

Introduction to evaluation for health and wellbeing and other people programmes

Your presenters today



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We will be taking questions in Mentimeter today



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<https://www.menti.com/aloot2n1vbgm>

In the chat box:

What sort of health and wellbeing project(s) are you working on, that you would like to evaluate?

What are any concerns or fears you have about starting your evaluation?

Introduction to evaluation

This is the first of three workshops and will cover:

- What do we mean by evaluation?
- Definitions of key terms
- Key evaluation approaches and questions
- Introduction to process and outcome metrics
- Introduction to qualitative methods
- Quantitative data you have access to
- Top tips for an effective evaluation

We will cover some other topics in more detail in future workshops

What is evaluation?

Evaluation is “a systematic assessment of the design, implementation and outcomes of an intervention. It involves understanding how an intervention is being, or has been, implemented and what effects it has, for whom and why. It identifies what can be improved and estimates its overall impacts and cost-effectiveness.” ([Magenta Book](#), 2020, p.1). It is:

- Assessing what works and what does not work
- Understanding how we have implemented a project
- Learning, reflecting and improving
- Building knowledge base and evidence
- Sharing learning and best practice

Evaluation impacts means what difference the project/intervention has made, and for whom. There are different ways to understand and capture impact

Evaluation is **not**:

- Performance review
- Accountability/judgement
- Showing only what worked well
- A tick box exercise
- An after thought

Some (hopefully!) useful definitions (1)

Term	Definition
Intervention	Anything intended to elicit change, including a programme, policy, project, regulation and changes in delivery method
Evaluation types	Defined by the evaluation questions. Common types are process, impact and value for money
Evaluation approaches	The way that the answering of the evaluation questions is approached; for example, impact evaluation may use experimental or theory-based approach
Evaluation methods	The way that information is collected and analysed to answer the evaluation questions (e.g. surveys, focus groups)

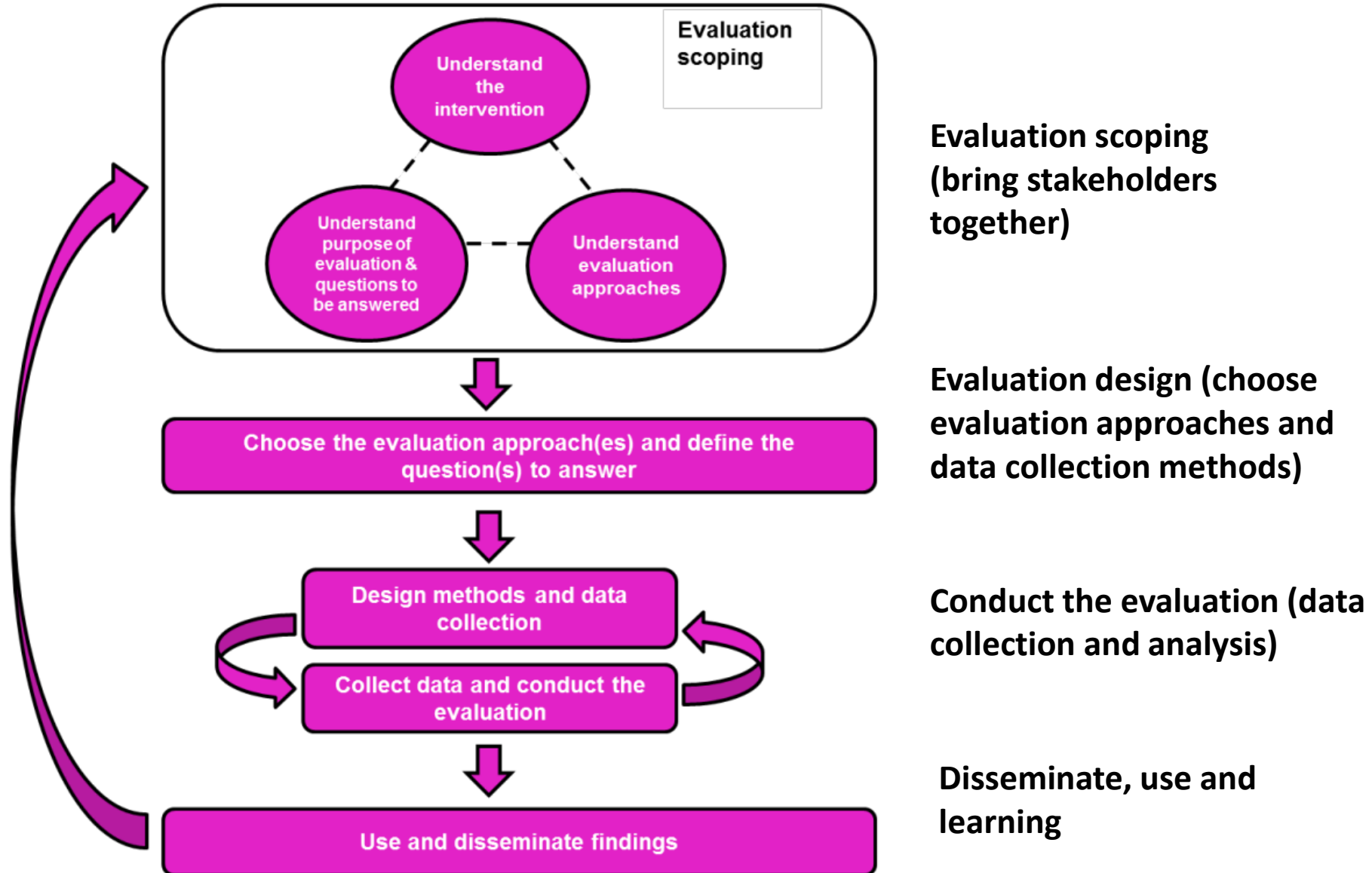
Some (hopefully!) useful definitions (2)

Term	Definition
Outputs	Describes the direct result of an activity showing what has been done. For example, number of training sessions delivered or number of staff members taking part in training sessions
Outcomes	Describes the actual added value (short-term and medium-term change) as a result of an activity and output. For example, improved participation of specific staff groups in the conversations intervention or improved understanding of X topic as a result of the training
Impact	Long-term difference/change as a result of an intervention
Logic model	A visual tool to describe a project or programme of work and/or its evaluation. Help demonstrate the path between key activities to its outputs, outcomes and impacts [we will cover this in workshop 2]

Some (hopefully!) useful definitions (3)

Term	Definition
Quantitative (evaluation, research, data)	In very simple terms, counting and measuring things – for example before and after scores on a training course evaluation survey Some data can be translated into quantitative data – e.g. the number of times a certain theme emerges in qualitative responses
Qualitative (evaluation, research, data)	In very simple terms, data that uses words – for example, how do you feel about the training course, what difference do you think it has made to you Qualitative data will help assess the quality of something in terms of your evaluation
Correlation	When two things happen at the same time or change at the same time, where these may be related to each other, but may not (or you may be able to suggest a relationship but not clearly demonstrate it)
Causation	The relationship between two things when one can be shown to cause the other
Attribution	The accurate measurement of the extent to which a change or set of changes is caused as a result of an intervention
Contribution	When an intervention is one amongst other influences that helped produce a change or set of changes

Stages of an evaluation



Process evaluation and approaches

– providing rapid-cycle learning to improve implementation throughout delivery.
When drafting an evaluation, key questions to consider and approaches to use are:

What did the project intend to do and did it do this?

- What engagement activities took place?
- Did the project manage to engage with the intended target people/groups?
- What challenges and/or enablers identified during engagement?

Was the project implemented/delivered as planned/expected?

- Were any barriers and/or enablers identified during implementation/delivery?
- What were users and suppliers experience of the implementation process?

Some approaches are:

- Continuous improvement methods (Plan-do-check/study-act cycle)
- Monitoring
- Rapid evaluation (quick feedback sessions)

Outcomes evaluation and approaches

Providing learning about the medium and long-term changes achieved. When drafting an evaluation, key questions to consider are and some approaches to use are:

Were there any positive changes of the project?

- Did the project deliver short-term outcomes as intended?
- Were there any un-intended outcomes?
- What impacts have been seen as a result of the programme?

Some approaches are:

- Before and after or pre-post evaluation
- Behaviour change models
- Training and education impact models
- Other statistical methods (Difference-in-Difference, time series, regression models)
- Case studies (quantitative and qualitative data)

Process and outcomes metrics

Process (output) metrics provide indication on what is working and what needs to be improved in implementation and delivery of the project to achieve the desired outcomes

Outcomes metrics can be used to provide early insight into whether a project/programme is likely to achieve the desired goal or impacts.

Both process and outcomes metrics together can provide data to measure impact of the programme.

Where data is available, the results from all these metrics can be broken down by the following categories to understand how the project improves reach and engagement:

- By demographics (e.g. age, gender, ethnicity)
- By length of service (e.g. number of years in service)
- By speciality group (e.g. medicine, surgery, psychiatry)

Process metrics	Outcomes metrics
Number of staff members engaged	Number of people reporting improved awareness of the HWB support/offer
Number of staff members attended sessions/course	Number of people reporting improved confidence in accessing the HWB support/offer
Number of sessions/activities delivered	Number of people self-reporting improved health and wellbeing
Number of staff members signposted to the local HWB/national HWB support	Number of people reported able to access to the HWB support/offer

Qualitative methods

Qualitative evaluation approaches focus on exploring the experiences, perspectives and opinions of those involved. They are useful in evaluations to collect data on the process of designing, implementing and running the new intervention.

It is in essence using words rather than data to understand the project, the difference it makes for people, the context that happens in, and why.

Why use qualitative methods?

- Qualitative evaluation provide *insights*
- ‘Rich’ and contextual description from qualitative research enables more **sense to be made of contexts and reactions**
- Explanations derived from qualitative research stimulates **greater understanding**
- Analysing qualitative data requires a different approach and can be more time consuming than quantitative data, but can be extremely valuable in understanding what’s happening

Qualitative methods

Some of the main ways to collect and use qualitative information are :

- Local surveys (text responses/text data)
- Case studies/stories
- Interviews
- Focus groups
- Observation/participation
- Chatbox interactions in virtual events
- Informal feedback

The following resources have some helpful tips:

- [Tips for designing surveys at pace](#)
- [Writing and Effective Questionnaire](#)

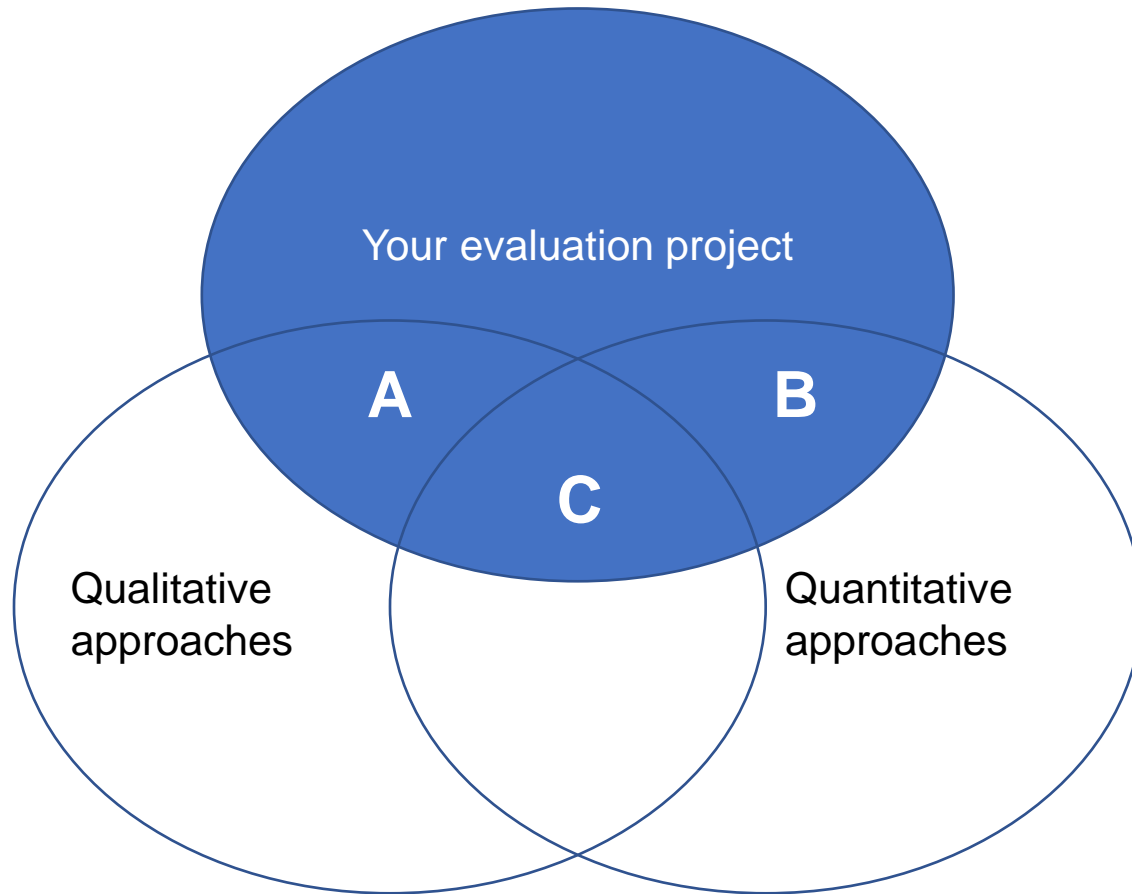
Local surveys

Local surveys can be used to provide more timely and comprehensive information on staff experience. It is worth ensuring the sample of people sent the survey is large enough for analysis and is representative of the staff accessing or the targeted population of specific interventions. Where possible, use surveys that are already run locally, as this will provide a baseline position for the project.

Surveys can be used to capture data on:

- The experience of staff attended the training and the quality of any training session
- The experience of staff in accessing support
- Overall staff wellbeing across all organisation

Mixed methods – using quantitative and qualitative approaches



A (qualitative approaches) provides an incomplete picture

B (quantitative approaches) provides an incomplete picture

Qualitative and quantitative approaches intersect in **C**.

A, B and C each provide a valuable range of evidence – this is data triangulation

Q&A



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POP QUIZ!



Go to www.menti.com 2409 0849
<https://www.menti.com/alikpmds97sv>

Workforce data

Note: this is focused on workforce within Trusts – not wider (e.g. primary care, social care)

NHS Digital Workforce data

- NHS Digital publishes key data on the NHS Workforce, specifically:
- NHS Workforce statistics – staff working
- Vacancies – includes data from ESR, NHS Jobs and TRAC
- Sickness absence rates time series
- **Staff survey data is available** at Trust level once published each spring
<https://www.nhsstaffsurveys.com/results/interactive-results/>

Model Health System Data

- The People Section of the Model Health System includes not only data from the NHS staff survey (under People Promise Headings but includes other workforce data.
- As well as the Wellbeing section of the MHS, there are workforce data available in other areas of the People section that are likely to be helpful
- These data are available at ICS-level – aggregated from individual trusts: note this therefore doesn't include the whole of the workforce across the ICS (i.e. does not include primary care, social care)

Model Health System Wellbeing domain

The Thomas Ashton Institute, a collaboration between the Health and Safety Executive and the University of Manchester, have used existing data sources, such as the staff survey, to create six lead and lag indicators:

- **Psychological safety climate** - lead positive indicator - *'My immediate manager takes a positive interest in my health & wellbeing'*
- **Job Demands** - lead negative indicator - vacancy rate, as a predictor of increased workload
- **Job Resources** - lead positive indicator - *'I am able to make improvements happen in my area of work'*
- **Healthy work environment** - lead positive indicator - *'My immediate manager values my work'*
- **Stress / burnout symptoms** - lag negative indicator - sickness absence rate
- **Positive health & wellbeing / engagement** - leading positive indicator - *'I look forward to going to work'*

The Model Health System has recently been updated to include results from the 2022 Staff Survey

MHS: things to bear in mind

- The data produced by the Model Health System provides an indicator
- There are issues to consider around the data, such as:
 - When the sample was taken
 - How many staff participated
 - The important thing is to get behind what the data seems to be saying
 - It is helpful to do this in collaboration with staff and use existing platforms, such as staff networks or a health and wellbeing champions forum, to help drill down into the key issues and identify practical solutions
- ***Other resources***
 - You can use other tools to help you consider next steps, such as:
 - The Health and Wellbeing Framework diagnostic tool
 - The Civility and Respect tool
 - And you can engage with other Guardians / HWB leads to find out what has worked for them

Model Health System: other available data

Type of data	Area of MHS
Vacancies - overall and for some staff groups	Wellbeing – Job demands
Sickness absence data for staff in clinical roles	Wellbeing – Stress and Burnout
Demographic data – age, ethnicity, gender	Staff Insights
Reports to FTSU Guardians	Healthy Work Environment
Turnover – clinical staff	Retention
Agency spend – clinical staff	Retention
Reason for leaving	Retention
Length of service	Retention
Workforce Race Equality Data	EDI
Workforce Disability Equality Data	EDI
Gender Pay	EDI
Temporary staffing	Working Differently
Staffing ratios	Working Differently

Benchmarking: Model Health System

Include independent provider data? Chart View Table View

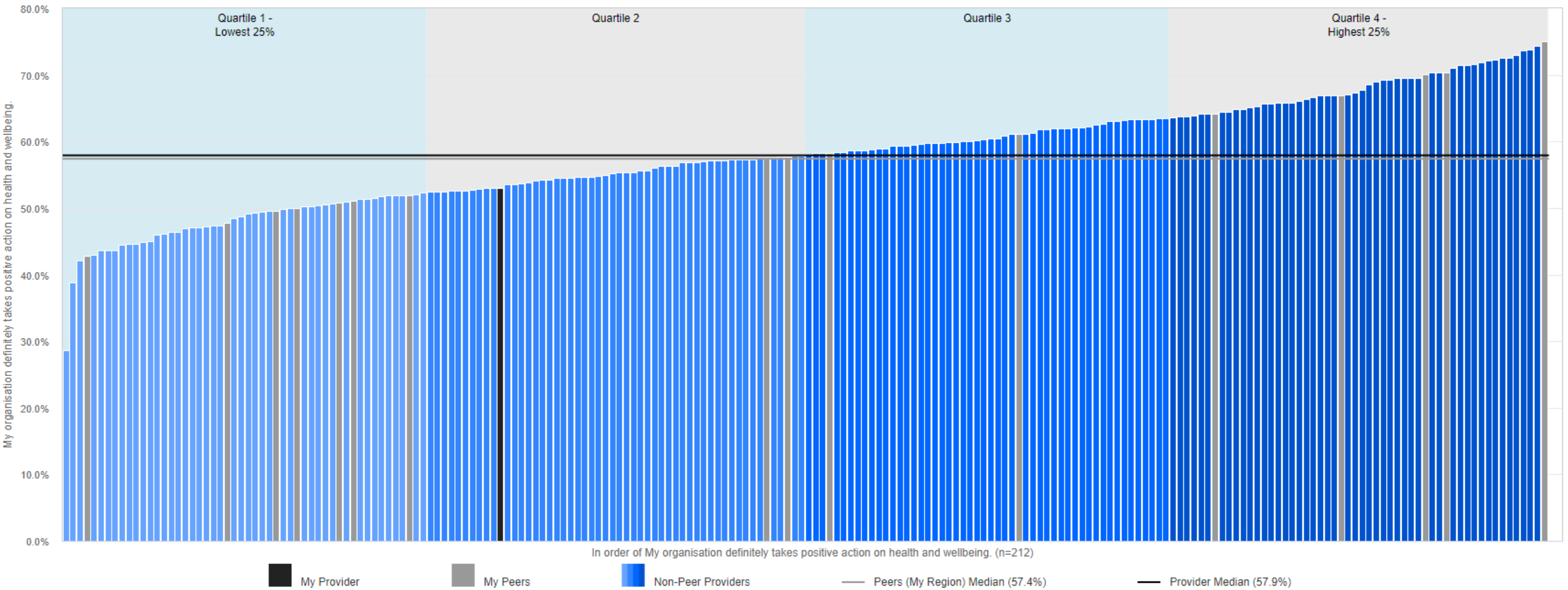
Select level: Provider Highlight system providers

Providers in: All providers (national)

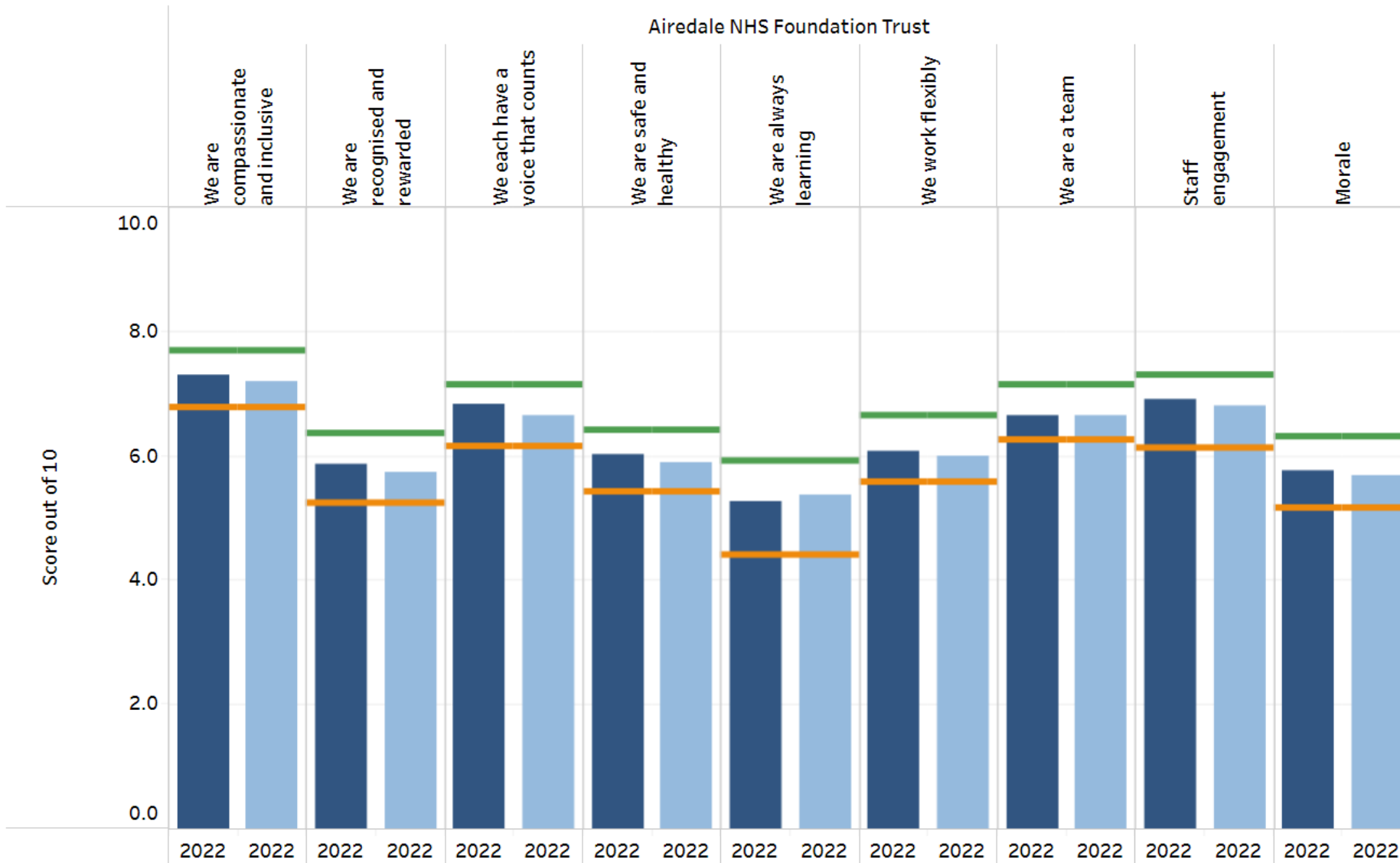
Select chart type: Variation Chart

My organisation definitely takes positive action on health and wellbeing., National Distribution

Download



Benchmarking: Staff Survey



Filters

Select organisation:

NHS Foundation Trust

Click on legend to highlight

- Organisation Score
- Benchmark group - median
- Benchmark group - best
- Benchmark group - worst

Impact measures (qualitative and quantitative)

A combination of both qual and quant measures are recommended to capture trends emerging by quantitative data and providing context and explanation through qualitative data. Some key measures are below:

Quantitative measures	Qualitative measures
Leavers/turn over rate (medics specific/by org/ICS etc.)	Staff experience survey (local/national)
Average time in post (by age, speciality)	Local surveys and targeted interviews with the staff members engaging in conversations
Sickness absence rates	Identification of factors (push/pull) impacting retention for the medics staff
Vacancy rates	Exit surveys to learn about key reasons for leaving
Staff survey	Satisfaction levels through feedback
Intention to leave pre-post intervention	Actions identified and implemented following conversations

Measuring and showcasing impact: key points

- Using logic model, identify **key outcomes** that your project/programme aims to achieve (e.g. improved reporting of VPR incidents)
- Establish both **qualitative and quantitative measures** for the identified outcomes (e.g. number of VPR incidents reported in a specific time, reasons why incidents are not or less reported)
- Identify **existing evidence/data** or plan to collect **new data** for identified outcome measures
- Be open to learning about the **‘unintended’ outcomes** as well
- Based on data collected, link programme activities to outcomes as clearly and convincingly as possible. Be mindful that it is not always possible to claim **attribution** (due to a external factors) and that convincing evidence of **contribution** can also provide plausible justification of impact
- When showcasing impact, be clear about the ‘timing of evidence collection, quality of evidence, attribution or contribution?, and the wider context
- Impact **itself can be a process** - it is not fixed and can change and evolve over time as well, bear that in mind when setting your evaluation objectives

Top tips for doing evaluation in practice

- Set SMART (Specific, Measurable, Achievable, Relevant and Time-based) objectives to ensure the project/intervention could be evaluated for specific reasons and within a specific time frame
- Use a co-design approach (where possible) to bring stakeholders together to identify and agree key areas to measure and establish what does success look like for all
- Design an evaluation strategy and plan at the early stages of your project/intervention design (highly recommended) for successful process and outcome measurement, considering the best methodology for your project and its aims
- Where possible use existing data sets and if resources are available collect additional data using methods most suitable for the situation in hand (for example, menti/chat interactions if formal feedback through surveys/feedback forms is not possible)
- Be pragmatic and flexible to change methods by reviewing the emerging situation. Use the continuous improvement methodology not to just improve the intervention but the evaluation methods as well if required
- Always keep your stakeholder and audience in mind when designing, delivering and reporting evaluations
- ***It is helpful to have academic approaches, theories or methodologies in mind when designing your evaluation as this helps with credibility and robustness, but it is absolutely appropriate to simplify and adapt these for the real world circumstances in which we work – we are, after all, not doing academic research***

Q&A



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Q&A – Answers

How is evaluation differentiated from research?

In general, research is trying to add to knowledge about the world, evaluation is trying to find out the effectiveness of or learning from your specific project. Not to say that evaluation won't generate new ideas or knowledge but this is sort of by-product of your evaluation. You might learn things you weren't expecting to learn but by and large, that's not what the main aim of evaluation is. Some differences:

Research	Evaluation
Purpose is testing theory and producing generalisable findings	Purpose is to determine the effectiveness of a specific programme or model
Questions originate with scholars in a discipline	Questions originate with key stakeholders and primary intended users of evaluation findings
Quality and importance judged by peer review in a discipline	Quality and importance judged by those who will use the findings to take action and make decisions
Ultimate test of value is contribution to knowledge	Ultimate test of value is usefulness to improve effectiveness

It is important to note that the Health Research Authority (HRA) has a very clear definition of what is research and what is service evaluation, which has important considerations for research approvals and ethics. You can find out more here: <https://www.hra-decisiontools.org.uk/research/>

You may well cover, but it would be great to have some guidance on systems we can use to capture both quantitative and qualitative data. Quantitative you can use Excel but qualitative I'm not sure on!

One thing is capturing qualitative data and the second is managing qualitative data. The method/system used depends what you want to do with the qualitative data.

In terms of capturing qualitative data, we can use surveys, questionnaires, Microsoft Forms and we can send out Menti links (as examples).

In terms of managing that data, you can export it into an Excel spreadsheet for reviewing and coding the text data. There are also data management systems such as Nvivo. These software tools can manage your qualitative data but are also used for data analysis purposes. These systems don't do analysis for you, but they can facilitate your analysis by making sure you categorise your data and you compare it with other data sets. This is a topic we might cover in one of the follow up sessions briefly.

There are many different models and methodologies for analysing qualitative data, some very complex. A commonly used method is 'Thematic Analysis' where textual data is coded, categorised and themes are constructed. A four step model provides a step-by-step guide to reduce textual data into themes. Visit the link below to view how to use the four step model.

https://www.youtube.com/watch?v=7X7VuQxPfpk&feature=list_other&playnext=1&list=SP14E49EDF20613008

Q&A - Answers

Do you have templates we could use to undertake the design, planning and evaluation as suggested?

Yes, this will be covered in more detail at the next workshop (*Evaluation for health and wellbeing – how logic and evaluation models can help you plan your evaluation*) on 27th July 2023.

Please see links below to various resources for designing and planning your evaluation. We'll also make sure you can access the recordings for these Evaluation for Health and Wellbeing workshops and the slides.

- Guide to Evaluation Design, Principles and Practice, The Strategy Unit - <https://www.strategyunitwm.nhs.uk/sites/default/files/2020-12/DSC-Evaluation-Guide-181220.pdf>
- NHS Evaluation Toolkit - <https://nhsevaluationtoolkit.net/>
- Evaluation Practice Toolkit, 2018, King's College, London: [Evaluation Practice Toolkit - Research Portal, King's College, London \(kcl.ac.uk\)](#)
- Using Logic Models in Evaluation - <https://www.strategyunitwm.nhs.uk/sites/default/files/2017-09/Using%20Logic%20Models%20in%20Evaluation-%20Jul16.pdf>
- Guide to using Logic Models - <https://www.strategyunitwm.nhs.uk/sites/default/files/2018-03/Your%20guide%20to%20Logic%20Models.pdf>

How do you tackle issues around survey fatigue? We see a lot of surveys in our trust and staff members often tell us they are too busy to complete them.

I've been working on health and wellbeing surveys for over three years now and this is something we always hear around staff having survey fatigue. What I think the reality is, is that staff don't have survey fatigue, they have fatigue for being asked to complete surveys without knowing why they're being asked, the surveys might be really long with lots of irrelevant questions and lots of detail that takes them along time to fill in.

Staff may also not know what's happening with that data they're providing. So they're taking that time to complete the survey but as far as they know that information is just falling into a black hole.

The way to make sure staff engage with surveys is to be really clear about why you're asking them to complete the survey, what you're going to do with that information and absolutely follow through. So if you ask for feedback:

- Show that you're listening and acting on that feedback
- Really think about your survey questions and don't just put questions in because it might be interesting to know. Focus on what are the five or six questions you need to ask so that the survey isn't too cumbersome.
- Use some innovative methods of data collection that you think can work within your organisation or specific staff groups. For example, quick chats with staff, mentimeter with QR codes, chatbox interactions, huddles etc.

Be really clear about why you're asking for the survey to be filled in, what you're going to do with the data and look critically at the survey questions that you're asking and keep it to the absolute minimum.

Could you recommend some specific evaluation approaches please? e.g. behaviour change models

The **Kirkpatrick model** is a commonly used evaluation approach for training and education interventions because it gives you 4 levels where you can measure people's reaction, their learning, their behaviour and the impact as well.

Another commonly used approach is the **COM-B model**, which is more about people's behaviour, their capability and their motivation. See this link for more detail: <https://thedecisionlab.com/reference-guide/organizational-behavior/the-com-b-model-for-behavior-change>

Another one is **CIPP model** that incorporates evaluation of impact with process evaluation and the context in which it is taking place. This can be used as a form of evaluation that can support improvements to a programme through a PDSA type cycle

There are few more. Each approach will work differently depending on the intervention you're designing. Start with your process and impact evaluation and then start thinking about the type of intervention you have.

Further reading: [Evaluation Approaches | Better Evaluation](#)

Q&A - Answers

In quality improvement (QI) we need to be able to regularly collect data to monitor impact of interventions. What kind of data collection approaches do you think are ideal for wellbeing QI projects?

We always think about quality improvement in that PDSA (Plan, Do, Study, Act) cycle. So, it's helpful to think about your evaluation approaches in terms of what we need to know that will help us and improve not just the wellbeing of staff but how we are delivering that; so thinking about those process metrics and those outcome metrics and thinking about that in a cycle.

There are models that we can share that show how we do that in terms of what data we have, evaluating how we plan, how we deliver, how we look at that implementation and then those outcomes and feed it into that cycle. I think if you're looking at quality improvement, it's useful to always think about your evaluation not as linear but as cyclical and how you frame it in those terms.

Q&A - Answers

Questions	Response
<p>When conducting reflective thematic analysis with two research questions how does the coding and theming differ from the approach taken with just one research question if at all please?</p>	<p>You will take expect to take the same response to coding – what you are doing there is looking for the themes that appear, the difference will be during your analysis, when you look at the context in which those responses are presented and what they tell you, separately and together, about your two evaluation questions</p>
<p>Will you cover the importance of structuring evaluation at the outset of the project? Too often this is left until the end of the project when often it's too late to do a full useful evaluation. thank</p>	<p>This was covered in the session.</p>
<p>How long would an evaluation usually take or how long would you suggest? They are usually a last minute ask. But will factor evaluation in for future projects.</p>	<p>The duration of an evaluation depends on what you want to evaluate, when you want to evaluate , the type of evaluation and available resources, including data availability etc.</p>
<p>Do you have any tips/tricks on how to encourage engagement via surveys, workshops etc to reach the widest audience possible?</p>	<ul style="list-style-type: none">• More engaging and accessible communications to reach out all staff groups• Reach out through different staff groups, meetings, events and talk about the purpose of surveys.• Keep your surveys short and relevant and use simple language• Be transparent on why are you collecting information and how will you use it – follow up and let people know what actions you have taken• Share the outcomes/findings of surveys with staff so that they know they have listened to
<p>Any suggestions for stakeholder engagement please?</p>	<p>Stakeholder engagement is crucial as many mentioned in the word cloud. To understand what does success look like to all, identify some key metrics agreed with all, to set expectations and also to ensure the stakeholders see the relevance of the evaluation findings.</p>

Q&A - Answers

Questions	Response
How do we access the model health system domain?	MHS Can be found here: You can register here: Register NHS England applications (model.nhs.uk) More information: NHS England » The Model Health System
Would you use the MHS as a benchmark for your own data, or to give you ideas for your own evaluation project?	You can use it to benchmark, if your project is organisation-wide, if you are working on a small project you will probably need localised data to understand how it might be impacting staff wellbeing
Is there a template which takes you through planning what you want to change/target, stakeholders, design intervention, evaluation, method desired outcomes / impact etc	We will cover this in our next session 'how logic and evaluation models can help you plan your evaluation' on 27 July.

Q&A - Answers

How can I measure the value of H&WB Champions in my organisation, what sort of questions should I ask?

Please visit the following link to see the HWB Champions Evaluation Guide in the NHS Future discussion forum. This evaluation guide suggests some key evaluation questions, metrics, data collection and analysis methods to support your evaluation of the HWB champions programme in your organisation. This guide also includes some suggested survey questions for data collection.

[Forum - Health and Wellbeing and People Projects Evaluation - FutureNHS Collaboration Platform](#)

If I am doing a follow up survey after a training programme to understand how people have used the skills they learnt, how long should I wait from the post attendance survey before I send it out?

How long would you expect the evaluation (pre and post) to take - when designing a project or programme, what timeframe should we give ourselves as part of the overall timeframe.

There are a few things to consider and there is probably a bit of a 'sweet spot'. You want to leave it long enough to see if the learning has been maintained after the post course feedback, or reinforced through practice, and you want to give people an opportunity to have put the training into use, so that they can tell you what they have done and the difference it has made. However, you will also get diminishing returns on survey responses the longer after a training programme you send them out. So you don't want to leave it too long.

For a follow up survey, we'd usually look at between 6 weeks and 3 months, depending on the programme. You might want to also follow up six months or a year later, but focus on qualitative feedback on impact if you do so, then you may get a small number of richer responses.

If you are doing a follow up survey you will need factor this into your report, including the time you wait to follow up, time for people to respond, analysing and completing the report. Three months after the end of a project wouldn't be untypical, but there are things you can start reporting earlier, such as process metrics and initial outcomes metrics

Q&A - Answers

If I pick up a project that didn't have an evaluation plan set up at the beginning, can I still evaluate it at the end?

You absolutely can! We would always recommend building your evaluation in at the start of a project, and there are a few things you won't be able to do (such as pre and post surveys looking at changes in self-efficacy or other measures after an intervention), but there are definitely still things you can do and data and feedback you can collect. Refer back to the original project aims (and good project management will help here even if there is no evaluation plan) and think about what questions you can still ask that will answer if the aims have been met and what difference the project has made. People will usually still also be open to giving feedback even if the project has completed.

Q&A - Answers

Primary care don't use ESR, what else can I use to understand what's happening in PC?

We don't have all the data that the electronic staff record collects for NHS trust staff, but the NHS still does publish some data on the primary care workforce that you can look at. [General Practice Workforce - NHS Digital](#). There will soon also be a staff survey for primary care for the first time.

This does mean that you may need to go out to staff to collect data for primary care staff you are working with / supporting. Think about ways of making it easier for people in primary care to respond, for example leaflets with a QR code they can access rather than relying on emails, which may go unread. It's always helpful to talk to practice managers who know how best to approach and get feedback for the staff in their practice.

Q&A - Answers

I don't always know where to start with data, it can be a little overwhelming! Do you have any top tips?

Yes, it can be overwhelming when you have access to huge amount of data. We would suggest you:

- Focus on your key evaluation questions and use these to identify key metrics/data that can help answer these, ideally using both qualitative data and quantitative data.
- Next step would be to identify either existing data sources or collect new data (if required) that can answer your evaluation questions and feed into your identified key metrics. For example, if your evaluation question is on understanding the reach and engagement of a specific staff group. You might want to look at your monitoring data on number of people engaged from a specific staff group, your engagement methods etc.
- Make sure the identified evaluation questions and metrics are agreed with key stakeholders at the evaluation scoping stage.
- Keep reviewing your data sources against your evaluation questions to ensure you have sufficient data to a complete story of change.

Further sessions

Evaluation for health and wellbeing – how logic and evaluation models can help you plan your evaluation: 10 August

- The second workshop will focus on how explaining logic models and their use in evaluation. Logic models can help in designing and communicating your project and your evaluation plan

Evaluation for health and wellbeing – writing effective reports and high quality case studies/stories: 31 August

- The final workshop will support you to communicate your evaluation and project findings through writing effective reports and developing high quality case studies and case stories

Recordings and slides will be shared on FutureNHS here:

<https://future.nhs.uk/HWPeopleProjectsEvaluation/view?objectId=44781712>

Evaluation Resources

The following links provide useful references to support local projects with their evaluations.

- Guide to Evaluation Design, Principles and Practice, The Strategy Unit - <https://www.strategyunitwm.nhs.uk/sites/default/files/2020-12/DSC-Evaluation-Guide-181220.pdf>
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- Guide to using Logic Models - <https://www.strategyunitwm.nhs.uk/sites/default/files/2018-03/Your%20guide%20to%20Logic%20Models.pdf>
- Better Use of Case Studies in Evaluation - [https://www.betterevaluation.org/en/blog/better use of case studies in evaluation](https://www.betterevaluation.org/en/blog/better-use-of-case-studies-in-evaluation) [Case Study | Better Evaluation](#)
- Evaluating your health and wellbeing programme - <https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/understanding-your-data/evaluating-your-health-and-wellbeing-programme>

Your feedback is important!



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