



Evaluating your progress

A handbook for end of award reporting

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1. Why we have created this handbook

The Health Foundation has developed a range of leadership schemes that aim to support quality improvement in the health sector. Leadership development involves award holders embarking on a journey of change, not only for themselves, but also for those around them – and for their organisation. This handbook will support you in assessing the impact of the leadership scheme as it progresses. We suggest that you consider it as a support for self-evaluation, so that when you come to complete the required end-of-award report, you will have plenty of evidence to draw on.

Self-evaluation is important to leadership. Taking time to examine your wishes, fears, thoughts, questions and motivation can lead to deeper levels of understanding and insight. Similarly, self-evaluation involves reflecting on the information you have gathered, and using it to enhance your understanding and gain greater insight into your work, your development as a leader and the impact this has on the people with, and for whom, you work.

Self-evaluation fits in with the wider policy environment, which emphasises the need for continual improvement and monitoring of quality services. Indeed, systems are already in place, such as audit, risk management, clinical effectiveness and complaints management, that link directly to the practice of evaluating performance and development.

Your self-evaluation will support The Health Foundation's comprehensive evaluation of its leadership programme. Your end-of-award report will add to the data collected by our evaluation team, which will make our evaluation findings more robust. Your report will also contribute to our learning about leadership development, and to the impact of our leadership programme on quality improvement across the UK, as well as to our ability to share learning with others. It will also help improve the programme for cohorts of award holders in the future.

This handbook aims to get you started. It explains the areas you should cover and includes tips and techniques that will help you to collect the information required in your end-of-award report. We suggest some further reading, should you wish to explore any areas in more depth.

Examples of completed end-of-award reports are available on our website. These examples are intended to give you pointers and ideas for what you are aiming to achieve.

2. What you need to evaluate ‘success’ and how to measure it

In your end-of-award report, we want you to document the successes of your participation in the leadership scheme – for you, your organisation, and patients or service users. Your self-evaluation should explore processes and outcomes – in relation to your own leadership development, and to any projects or initiatives you undertake as part of the scheme.

Note: when we refer to your ‘project’, we mean any of the activities that you have focused on during your participation in the leadership scheme. Depending on the scheme, this may be a specific project or piece of research, or an aspect of your daily work.

Success criteria

In order to evaluate anything, you need to know what constitutes success. You will have set yourself some goals at the beginning of the scheme – these will be in your original application. You will have modified your goals throughout the scheme: sometimes formally, through working with a coach, mentor or in an action learning set; sometimes informally, adjusting your approach in the light of experience. You will need to have set out your success criteria clearly, noting changes as you proceeded.

Evaluating processes involves understanding what is happening and why. Reflecting on processes during the course of the scheme can help you to make adjustments to your work or any project, where possible. Questions that you might want to ask include:

- What is working well and what isn’t working so well? Why?
- Am I reaching the people I intended to target?
- What are the perceptions held by stakeholders about my project?
- Is my project doing what it intended to do?
- Are any elements of my project changing as it is being implemented?
- What activities are leading to outcomes?
- What do the critical success factors seem to be?
- What aspects of the scheme are working best for me? Why?

Evaluating outcomes involves assessing short- and long-term-results, and aims to measure these changes. It can help answer questions such as, ‘Was this worth doing?’ and ‘Should it be repeated?’ Reflecting on outcomes involves looking out for unintended outcomes (positive or negative), as well as for those you anticipated. Questions that you might want to ask include:

- What results did I expect to see from participating in the leadership scheme? What did I think would be different? How can I identify that there have been changes?

- What expected short- and long-term impacts has my project had?
- What has changed as a result of my project?
- What impact has my project had at different levels (eg, individual, team, organisational, regional or national)?
- Has my project had any unexpected impacts?

To evaluate processes and outcomes, you will need to develop ‘indicators’ of success – that is, evidence you can collect to monitor progress towards your aims and objectives. This evidence measures or indicates how successful you have been in meeting your objectives. There are different types of indicators, which are described in the box below.

- **Process indicator:** this collects data on the mechanisms of the work, for example, ‘the number of midwives involved in the planning and design of the community maternity unit’.
- **Impact indicator:** this collects data on the immediate results of the work on its target group, for example, ‘improved satisfaction ratings among mothers for the delivery of maternity services’.
- **Outcome indicator:** the longer-term effect of the work. For a community maternity unit it might mean improved satisfaction for a whole range of stakeholders, including midwives, families or other service providers. Alternatively, it might be other related effects, such as other services being offered in a more flexible and responsive way that can more effectively meet the needs of remote families. Depending on your role, and the activities you undertake during the scheme, you may be able to demonstrate clinical outcomes.

It can be useful to start considering how taking part in the scheme might lead to impacts at these different levels. What would success look like if you achieved it?

Individual – how did the scheme activities have an impact on you? For example, improvements in your professional and personal development, such as developing new skills, gaining more confidence and taking on new responsibilities.

Organisation – how did the scheme result in impacts on patients or your team? For example, improved job satisfaction among your team members or improved patient care in your organisation.

Regional – how did the scheme lead you to make an impact at a regional level? For example, contributions to developments in policy or practice at a regional level, dissemination to a regional audience, influencing your profession.

National – how did the scheme lead you to make an impact at national level? For example, contributions to developments in policy or practice at a national level, dissemination to a national audience.

You will not be able to measure everything. Decide which are the most important success criteria and ensure you focus your efforts on these.

Measuring success

There are many ways to do this, for example:

- improved scores on before- and after-project '360-degree' appraisals
- requests to take on additional leadership roles or responsibilities
- creation of opportunities for collaboration with senior practitioners
- persuading others to adopt your ideas or approaches.

3. When to evaluate and who to involve

When should you start your self-evaluation?

You should be thinking about how self-evaluation can be built into your participation in the leadership scheme from the outset. Clarity over your success criteria is crucial. It's important to know your starting point, or 'baseline', in order to understand what changes have been made. For example, if you are working on a project that aims to improve maternity services for women in very remote rural areas, you would need to know their level of satisfaction with existing provision of maternity services, as well as the nature of those services. In relation to your own development, we will ask you to complete a survey at the start and end of the scheme. Much of the information you will need for the baseline assessment (both for your own development and project work) may already be available from existing records. If it is not, you will need it before you start the scheme. Section 5 provides an overview of how you might access the information you need.

Your baseline will probably include different types of information, such as:

- statistical information. This includes facts and figures drawn from information that has already been gathered. This may include existing records about service use by the target group.
- information about the context in which you are working, ie, the organisation, services or resources.
- information on people's views and opinions related to any project you will be undertaking. There may be existing studies, such as patient satisfaction surveys, etc, that you can draw on. Alternatively, you may have to gather this information yourselves by conducting a survey, carrying out interviews or drawing on the results of group discussion.
- information from your manager or other colleagues on your existing levels of leadership skills and abilities. This could be gathered informally or by using structured methods, such as 360-degree appraisals. Your application form for the leadership scheme may provide some of this information.

Who should you involve?

A number of stakeholders may usefully contribute to your self-evaluation process, such as patients, team members, clinicians, managers, local service agencies, other people on the leadership scheme, coaches, mentors and peers. An early step is to identify who the stakeholders are, and what information they might find useful from your self-assessment.

The benefits of involving others include:

- ensuring that results are relevant and useful to stakeholders
- developing knowledge and skills in self-evaluation throughout the team
- sharing responsibility for the implications of self-evaluation with staff and managers, which helps to spread the workload and enhances motivation
- getting more buy-in for your work – you have to tell people what you're doing!

4. How to develop a self-evaluation plan

Once you know what you want to do, and who you need to involve, you can think about developing a plan for your self-evaluation. This will help you to:

- guide the planning and management of your self-evaluation activities
- create a realistic timetable
- determine what information you need – who it is for, and who you need it from
- identify methods and strategies for collecting information
- spot problem areas and make adjustments during implementation
- assess success, both expected and unexpected
- use all the results in a useful and constructive way.

Your plan should incorporate a number of different elements that need to be clarified. These are:

- **Context:** What is the context you are working in? What are the wider organisational, regional or national health issues that your work relates to?
- **Assumptions:** What are the underlying ideas about how project activities will work? How do you think your development as a leader will occur through the scheme?
- **Inputs:** What resources do you need for the work you are doing? What resources are required to support your leadership development? For example, human, financial, organisational. How much time do you have available?
- **Activities:** What project activity will you undertake? What will the scheme involve? What are the interventions?
- **Process indicators:** How is your project being implemented? How is the scheme process working out for you? What's working well? What isn't working so well?
- **Impact indicators:** What are the results from your project activities? What are the results from the scheme activities? What changes or differences did you initially see as a result of these activities?
- **Outcomes:** What is the long-term impact of your project work? What is the long-term impact of the scheme on your development as a leader? What is the timeframe for achieving these outcomes?

(Adapted from *Logic Model Development Guide*, W.K. Kellogg Foundation)

5. How to access the information you need

The methods you use will vary, according to the subject matter and your aims and objectives. They could range from the routine collection of statistics, such as attendance records, to in-depth recording of personal experience. Not every activity will require sophisticated methods or expertise; methods need to be chosen to suit the work being evaluated. This involves thinking about how you will collect the information, who will collect it, how often and how it will be analysed.

Before deciding which methods to use, it is important to consider the following questions:

- What kinds of information do you need?
- What information do you already have? You might not need to collect all your own data. For example, your organisation may collect data you could use, and information collected by the Department of Health or other health organisations might also be useful.
- How much time do you have to collect the information, analyse it and report it? It is important to be realistic about what information can be gathered in your (and others') timeframe.
- Who will gather, analyse and report this information? Are staff who have knowledge and skills in gathering information available? Do you need extra resources or support to undertake this work?
- What methods will best meet the aims of your self-evaluation plan?
- What methods are most appropriate for others involved in your self-evaluation?

There are two broad types of evaluation data – quantitative and qualitative – and it is likely that you will collect a mixture of both.

Quantitative data is numerical information that can be analysed and usually answers the questions: Where? When? How many? How often? Examples of this kind of data are the number of people using a service or attending an activity, their ages, where they come from and their ethnic origins.

Qualitative data is information that cannot be quantified, such as text and spoken conversations. It usually seeks to answer the questions: Why? How? Examples of this kind of data might include asking people what they think of the service they receive and how improvements could be made. Recurring themes can be drawn out and summarised, providing a picture of why a particular service is reaching those you intend to reach – or not.

An extensive range of techniques can be used to collect both quantitative and qualitative data. The tools you choose will depend on the type of data that needs to be gathered for the indicator, and the amount of time and resources available. With all methods, you will need to consider issues of consent and confidentiality.

A basic overview follows of a selection of data collection tools. There are references in Section 8, should you want to explore a particular technique in more detail.

Monitoring and recording systems

If your leadership scheme involves establishing a project, it is useful to have a system for recording who uses it and how often. The level of detail collected will be determined by what you want to know. However, it is important not to overburden service users. You will also need to give careful consideration to ethical issues relating to how you collect sensitive information, such as income level, and information that would identify individuals. Examples of the kind of information you may wish to collect or to calculate include:

- who uses the project (age, sex, where they live, ethnic origin, income level)
- what they get from the visits (time spent, activity attended)
- how often they attend
- whether their attendance increases or decreases.

You might collect this information on a simple form that project users fill in each time they attend, or through a standard series of questions that a designated staff member runs through with those who attend. It is important that the recording system works well. Check on how it is running and adjust it, if necessary, to ensure that the information is complete and is recorded in a consistent way throughout.

Questionnaires

Usually, a questionnaire is used to collect a relatively large amount of specific information in a fairly short period of time. Questionnaires often collect quantitative information, which can be easily collated and analysed, but can also be used to elicit a limited amount of qualitative data. There are a number of issues to think about when planning a questionnaire:

- Who is going to fill it in?
- How will you administer it?
- What are you going to ask and how?
- How will you pilot it to make sure it works?
- How are you going to analyse the data?

Interviews

There are two main types of interview that are relevant for this scheme: *one-to-one interviews* (either brief or in-depth) and *focus groups*, which are group discussions.

One-to-one interviews can be structured, with the topics and/or questions set fairly rigidly in advance. A semi-structured interview uses a list of predetermined topics, but is more like a conversation, allowing the interviewer to follow up issues of interest raised by the participant as the interview progresses.

Focus groups aim to gather information on a list of topics or questions, but are also interested in how the participants respond to these topics as a group. They need to be facilitated by someone who can guide the discussion to cover the key topics. They also require some ground rules, in order to maintain coherence and to make the environment feel safe for those participating.

There are a number of issues to consider when planning interviews:

- Who are you going to interview?
- How will you record the data?
- How will you analyse the data?

Case studies (including patient stories)

You can use case studies to convey the effect of a project on those involved, for example, patients or staff. Using individuals' stories is compelling but needs to be focused. Case studies try to tell the whole story of a project, but can miss out the details by trying to describe the bigger picture. Try to limit the length of the story to around 800 words (two A4 pages) and focus on one or two events: possibly critical incidents that reflect the theme or tension of your work. Focus on answering the following questions: What was happening? What did you do? Why did you do it? What did you learn from it?

When undertaking case study research, be particularly mindful of ethical issues and confidentiality, as the data you collect is likely to be personal and may be of a sensitive nature. It is good practice to make case studies anonymous so that individuals cannot be identified. Always ask for written informed consent from participants, and clearly explain how you will use the information you collect.

Issues of ethics, consent and confidentiality are important in all types of evaluation activities. For more information on research ethics, visit the websites listed in Section 8.

Document analysis

The background to a project may involve a considerable amount of paper work, such as minutes from meetings, reports, service reviews and other records. You can use these as a valuable source of recorded data about the background, context, processes and plans for the project. Treat written documents in the same way you would text from interviews: read through them and pick out themes, or use the information to show how things have changed. For example, minutes from a staff meeting may show growing levels of support for the project over time, indicating increased commitment to the project.

Observation

Observational techniques can be useful in documenting the process of events. They involve someone watching or taking part in an event, and then describing or interpreting what happens. This method is often used when a number of factors are known to be of interest in the interaction being observed. For example, you may want to observe patient interactions with health workers. A list of key indicators of a successful interaction can be drawn up and used during the observation. Such indicators might include:

- a clear explanation of the purpose of the consultation
- a commitment to fully answering any questions asked by the patients
- a clear explanation of the consultation outcome and any follow up.

The observer may score and make notes for each of the indicators (or predetermined criteria). This method is useful for comparing the quality of different interactions, or for identifying areas for improvements, which can then be addressed through training.

Cost analysis

Cost-benefit and cost-effectiveness analysis are tools for assessing whether or not the cost of an activity can be justified by its outcomes and impacts. *Cost-benefit analysis* measures both inputs and outputs in financial terms. *Cost-effectiveness analysis* estimates inputs in monetary terms, and outcomes in non-monetary quantitative terms. Both tools can be used to:

- inform decisions about the most efficient allocation of resources
- identify projects that offer the highest rate of return on investment
- identify which project has the best average outcome per patient, relative to the per-patient cost.

A measure of cost effectiveness is obtained by measuring costs against outcomes – this can be applied to short- and long-term projects.

Things to remember when considering methods:

- Collect only the data you need and that is relevant to your questions and purposes. If you need to prioritise, it is better to collect smaller amounts of data in a planned and focussed way than to try to collect larger amounts at random.
- Select methods that are consistent with the amount of time and resources you have available.
- Involve a range of stakeholders in the data-collection phase.
- Revise data-collection strategies, based on initial analysis. What is working? What is not working? What pieces of data are still missing?
- Base changes to existing tracking/data-collection strategies on what you have learned from self-evaluation.

(Adapted from Evaluation Handbook, W.K. Kellogg Foundation)

6. Analysing your self-evaluation data

It is common to feel overwhelmed by the data that has been collected from a range of different sources. Careful planning before you gather information will help you to avoid this. Once you have set up a good design, you will be clear as to exactly why you are collecting information. This will both guide and inform your data collection.

Your plan must also take into account how much time you have available for the analysis. The amount of data you collect should be consistent with the resources available for analysis. However, your plan needs to be flexible enough to allow for information that you didn't expect to collect. Such material may be valuable, and may provide an insight into why certain factors do or do not affect the outcome/project.

After collecting the data, the information must be analysed and interpreted, and a judgement made about the meaning of the findings. This process can be very complicated; many books and articles have been dedicated to the analysis of data. A few simple techniques for analysing qualitative and quantitative data are listed below.

Analysing and reporting interviews

Think about how you want to report the information before you start your analysis. This will help you to ensure that your analysis remains focussed and is guided by your reporting framework. People sometimes think that the hardest part of undertaking interviews is knowing what to do with all the information! We have outlined a step-by-step process below to support you with this analysing and reporting process.

Step 1:

Soon after each interview or discussion, write down your thoughts on what happened: what people thought were the key issues and how they responded to some of your questions. This is an overview of the interview.

Use your interview schedule as a starting point for ordering your thoughts and impressions, and for planning your analysis and report. Your interview schedule is likely to have grouped questions into topics, which are probably the areas you need to report on.

Step 2:

Focus on one topic at a time. Go through your interview notes or transcripts of taped interviews and group together all of the comments relevant to that topic. Continue this process until you have compiled the content for each topic, and until you included everything from the original transcripts that is relevant to the discussion.

As you go through the interview notes or transcripts, new topics may emerge. Your analysis needs to be flexible enough to allow this to happen. New topics represent unexpected findings, and it is essential that these are captured and documented.

Step 3:

Now you can start exploring the different ways in which people talked about each topic. You will soon notice that people often talk about similar issues, but use different language. At other times, only one or two people might mention a particular issue. Identify sub-topics where people talk about similar or new issues.

Step 4:

Once you have categorised the information from the transcripts under each topic, you can start reporting this material. Choose a sub-topic, write an introductory sentence and then add examples or quotations of what people said about this issue. Try to use quotations that are clear and concise. If the quotation makes an excellent point but the language is unclear, rephrase the material in your own words.

Analysing and reporting survey data

Surveys tend to include closed-ended questions. These are analysed and reported in terms of numbers or percentages of people who thought, did or experienced something. When you design your questions and the way that responses will be recorded, make sure that you set them out so that you can analyse and report them easily and clearly.

Things to remember

When analysing and interpreting quantitative and qualitative data, avoid the following pitfalls:

- assuming that the project is the only cause of positive changes. Other factors, some of which may be unrelated to project activities, may be influencing changes in participants or in a service. When there are several factors occurring at the same time, it is usually not possible to link them directly to specific outcomes. However, you will need to document the factors in your end-of-award report that may have contributed to change.
- forgetting that the same method may provide different results when used by different people, or that respondents may tell you what they believe you want to hear.
- choosing the wrong group to compare, or comparing groups that are incomparable because there are too many differences. If comparisons between groups are important, try to compare those with similar characteristics, except in that of the variable you are studying.
- claiming that the results of your small-scale self-evaluation also apply to a wide group or geographic area. For example, it is misleading to evaluate participants' responses to a particular intervention in one acute trust and then claim that the results apply to the UK as a whole. While this may well be the case, your end-of-award report should only reflect the data analysed.

(Adapted from Evaluation Handbook, W.K. Kellogg Foundation)

7. Disseminating your findings

As well as reporting results from your self-evaluation to The Health Foundation, you might also want to share your findings more widely. Consider the following questions to get you started:

Who needs the information?

Often, time for dissemination is not included in planning, and important work is not shared with wider audiences because projects do not have the resources to disseminate findings to others. Unexpected findings from your self-assessment may also highlight new audiences that are interested in your results. These might include patients, project staff, management and other professionals.

What type of information do they need?

The results you choose to report on will differ from audience to audience, and your audience will determine the style, content and level of detail in the reporting. For example, a report for patients who participated in the project might be concise and use informal language, whereas a report for a manager – or where the findings recommend service expansion or more funding – might include more detail, and be written in a more formal style.

How will the findings be disseminated?

It can be helpful to have an idea about ways in which findings will be fed back to stakeholders before you start planning your evaluation. Below are some suggestions for how you might report on your evaluation to different audiences:

Audience	Communication channel
Patients	<ul style="list-style-type: none"> Brief written summary or information sheet (one- or two-page summary) Newsletter
Project staff	<ul style="list-style-type: none"> Staff workshop Presentation Oral briefings at meetings
Management	<ul style="list-style-type: none"> Full written report Progress report Incorporate into standard reporting practices (eg, weekly meetings, quarterly reports)
Other professionals (regional and national)	<ul style="list-style-type: none"> Paper in professional journal Article in professional magazine

When should findings be disseminated?

It may be more useful to report findings as they surface rather than waiting for a final report at the end of the project. You might want to consider timetabling progress meetings or planning newsletters for the different audiences that will be interested in your results, and you need to decide who will produce summary reports, and when, how and for which audiences.

8. Further information and reading

Ethics and research governance

Department of Health procedures relating to research governance and ethical review may apply to your self-evaluation activities. Before proceeding with your self-evaluation activities, look at the latest guidelines, which can be found on the Department of Health website: www.doh.gov.uk and the Central Office for Research Ethics Committees website: www.corec.org.uk.

Evaluation methods, tools and techniques

- *Aiming to Improve: The principles of performance measurement* (Audit Commission). Available at www.audit-commission.gov.uk/reports (search for 'Aiming to Improve')
- *Evaluation Cookbook* (Learning Technology Dissemination Initiative). Available at: www.icbl.hw.ac.uk/ltidi/res-link.htm
- *Evaluation Handbook* (W.K. Kellogg Foundation). Available at: www.wkkf.org
- *First Steps in Monitoring and Evaluation* (Charities Evaluation Services). Available at: www.ces-vol.org.uk/index.cfm?format=21
- *Framework for Program Evaluation in Public Health* (Centre for Disease Control and Prevention). Available at: www.cdc.gov/eval/framework.htm
- *Logic Model Development Guide* (W.K. Kellogg Foundation). Available at: www.wkkf.org
- Planning and Evaluation Resource Center – evaluation tools. Available at: www.evaluationtools.org
- *Programme Evaluation Primer* (Hospital Council of Western Pennsylvania). Available at: www.hcwp.org/resources/commhealth/primer.asp
- *Qualitative Methods Workbook* (George Boeree, Shippensburg University). Available at: www.ship.edu/~cgboeree/qualmeth.html
- *Sampling Workbook* (Alison Galloway). Available at: www.tardis.ed.ac.uk/~kate/gmcweb/scont.htm
- *Taking Stock: A practical guide to evaluating your own programs* (American Association for the Advancement of Science). Available at: www.horizon-research.com/publications/stock.pdf
- *User-friendly Handbook for Mixed Method Evaluations* (National Science Foundation). www.ehr.nsf.gov/EHR/REC/pubs/NSF97-153/start.htm

- UK Evaluation Society evaluation resources. Available at: www.evaluation.org.uk/Pub_library/Online_eval.htm
- *Your Project and its Outcomes* (Charities Evaluation Services). Available at: www.ces-vol.org.uk/index.cfm?format=23

Your notes:

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