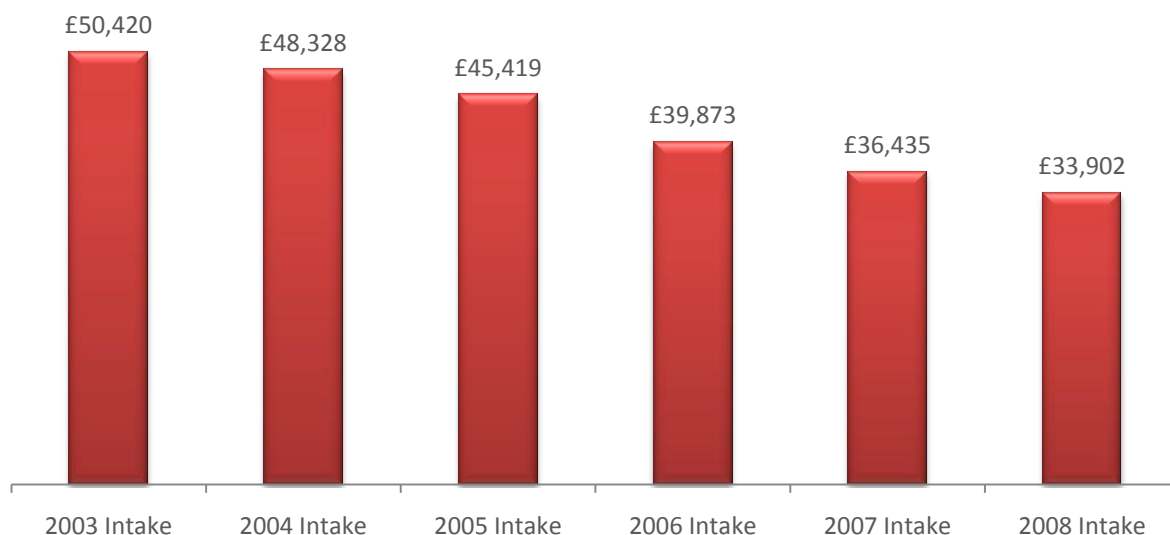
Organisation type by specialism



The chart above shows the breakdown of the types of organisations where trainees from the 2003 to 2008 intakes are currently working within the NHS broken down by specialism.

Salary and Banding

Average salary by intake year



The chart above shows the breakdown of average salary for trainees from the 2003 to 2008 intakes (excluding Finance 2008 trainees) who are currently working within the NHS, broken down by intake year. The chart gives an indication of what trainees may expect to earn post-Scheme.

For example, 2008 General Management and Human Resources trainees have recently left the Scheme for their first jobs in 2010 and the ones who remained in the NHS are earning an average salary of £33,902. As a second example, the 2004 trainees left the Scheme in 2006 and now have four years post-Scheme experience. Their average salary is £48,328.

High achievers

The previous section looks at average salaries of our recent alumni, but what about the 'high achievers'? There are many ways to assess what constitutes a high achieving individual but salary is generally accepted as one of the more reliable measures of progression. One could argue that higher salaries are attached to more senior roles and by attaining a higher salary our alumni have moved in to a more senior position. We looked at the top 10% earners of each intake year and looked at the salaries they were earning.

The top 10% of earners who have around five years post-Scheme experience (2003/4 intake) are earning between £66,000 and £96,000 indicating that they are likely to be working in Head, Assistant Director or Director roles (or equivalent). From this we could conclude that of the NHS trainees who stay in the NHS post-Scheme, 10% of them reach these senior roles within around five years of leaving the Scheme.

The top 10% of earners who have around three years post-Scheme experience (2005/6 intake) earn between £51,000 and £83,000 indicating that they are likely to be in senior manager 8b, 8c and 8d positions in around 36 months of leaving the Scheme.

The top 10% of earners who have just left the Scheme to start work in the NHS in 2010 (2008 intake) are all earning between £40,000 and £50,000 in 8a or 8b senior manager positions.

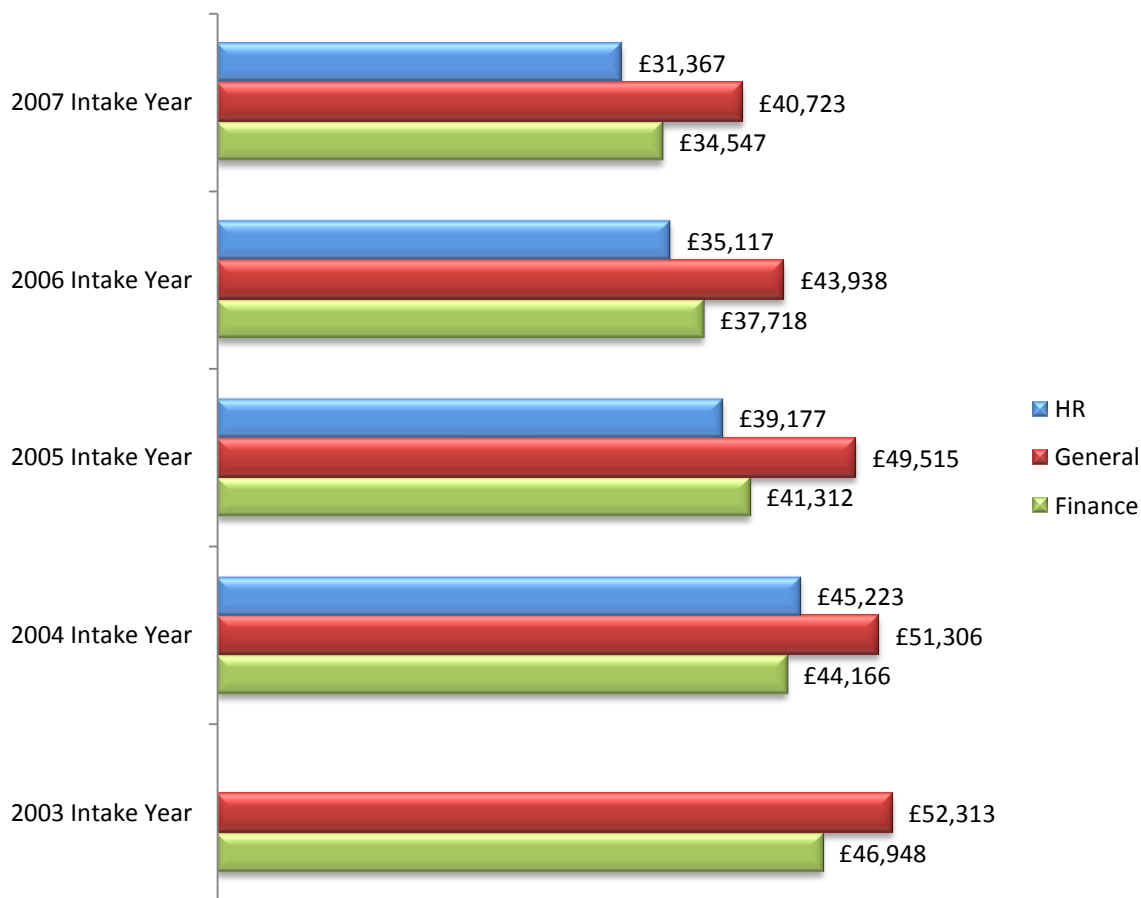
Comparing NHS average salaries to AGR average salaries

The 2011 AGR survey looked at what the average UK graduate could expect to earn over time in comparison to their starting salary when they started a graduate programme. They found that after one year they could expect an average increase of four per cent, after three years an increase of 28% and after five years an increase of 40% compared to their starting salary. Obviously this varies from sector to sector and it is worth noting that the average graduate starting salary is much higher than the one offered by the NHS Scheme.

Even when considering the relatively low starting salary, the NHS Scheme compares very favourably to the rates reported by AGR. After one year on the Scheme our trainees retain the same salary, but with three years' experience the average salary is 64% higher than their initial starting salary. After five years' experience our trainees could expect to earn on average around 100% more than their initial starting salary .

In conclusion it appears that NHS trainees progress well in the early years of their career once they leave the Scheme, both in general terms and in comparison to other graduates working for other organisations.

Average salary by intake year and specialism



The chart above shows the breakdown of average salary for trainees from the 2003 to 2007 intakes who are currently working within the NHS, broken down by intake year and specialism. The chart gives an indication of what trainees may expect to earn post-Scheme. For example, the average 2005 General Management trainee who left the Scheme in 2007 is currently earning £49,515.

Banding by intake year

The charts to the right show the number of trainees from each intake year who still work in the NHS split by their current banding. It does not include Finance 2008 trainees who, at the time of writing, were generally still employed by the Scheme.

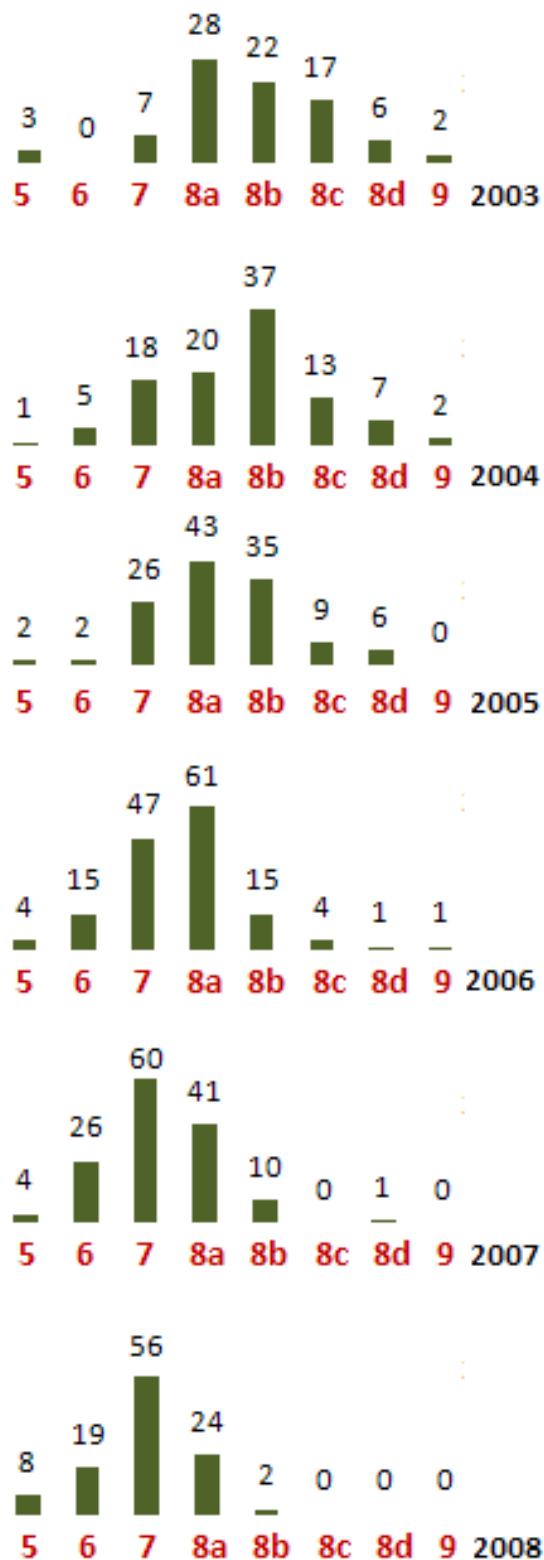
Some selected statistics:

Of the 2003 trainees who have stayed in the NHS, 88% of them are on Band 8a or above.

Of the 2007 trainees that have stayed in the NHS, 37% of them are on Band 8a or above.

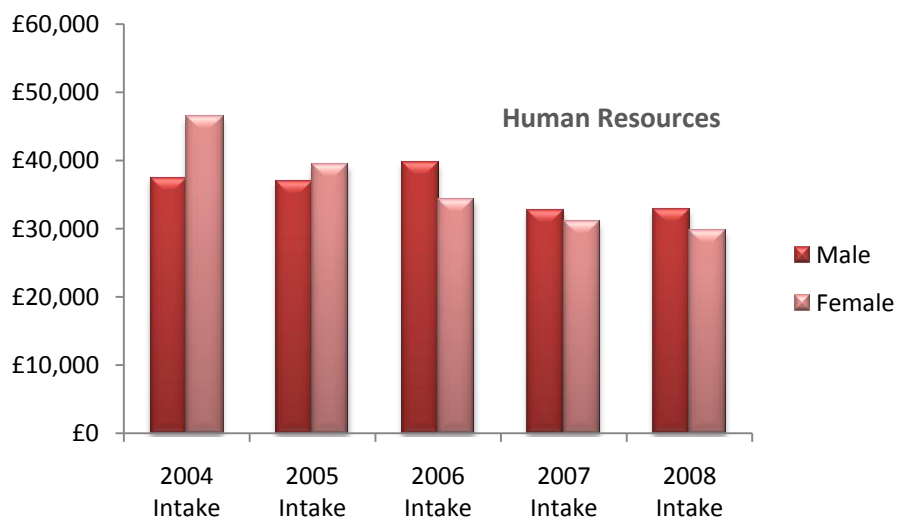
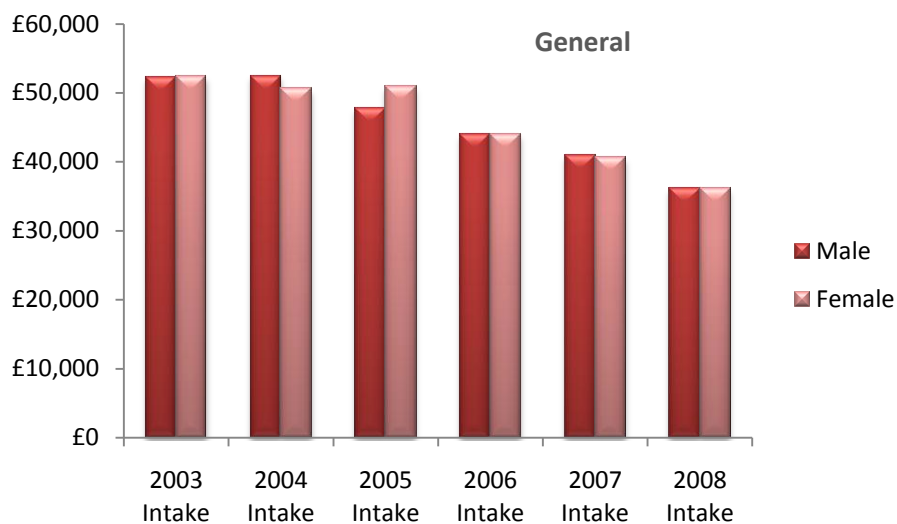
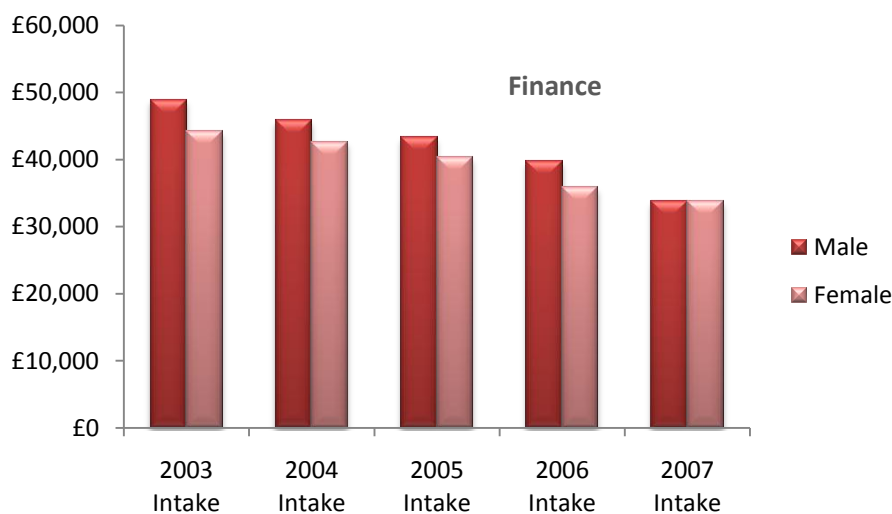
The 2008 General Management and Human Resources trainees all entered the job market around 4-7 months before the data was produced for this report. It can therefore be assumed that those who remained in the NHS are in their first substantive positions post-Scheme. **75%** of the 2008 trainees who opted to stay in the NHS were appointed in roles at **Band 7 or above**.

A total of 1,053 trainees started the NHS Scheme between 2003 and 2008. Even after taking into account those who have left the service, **59%** of these trainees are currently working in the NHS at Band 7 and above. **39%** of these trainees are working at Band 8a and above.



Salary by Gender

The three charts below show average salary by intake year, specialism and sex.



The charts on the previous page show that salary levels for General Management trainees are the same between male and female.

The sample size of Human Resources trainees is smaller and therefore the results appear more erratic, but when taken as a whole the salaries are relatively equal on average.

For Finance Trainees there appears to be a year on year trend of males earning around 8% more than female colleagues.

Chapter 2

Qualitative ROI – Measuring Trainee Outcomes against QIPP

In addition to quantitative data of retention rates and career progression, we also know that trainees make an impact as soon as they start on the Scheme. Work is underway to collect and measure the impact trainees have in their placements in financial terms and also in terms of improving patient care. This type of analysis is new to the NHS Graduate Scheme and will be refined over time to create a body of case studies which will enable further analysis. This exercise began with a small pilot group of 2009 intake trainees who were asked to retrospectively provide case studies of work they had carried out in their first placements focussing on how their work supported QIPP, released efficiency savings and ultimately improved the patient experience.

A methodology has been developed to enable a ROI calculation and projection to be made on the financial value the trainee has added to their placement. This is a return on the investment made in them as a trainee on the Scheme based on one specific work project. This work is valuable on many levels:

- a. It allows us to demonstrate that the investment made in trainees generates a return for the NHS whilst trainees are on the Scheme. Placement organisations not only benefit financially from this additional resource but also from the fresh pair of eyes, enthusiasm, energy and innovation that comes with a trainee.
- b. Trainees and placement managers are provided with information which is useful for career development and promotion of their organisation's work respectively.
- c. The case studies allow good practice to be shared locally and nationally by the Scheme both in relation to QIPP but for training of Scheme Programme and Placement Managers.
- d. Trainees are encouraged to think about how their work supports QIPP and improves patient care and embed this in their leadership behaviour.

This, however, is only one measure of success and not all examples of trainee work can provide a financial ROI figure. It is also important to identify and measure how a trainee's work has improved patient care.

Process for collecting case studies

The case studies were collected through a template held on Talent Studio, an online performance monitoring tool used by the Scheme. It is useful to note that:

- All cases studies have been signed off by the trainee's placement managers as an accurate reflection of the work undertaken by the trainee.
- All figures are a projection.
- We have tried not to over inflate the figures but rather give a realistic account of the trainee's work during one placement on the Scheme.
- The case studies listed all relate to a first placement where trainees are new to the Scheme and the NHS. We anticipate that trainees will generate a higher ROI in their second placements once they are more experienced and work with a higher level of responsibility.

The methodology used is outlined in Appendix 2 (p 38) and the starting point is the trainee's efficiency saving. The methodology looks at whether the trainee has genuinely developed a new innovation and thereby changed working practice or whether the trainee has carried out work that would have been carried out by another member of the organisation and has freed up extra capacity within the team. The small sample of case studies from the pilot group of trainees indicates that trainees do generate a return on the investment made in them. A selection of case studies can be found on the next few pages.

Next steps

The next steps are:

1. To collect more case studies from current trainees.
2. Review the methodology and the individual trainee ROI figures to build a picture of overall Scheme ROI.
3. To embed the approach into the 2011 intake of the Scheme so that ROI underpins the competencies and the performance monitoring process, so that ROI is an ongoing piece of work that also provides useful information about trainee's experiences on the Scheme which can help develop the Scheme.
4. Attempt to benchmark the ROI figures with those other fast track and non fast track graduates.

Case Studies

Samantha Kirton – Productive Staffing



Trainee: Samantha Kirton

Location: East Midlands

Date of joining: September 2009

Specialism: General Management

Placement

University Hospital Leicester NHS Trust

Date of placement: September 2009 – August 2010

Placement Improvements

Samantha Kirton joined the NHS Graduate Management Training Scheme as a General Management trainee in 2009. In her first placement, with University Hospital Leicester NHS Trust, Sam took on the role of Operational Manager, deputising for the Service Manager when needed. The role involved operational and performance monitoring and management, data analysis and staff development, and Sam was also included on the on-call rota for the Directorate.

Whilst on placement, Sam established an innovative system to ensure that staffing costs remained within budget. The system matched agency, bank and overtime usage with unfilled shifts and identified reasons for the gap, which were then recorded and audited. The system was used to highlight areas for concern and as a result resources could be allocated more appropriately and effectively. A reduction in temporary staff improved the quality of patient care and following implementation, staffing costs remained within budget.

In the previous year, before the implementation of the new automated system, the Trust had a staff cost overspend of £200,000. The changes made are sustainable and should ensure that the Trust continues to prevent overspend, whilst improving quality of patient care by appropriately allocating resources.

The figure contained in this study relates to Sam's involvement in the reduction of staffing costs. Trainees contribute in a number of areas throughout their time on the Scheme and this highlights only one particular example.

The projected Return on Investment figure for this 9 month placement based on the work carried out on this case study alone is approximately £ 74,100.

Jennifer White – Procurement Process



Trainee: Jennifer White

Location: North West

Date of joining: September 2009

Specialism: Finance Management

Placement

Southport & Ormskirk NHS Trust

Date of placement: 28/05/2010 – present

Placement Improvements

Jennifer White joined the NHS Graduate Management Training Scheme as a Finance trainee in 2009. In her second placement, with Southport & Ormskirk NHS Trust, Jennifer supported the Clinical Financial Advisor in the provision of comprehensive business and financial management, advising both the Clinical Directorate and the Trust as a whole. Other responsibilities included producing timely, accurate information for monthly board reports, supporting the development of financial knowledge and awareness within the Directorate, attending a steering group for the organisation of the National End of Life Conference and involvement in the Towards Excellence Accreditation.

Whilst on placement, Jennifer also implemented a number of innovative changes in the Trust's procurement process, creating estimated yearly savings of £25,000. Jennifer was responsible for authorising requisitions and took the initiative to review requests and source cheaper alternatives, providing value for money whilst maintaining quality standards. Substantial savings were made as a direct result of Jennifer's efforts, which freed up resources that can now be used more effectively on patient centred care. Innovative sourcing reduced the cost of photo paper for theatres in the Trust by £21 per pack and rejection of excessive and unnecessary requests also contributed to a reduction in costs.

Jennifer's efforts have prevented unnecessary spending and focussed on providing quality for less cost. The resources that have been made available as a result of her innovative sourcing can now be used more effectively on patient care.

The figure contained in this study relates to Jennifer's involvement in the changes to procurement. Trainees contribute in a number of areas throughout their time on the Scheme and this highlights only one particular example.

The projected Return on Investment figure for this 12 month placement based on the work carried out on this case study alone is approximately £48,800.

Blair Robinson – Referral to Treatment Productivity



Trainee: Blair Robertson

Location: West Midlands

Date of joining: September 2009

Specialism: General Management

Placements

George Elliot Hospitals NHS Trust, Nuneaton

Date of placement: Sep 2009 – Aug 2010

Placement Improvements

Blair Robertson joined the NHS Graduate Management Training Scheme as a General Management trainee in 2009. In his first placement, with George Elliot Hospital NHS Trust, Blair was responsible for the management of the Patient Services Team and took on the role of Project Manager, leading on a number of challenging work packages.

Whilst on placement, Blair was responsible for implementing a new innovative method for recording Referral to Treatment, which resulted in a reduction in reporting time from one day to one hour and ultimately improved staff productivity. Working in partnership with the Information Department, Blair created an automated reporting system that replaced the manual records and tightened the management of waiting time, preventing long delays and therefore improving patient experience.

In addition, Blair also highlighted a capacity and demand issue in one of the Trust's departments. The recommendations made resulted in a change in consultant working practice, which enabled the Trust to better match the demand for day case surgery, further improving efficiency and the quality of service.

Blair's work has had instant and noticeable results on both staff productivity and improving patient experience, with an estimated value of more than £5,000 savings a year, calculated by taking into account the staff costs needed to complete the report manually. The new reporting method can be used routinely in the future, resulting in a sustainable and measurable reduction in patient waiting times.

The projected Return on Investment figure for this placement based on the work carried out on this case study alone is approximately £ 20,450

Appendix 1

Quantitative ROI – A Statistical Analysis of Scheme Alumni

The process:

- 1 The Scheme met with the National Electronic Staff Record Team (ESR) to discuss obtaining anonymous alumni data from the national NHS HR and Payroll system for the purpose of creating a statistical analysis report. It was agreed that this would be feasible.
- 2 The NHS Institute for Innovation and Improvement payroll department downloaded the national insurance number, intake year, specialism and SHA region for all trainees who started the Scheme in 2003, 2004, 2005, 2006, 2007 and 2008.
- 3 The ESR team built a query to run the data and then the raw data was securely transferred from the NHS Institute for Innovation and Improvement to the ESR team.
- 4 The ESR team ran the query in early January 2011 and returned an anonymous dataset back to the Scheme which included up to eleven fields of data about our alumni working in the NHS. None of these fields contained identifiable data (e.g. name, national insurance number) to ensure compliance with data protection.

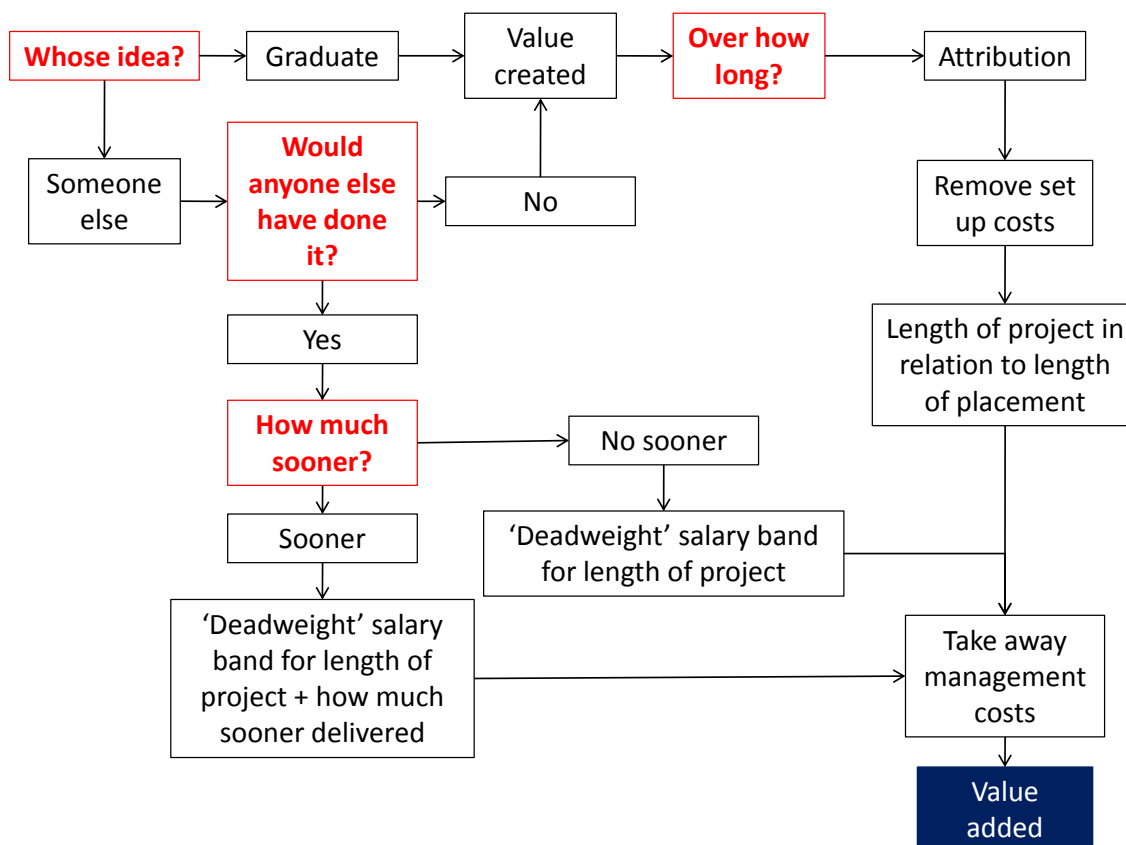
Important notes

- This report is based on the data from all trainees who started on the NHS Graduate Management Training Scheme between 2003 and 2008.
- The dataset for this report is made up of 1,052 trainees (i.e. the number of trainees that started on the Scheme between 2003 and 2008).
- Unless otherwise stated, the reports and conclusions contained in this report are based on the 1,052 trainees who started the Scheme between 2003 and 2008.
- This report is based on national payroll data from December 2010 from the Electronic Staff Record Programme which is a Department of Health (England) led initiative which provides an integrated HR and Payroll system across the whole of the NHS in England and Wales
- The report does not cover NHS Scotland or Health and Social Care in Northern Ireland. If any NHS Graduate Management Training Scheme trainees have gone on to work for either of these organisations they will show on this report as having left the NHS.

- Data protection guidelines were adhered to throughout the process of creating this report and at no point did the NHS Institute for Improvement and Innovation ever see any identifiable data concerning Scheme alumni.

Appendix 2

Qualitative ROI – Measuring Trainee Outcomes against QIPP Methodology



More detailed information about the methodology and approach can be provided on request. Please see the contact details on page 37.

Further Information



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