

Partners' Priority Programme (PPP)

Evaluation Workshops: Resources Book

Compiled by:
Ruth Young
Pooja Saini

Acknowledgements:
Lesley Harper
Ana Perroche-Escudero
George Georgiou
Jo Gibson
Jane Cloke
Darren Charles
Sian Guy
CLAHRC NWC PPP Team



Contents

INTRODUCTION: Overview of the PPP Evaluation Workshops

- What is the Evaluation Workshop process?
- Work in the Collaborative Implementation Groups (CIGs)
- Timeline for workshops
- Overarching Aims
- Learning Outcomes
- Outputs
- Figure 1: The Partners' Priority Programme (PPP)

TEMPLATES: Getting to grips with your evaluation and its role in change management

- Stakeholder Analysis Template
- Logic Model Template
- PEST(LE) Analysis Template
- SWOT Analysis Template
- Guidance on each of the above

KEY QUESTIONS: Lining up your evidence and methods

- Key questions to inform the Evaluation Plan
- Evidence (Data) Exercise
- Evaluation Methods Grid
- Health Economic Evaluation Exercise
- Data Collection Plan

HIAT: Ensuring a health equity lens within evaluations

- Why focus on health inequalities?
- What is the Health Inequalities Assessment Toolkit (HIAT)?
- Where to find the HIAT?
- Health Inequalities Checklist
- Health Inequalities Assessment Report Template

EVALUATION BRIEF: Drawing up a clear evaluation design

- Evaluation Plan Template

FINAL CHECKLIST: Finalising your evaluation plan

- Checklist for Finalising Evaluation Brief

FORMS TO COMPLETE: Project application to the CLAHRC NWC Steering Board

In addition to your Evaluation Plan Template and Health Inequalities Assessment Report Template you will need to submit the following:

- CLAHRC NWC Steering Group Application Form Template
- Projects costings spreadsheet

TEAM RESOURCES: Building your evaluation team and skills

- Involving the public/patients Template
- Team's Strengths and Development Needs Analysis Tool Template

CAPACITY BUILDING: Background information and internship application

- CLAHRC NWC Capacity Building Activities
- Case studies from PPP Cohort 1
- Internship FAQs
- Intern application

REPORTING AND DISSEMINATION: What next?

- Pulling it together into an Evaluation Report
- Guidance on creating a poster
- Example CLAHRC BITE

USEFUL RESOURCES: Where else to go?

- CLAHRC NWC Partner Collaboration Zone
- Online toolkits and guidance:
 - Online toolkits supporting evaluation
 - Guidance on conducting evaluations
 - Guidance on Logic Modelling and Theory of Change
 - Guidance on using evidence and evidence review
 - Guidance on research methods
 - Evaluating public engagement
 - Online toolkits and guidance on innovation and improvement

INTRODUCTION

Overview of the PPP Evaluation Workshops

What is the Evaluation Workshop process?

The Evaluation Workshops bring together initiatives from across the CLAHRC NWC region where NHS and Local Authority Partners are developing new models of out of hospital treatments and care. The aim is to enable you to develop and implement the Project-level Evaluation of your initiative, whilst also enabling a cross-CLAHRC analysis addressing the Partner's Priority Programme (PPP) question of identifying which types of initiative in general are "most (cost) effective in reducing health inequalities, improving population health and wellbeing and reducing emergency admission" (Programme Evaluation) (see Figure 1).

The overall goal is to enable Partners to develop capacity to embed the evaluation approach as an integral part of the change and transformation process. In line with wider CLAHRC NWC goals, the PPP also emphasises the cross-cutting themes of health inequality and public and patient involvement. The emphasis throughout the Evaluation Workshop process is on group work and co-learning through Collaborative Implementation Groups (CIGs).

Work in the Collaborative Implementation Groups (CIGs)

During the workshops there are some short presentations, but the majority of the work is undertaken in the CIG groups supported by facilitators - with the emphasis on collaborative, co learning by a group of NHS, Local Authority and University Partners as a group (Knight and Pye, 2005). The CIG model is based on that of "participatory, action-based inquiry methods that have emerged as innovative ways of improving practice and developing new knowledge. The process consists of repeated episodes of reflection and action through which a group of peers strives to create a meaningful project and answer a question of importance to them. There are three parts to the definition: repeated episodes of reflection and action; the notion of a group of inquirers who are truly peers; and the inquiry question" (Brooks and Watkins, 1994; Watkins and Brooks, 1994). Through this cooperative and collaborative process the NHS, LA and university partners (the latter acting additionally as CIG facilitators) will be supporting each other both in the development of the Project Evaluations and the PPP Programme-level Synthesis.

Timeline for workshops

The Evaluation Workshops will run from July 2017 to January 2018.

- The first four workshops (July-Nov 2017) are designed to cover all of the topics needed to support CIG members to develop their Evaluation Plans which will be submitted to the December 2017 CLAHRC NWC Steering Board & Sub-Committee. There are approximately 4 week time gaps between workshops for local action e.g. preparation for next workshop, CIG reflection etc. (approx. ½ day per week).
- For the remainder of the time (Jan-July 2018) we will be supporting initiatives through the CIGs to implement their Project-level evaluations locally, with a workshop to support operationalising the Evaluation Plan in Jan 2018, a review workshop to plan for subsequent communication and actioning of evaluation findings in May 2018 and a Dissemination Event in the July.

- Information from the Project-level Evaluations will also be used (with the information gathered from others) as the basis to formulate the Programme Evaluation.

Overarching Aims

By encouraging mixed teams of practitioners, commissioners, patients, public and researchers to work together, and by enhancing their skills, knowledge and expertise, the aims of the PPP Evaluation Workshops are to:

- Develop capacity within CLAHRC NWC partners to embed evaluation of service transformation and new models of treatment and care.
- Find, generate, analyse and use evidence and data to inform the evaluation process at both Project and Programme level.
- Support teams to plan and implement an evaluation relevant to the PPP and a focus on tackling health inequality within the NWC.
- Provide a practical and flexible approach to Partners' learning and development requirements.
- Develop a system of integrated learning organisations (culture change) linking together similar initiatives across the across the CLAHRC NWC region.

Learning Outcomes

Participating teams will co-learn and be facilitated to co-apply evaluative, evidence synthesis, analytical and reflective concepts and techniques in order to:

- Understand the concept of levels of evaluation (Project/ Programme); and the types of evaluation (e.g. formative/ summative) that are possible and relevant within the PPP.
- Map the complex system (context for evaluation) surrounding new models of integrated care; and where they and their Projects fit in relation to the PPP's shared priorities (desired outcomes).
- Define the question(s) to be addressed, the approaches and methods relevant to their Project Evaluation and the Programme Evaluation.
- Design, plan and conduct an evaluation of their Exemplar Projects in order to inform on-going local developments and change; and to feed into the overall Programme evaluation.
- Consider how to utilise health equity frameworks within new models of integrated care.
- Understand the role and contribution to evaluation of Public Advisors and recruit PAs to their project.
- Contribute to evidence informed practice and negotiated change within their workplace and across local partnerships delivering new models.
- The CIGs will also have a reflective and experiential element, stemming from teams coming together to learn and develop both their Project and the Programme Evaluations.

Outputs

As a result of going through the process, participating teams may (co)produce the following outputs:

- A clearly defined Project evaluation plan, outlining both the design and the implementation plan; and how the evaluation is to be embedded into local change and innovation processes in order to provide formative, on-going feedback as Projects develop.
- A report and summary of their Exemplar Project evaluation providing recommendations to local organisations regarding e.g. adoption, development and adjustment of new models.
- Contribution and reflection relevant to the Programme Evaluation – providing value-added across the CLAHRC NWC.
- Health inequality is recognised and strategies to alleviate commented upon within each element of the Project and related documents.
- Public/patients involved and engaged in the evaluation process.
- A network of peer support is developed.
- Plan for dissemination of findings.
- Written professional and/or peer reviewed articles – (co)produced by CLAHRC core team and/or Projects (with academic support if required)

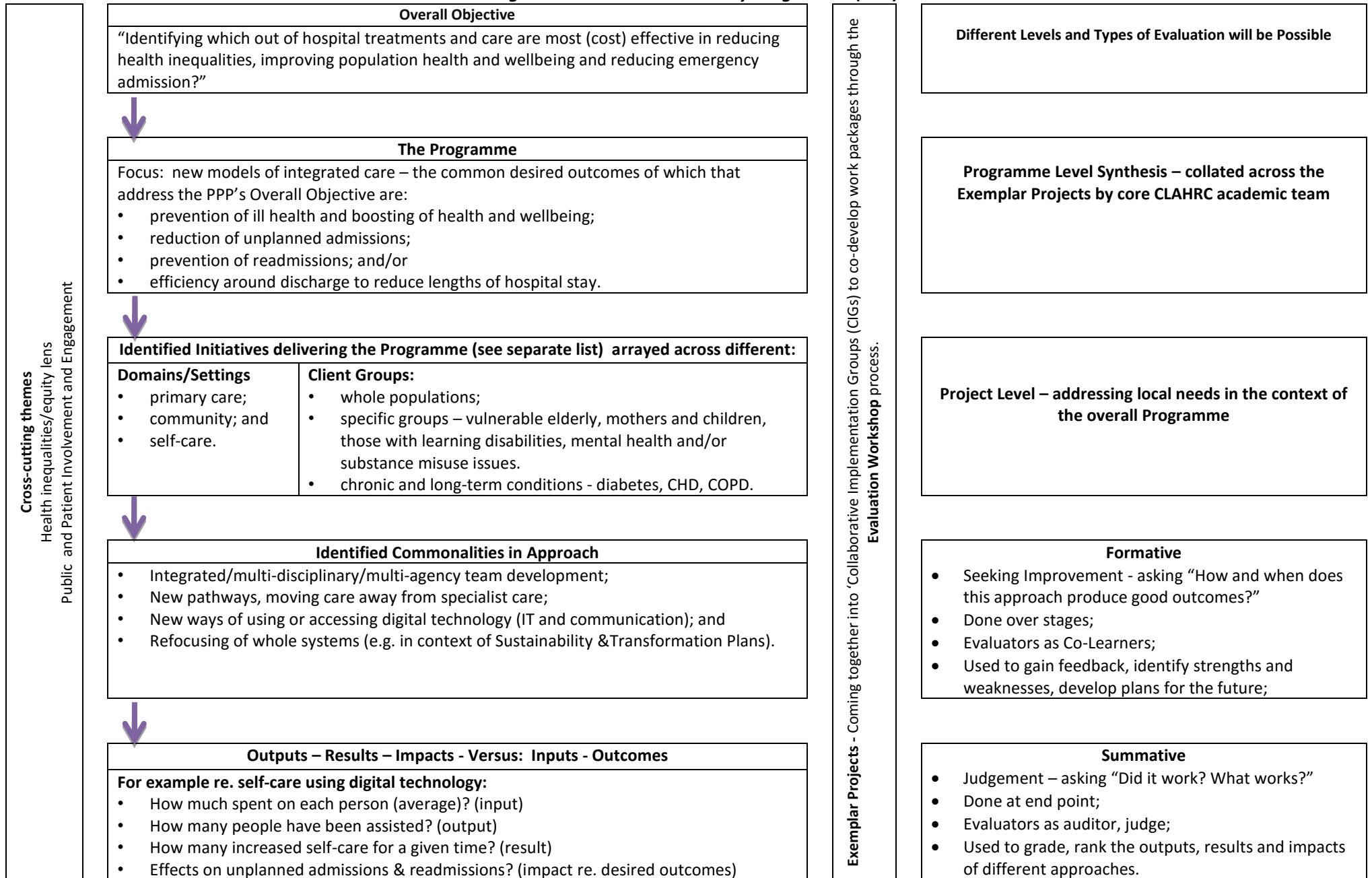
References

Brooks A. and K. E. Watkins (1994) A new era for action technologies: A look at the issues. *New Directions for Adult and Continuing Education* 1994 (63) 5–16.

Knight L. and A. Pye (2005) Network learning: An empirically derived model of learning by groups of organizations. *Human Relations*, 58 (3) 369-392.

Watkins K.E. and A. Brooks (1994) A framework for using action technologies. *New Directions for Adult and Continuing Education* 1994 (63) 99–111.

Figure 1: The Partners' Priority Programme (PPP)



TEMPLATES

Getting to grips with your evaluation and its role in change management

Evaluation Stakeholder Analysis – Workshop 1

Compiled from: (Accessed Nov 2016)

<https://usaidthinkinglab.org/library/evaluation-stakeholder-analysis>

http://evaluationtoolbox.net.au/index.php?option=com_content&view=article&id=52&Itemid=133

<https://www.odi.org/publications/5257-stakeholder-analysis>

Stakeholder analysis is a technique used to identify and assess the importance of key people, groups, or institutions in an evaluation. It is a systematic way to establish stakeholder interests and needs and generates information that is critical to planning and implementing your evaluation.

Stakeholder analysis helps you anticipate the influence different stakeholders may have on mobilizing support or resistance to the evaluation; as well as the use of evaluation findings and implementation of recommendations. It also helps you provide a foundation and strategy for participation in the evaluation - which often leads to more useful, cost-effective evaluations.

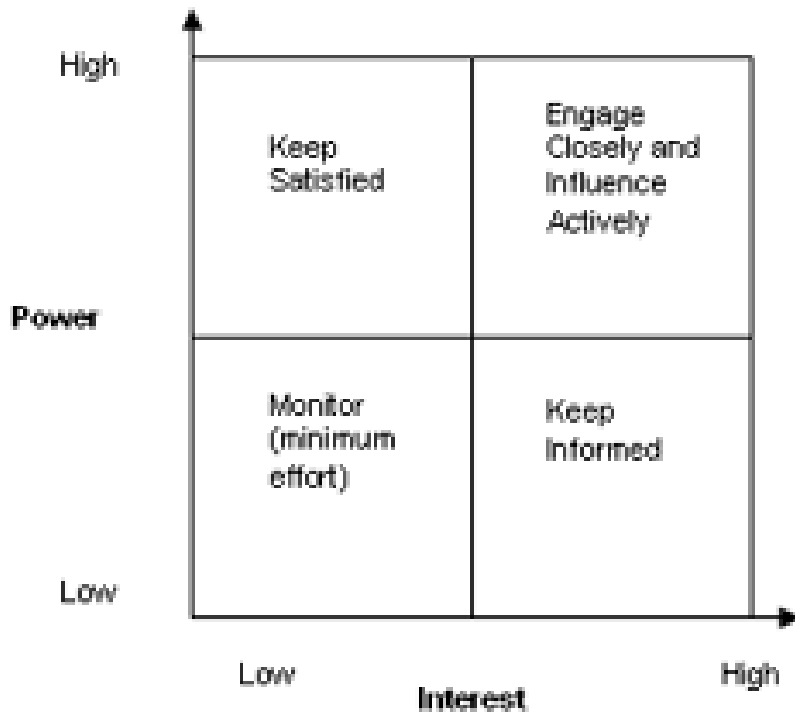
The key steps are:

1. Identify the main users of the evaluation: Ask what these users really need to know about the initiative being evaluated and how they will use the evaluation findings. This step will help to identify what information you need from the evaluation and how to get it.
2. Identify clients and other key stakeholders who stand to be interested in and/or impacted by the evaluation, both positively and negatively. Make sure to include marginalized groups, if applicable.
3. Assess stakeholder interests, influence, importance, and potential impact on the evaluation. In doing so, consider the relationships between stakeholders, agreeing or conflicting interests, and both short and long-term implications of the evaluation.

This activity will help with developing strategies: a) to involve stakeholders in the evaluation, as suitable for its context and needs; b) to update stakeholders during the process of the evaluation, which may help to improve buy-in and eventual use of evaluation findings; and c) to ensure that your evaluation report is relevant to and indicates the nature and extent of stakeholder involvement.

Stakeholder maps are also helpful as they allow you to plot stakeholders based on their 'power & interest' and this can help you prioritise your level of engagement with them. Interest relates to the stakeholder's level of interest in the issue. Power refers to their ability to facilitate or prevent change from happening.

Stakeholders with a high level of power and interest in your project, or the issue of concern, need to be managed closely. This could involve them being part of a reference group or steering committee. Other stakeholders may need to be kept satisfied, such as through regular project updates, and the ability to respond to their issues/concerns as they arise. Stakeholders with little power or interest should not require much time/effort to be spent on them.



Source: <https://www.odi.org/publications/5257-stakeholder-analysis>

Please use the stakeholder analysis template provided which is adapted from <http://www.evaluationtoolbox.net.au> to help you think through whom the stakeholders are for your evaluation and how you need to engage with them.

STAKEHOLDER ANALYSIS TEMPLATE – Please use this template to help you think through whom the stakeholders are for your evaluation and how you need to engage with them (adapted from <http://www.evaluationtoolbox.net.au>).

INITIATIVE NAME:

STAKEHOLDER	STAKE IN THE ISSUE	HOW CAN THEY HELP THE PROJECT BE SUCCESSFUL	HOW SHOULD THEY BE ENGAGED
Name & brief description	What is of interest to them, what do they want to see happen, how are they affected, how motivated are they etc.? Here you might consider their role in relation to the initiative being evaluated e.g. making policy or funding decisions; making operational decisions; client/service user.	What skills, attributes do they have to bring to the project? How can they help the project be successful?	What level of engagement do you need to consider? (see stakeholder map- above), and what processes of engagement would suit? Are there conflicts amongst some stakeholders? Here you might want to consider are they making inputs to evaluation; reacting to findings; for interest only etc.

Logic Modelling of your Initiative – Workshop 1

Compiled from: (Accessed Nov 2016)

<https://www.cdc.gov/ncbddd/birthdefects/models/resource1-evaluationguide2009.pdf>
<http://fyi.uwex.edu/programdevelopment/logic-models/>

Logic Models and Evaluation - Planning and evaluation go hand in hand. For planning purposes, the logic model structure helps you articulate the parameters and expectations of an initiative, as well as, the changes among participants, systems, or organizations that are expected to result from activities.

As an evaluation tool, the logic model allows planners to make initiative design decisions that will influence the trajectory of the evaluation. For example, with continuous improvement in mind, the logic model allows precise communication about those aspects of the initiative that would benefit from evaluation findings. Once the activities and processes to be evaluated have been identified, planners can then determine what types of data will be available (or can be generated), how data will be collected and analysed, and when and by whom data will be collected. This process is iterative and it is most useful when stakeholders revisit and revise their logic models as often as necessary.

Constructing a Logic Model - A basic logic model has two “sides” — a process side (inputs; outputs) and an outcome side. When viewed as a whole, these two sides visually depict an initiative’s sequence of processes and activities, the outputs of these activities, and the intended changes resulting from these activities. Typically, change is represented at three levels of outcomes—short term, medium term, and long term.

Inputs

These are resources for your initiative: E.g. Funding; Staff; Leadership; Partnerships; Infrastructure; Support; Scientific knowledge; Models of change; Partnerships etc.

Outputs

These are the products or direct services resulting from the initiative.

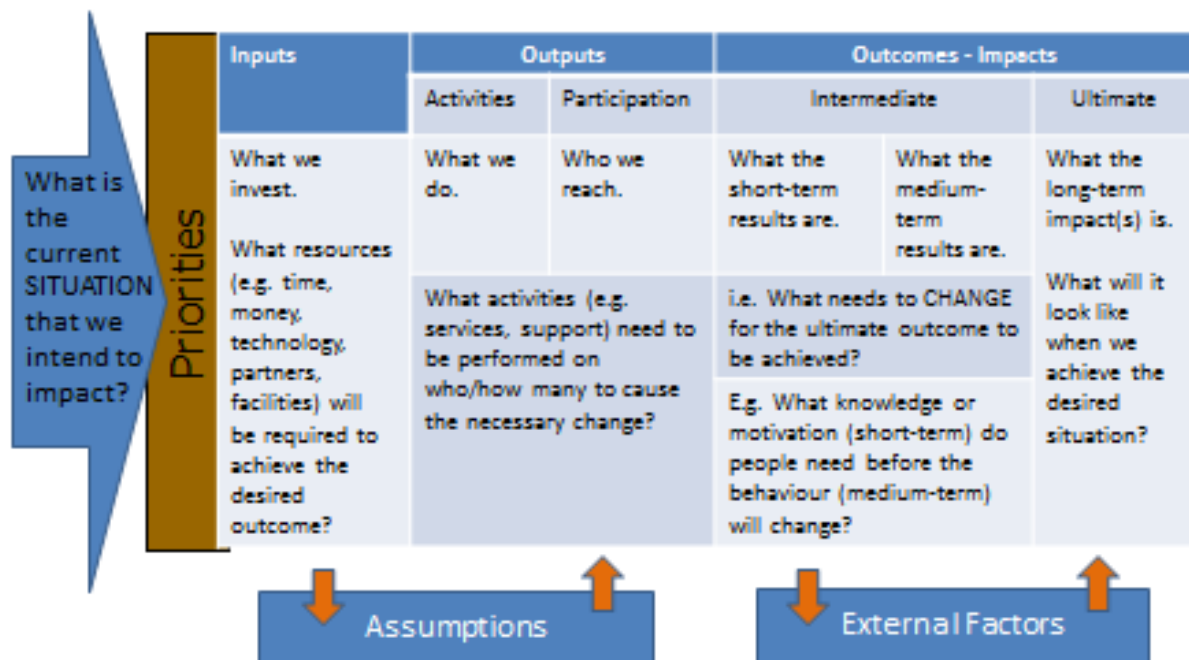
- **Activities** - What the initiative does with the resources; what it actually does to bring about the intended change e.g. Referral to services; Prevention messages; Formation of partnerships for capacity development etc.
- **Participation** – The direct evidence of implemented activities e.g. Number of patients linked to services; Number of partnerships channels for referral linkages; Number of implemented prevention activities etc.

Intermediate Outcomes

- **Short term results** - the most immediate effects attributable to an initiative such as changes in: Knowledge; Learning; Attitudes; Awareness; Opinions; Motivations; Aspirations; Skills.
- **Medium term results** - the changes in actions that are a result of increased knowledge and awareness e.g. Behaviour; Procedures; Practice policies; Decisions; Social action.

Ultimate outcomes - the conditions that change as a result of actions; what an initiative is expected to affect. These may be more distant in time, less attributable to the initiative and harder to measure e.g. Social; Economic; Health.

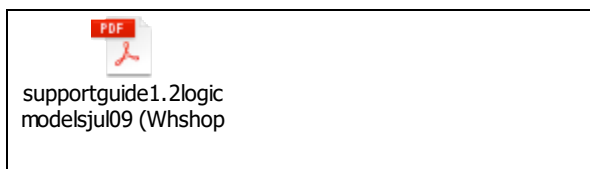
What is a Logic Model?



Adapted from: <http://fyi.uwex.edu/programdevelopment/logic-models/>

Please use the template provided to help you think through the Logic Model for your initiative.

See also Evaluation Support Scotland's publication "Evaluation Support guide 1.2 - Developing a Logic Model" for further information (Embedded document).



LOGIC MODEL TEMPLATE – Please use this template to help you clarify the Logic Model for your initiative.

- **INITIATIVE NAME:**
- **SITUATION:**

INPUTS	OUTPUTS		OUTCOMES		
	ACTIVITIES	PARTICIPANTS	INTERMEDIATE		ULTIMATE
What we invest:	What we do:	Who we reach:	What the short-term results are:	What the medium-term results are:	What the long-term impact(s) is/are:
			OUTCOME MEASURES		

PEST(LE) Analysis – Key questions on external factors – Workshop 1

Compiled from: (Accessed Nov 2016)

<https://www.heftfaculty.co.uk/sites/default/files/CIPD%20pestle%20analysis.docx>

www.hull.ac.uk/php/cesagh/documents/PESTLEAnalysis.rtf

<https://www.cipd.co.uk/knowledge/strategy/organisational-development/pestle-analysis-factsheet>

The PESTLE acronym:

Political

Economic

Social

Technological

Legal

Environmental

PEST(LE) Analysis is a simple technique normally used to help organisations identify and understand the 'big picture' environment in which they are operating and will operate in the future - with the purpose of using this information to guide strategic decision-making. The shorter version is a PEST Analysis – missing out Legal and Environmental factors.

PEST(LE) Analysis is also helpful in our context of Logic Modelling and evaluation planning.

In particular, you can use it to help identify the External Factors likely to impact on your initiative's desired Outcomes - both Ultimate/Long-term and Intermediate Outcomes. The factors might be entirely external to your organisation and/or they might be within the organisation (but external to the initiative), and they may have considerable implications for the evaluation design and its implementation.

Using the PEST(LE) you can look at factors both outside the initiative but still inside the organisation:

- Political: who is in what position, their power, vision, goals and directions etc.?
- Economic: financial implications, productivity etc.
- Social: what is and is not acceptable within the culture
- Technological: new computer systems or other new technology
- Legal: changes to employment law, recruitment etc.
- Environmental: the space available, what can or cannot be moved where etc.

Using the PEST(LE) you can also look at factors entirely outside both the initiative and the organisation:

- Political: what is happening politically in the environment in which your initiative operates, including, for example; health and social care policy etc.?
- Economic: what is happening within the economy, for example resources allocation from government etc.?
- Social: what is occurring socially in the area in which you operate or expect to operate, cultural norms and expectations, health consciousness, population growth rate, age distribution, health inequalities etc.?

- Technological: what is happening technology-wise which can impact what you do; technology is leaping every two years, how will this impact your initiative?
- Legal: what is happening with changes to relevant legislation?
- Environmental: is anything relevant happening with respect to ecological and environmental issues? Many of these factors will be economic or social in nature.

You can use the PEST(LE) analysis template provided to help you address these questions:

- 1. What are the external PEST(LE) factors likely to have implications for your initiative?**
- 2. How important are the implications to the evaluation (e.g. using: critical, very important, important, significant, insignificant)?**

PEST(LE) ANALYSIS TEMPLATE - You can use this template to help you address these questions:

- 1. What are the external PEST(LE) factors likely to have implications for your initiative?**
- 2. How important are the implications to the evaluation (e.g. using: critical, very important, important, significant, insignificant)?**

INITIATIVE NAME:

POLITICAL	ECONOMIC	SOCIAL	TECHNOLOGICAL	LEGAL	ENVIRONMENTAL

SWOT Analysis to support your Initiative Evaluation – Workshop 2

SWOT Analysis is a common tool in change management. SWOT stands for STRENGTHS, WEAKNESSES, OPPORTUNITIES, and THREATS.

The point of a SWOT analysis is to analyse an organization's position in relationship to its competitors (or comparable organizations). The goal is to identify all of the major factors affecting competitiveness (or effectiveness with clients or target population/patients in our case) before crafting a "business" or initiative development strategy.

A SWOT Analysis is often used as part of a strategic or business planning process, but can be useful in understanding an organisation or situation and decision-making for all sorts of situations. A SWOT analysis is helpful in the development of an evaluation i.e. because it can be used: a) to establish the "current position" of your initiative; and b) to help you to explore what needs to change in a way that anticipates the future. It involves stating the desired objective/outcome of an organisation (or initiative) and then identifying the internal factors (strengths, weaknesses) and external factors (opportunities, threats) that are either supportive or unfavourable to achieving that objective.

SWOT Analysis

	Internal factors		
Positive factors	Strengths	Weaknesses	Negative or potential to be negative
	Opportunities	Threats	
	External factors		

You can use the SWOT analysis template provided to help you think through the potential for your initiative to meet its desired outcomes (bearing in mind inputs/outputs - with Logic Model as aide memoire):

- What strengths does the initiative offer?
- What weaknesses does it have?
- What opportunities are foreseen for it?
- What threats does it face?

What is it about the initiative that most favour the desired outcomes?

What are the main challenges/disparities to address?

SWOT ANALYSIS TEMPLATE - You can use this template to help you think through the potential for your initiative to meet its desired outcomes that you wish to evaluate (bearing in mind inputs/outputs - with Logic Model as aide memoire):

- What strengths does the initiative offer? What weaknesses does it have? What opportunities are foreseen for it? What threats does it face?
- What is it about the initiative that most favour the desired outcomes? What are the main challenges/disparities to address?

STRENGTHS	WEAKNESSES
OPPORTUNITIES	THREATS

KEY QUESTIONS

Lining up your evidence and methods

Key questions to inform the Evaluation Plan – Workshops 2 and 3

Adapted from: <http://nyshealthfoundation.org/our-grantees/grantee-resources/key-questions-to-inform-your-evaluation-plan> (Accessed November 2016)

What kind of project have you developed?

- Policy/Advocacy oriented
- Direct Service-oriented

Will you do a process evaluation, an outcome evaluation or both?

- **Process evaluation** – assesses how the initiative is implemented, focusing on resources, activities, and outputs (the direct products of activities). It allows you to take the pulse of an initiative’s implementation, answering questions about its operations and service delivery.
- **Outcome evaluation** - measures the actual changes resulting from an initiative’s activities, and can include short-term outcomes and long-term outcomes. It is important to ensure that the outcomes measured are realistic and reasonable within the duration and scope of the evaluation.

What will your evaluation measure?

- Measures (or indicators) are the information collected and/or analysed during the evaluation.
- Measures can be drawn from existing data or may need to be collected specifically .
- Measures are chosen based on/guided by your evaluation question - process and outcome.

What is your research design and sampling frame?

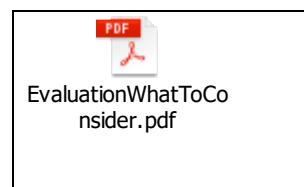
- The research design is the glue that holds the project together – it is a plan outlining the information is to be gathered – can be complicated or simple.
- The most appropriate design will depend on the evaluation’s purpose, need for scientific rigor, resources etc. e.g. pre- and post-intervention design; including a comparison group etc.
- The sampling frame describes who will be included in the evaluation e.g. entire population, random sample, purposive sample, snowball sample etc.

What data will you use to evaluate your initiative?

How will you analyse your evaluation data and information?

- Qualitative
- Quantitative

See also Health Foundation – “Evaluation: what to consider” for a helpful discussion of commonly asked questions about how to approach evaluation of quality improvement in health care (Embedded document).



Evidence (Data) Exercise – Workshop 2

Considering the following:	Available evidence	What evidence is needed and how will you get it?	Issues and concerns
<p>Stakeholder needs and requirements – what types of evidence will they demand to see/respect?</p> <p>What type of evidence? internal/local (from within the initiative setting) external (from elsewhere – what are others doing?)</p> <p>Purpose of the evidence – why gather it?</p> <p>When is the evidence required?</p> <p>Before, during and after initiative</p> <p>Implementation – which dates?</p> <p>Legal issues - Ethics, data protection, copyright, access, acknowledgement</p>			

Health Economic Evaluation Exercise – Workshop 3

Considering your particular evaluation plan/needs, complete the chart below.

Considering the following:	What evidence is needed?	Available evidence and how will you get it?	Issues and concerns
Stakeholder needs and requirements – what types of economic evidence will they want to see/respect?			
Purpose – why gather it? What SPECIFIC evaluation questions do you need economic evidence to answer?			
Outcomes – Which SPECIFIC outcomes (on your Logic Model) do you need economic evidence to judge?			
Evaluation - What TYPE of economic evaluation do you need to address your initiative’s specific evaluation needs?			
Timing - When is the evidence required? Before, during and after initiative implementation – which dates?			

Data Collection Plan – Workshops 4 and 5

Data Collection Plan (for each measure).

With thanks to <http://www.nhsevaluationtoolkit.net/> for producing this resource.

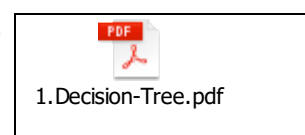
Who will collect data?	
What data will they collect? Are these data <u>attributes</u> (yes/no, categories) or <u>variables</u> ? (measured numerical data)	
Where will they collect the data?	
When will they collect the data? -frequency (daily, weekly, monthly) and -if part of existing process at what step	
How will the data be recorded? Is there an existing source? (be specific)	
Will we count every event or take a sample? <i>If sampling how will we choose the sample?</i>	
What are the stratifiers? (if any)	
What analytical tools do we plan to use?	
How will data be presented? – types of tables and charts	
Who will do the analyses and create the charts? (Same person?)	
Who will receive the results? How often will they receive them?	

(Based on p103-p107 of Lloyd, R. Quality Health Care: a guide to developing and using indicators. Jones & Bartlett 2004)

Guidance notes for data collection plan form

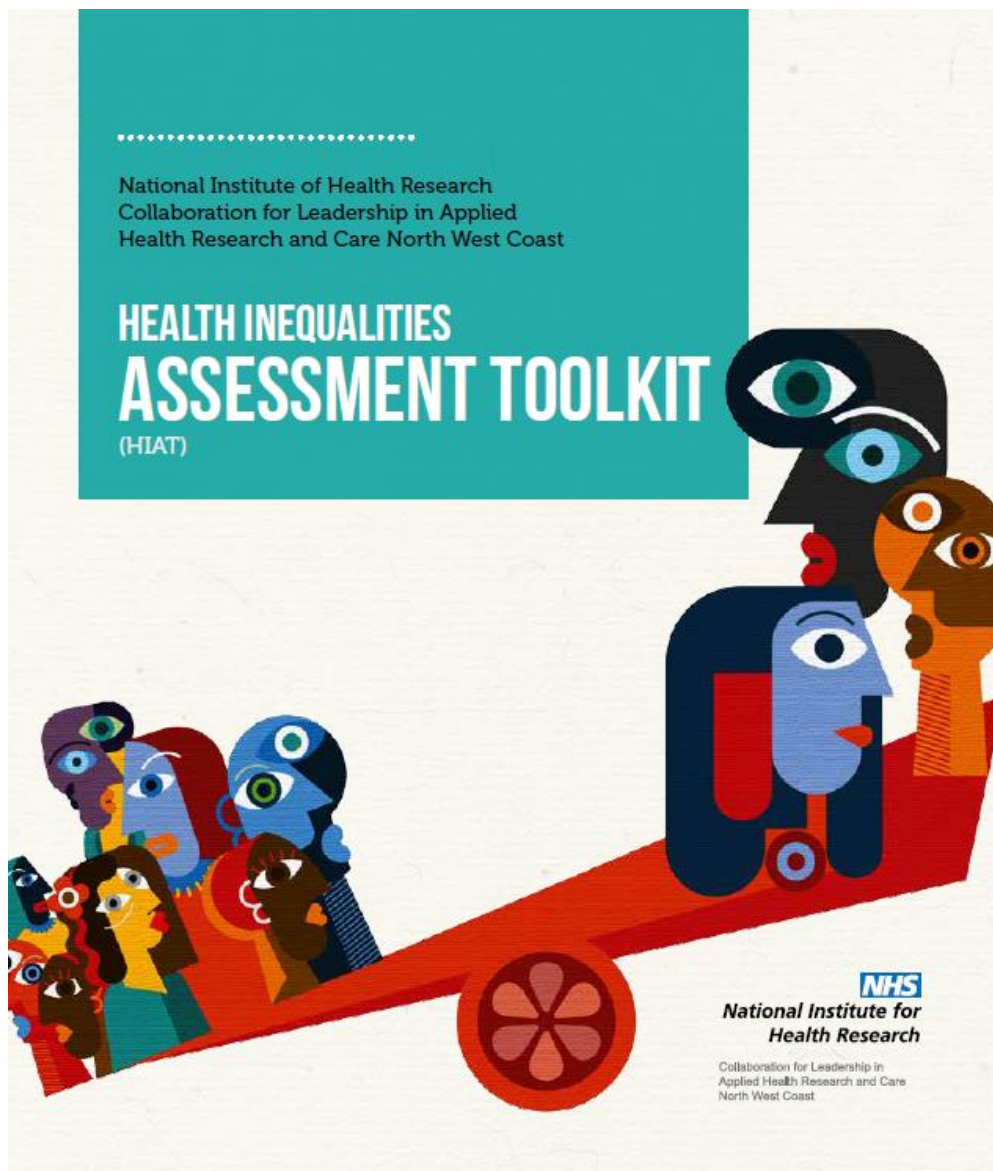
Questions	What to consider
<i>Who will collect data?</i>	Someone needs to do it, and they need to know it's them (or when it's them) Good if it's the people who are actually delivering the care but recognise the opportunity costs
<i>What data will they collect? Are these data <u>attributes</u> (yes/no, categories) or <u>variables</u>? (measured numerical data)</i>	Need clarity on what is needed (operational definitions need to be available and understood)
<i>Where will they collect the data?</i>	Need to know where in process data will be gathered and in which locations
<i>When will they collect the data?</i>	Need to agree frequency of data collection. This depends on process throughput and cycle time. In general there needs to be enough data to reduce random variation but frequent enough time points to be able to assess quickly whether changes are in fact improvements
<i>How will the data be recorded? Is there an existing source?</i>	Sometimes existing information systems can be adapted. Don't wait for this to pilot measurement - paper and pencil are very powerful tools at early stages.
<i>Will we count every event or take a sample? If sampling how will we choose the sample?</i>	For improvement we only need limited (just-enough) data so frequent sampling is often useful Need to agree a sampling methodology (if appropriate) Judgement sampling sometimes sufficient but random sampling sometimes required
<i>Are there obvious stratifiers?</i>	Stratifiers are subdivisions of data that reflect known differences in the process (for example by diagnostic group, day v night shift, week-day care and weekend care?) Use subject matter expertise to identify known differences in processes of care.
<i>What analytical tools do we plan to use?</i>	Need to understand how the data will be analysed and presented so we can see if changes are improvements. What statistics (e.g. median, mean, range, standard deviation) will we use?
<i>How will data be presented? – type of chart or table</i>	What tables and graphical tools: histogram, Pareto chart, line graph (run chart, control chart) will be used <ul style="list-style-type: none"> • Descriptive (enumerative) statistics –line and column charts • Analytical (predictive) statistics – run and control charts
<i>Who will do analyses and create charts?</i>	Someone needs to do it, and they need to know it's them. Is it same person for both analysis and chart creation?
<i>Who (or which group) will receive and review the results? How often?</i>	Important that someone is reviewing outputs and able to take action on them

See also **Data Collection – Decision Tree Tool for further support (Embedded document).**



HIAT

**Ensuring a health equity lens within
evaluations**



Why the focus on health inequalities?

Our CLAHRC's aim: to contribute to reduced health inequalities. Health Inequalities are systematic differences in length of life and quality of life across social groups and areas. They are caused by inequalities in people's access to social and economic resources, to good living and working conditions, to timely good quality treatment and care and to people's opportunities to influence decisions affecting their lives. We call these 'social determinants of health inequalities' and they are avoidable so they are unfair

What is the Health Inequalities Assessment Toolkit (HIAT)?

The NIHR CLAHRC NWC has developed its own Health Inequalities Assessment Toolkit (HIAT) to help ensure that our activities have the potential to contribute to reducing inequalities in health. The HIAT is versatile. It aims to be relevant to a wide range of work from applied research to capacity building, knowledge exchange, evidence synthesis, evaluation and implementation.

Where to find the HIAT?

The NIHR CLAHRC NWC Health Inequalities Assessment Toolkit can be accessed online at: <http://hiat.org.uk/>

HOME RESOURCES SECTIONS CONTACT US



NIHR CLAHRC North West Coast Health Inequalities Assessment Toolkit (HIAT)

Introduction What HIAT is and How to use it	Section One Clarifying the health inequality dimensions of the problem	Section Two Designing your work	Section Three Evaluating and/or monitoring the impact of your work	Section Four Planning for wider impacts on health inequalities
---	--	---	--	--

What HIAT is and how to use it

Why focus on health inequalities?	Making the links	The implications for action
The HIAT structure	How to use the HIAT	

For further information see also: NHS Health Development Agency's Briefing Paper on "Health inequalities: concepts, frameworks and policy" (Authors: Graham and Kelly); and Public Health England's "Finding the Evidence: Health inequalities, equality and diversity" (Embedded documents).

 Brief health inequalities_concepts	 Leaflets_Finding the Evidence for health in
---	--

PARTNERS' PRIORITY PROGRAMME

HEALTH INEQUALITIES CHECKLIST – WORKSHOP 3

This checklist is intended to complement the Health Inequalities Assessment Toolkit (HIAT)

Question	Yes	No	Comments
Section 1. Clarify the health inequalities that influence or create the problem being addressed by your project			
1. Does the evaluation framework include an explicit statement on health equity activities and outcomes? (This is an explanation of how your work plans to tackle health inequalities).			
2. Does your evaluation framework consider how socio-economic inequalities influence the health problem your project wants to address or prevent? If so, list those socio-economic inequalities.			
Section 2. Designing your evaluation to have maximum effect on reducing health inequalities.			
3. Have you included relevant members of the public in designing the evaluation?			
4. Has your logic model considered how the socio-economic circumstances in which users live and work may limit their ability to benefit from, or take part in, your activities?			

Section 3. Evaluating and monitoring the effect of your project on health inequalities and their causes.			
5. Have you included indicators of success at all stages to assess whether your work has an effect on health inequalities across different socio-economic groups?			
5. What key social variables or factors will you use to monitor and assess the differential effect of your work on health inequalities? We recommend to use socio-economic status and as many as the variables identified by the research framework PROGRESS-Plus ⁽ⁱ⁾ (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, socioeconomic status and social capital, age and disability).			
6. Will your evaluation will provide evidence on ¹ : -What worked? -For whom? -Under what conditions? -Is there any differential impact across people living in different socio-economic circumstances? -Have inequalities decreased, increased or remained the same?			
7. Will your evaluation provide evidence of unequal access to services developed or provided (for example, whether some groups have poorer access than others?)			
8. Will your evaluation provide evidence of differential health outcomes (for example, whether your work is less effective for some groups than for others).			

8. What methodologies and tools will you use to collect information about the factors that limit or enable users' ability to benefit from, or take part in, your service?			
9. Which routine data can you collect to understand short, medium and long term effects on health inequalities?			
Section 4 Planning for wider effects on health inequalities			
10. Will all staff involved in the evaluation be sensitized to health inequalities?			
11. Will the results be used to think what further partnerships (for example with local authority staff, other departments or local charities) might increase the positive effect of your project?			
12. Will the results be used to enhance health inequalities sensitivity in future planning of interventions, programs, activities, etc.?			

References

- ⁽ⁱ⁾ O'Neill, J., et al. Applying an equity lens to interventions: using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. *Journal of clinical epidemiology* 67, 56-64 (2014)
- ⁽ⁱⁱ⁾ Centers for Chronic Disease Prevention and Health Promotion. Division of Community Health A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. National Atlanta: GA. US Department of Health and Human Services. (2013) (Section Addressing Health Equity in Evaluation Efforts, p.30-33)

PARTNERS' PRIORITY PROGRAMME

HEALTH INEQUALITIES ASSESSMENT REPORT

NIHR CLAHRC NWC Health Inequalities Assessment Toolkit (HIAT) version 3

All outline and full proposals that want support from NIHR CLAHRC NWC need to include a health inequalities assessment report. The steering board will use this report to decide whether a proposal 'fits' with our objective: to make sure that everything we do has the potential to reduce health inequalities and their causes.

In the form below, we ask you to briefly outline your response to each section of the HIAT toolkit. In particular, we would like you to specify any change you have made to your planned activity as a result of your assessment, or explain why you feel changes are not necessary.

You should use the toolkit with the members of the public involved in your activity. Please briefly outline how you have involved them or explain why you did not involve them at this stage.

1. Name of your project

2. Theme of your project

3. Who was involved in the assessment (include relevant members of the public)? If you did not involve the public, please say why not.

4. Please summarize the results of your assessment under the section headings. For each stage, highlight the changes to your activity as a result of the assessment. If you did not make any changes, please give your reasons why.

<p>What are the health inequalities that influence(d) or create(d) the problem being addressed by your project?</p>	
<p>How will your proposed work tackle the socio-economic causes of the inequalities in health you have identified as relevant?</p>	
<p>HOW WILL YOU MAKE SURE THAT YOUR EVALUATION AND MONITORING SHOWS THE EFFECT OF YOUR ACTIVITY on health inequalities and their causes?</p>	
<p>What wider effect might your activity have on health inequalities and their causes and how can this be delivered?</p>	

EVALUATION BRIEF

Drawing up a clear evaluation design

PARTNERS' PRIORITY PROGRAMME

EVALUATION PLAN TEMPLATE

“An evaluation plan sets out the proposed details of an evaluation - what will be evaluated, how and when. The evaluation plan should include information about what the evaluation is trying to do (what is to be evaluated, the purposes of the evaluation and key evaluation questions) and how it will be done (what data will be collected, how and when, how data will be analysed, and how and when results will be reported).”

http://betterevaluation.org/en/evaluation-options/evaluation_planning_templates

This template is intended to assist you in creating your evaluation plan i.e. the road map summarising and organising the main elements of your initiative evaluation. It asks for a description of the initiative itself and the issue it is addressing, followed by the evaluation plan, including its design, stakeholders, quality and ethical issues; limitations, risks and constraints, governance arrangements and communication/dissemination. Please consider all sections of the template and complete and/or customise the sections, tables and appendices as appropriate. N.B. You can also update page numbers on the Contents table as required (Click on References: update page numbers in the Toolbar).

The document has been compiled from examples on the following websites [Accessed Dec 2016] and can be downloaded from the PPP Partner Zone on the CLAHRC NWC website.

Better Evaluation: www.betterevaluation.org

http://betterevaluation.org/en/resources/tool/evaluation_plan_template

Evaluation Toolbox: www.evaluationtoolbox.net.au

https://www.mfat.govt.nz/assets/_securefiles/Aid-Prog-docs/Tools-and-guides/tool-evaluation-plan-template.pdf

http://www.evaluationtoolbox.net.au/index.php?option=com_content&view=article&id=20&Itemid=159

http://evaluationtoolbox.net.au/index.php?option=com_rubberdoc&view=category&id=22&Itemid=55

(Item 17)

Centers for Disease Control and Prevention: <https://www.cdc.gov>

https://www.cdc.gov/eval/materials/Developing-An-Effective-Evaluation-Report_TAG508.pdf

CLAHRC West: <http://clahrc-west.nihr.ac.uk/evaluation/>

<http://www.nhsevaluationtoolkit.net/>

CLAHRC NWC PPP Team

Version 2: Updated June 2017

TITLE: Evaluation Plan for [Initiative Name]

Prepared by:

Summary:

This evaluation will focus on XXXXXXXX.

The impact of the initiative in terms of XXXXXXXX will be measured by XXXXXXXX.

The evaluation will be conducted by XXXXXXXX.

Date/Version:

Contents

1. Introduction.....	40
Background and Context.....	40
Initiative Description.....	40
Evaluation Purpose.....	40
Evaluation Scope	40
2. Evaluation Design	41
Overview of the Design	41
Information and Collection	41
3. Evaluation Schedule	43
4. Evaluation Stakeholders/Audience.....	43
5. Other Considerations in the Evaluation	44
Quality Considerations	44
Ethical Considerations.....	44
Limitations, Risks and Constraints	45
Governance Arrangements.....	45
6. Communicating Evaluation Findings.....	45
7. Appendices.....	45

1. INTRODUCTION

Background and Context

Briefly summarise: Why is the initiative needed? What problem or issue is being addressed? What is the current state of play?

Initiative Description

Describe the initiative (intervention) that you are evaluating – overview (e.g. client group, service area).

Specify the initiative's main/priority objectives (ultimate and intermediate intended outcomes/results).

Also describe the initiative design and how it will address the objectives e.g.: The objectives will be achieved by implementing XXXXXXXX service change/strategy etc. with the following specific aims: XXXXXXXX

Include your Logic Model as an appendix for more detail.

Evaluation Purpose

State the purpose of the evaluation: e.g. why are you undertaking the evaluation? what do you want to assess in relation to your initiative? For example: The purpose of the evaluation is to determine the:

- Impact of the initiative in terms of XXXXXXXX outcomes/results.
- Effectiveness of the initiative implementation in terms of XXXXXXXX.
- Etc. Etc.

Also briefly state the following:

- Evaluation Aims
- Evaluation Objectives
- Evaluation Key Questions

Evaluation Scope

State the scope of the evaluation. Also cover what is not in scope.

For example: include whether it is a process or patient/client outcome evaluation or both and the rationale for that choice.

2. EVALUATION DESIGN

Overview of the Design

Summarise: the evaluation's approach, methods and tools that will be used to meet the evaluation's purpose, objectives and key questions.

For example: The evaluation will use a number of methods to answer the key evaluation questions and assess the initiative's effectiveness in meeting its objectives: XXXXXXXX.

The section needs to cover:

- The rationale why the overall design is appropriate and identify any limitations;
- Any analytical considerations (e.g. the issue of attribution);
- How participants will be selected and how many (both for quantitative and qualitative approaches);
- Any analytical frameworks intended to be used to analyse findings.

Also use this section to:

- Explain where within the evaluation process you plan to use evidence.
- Explain how you will use the evaluation findings to contribute to the existing evidence base.

See additional information on Evidence Informed Decision-making for examples regarding evidence (Embedded document).



Information and Collection

“It is important to connect the data collected to the evaluation questions, the methods, and the analytical issues. One particularly useful tool that can enhance the clarity of your evaluation plan (and subsequent report) is an evaluation plan methods grid. The tool is helpful in aligning evaluation questions with methods, indicators, performance measures, and data sources and can facilitate a shared understanding of the overall evaluation among stakeholders. This tool can take many forms and should be adapted to fit your specific evaluation and context.”

https://www.cdc.gov/eval/materials/Developing-An-Effective-Evaluation-Report_TAG508.pdf.

An example is provided below (add additional rows as required).

Focus on what your evaluation audience NEEDS to know and limit the number of evaluation questions. For each evaluation question summarise:

- The type of information required to answer the question (e.g. detailed monitoring data on ...; perceptions of...; survey data on...)
- Sources of that information (e.g. documents or specific stakeholders; monitoring reports)
- Method that will be used to gather the information (e.g. qualitative such as interviews and/or focus groups; quantitative such as survey; document review; review of monitoring information).

Evaluation Methods Grid - Example

Evaluation Question	Information Required (e.g. Indicator or Performance Measure)	Potential Data Source (Existing or New)	Methods (e.g. for data collection and analysis)	Comments

Appendices e.g. questionnaire, interview schedule, focus group topics can be added for more detailed information.

The following are two alternative ways of thinking about your evaluation questions which may be useful:

http://www.evaluationtoolbox.net.au/index.php?option=com_content&view=article&id=20&Itemid=159

Broad Types of Evaluation Questions by Focus Area - Example 1

Focus of Evaluation	Evaluation question
Process	How well was the project designed and implemented (i.e. its quality)
Outcome	To what extent did the project meet the overall needs? Was there any significant change and to what extent was it attributable to the project? How valuable are the outcomes to the organisation, other stakeholders, and participants?
Learning	What worked and what did not? What were unintended consequences? What were emergent properties?
Investment	Was the project cost effective? Was there another alternative that may have represented a better investment?
What next	Can the project be scaled up? Can the project be replicated elsewhere? Is the change self-sustaining or does it require continued intervention?
Theory of change	Does the project have a theory of change? Is the theory of change reflected in the program logic? How can the program logic inform the research questions?

Broad Types of Evaluation Questions by Focus Area - Example 2

Focus of Evaluation	Evaluation question
Relevance	Does the workshop topic and contents meet the information needs of the target group? To what extent is the intervention goal in line with the needs and priorities of the community?
Efficiency	Did the engagement method used in this project lead to similar numbers of participants as previous or other programs at a comparable or lesser cost? Have the more expensive engagement approaches led to better results than the less expensive engagement approaches?
Effectiveness	To what extent did the workshops lead to increased community support for action to tackle climate change? To what extent was did the engagement method encourage the target group to take part in the project?
Outcome	To what extent has the project led to more sustainable behaviours in the target group? Were there any other unintended positive or negative outcomes from the project?
Sustainability	To what extent has the project led to the long-term behaviour change?

3. EVALUATION SCHEDULE

Identify the key tasks to be carried out in the evaluation, the deliverables, timing and who's responsibility each of the tasks are.

Key Tasks	Deliverables	Timing	Responsibility

Identify agreed progress reporting (type and frequency):

- XXXXXXXX
- XXXXXXXX.

4. EVALUATION STAKEHOLDERS/AUDIENCE

Briefly summarise: the key evaluation stakeholders together with their interest or stake in the evaluation (i.e. are they primary beneficiaries or the activity/intervention being evaluated, or are they indirectly involved – secondary).

For example: The following key evaluation stakeholders have been identified and documented in the table below along with their interest in the evaluation.

Also identify how the different stakeholders will be involved/participate in the evaluation and any issues or constraints on their expected involvement (e.g. power issues, access, confidentiality) and how this can be managed. Explain how the participation of marginalised and vulnerable groups/communities will be ensured.

A table can be used to summarise stakeholder information – two examples are provided below.

Stakeholder Table Example 1

Stakeholder	Interest/Stake	Issues/Constraints	Involvement/Participation

Stakeholder Table Example 2

Stakeholder - Who are the various evaluation stakeholders?	Interest - What does the stakeholder want from the evaluation?

Include your Stakeholder Analysis as an appendix for more detail.

5. OTHER CONSIDERATIONS IN THE EVALUATION

Quality Considerations

Outline how quality issues will be taken into consideration in the evaluation.

Ethical Considerations

Outline how ethical issues will be taken into consideration in the evaluation. For example:

- How will participants be fully informed of the evaluation purpose, how the information they provide will be used, and their rights regarding the information they provide.
- Informed consent and how it will be obtained.
- Potential harm to participants – how identified and how to be mitigated.
- How confidentiality of participants will be ensured etc.

Limitations, Risks and Constraints

List potential or actual risks, limitations and constraints (e.g. around methodology, evaluation process), their likely effect on the evaluation and how they will be managed/mitigated.

For example: The following limitations are noted to impact on this evaluation. These will be noted in the final evaluation report, and limitations assessed as material will be highlighted in terms of their impact on lessons and recommendations for improvement.

Risk/limitation/constraint	Likely effect on evaluation	How this will be managed/mitigated

Include your PEST(LE) and SWOT analyses as appendices for more detail.

Governance Arrangements

Outline governance arrangements for the evaluation. This includes public advisor involvement and any governance arrangements that are in place for the evaluation team.

6. COMMUNICATING EVALUATION FINDINGS

You may want to include a plan about how the evaluation findings will be communicated and disseminated to different audiences and stakeholders. We will be working on this in more detail later in the PPP workshop process.

Stakeholder	Interest/stake/role in the evaluation	How best to communicate	What?	Who?	How?

7. APPENDICES

- Logic Model
- Stakeholder Analysis
- PEST(LE) Analysis
- SWOT Analysis
- Evaluation instruments as appropriate e.g. questionnaire, interview schedule, focus group topics etc.

FINAL CHECKLIST

Finalising your evaluation plan

Partners' Priority Programme (PPP) – Checklist for Finalising Evaluation Brief - Workshop 4

KEY ISSUES	CHECKLIST QUESTION	WHAT, IF ANYTHING, COULD BE DONE DIFFERENTLY TO IMPROVE YOUR EVALUATION PLAN?
<p>Project and Programme Level PPP Evaluation</p> <p>The intention is that CIGs will implement Project-level Evaluations of their initiatives, whilst also providing information for a cross-CLAHRC synthesis addressing the PPP Programme-level evaluation Objective as a whole: “Identifying which out of hospital treatments and care are most (cost) effective in reducing health inequalities, improving population health and wellbeing and reducing emergency admission?”</p>	<p>YES/NO</p> <p>Is your evaluation addressing (Logic Model) outcomes and collecting data that will contribute information to the PPP Programme-level evaluation as well as answering your Project-level questions?</p>	
<p>SMART Objectives</p> <p>SMART describes key characteristics of meaningful objectives:</p> <ul style="list-style-type: none"> • Specific: concrete, detailed, well defined: What exactly are we going to do, with or for whom? • Measureable: numbers, quantity, comparison: Is it measurable and can WE measure? • Achievable: feasible, actionable: Can we get it done in this timeframe/political climate/amount of money? • Realistic: considering resources: Will this objective lead to the desired results? • Time-Bound: a defined time line: When will we accomplish/ complete this objective? 	<p>YES/NO</p> <p>Are your evaluation objectives (Logic Model outcomes) SMART?</p>	

Stakeholder/Public Perspectives

Stakeholders are individuals or organisations affected by the outcome of the evaluation process or by the performance of the intervention (initiative), or both – e.g. because they benefit from it, fund its activities or have political interests. Not all stakeholders have the same stake in an intervention and it is important to recognise different levels of influence both on the project and its evaluation in order to guide the process.

Source:
http://betterevaluation.org/en/evaluation-options/mapping_stakeholders

YES/NO
Is your evaluation plan sensitive to your different stakeholder perspectives?

For example:
Have you taken account of different stakeholder perspectives to help frame your evaluation questions and guide the data collection process?

Have you identified the different stakeholders who will serve as the main sources of data for the evaluation?

Health Inequalities

Health inequalities (e.g. seen through the unequal distribution of disease and unequal service access of different socio-economic groups) have potential to impact both the workings and outcomes of initiatives included in the PPP.

YES/NO
Is your evaluation plan sensitive to the issue of health inequalities?

For example:
Is your evaluation measuring the impact of health inequalities on your (Logic Model) outcomes?

Are you planning to take account of the impact of health inequalities in your evaluation analysis?

Evaluation Questions

A set of evaluation questions is complete when the questions thoroughly address the purpose of the evaluation and evaluation users' information needs. Questions should be purposefully selected from a broad range of possible topics (e.g., program design, context, process, implementation, products, outputs, outcomes, impacts, efficiency, cost-effectiveness, etc.). Questions do not need to address all of these topics, but there should be a sound rationale for the inclusion or exclusion of potential topics.

Questions should also be framed so they will yield answers that are evaluative i.e. that:

- Provide determinations of merit, worth, or significance, or enable evaluation users to readily reach such determinations on their own.
- Directly inform decisions about the program (e.g., how to improve or modify it; whether to continue, discontinue, expand, or reconfigure it).

Source: www.wmich.edu/evaluation/checklists Wingate L. (2016) Evaluation Questions Checklist for Program Evaluation.

YES/NO

Are your questions EVALUATIVE i.e. framed in a way that will give you the information you need to make decisions about your initiative?

Are your questions COMPLETE i.e. consistent with the purpose of the evaluation and evaluation users' information needs?

FORMS TO COMPLETE

Project application to the CLAHRC NWC Steering Board

In addition to your Evaluation Plan Template and Health Inequalities Assessment Report Template you will need to submit the following:

CLAHRC NWC Steering Board Application Form Template

Projects costings spreadsheet

NIHR CLAHRC North West Coast

PARTNERS' PRIORITY PROGRAMME (PPP)

Complete this with font size no smaller than 10 point. Please refer to your completed Evaluation Plan Template and Health Inequalities Assessment Report for further detail where appropriate. Information is required under the following headings.

Evaluation Project Title
CLAHRC NWC Theme <i>Please select Knowledge Exchange</i>
Knowledge Exchange and Implementation
PPP Collaborative Implementation Group (CIG)
Knowledge Exchange and Implementation
Project Lead(s) (i.e. CIG members attending PPP Evaluation Workshops) <i>Please state the employing organisation. Please complete CVs in Appendix 1</i>
List all other members of the local team contributing to the project, their role in the evaluation and their relevant affiliations (e.g. employing organisation; voluntary group; individual). <i>Please include Interns, Public Advisors and others whether from your own or other organisations.</i>
Lay Summary
300 words max
Aims and objectives of the project
100 words max
Relevance and Importance to CLAHRC NWC objectives
100 words max

Summarise the approach to addressing health inequalities
<i>Please refer to and append completed PPP Health Inequalities Assessment Report for further detail.</i>
100 words max
Summary of Work Plan
<i>To include background, work plan, consideration of ethical issues, proposed analysis and interpretation if appropriate, timing schedule for implementation, including plans for future grant submissions where relevant.</i>
<i>Please refer to (or copy relevant extracts/tables) and append completed PPP Evaluation Plan Template for further detail.</i>
500 words max
Anticipated outputs
100 words max
Potential for research capacity development.
<i>Identify the opportunities for capacity development, what support is available and what additional support is required, including funding, time scale and target audience where appropriate.</i>
100 words max
Resources Requested and Justification
<i>Please review the guidance on eligible costs and matched funding in Appendix 2</i>
<i>Please include in the excel spreadsheet provided necessary costs for the activities described in the proposal and how you propose the costs will be met, i.e. whether</i>

they are to be funded through the CLAHRC grant or as part of match-funding (see Appendix 2)

All costs must be justified in the space below

N.B. It is anticipated that resources being requested to support Interns and Public Advisors (x2) involved in the evaluation would also be specified in this section.

500 words max

Please confirm the value of excess treatment costs, if any, and the NHS Trust that has agreed to cover these. You can state if not applicable.

Identify the Partner organisations that have agreed to provide matched funding (e.g. people, cash, equipment) to the project or activity; this should include named individuals and/or the amount of cash to be provided

Peer review

We will submit the final version of this proposal to a panel of experts to help advise the Steering Board on fit with the Partners Priority Programme and also the CLAHRC NWC principles <http://www.clahrc-nwc.nihr.ac.uk/about-us.php>

Appendix 1: CV Formats (*maximum 2 pages person*)

Non-research format

Name	Title	First Name	Last Name
Proposed role in the project			
<p>Please tell us about your knowledge, skills and experience that are relevant to this application.</p> <p>This could include information about:</p> <ul style="list-style-type: none">• Previous or present work (paid or unpaid) with any relevant organisations• Links with any relevant groups, committees, networks or organisations• Experience of particular health conditions, treatments, use of services - or as a member of a particular community• Knowledge and experience of research including previous research undertaken• Knowledge and experience of patient and public involvement including previous involvement activities• Skills from any other roles that are transferable• Relevant qualifications, training and learning <p>You are not required to provide a CV.</p>			

Copy and paste additional CVs as required

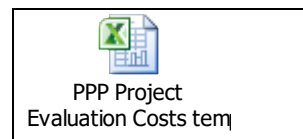
Research format

Name	Title	First Name	Last Name
Role in the project			
Degree subject/ Professional Qualification (s)			
Present and Previous Positions Held			
Relevant Publications (Maximum 5)			
Examples of research outputs, innovation or development that have improved NHS service provision.			
Relevant Current and Recent Research Grants			

Copy and paste additional CVs as required

Appendix 2: Summary of costs and funding

Excel spreadsheet for completion with your evaluation resourcing information (Embedded document).



Background

The CLAHRC funding provided by NIHR is, according to our contract, to be used to support the recurrent costs of applied health research focused on the needs of patients and on activities to support the translation of research evidence into practice in the NHS for the benefit of patients. The £9 million awarded to CLAHRC NWC must be matched by funding secured from other sources, to at least the same level as the total NIHR funding.

Research Costs

In general, costs associated with research are eligible to be covered by the CLAHRC funding. Important differences to note are that eligible costs include:

- Costs of training – for Interns this allows £6,000 salary backfill and a contribution of £XXX for research expenses;
- Costs for Public Engagement (e.g. involving Public Advisors in projects) – see XXX CLAHRC policy on the CLAHRC NWC website at WEB ADDRESS;
- NHS support costs of relevant patient – or people focused research e.g. pharmacy, pathology, radiology that are integral within the proposed programme;
- Legitimate and reasonable indirect costs of NHS accommodation used for the CLAHRC research, and an appropriate proportion of HR, payroll and finance costs.

Costs that cannot be covered by the CLAHRC funding include (but are not limited to):

- NHS treatment costs of research;
- costs relating to activities undertaken outside the CLAHRC, including infrastructure and support costs of related research supported by other funding bodies
- cost of capital equipment costing more than £5,000;
- University Indirect and Estates Costs
- Costs of patient care services (i.e., treatment costs as defined in HSG (97)32 dated 29 May 1997).
- Implementation activities or to fund the introduction of new services.

Excess treatment costs

The NIHR specifically excludes funding of 'excess treatment costs' from the CLAHRC grant. Nor do they 'count' as contribution to matched funding. Applicants must identify and confirm the excess treatment costs associated with their proposal and confirm which NHS organisation will cover those costs. Guidance on identifying excess treatment costs can be found in the Department of Health's Acord document (HSG(97)32).

Steering Board Application Form - for inclusion of projects or activities in the PPP

Matched Funding

Our contract with NIHR defines matched funding as that secured from a Partner which is dedicated to supporting the agreed work programme of the CLAHRC. Partner organisations are named in our Partnership Agreement.

Matched funding can be used to cover both research and implementation activities. Since CLAHRC funding can only be used to cover research activity, we would expect the costs of implementation activities to be covered through matched funding or other sources of funding.

Examples of matched funding:

- Cash. Several Partners have so far committed cash to CLAHRC NWC. Cash is potentially the most flexible as it can be used to cover any required resource.
- 'People time' to be deployed on CLAHRC activities. This might include meetings and activity undertaken to develop protocols, grant submissions, or CLAHRC research activity (e.g. clinic time).
- NHS desk space/ meeting space. The NHS may also count desk space as matched funding. Universities may not count Estates or Indirect Costs as matched funding.
- Fee waivers for training from the University Partners
- Partners providing a discount on consumables, equipment or services within research and evaluation activity. Invoices must state the cash equivalent of the discount
- Implementation activities.

Resources for costing your project

How to make a simple research budget

<https://theresearchwhisperer.wordpress.com/2014/10/07/simple-research-budget/>

Steering Board Application Form - for inclusion of projects or activities in the PPP

An example costing table

	Name (if known)	Description	Organsiation/Employer (ie where the cost will be incurred)	Total Cost	Total cost to be met by NIHR CLAHRC Grant	Total cost to be met by Matched Funding (Partners only)	Total cost to be met by other funding (not eligible as matched funding)	Breakdown of Annual Costs					Justification/Comments
								2014/15	2015/16	2016/17	2017/18	2018/19	
								£	£	£	£	£	
Salaries													
	Josephine Bloggs	Evaluation lead		£49,500	£30,000	£19,500	£0				£24,750	£24,750	1 FTE as programme lead
	Ryan Gosling	Qualitative interviews		£9,900	£9,900	£0	£0				£9,900	£0	0.2 FTE
	Sigourney Weaver	Statistical advice		£9,900	£0	£9,900	£0				£4,950	£4,950	0.2 FTE
	Selma Hayek	Intern		£10,000	£10,000	£0	£0				£1,000	£0	standard cost
	Forest Whittaker	Liason with Stroke Association		£5,000	£0	£0	£5,000				£2,500	£2,500	costs borne by Stroke Associate (not a Partner)
Non-pay research costs													
		Software licence		£500	£500	£0	£0				£500	£0	For statistical analyses
		Transcribing of interviews		£6,500	£6,500	£0	£0				£0	£6,500	From qualitative interviews
		Travel		£500	£500	£0	£0				£250	£250	travel between sites
		Public advisers		£2,000	£2,000	£0	£0				£1,000	£1,000	according to INVOLVE rates

TEAM RESOURCES

Building your evaluation team and skills

Public Involvement in the Partner Priority Programme

Starting in July 2017 NHS, Local Authority and University partners from across the North West will come together again for the *second CLAHRC NWC Partners Priority Programme* to evaluate local initiatives which *“Identify out of hospital treatments and care that are the most (cost) effective in reducing health inequalities, improve population health and reduce emergency admissions”*.

Whatever the activity, especially research or developing capacity to do research, it is essential to work with people who have first-hand experience of that topic. We think that when research could impact on the way something is delivered (for example a policy or health service), it is vital that people who could be affected have a chance to influence the research. When research is carried out with or by the public, it makes the research more relevant and useful to the people who can benefit from it and that because of this, it will have more impact. Our organisation embeds the involvement of public members/patients within every research project. Working with the public improves the transparency of the research process and accountability. That’s why public advisers working on Partner Priority Programme projects are involved at every level of the collaboration. Public Advisers don’t need any particular skills, training or qualifications. We’re interested in their views, opinions and personal experiences about the topics we’re working on.

We really value public engagement and it is our policy at CLAHRC NWC that Public Advisers should be adequately rewarded and no member of the public should be out of pocket as a result of contributing to our work. CLAHRC NWC will always make clear what payments, if any, will be offered when inviting public advisers to take part. It is then their choice whether or not to take part, and whether or not to accept any payment that is offered. The fees we offer are based on INVOLVE (an advisory group for public engagement and involvement in research) guidelines. However, we recognise that some volunteers may not wish to be paid for reasons of their own, and others may prefer to donate what is offered to a charity.

Sometimes other rewards may be offered to recognise the contribution that Public Advisers make to CLAHRC NWC work through, for example, joint authorship of reports, conference presentations and journal articles. Additionally, a confidential service is available which offers personal advice and support on how receiving fees and expenses for public involvement might affect people in receipt of state benefits. Contact INVOLVE by email at benefits@invo.org.uk or phone 02380 651088 for more information.

Involving the public/patients in the PPP – Workshop 2

Project Title:	
Role of a Public Advisor: What will they be required to do?	
What is the time commitment?	
Is any preparation needed?	
Who will be supporting the adviser?	
Other information:	

Individual/Team's Strengths and Development Needs Analysis Tool – Workshop 2

Guidance: to be completed by Collaborative Implementation Groups (CIGS) during the team roles exercise within workshop two. Please use this document in conjunction with the individual skills and knowledge audit. By discussing and collating the responses to the skills and knowledge audit given by each team member, the (CIG) team can collectively analyse their strengths and development needs.

For each area please indicate the strengths and development needs of your team and state how you think you might meet this need. Please retain a copy for your team's records. Please also provide a copy for Sian Guy, so that the Partner Priority Programme Facilitators' team can analyse and define the support that is appropriate for them to provide.

CIG:

Date analysis undertaken:

Teamwork – the team has the following strengths:

- None
- Members who have worked, studied, volunteered or undertaken social activities as a team member
- Members who have led a team
- Members who have led a team through a change process
- Members who have led an evaluation team
- Other please state:

The individual/team have the following development needs in teamwork:	This will be met from within the team	This will be covered within the workshop days	We request additional support

Project management – the individual/team has the following strengths:

- None
- Members who have been involved in a project at work, voluntary work, social group, or as a student
- Members who have designed a project
- Members who have managed a project
- Members who have led a project
- Other please state:

The individual/team have the following development needs in project management:	This will be met from within the team	This will be covered within the workshop days	We request additional support
---	---------------------------------------	---	-------------------------------

Leadership of change – the individual/team have the following strengths:

- None
- Members who have supported the implementation of a practice level and/or service level change
- Members who are familiar with negotiating, persuading and influencing others to change
- Members who have designed a practice level and/or service level change
- Members who have led the implementation of a practice and/or service level change
- Other please state:

The individual/team have the following development needs in practice level and/or service level change:	This will be met from within the team	This will be covered within the workshop days	We request additional support
---	---------------------------------------	---	-------------------------------

Public engagement - the individual/team has the following strengths:

- None
- Members who have experience as a public, patient or carer representative
- Members who have some limited experience of engaging public, patients or carers in voluntary or paid work
- Members who have led projects that engaged public, patients or carers within the work
- Members who have set-up and led public/patient engagement groups/panels that have contributed to projects
- Other please state:

The individual/team have the following development needs in public engagement:	This will be met from within the team	This will be covered within the workshop days	We request additional support
--	---------------------------------------	---	-------------------------------

Evaluation – the individual/team has the following strengths:

- None
- Members who have taken part in an evaluation as a participant
- Members who have some limited experience of supporting others to conduct an evaluation
- Members who are familiar with conducting evaluations
- Members who are familiar with designing and conducting evaluations
- Members who are competent at designing and leading evaluations
- Members who are competent in applying for ethical approval for evaluation studies
- Other please state:

The individual/team have the following development needs in evaluation:	This will be met from within the team	This will be covered within the workshop days	We request additional support
---	---------------------------------------	---	-------------------------------

Evidence gathering – the individual/team has the following strengths:

- None
- Members who have some limited experience of basic library searches
- Members who are familiar with searching databases for published research
- Members who are familiar with locating and accessing local data relevant to their evaluation study
- Members who are familiar with designing and using methods to capture quantitative evaluation data
- Members who are familiar with designing and using methods to capture qualitative evaluation data
- Other please state:

The individual/team have the following development needs in evidence gathering:	This will be met from within the team	This will be covered within the workshop days	We request additional support
---	---------------------------------------	---	-------------------------------

Reviewing and analysing evidence – the team has the following strengths:

- None
- Members who have some experience of evaluating papers, reports and/or academic publications
- Members who have some experience of analysing quantitative data/findings (e.g. statistical records)
- Members who have some experience of analysing qualitative data/findings (e.g. narrative patient feedback)
- Members who are competent at analysing, evaluating, critiquing the quality of a range of evidence
- Other please state:

The team have the following development needs in reviewing and analysing evidence:	This will be met from within the team	This will be covered within the workshop days	We request additional support
--	---------------------------------------	---	-------------------------------

Addressing health inequalities – the individual/team has the following strengths:

- None
- Members who have some limited knowledge and understanding of addressing health inequalities
- Members who have a good level of knowledge and a clear understanding
- Members who have used health inequalities frameworks or tools at work or voluntary work
- Members who have worked or volunteered on a project that specifically tackled health inequalities
- Members who have introduced the use of health inequalities concepts or frameworks to others
- Members who have designed and implemented projects that are aimed at reducing socio-economic health inequalities
- Members who have evaluated the impact of an initiative upon socio-economic health inequalities
- Other please state:

The individual/team have the following development needs in addressing health inequalities	This will be met from within the team	This will be covered within the workshop days	We request additional support
--	---------------------------------------	---	-------------------------------

Communicating findings – the individual/team has the following strengths:

- None
- Members who have shared information at a meeting
- Members who have written reports or dissertations for circulation
- Members who have used findings to write policies or procedures
- Members who have written academic posters
- Members who have written academic papers for publication
- Members who have presented at a meeting, committee, workshop or conference
- Members who have presented to the media – press, radio or TV
- Other please state:

The individual/team have the following development needs in communicating findings:	This will be met from within the team	This will be covered within the workshop days	We request additional support
---	---------------------------------------	---	-------------------------------

Resources – the team has the following concerns or issues regarding resources:

- None
- Members who think they require access to library service but currently do not have access
- Members who think they require access to patient data but are unsure how to obtain this
- Members who think they need to anonymise cohort data but are unsure about how to do this
- Members who think they need to share data across and between organisations but are unsure how to do this
- Members who think they have low quality data or gaps in data that make it unreliable and are not sure what to do
- Members who think they may require support from a statistician to analyse data
- Members who think they may require support with analysing qualitative data
- Other please state:

The team have the following resource needs:	This will be met from within the team	This will be covered within the workshop days	We request additional support
---	---------------------------------------	---	-------------------------------

Additional skills, knowledge and expertise

In addition to the above the individual/team also have the following skills, knowledge and/or expertise:

In addition to the above, the individual/team would also like to develop the following:

This will be met from within the team

This will be covered within the workshop days

We request additional support

Source: Audit tool adapted from Evidence for Change(EfC) 2015.

Thank you for completing this team strengths and development needs analysis, please retain a copy for your team's records and also provide a copy for Sian Guy.

CAPACITY BUILDING

**Background information and internship
application form**

CLAHRC NWC Capacity Building Activities

CLAHRC NWC is building research capacity in the North West Coast region by supporting and developing research ideas, projects and individual researchers in its partner organisations. This is being achieved in a number of ways including a research internship scheme, supporting postgraduate research degrees and furthering career development through the three partner Higher Education Institutions (HEIs).

Partners including NHS Trusts, Local Authorities and Clinical Commissioning Groups are supporting their staff to undertake a research internship with CLAHRC NWC, developing research ideas that are important to their patients, clients and communities whilst developing valuable research skills.

CLAHRC NWC is also supporting over twenty full-time PhD studentships that span its research themes. These projects address health inequalities and support the vision of the CLAHRC NWC. Projects are focused on health and wellbeing issues that affect patient populations, neighbourhoods and individuals. Students are well supported and encouraged to engage with the National Institute for Health Research, in addition to ensuring public engagement is an integral part of their research.

Capacity Building events, for interns, students and Partner staff, are held to showcase research and its potential impact on the frontline service whilst building networks for future research collaborations.

Case Study: Jayne Vincent, Consultant and Engagement Lead, of Sefton Council (pictured) is taking part in the CLAHRC NWC Research Internship Scheme. Jayne is leading research into whether there are differences in access to and outcomes of the Youth Employment Gateway (YEG) between socio-economic groups (and why these may occur) in the Sefton area. Jayne says, "There are differences in life expectancy across the borough, between Bootle and Formby for example, and I am researching how a key initiative can impact on this gap in terms of youth employment. I am really interested in finding out whether participants improve their chances of employment by completing the programme.

"Getting to meet people, gaining research skills such as regression analysis modelling and having access to a research supervisor has been great. Taking the findings back to my employer when the research is complete is something I am looking forward to."



Case studies from PPP Cohort 1

CASE STUDY ONE



The Clatterbridge Cancer Centre 
NHS Foundation Trust

June Holmes is a Chemotherapy Nurse and is working on an initiative for Clatterbridge Hospital.

“Being on the frontline and treating oncology patients daily, I am well placed to identify which systems and practices have the best potential to be reviewed or evaluated in order to prevent cancer patient readmissions via accident and emergency departments. I’ve come onto the Partner Priority Programme (PPP), with the full backing of my senior medical team, as I already have an idea I want to develop to enhance part of the current patient pathway.

The PPP Workshops and Collaborative Implementation Group I have been allocated have already seen me performing a literature review, learning about health economics and stirred up my interest in Research. The networking opportunities with other clinicians, university research professionals and NHS managers to share what we are working on in a multi-disciplinary approach, have been very beneficial during the workshops.

There is a supportive structure in place in the PPP and this is giving me the confidence to press ahead and change things for patients for the better.”

CASE STUDY TWO



Liverpool Heart and Chest Hospital 
NHS Foundation Trust

Zoe McIntosh is a Cardiopulmonary Rehabilitation Facilitator at Liverpool Heart & Chest Hospital

“I’ve joined the (Partner Priority Programme) PPP to evaluate our Knowsley Community Cardiovascular Service,” says Zoe.

“The Service was implemented to reduce health inequalities by being community based and manage early diagnosis and encouraging self-management of Cardiac Rehabilitation across the borough. We need the evidence to prove how effective the service is and I want from the CLAHRC NWC the skills to do that by assessing and quantifying the data we have collected already on usage, population, service model, patient feedback etc. The CLAHRC NWC programme has taught me initially the value of public involvement and its importance in the evaluation and our Public Advisers have been coming to the workshops with both me and the Head of our Clinical Trials Unit.

The biggest benefit of being part of the PPP though has been able to register with CLAHRC NWC’s Internship programme. I am hoping to gain analytical skills and specific training in data analysis as the evaluation project report I compile will go to my own Trust Board and local Clinical Commissioning Group for benchmark model comparison with other services.

I couldn’t have even started this evaluation without the support of the CLAHRC NWC team. I have our lead Consultant Cardiologist supporting me on the PPP scheme as demonstrating to commissioners the value we are delivering to patients is so important and the Internship will allow me one day a week to complete this critical piece of work.

Collaboration is key and the PPP is demonstrating the benefit of working with other stakeholders such as the local Council to share their data with me which will now be integral towards the final evaluation of our service.”

CASE STUDY THREE

Emma Filipo is a Senior Community Occupational Therapist at Blackpool Teaching Hospitals NHS Trust. David Kay is Head of Service at Clifton Hospital, Blackpool, and part of the same Trust.

Blackpool Teaching Hospitals 
NHS Foundation Trust



David (*pictured, left*) said: “The Trust buys into the concept of the CLAHRC NWC as a beneficial collaboration and working together is the real driver for delivering out of hospital care. As a Service Manager, to be involved in something like this is unique. The Trust has its own initiative called *Better Care Now* aimed at reducing bed days in hospital for patients and we want to evaluate this and enhance its effectivity.

“In the Collaborative Implementation Group I’ve been assigned to, I’m working with people from the other end of the spectrum at the Women’s Hospital who are working on a similar project on transition of mums and new born babies being cared for at home instead of hospital. We are learning from each other and sharing approaches which are very useful.”

Emma (*pictured, right*) has joined the CLAHRC NWC Internship Programme and says: “Being released one day a week means I can be reflective on how my role impacts on preventing re-admissions and keeping people out of hospital.

One of my first tasks on the Internship programme will be to perform a systematic review of research already out there on the subject, then devise a control group of patients and look at what lessons have already been learned and acted on and what can work for my Trust. I want to be better informed about Frail Elderly patients in particular and trends in readmissions of inpatients that have had rehabilitation care, and assessing what data there is out here to help me evaluate our services. I am currently learning about Econometrics and applying it to my plans. I’ve been offered full support on research methodologies as the final outcome will be a proposal to our Senior Management Team that shows us thinking differently about what we need to do to enhance our services to patients.”



NIHR Collaboration for Leadership in Applied Health Research and Care North West Coast (CLAHRC NWC) Partner Priority Programme Internship Nominations - FAQs

Q1 What exactly is an NIHR CLAHRC NWC Partner Priority Programme Internship?

A1 CLAHRC NWC stands for Collaboration for Leadership in Applied Health Research and Care North West Coast. The CLAHRC NWC brings universities, local authorities, NHS organisations and the public together – working to accelerate the translation of research findings into health service improvements and changes that will reduce health inequalities and improve population health. A CLAHRC NWC Partner Priority Programme Internship is an opportunity for one of your staff to help complete an evaluation of an initiative that is important to your organisation. CLAHRC NWC will provide funding for salary backfill (maximum £6000 available), so that the intern can be released for one day a week for a period of up to twelve months to be involved in conducting the evaluation. It is also expected that a small research project will be completed by the intern. It is anticipated that the internships will help to develop a more research-oriented culture in your organisation so that in future colleagues will join in and be more supportive of any research that is going on.

Q2 Who can apply for an NIHR CLAHRC NWC internship?

A2 Research internships are only available to partner organisations that have submitted an initiative for consideration under our Partner Priority Programme. Interns must be nominated by the CLAHRC PPP initiative lead or their manager.

Q3 How is the intern's research project decided?

A3 The intern research project must be related to the organisation's initiative, at least one of the CLAHRC NWC themes and focus on reducing health inequalities. More information is available here: <http://www.clahrc-nwc.nihr.ac.uk/our-work.php>. We will work with the initiative lead and the intern to refine ideas and develop an individual research plan.

Q4 Will the intern be supported?

A4 Yes, the intern will join a Collaborative Implementation Group (CIG) which will consist of organisations with initiatives that fit under a common theme. There may also be other interns in the CIG. Interns will be expected to attend the CIG workshops and other training designed to support them to complete their research project. Interns will be provided with a research supervisor and will be fully supported and by a team from UCLan. There will be no exams to take and the teaching will be informal.

Q5 Is there anyone that I can talk to before I submit a nomination?

A5 Yes, George Georgiou is the Research Capacity Delivery Manager for the CLAHRC NWC and can be contacted by email at clahrcnwc@uclan.ac.uk or telephone on 01772 895106.

Q6 Do I need to discuss the internship with line managers before putting in a nomination?

A6 Yes. We need to make sure that line managers will support the PPP internships.

Q7 What's the application process?

A7 If you would like to nominate someone, talk to their line manager, senior manager (local R&D Manager for NHS Trusts) or George Georgiou. We will email you a nomination form to complete. Completed forms should be sent to clahrcnwc@uclan.ac.uk. The deadline for receipt of nominations is **(Date to be confirmed)**.

A panel from CLAHRC NWC will review all nominations and will select the successful interns.

Preference will be given to nominations which:

- Indicate that their nominee has relevant experience to support the organisations initiative
- Demonstrate that their nominee has enthusiasm and ability to complete research and evaluation
- Demonstrate how their nominee has worked across departments and/or organisations and contributed to organisational change

Q8 When can I expect to hear if my nomination has been successful?

A8 We will let you know if your nomination has been successful at **(Date to be confirmed)**. We will then organise a service level agreement between CLAHRC NWC and the employing organisation to provide funding for the intern.

Q9 When will the internship begin?

A9 The intern will be expected to attend the PPP Evaluation Workshops and CIG support meetings during the remainder of 2017 and into 2018. There will also be various training days spread out across the year that will assist in developing and refining the intern's research project plan. The research supervisor will support and monitor the intern's progress during the project.

Q10 What's the benefit for the intern and partner organisation?

A10 The intern will learn a lot about research and evaluation and increase their knowledge and skills. By acting as an advocate for research they will also be able to influence colleagues and help the organisation create a research culture, and consider research evidence in decision making.

Q11 What happens at the end of the internship?

A11 In addition to preparing and presenting findings as a poster at the showcase event, the intern will be expected to write a report on their research project. This may then form the basis for writing a report for consideration by management, a paper for publication in a journal or presenting findings at a conference. We will encourage and support interns to disseminate their research findings.



LANCASTER
UNIVERSITY



UNIVERSITY OF
LIVERPOOL



National Institute for
Health Research

NIHR Collaboration for Leadership in Applied Health Research and Care North West Coast (NIHR CLAHRC NWC) Partner Priority Programme Internships 2017 Nomination Form

Please read the FAQs before completing this form

Forms to be returned to clahrcnwc@uclan.ac.uk by 5pm, Date To Be Confirmed

PROPOSER

Name:

Organisation:

Email:

Mobile:

Phone:

Position / Role:

Partner Priority Programme Initiative:

Has this nomination been discussed with the nominee?

Yes No

NOMINEE

Name:

Organisation:

Email:

Mobile:

Phone:

Position / Role:

Full-time

Part-time

If part time - number of hours
worked per week =

Band / Grade:

Please summarise their main responsibilities:

REPORTING AND DISSEMINATION

What next?

Pulling it together into an Evaluation Report – Workshop 6

“A final evaluation report is one tool in your evaluation tool box for communicating and reporting evaluation results.

The basic elements of a final evaluation report in this Workbook and might include the following:

- Title page
- Executive summary
- Intended use and users
- Program description
- Evaluation focus
- Data sources and methods
- Results, conclusions, and interpretation
- Use, dissemination, and sharing plan

However, your report should be adapted to your specific evaluation needs and context.

Tools for clarity: Other tools that can facilitate clarity in your report include a table of contents; lists of tables, charts, and figures; references and possibly resources; and an acronym list. Appendices are useful for full-size program logic models, models developed through the evaluation, historical background and context information, and success stories.”

Source: Developing an effective evaluation report: Setting the course for effective program evaluation. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Division of Nutrition, Physical Activity and Obesity, 2013. (page 39)

N.B. The basic elements of a final evaluation report should follow logically from the sections included in the PPP Evaluation Plan Template in this Workbook.

Guidance on creating a poster – Dissemination Event

The poster should illustrate the evaluation you have completed and any findings/results.

You may want to split it in a similar way to how you would write a research paper:

- Title (and your name - lots of people forget to put this!)
- Abstract: for the poster this would be a very short paragraph or sentence to provide an overview of the entire project
- Introduction: What the project set out to do and maybe some background information
- Methods: What you did and how
- Results: Even if the project is ongoing you may want to indicate what the project results will be used for, any finding to date or simply so that there are no results yet
- Conclusions/Recommendations

It is important to remember that posters should be visual and should be designed to fit the style of your project.

Technical information

Size of poster: A0
118.9cm (H) x 84.1cm (W)

Orientation of poster:
Portrait Only

Document should be saved 2 ways:
1. In the original programme format
2. As a JPEG or PDF

Suggested software:
1. PowerPoint
2. Publisher
3. Adobe Design Standard CS4 – Photoshop / InDesign

See also “Poster help sheet 2017-18” for additional advice on creating a poster to summarise your evaluation and its findings (Embedded document).



POSTER PRESENTATIONS

What are they?

- Key component of dissemination
- Different medium
- Snapshot

Why do them?

- Opportunity to engage people in dialogue
- Opportunity to get constructive feedback
- More time than traditional presentations
- Meet new people/collaborators



PURPOSES OF A POSTER

- Connect with the viewers
- Direct the attention to where you want it
- Hold the attention
- Enhance understanding
- Be memorable



POSTER LAYOUT DO'S

- Good title (the hook)
- Headings (traditional are best, help guide readers on how to read your poster)
- Limited text (too much reading and they'll move on)
- Graphics (let pictures do the talking)
- Be inventive
- A single Take Home Message

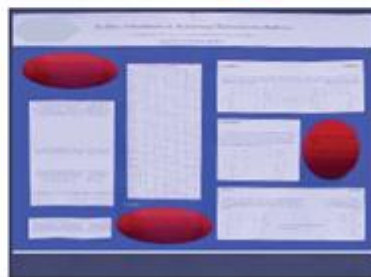
POSTER LAYOUT DON'TS

- **Use too many or silly fonts**

Use generic fonts (it needs to be cross-platform)



- **Use overly contrasting colours**



- **Cram too much on**
(don't fear white space)

Concentrate on your main points. Too much text will mean your text is too small and hard to read.

FOLLOW THE RULES OF **CRAP**

C - Contrast

R - Repetition

A - Alignment

P - Proximity



CLAHRC NWC
JUNE 2017

NHS
*National Institute for
Health Research*

CLAHRCBITE

Brokering Innovation Through Evidence

Perinatal Access to Resources and Support (PEARS)



Improving access to support for perinatal women through peer facilitation: a feasibility study with external pilot.

Women's psychological health and wellbeing matters throughout life but is particularly important during pregnancy and subsequently, postnatally. A pregnant woman's psychological status does not just affect the woman, but also her developing infant, their connection and wider family relationships. At this phase of life, any assistance offered has the potential for preventing future difficulties for women, their families and society as a whole.

Across the UK, there are many health and community resources available, however it is well documented that in more socially-deprived areas, women often do not feel able to access these resources which results in both the mother and her family not gaining potential benefits, leading to inequalities in society.

What was the aim of the project?

The NIHR CLAHRC NWC PEARS project aims to examine access to health and community resources amongst socially deprived women and families. It aims to reduce gaps in health inequalities by testing whether combining elements of care, which have improved access to services and psychological health and wellbeing in other settings, can be implemented locally.

What did we do?

The three elements of the care intervention included:

- 1) support from a non- professional peer
- 2) provision of detailed information about existing local services
- 3) help with identification of what a woman herself might find useful followed by IF-THEN Planning (a simple way to help people put their intentions into action).

The intervention incorporated these elements into a 20 minute session offered to women early in pregnancy.

How did we involve people?

Service users sat on the Steering Board and Management Group for the project and played an active part in the research itself. This included training provision and supervision of the peer facilitators.

Recruitment for the PEARS study was completed in April 2016 with 126 women agreeing to participate with 85% of participants in the highest 1% of social deprivation.

What next?

- The interactive community resources map is an asset likely to have a wide appeal relating to social prescribing and community linking services longer-term.
- Research presented at key health and wellbeing conferences across the UK.
- The research will be published in journals for further sharing and across the national CLAHRC network.

Partners / Stakeholders



What we found and what does this mean?

The project has highlighted to health visitors and midwives the importance of community resources as an adjunct to health care.

- Health visitors themselves have expressed interest in taking over the role of utilising the community resources map developed during the research.
- Formal testing, potentially considering stepped wedge designs, across different areas of CLAHRCs.
- The intervention may also provide scope for the testing development of new research methodologies that better facilitate generation of reliable evidence from across the spectrum of our society.



What is NIHR CLAHRC Place?

The mission of the NIHR CLAHRC NWC is to work collaboratively with Partner organisations and other stakeholders including members of the public to co-produce and conduct high-quality, leadership enhancing, applied research designed to decrease health inequalities and improve the health of the population of the North West Coast.

Find out more

<http://www.clahrc-nwc.nihr.ac.uk/index.php>

info-clahrc-nwc@nihr.ac.uk / 0151 795 5342

USEFUL RESOURCES

Where else to go?

We will be uploading all templates, guidance, workshop exercises and embedded documents contained in this Workbook together with workshop presentations, and other useful resources to the CLAHRC NWC Partner Collaboration Zone on the website. Please contact sian.guy@liverpool.ac.uk if you have not received your login details.

You may also find the following additional resources helpful:

Online toolkits supporting evaluation

NIHR CLAHRC West, West of England AHSN and Avon Primary Care Research Collaborative (APCRC) – A toolkit to support commissioning of health and care services.
<http://www.nhsevaluationtoolkit.net/>

Charities evaluation services – A range of tools and resources including interactive tools, informative guides and downloadable resources.
<http://www.ces-vol.org.uk/tools-and-resources/>

NHS Health Scotland's Outcome Frameworks website - to help with planning and evaluating health improvement work.
<http://www.healthscotland.com/OFHI/index.html>

The Pell Institute – The Evaluation Guide provides first-time evaluators with tools and resources - particularly helpful regarding data collection and analysis.
<http://toolkit.pellinstitute.org/>

Web Centre for Social Research Methods - The Research Methods Knowledge Base is a comprehensive web-based textbook covering research and evaluation.
<http://www.socialresearchmethods.net/kb/intreval.php>

BetterEvaluation - An international collaboration to improve evaluation practice and theory – overview of different approaches, options and methods.

<http://betterevaluation.org/about>

Guidance on conducting evaluations

NIHR CLAHRC Leicestershire, Northamptonshire and Rutland - Developed for clinicians and NHS Managers to help guide them through the process of evaluation.

http://clahrc-cp.nihr.ac.uk/wp-content/uploads/2012/07/Evaluation_GUIDE.pdf

NHS Cambridgeshire – designed to support staff carrying out an evaluation of any service in health and social care.

http://clahrc-cp.nihr.ac.uk/wp-content/uploads/2012/07/Full_Evaluation_Toolkit.pdf

Greater Manchester Fire and Rescue Service - Evaluation Toolkit.

https://manchesterfire.gov.uk/media/1560/evaluation_toolkit.pdf

HM Treasury Magenta Book - guidance on what to consider when designing an evaluation.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220542/magenta_book_combined.pdf

The Health Foundation – guidance covering commonly asked questions about how to approach evaluation of quality improvement in health care.

<http://www.health.org.uk/sites/health/files/EvaluationWhatToConsider.pdf>

Medical Research Council – guidance on developing and evaluating complex interventions.

<https://www.mrc.ac.uk/documents/pdf/complex-interventions-guidance/>

Agency for Healthcare Research and Quality (USA) - guide to evaluations of primary care interventions.

https://pcmh.ahrq.gov/sites/default/files/attachments/PCMH_Evaluation_Guide.pdf

U.S. Department of Health and Human Services – Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide

<https://www.cdc.gov/eval/guide/cdcevalmanual.pdf>

Guidance on Logic Modelling and Theory of Change

Evaluation Support Scotland - Support guide on developing a Logic Model

<http://www.evaluationsupportscotland.org.uk/media/uploads/resources/supportguide1.2logicmodelsjul09.pdf>

University of Idaho Extension - The Logic Model for Program Planning and Evaluation.

<https://www.cals.uidaho.edu/edcomm/pdf/CIS/CIS1097.pdf>

Center for Theory of Change – resources outlining the ToC approach and how to go through the process.

<http://www.theoryofchange.org/what-is-theory-of-change/>

Charities evaluation services – using a theory of change to develop planning and evaluation.

<http://www.ces-vol.org.uk/Resources/CharitiesEvaluationServices/Documents/makingconnectionsusingatheoryofchange-todevelopplan-800-808.pdf>

Guidance on using evidence and evidence review

Nesta & Alliance for Useful Evidence – A practice guide to using research evidence.

<http://www.nesta.org.uk/publications/using-research-evidence-practice-guide>

NHS Health Scotland - Finding and reviewing the evidence, includes search strategies.

<http://www.healthscotland.com/resources/researchinformationguidance/findingreviewingevidence.aspx>

Bath Research & Development – a guide for commissioners on using research, evaluation and evidence.

http://www.rdforum.nhs.uk/content/wp-content/uploads/2014/05/NHSEng_V13-FINAL.pdf

Guidance on research methods

University College London Public Engagement Unit – resources and toolkits related to evaluating public engagement, but this methods section is useful in general.

<https://www.ucl.ac.uk/public-engagement/evaluation/toolkits/methods>

NIHR Research Design Services East Midlands & Yorkshire and Humber - introductions to Qualitative Research and Qualitative Data Analysis.

https://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/5_Introduction-to-qualitative-research-2009.pdf

http://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/9_Qualitative_Data_Analysis_Revision_2009.pdf

National Science Centre – an overview of quantitative and qualitative data collection methods.

https://www.nsf.gov/pubs/2002/nsf02057/nsf02057_4.pdf

BetterEvaluation - An international collaboration to improve evaluation practice and theory – overview of mixed methods, combining qualitative and quantitative data.

http://betterevaluation.org/en/plan/describe/combining_qualitative_and_quantitative_data

Alzheimer Europe – overview of quantitative and qualitative approaches.

<http://www.alzheimer-europe.org/Research/Understanding-dementia-research/Types-of-research/The-four-main-approaches>

Evaluating public engagement

NWC CLAHRC – See Be Involved section of the CLAHRC website:

<http://www.clahrc-nwc.nihr.ac.uk/be-involved.php>

Lancaster University – PiiAF - the Public Involvement Impact Assessment Framework – helps in assessing the impacts of involving members of the public research e.g. in healthcare. See the following for related resources and associated guidance:

www.piaf.org.uk

<http://piaf.org.uk/documents/piaf-guidance-jan14.pdf>

University College London Public Engagement Unit – resources and toolkits related to evaluating public engagement projects or activities.

<https://www.ucl.ac.uk/public-engagement/evaluation>

The Scottish Health Council - Evaluating Participation: a guide and toolkit for health and social care practitioners.

http://www.scottishhealthcouncil.org/publications/research/evaluation_toolkit.aspx#.V-qESFsrJdg

Online toolkits and guidance on innovation and improvement

The Walton Centre NHS Foundation Trust – The NHS Innovation Toolkit, aimed at supporting NHS Trusts to embed innovation as core business and deliver against innovation objectives.

<https://nhsinnovationtoolkit.wordpress.com/>

Institute for Healthcare Improvement – IHI uses the Model for Improvement as the framework to guide improvement work, and in particular to accelerate it.

<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>

ASQ.org – Driver diagram as tool for building and testing theories of improvement.

http://www.apiweb.org/QP_whats-your-theory_201507.pdf

The Health Foundation – a toolkit for health care professionals wanting to understand and use communications to better plan, implement and spread improvement work.

<http://www.health.org.uk/collection/communications-health-care-improvement-toolkit>

The Health Foundation – a practical guide to effectively communicating and spreading improvement work

http://www.health.org.uk/sites/health/files/UsingCommunicationsApproaches_revised%20page.pdf

Engage with us



Follow us on Twitter @clahrc_nwc



Visit our website @ www.clahrc-nwc-nihr.ac.uk



Google CLAHRC NWC in Youtube for videos



Email us info-clahrc-nwc@nihr.ac.uk

The CLAHRC NWC PPP Team

Ruth Young ruth.young@blackburn.gov.uk
Mark Gabbay M.B.Gabbay@liverpool.ac.uk

Facilitators

Katie Bristow kbristow@liverpool.ac.uk
Jane Cloke jcloke@liverpool.ac.uk
George Georgiou ggeorgiou4@uclan.ac.uk
Jo Gibson jgibson4@uclan.ac.uk
Mark Goodall mgoodall@liverpool.ac.uk
Joanna Harrison jharrison12@uclan.ac.uk
Lesley Harper l.harper@liverpool.ac.uk
Kirsty Pine Kirsty.pine@liverpoolccg.nhs.uk
Pooja Saini psaini@liverpool.ac.uk
Maria Thornton maria.thornton@thewaltoncentre.nhs.uk

Ana Porroche-Escudero a.porroche-escudero@lancaster.ac.uk (Health Inequalities)
Jenny Irvine j.irvine@lancaster.ac.uk (Public Engagement Facilitator)