Impact, Improvement and Learning

Evaluation Framework

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NHS Lothian Charity is a registered Scottish charity (No. SC007342)

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Introduction

NHS Lothian Charity's mission is to enhance experience and care for patients in hospital and in their communities and have a positive impact on health in the Lothians.

Annually, we spend approx. £5million across our strategic programmes and through the distribution of ward and specific funds to support our mission. Interventions range from the purchase of equipment, art and therapeutic design and greenspace enhancements, to volunteer provision support, sustainability initiatives and patient activities.

This would not be possible without the generosity of donors, who either give personally or fundraise for us, or without the support of NHS Lothian colleagues, and academic or Third Sector partners who deliver interventions or deliver in partnership with us. As a service provider and a funder, we have a responsibility to ensure that we understand the difference that the donors' contributions and the time and energy of colleagues makes, to apply that understanding as we move forward ourselves and to share with our strategic partner, NHS Lothian, so they too can apply it. A robust evaluation approach and framework that is consistently and objectively applied enables this understanding.

This document sets out our approach to evaluation and is used by our staff and partners.

Our Approach to Evaluation

Our approach is one of person-centred impact focussed evaluation that is appropriate and proportionate to the intervention and funding provided. We seek to put the experience of patients, families and staff and the difference intervention makes for them at the heart of our evaluation.

Being appropriate in our approach means we are sensitive to the needs of, and challenges faced by, patients, staff and families and tailor our evaluation tools accordingly. We gather only the information we need and accept what is reported by grant holders as an honest representation of feedback received. Being proportionate recognises the challenges and limitations of evaluation in NHS settings if it is not commensurate. Therefore, we will also tailor our evaluation methodology to the scale of the intervention. Resulting in lighter touch evaluation for smaller scale interventions and more intensive evaluation for larger scale.

Additionally, our approach is project specific and tailored to the outcomes that a specific intervention set out to achieve, while allowing space to capture unintended outcomes wherever possible. Due to our strategic approach to service delivery and grant making there will frequently be commonality in outcomes that will allow for big picture understanding. However, due to the scale and breadth of the items, services, and/or equipment funded, there will also be variance in the outcomes intended. Our strategy does not place greater value on some intermediary outcomes over others but recognises that all contribute to us achieving our final goal. As a result, it is not the intention that we will compare interventions on a like-for-like basis.

Our evaluation approach recognises that the intervention we support/facilitate is just one of many factors influencing impact for individuals, services and the communities they support. We, therefore, take a data collection and reporting approach that does not seek to attribute change to our input but instead explores the contribution to positive change our input may have made and the factors that may have limited positive impact. We also recognise that some of the major impacts can also be subtle and that they may not be in evidence until some time later, possibly long after the intervention.

Acknowledging our strategic partnership with NHS Lothian, our approach to evaluation is cognisant of the work of NHS Lothian’s Quality Academy around improvement theory and practice including data, measurement, visualisation and reporting.

How we Evaluate

Using a person-centred impact focussed evaluation approach means that we are interested in both system/large scale change and change for individuals. As a result, we use both qualitative and quantitative approaches.

However, we are also very interested in the activity that facilitated change and seek to capture key data around this too. We, therefore, seek to measure outputs as well as outcomes.

The table below sets out a glossary of key words.

Inputs	What needs to be in place to achieve the outcome.
Activities /interventions	How it will be achieved (a description of what is planned to do).
Output	A measure of what is planned to be produced or delivered.
Outcome/impact	What impact has been made. • Outcomes are divided into hard and soft outcomes: o Hard outcomes can be objectively and independently measured such as the number of patient falls. o Soft outcomes depend on subjective measurement, such as an individual's self-assessment of their health and wellbeing. ***Outcomes must include 'change' words such as improve, increase, decrease, or reduce and include the who? what? and how? of change.***
Outcome/impact Indicators	What needs to be measured to understand the impact. • Data about outcome indicators can be gathered both quantitatively and qualitatively. • Quantitative data is data represented numerically, including anything that can be counted, measured or given a numerical value. • Qualitative data is data that cannot be counted, measured or easily express using numbers. It is collected from text, images or verbally. ***Outcome Indicators include phrases like 'level of', 'amount of', 'number of', 'ability to' (don't contain change words – like outcomes).***

Outcome Indicators

Our goal to enhance experience and care for patients in hospital and in their communities and have a positive impact on health in the Lothians is complex. Outcome indicators are the things that can be measured that tell us what, if anything, has changed.

The diagram below uses cakes to illustrate our approach. Measuring the number of 'cakes' that were made is important and we are keen to capture this output, but outcome indicators are about what difference eating a slice of cake made to the patients. Did the cake lift mood? Did it help the patients feel valued? Did it help them gain weight? In the example below, the person eating the slice of cake felt happy and full. Measuring against these kinds of indicators tells us what (if any) impact the cake had.

Data Gathering Approaches and Tools

Our approach is proportional and appropriate which means that we think carefully about both the data we need to gather and the tools by which we do that. The choice of tool, the volume of implementation, who gathers the data, the participants taking part in the evaluation and the timing of application will influence the quality of the information gathered and the insights gleaned. While we seek to gather the highest quality data possible, we are mindful of evaluation being proportional and appropriate to intervention and beneficiaries. We only gather information we can use and hold it responsibly (in line with GDPR) and we will not disclose any personal details of our beneficiaries in our reporting.

There are a wide range of tools that can be used to gather evaluation data, including but not limited to:

- Surveys (online and paper)
- Visual feedback
- Guided conversations
- Interviews (structured/semi-structured)
- Focus groups
- Observation
- Counting (things, people)
- Before and after data collection (rating, photos)
- NHS Lothian data collection tools (Tableau, Datix)

Choice of tool

We are mindful of both the needs of beneficiaries and the pressures on services and colleagues. As a result, we will use as much routinely gathered information as possible e.g. tableau data, and ensure that any data gathering carried out does not duplicate this. When we do require data to be gathered, we will ensure that the tool is appropriate to the beneficiary, accommodating any needs they have to ensure it is accessible, user-friendly, and allows for positive engagement. Where possible, we will seek to embed the tool within the intervention itself. All tools will be designed to be impartial and non-leading.

Our approach is person-centred and, where possible, will draw self-reported data about outcomes indicators and our tools reflect that. However, mindful of the challenges some beneficiaries may have in self-reporting and of the knowledge and expertise of our colleagues, we will also draw on the observations of third parties as part of our data gathering as appropriate.

Who gathers the data

It is almost impossible to avoid facilitation bias when gathering data. It is also important to consider the time and resources available to gather the data. These three factors will influence who is best deployed to gather data. It may be appropriate for the project lead to gather the data, or it may be someone different for example a Programme Manager, independent evaluator, Evaluation Manger, or volunteers, etc.

Volume

We seek to gather a meaningful volume of data. Our proportional and appropriate approach means a sample of responses will be considered adequate to gain insights. When sampling, every effort will be made to ensure that there is a cross section of beneficiaries captured in terms of all key demographics while recognising that this may, on occasion, be logistically impossible.

Timing

While we may, on occasion, seek to capture before and after data, we do not carry out longitudinal studies. The majority of post-intervention data will be gathered immediately after intervention or within a month. One exception to this is when funding has been used to facilitate staff training or educational activities. In these circumstances, we will request feedback after three months to understand the impact in practice.

Comparative data

While we are not carrying out comparative research with a control group, there may be times where we see routinely gathered data from spaces or about individuals who have not benefitted from intervention e.g. were patients are discharged more quickly from the ward where there was an intervention than those where there was not. However, we will do this recognising that if there is any difference, the intervention will be only one factor contributing to a difference or lack of difference.

NHS Lothian Charity Outcome Framework

Outcome indicators are things that we can measure, or individuals can self-report a change in. The change may be in volume such as more or less visits to hospital, in speed e.g., quicker or slower appointment times, in level e.g., increased or decreased stress, greater or lesser awareness or in perception e.g., better or worse. It is vital to understand the context of the change to be able to analyse impact. Context can be gathered through open questions, through before and after data and understanding the relationship between multiple outcome indicators. As such, individual outcome indicators taken in isolation will not create a true understanding of impact.

By measuring outcome indicators, we are able to understand what has changed. This in turn helps us understand the contribution of the intervention towards our final goal. To this end, we have developed a list (not exhaustive) of outcome indicators that help us understand what we might measure. These outcome indicators map to our outcomes which map to our priority objectives and then to our final goals. (See the Outcome Framework diagram on the next page).

We recognise that some outcome indicators will indicate change in more than one outcome area. We further recognise that there is value in using both generic indicators such level of isolation reported and also some specific to the activity e.g., weight loss for participants in a weight management group. We aim to limit the number of specific activity-based indicators to enable a broader understanding of impact.

To ensure the framework remains robust and relevant we will review the indicators to ensure they remain measurable and practical on an annual basis.

Outcome Framework

Outputs *A measure of what is planned to be produced or delivered*

Activity/ Intervention	Outcome Indicators *What needs to be measured to understand the impact*	Outcomes *How has the activity/intervention made an impact*	Priority Objectives *Changes we want to see for our beneficiaries*	Final Goals
		Improved knowledge and understanding of effective treatment and practice	Improved clinical outcomes for patients	Enhanced experience and care for patients in hospitals and their communities
		Improved staff health and wellbeing	Enhanced patient and carer experience	Have a positive impact on health in Lothians
		Improved hospital environment	Improved staff wellbeing and professional development	
		New and/or improved clinical practice	Improved community health/reduced inequality	
		New and/or improved non-clinical practice		
		Improved clinical outcomes for patients		
		Improved non-clinical experience for patients and hospital visitors		
		Improved knowledge and facilitated partnerships to develop test-of-change projects		

NHS Lothian Charity Outcome Indicators

Priority Objective: Enhanced patient and carer experience	
Outcome indicators (example indicators)	**Outcomes**
• Level of patient and carer satisfaction • Rating of experience of the intervention/activity • Number of complaints by patients and carers • Level of enjoyment of the intervention/activity • Level of engagement in intervention/activity • Duration of patient hospital stay • Length of patient waiting times • Accuracy of patient results • Number of incidents reported • Number of falls • Length of time spent in bed • Length of time spent off the ward • Length of time spent in bed clothes • Level of patient's stress and distress • Level of patient's mental and physical wellbeing • Number and implementation of greenspace management plans • Patient, staff, and communities' awareness of NHS Lothian's outdoor estate • Volume of people using NHS Lothian's outdoor estate	• Improved knowledge and understanding of effective treatment and practice • Improved hospital environment • New and/or improved non-clinical practice • Improved non-clinical experience for patients and hospital visitors

Priority Objective: Enhanced patient and carer experience	
Outcome indicators (example indicators) cont. • Frequency of people using NHS Lothian's outdoor estate • Level of patients, staff and communities feeling connected to nature through interventions/activities • Level to which NHS Lothian outdoor estate is recognised and fully utilised as a health asset for patients, staff, and communities • Frequency of which NHS Lothian's outdoor estate is recognised and fully utilised as a health asset • Level of patients, staff and volunteers' awareness of art-based support and activities • Volume of patient opportunities for experiences and interactions out with the clinical • Amount of time patients spend engaged in non-clinical activities • Ability of patients, carers and staff to express their voice and be heard • Level of understanding of the value of arts in health care • Level of patients and carers feeling valued • Level of patients and carers reporting to feel welcomed and relaxed in therapeutic spaces • Level of climate change adaption, mitigation and biodiversity	

Priority Objective: Improved clinical outcomes for patients	
Outcome indicators (example indicators)	**Outcomes**
• Duration of patient hospital stay • Length of patient waiting times • Accuracy of patient results • Number of incidents reported • Number of deaths while in hospital • Number of falls • Level of patient and carer satisfaction • Patients reporting to feel included and involved • Level of patient's mental and physical wellbeing • Numbers of patients supported throughout their healthcare journey from acute illness to recovery • Level of patient's stress and distress • Number of test of change and QI projects • Number of professional awards won • Number of papers and posters presented	• Improved knowledge and understanding of effective treatment and practice • New and/or improved clinical practice • Improved knowledge and facilitated partnerships to develop test of change project

Priority Objective: Improved staff wellbeing and professional development

Outcome indicators (example indicators)	Outcomes
• Number of staff sick leave days/absence • Level of staff retention • Level of staff mental and physical wellbeing • Number of staff involved in the planning and implementation of health and wellbeing initiatives • Level of staff satisfaction • Level of staff confidence • Level of staff motivation • Level of staff feeling stressed/burnt out • Level of staff feeling isolated • Level of staff feeling valued • Staff reporting to feel included and involved • Reported levels of pain by staff • Reported levels of physical difficulties by staff • Reported levels of sleep/sleep disturbance by staff • Reported levels of healthy eating by staff • Reported levels of work/life balance by staff • Reported levels of team/department morale • Ability of staff to take breaks	• Improved knowledge and understanding of effective treatment and practice • Improved staff health and wellbeing • Improved hospital environment • Improved knowledge and facilitated partnerships to develop test of change project

Priority Objective: Improved staff wellbeing and professional development	
Outcome indicators (example indicators) cont. • Level of satisfaction with work environment • Number of referrals to NHS Lothian staff support services such as occupation health, counselling/staff psychological support service • Staff reporting experiencing an increased connection to nature through the NHS Lothian outdoor estate • Level of knowledge, skills and confidence to implement greenspace activity and improvement projects • Level to which NHS Lothian outdoor estate is recognised and fully utilised as a health asset for staff • Number of opportunities for staff to express their voice • Level of staff reporting to feel welcomed and relaxed in well-designed therapeutic spaces • Number of test of change and QI projects • Number of professional awards won • Number of papers and posters presented • Staff level of knowledge and understanding of effective treatment and practice • Ability of staff to access professional development opportunities	

Priority Objective: Improved community health/reduced inequality	
Outcome indicators (example indicators)	**Outcomes**
• Level of health inequalities of patients and staff • Number of hospital admissions • Number of patient deaths • Level of medication use in patients • Level of patient, carers, staff and visitor satisfaction • Level of poverty indicated by number of patients and staff accessing hardship grants • Level of poverty indicated by number of patients and staff accessing foodbanks • Level of patient and staff health and wellbeing • Level of patient and staff engagement in activities that focus on health and wellbeing • Reported level of drug and/or alcohol use by patients • Reported level of weight loss/gain by patients • Reported changes in eating habits by patients • Reported level of job prospects for patients • Reported level of access to training/further education for patients • Number of community services accessed by patients • Ability of patients to access community services and engage in community activities	• Improved knowledge and understanding of effective treatment • New and/or improved clinical practice • New and/or improved non-clinical practice • Improved clinical outcomes for patients • Improved knowledge and facilitated partnerships to develop test of change projects

Priority Objective: Improved community health/reduced inequality

Outcome indicators (example indicators) cont.	
• Level which users feel the arts programme reflects the diverse community NHS Lothian serves • Level which users feel the culture that values the impact of art in healthcare, high quality outcomes and the person-centred creative process • Number of test of change and QI projects • Number of professional awards won • Number of papers and posters presented • Staff level of knowledge and understanding of effective treatment and practice • Ability of staff to access professional development opportunities	

Got any questions?

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