The Leadership Development Evaluation Framework

Developing evidence based interventions and creating a culture of evaluation and learning.

Acknowledgements

The Leadership Development Evaluation and Research Group The (LeaDER Group) is a group of leadership development practitioners and academics working for and with the network of NHS leadership academies. Thanks go to this group of dedicated and passionate people for their work on developing this framework and their continued support in creating a step change in the use, creation and development of an evidence base for leadership development in the NHS.

Paul O'Neill
Director – East Midlands Leadership Academy
Chair of the LeaDER Group

June 2017

Contents

_____

SECTION 1

INTRODUCTION TO THE EVALUATION APPROACH AND FRAMEWORK

1.1 Introduction

The case for good leadership in the NHS is generally well understood and the benefits clear in terms of safer services, better patient outcomes, more engaged staff, a more inclusive approach and better overall performance.

Harder to evidence is that leadership development – in all its guises – makes people better leaders who go on to deliver the above.

Each year, our network of leadership academies is responsible for supporting the development of thousands of NHS leaders, through either national or local bespoke interventions.

The evaluation of these interventions in the past was not always robust, standardised or any learning shared. In 2015 we committed to a strategy which would:

> Develop a culture of comprehensive and consistent evaluation which is embedded into all NHS leadership development activity in which leadership development teams would become highly competent in the process of evaluation.

Our mission became:

> To work with our network of leadership academies across the NHS to help them understand what leadership development works, to help them demonstrate its impact and effectiveness, and to help them use this learning to deliver evidence based leadership development activity across the country.

In 2015/16 we designed a common framework that we could apply to any intervention and committed to use the same tool and to share our learning with each other.

1.2 Continuous Improvement:

In 2016/17 the network of academies committed to undertake 100 evaluations of various interventions of leadership, organisational and system development. A review of around 60 of those suggested ways in which the evaluation tool itself could be improved as well as providing valuable insights into how we can get even better at developing individuals, teams, organisations and systems.

This 'Version 1.1' of the framework, for use in 2017/18 takes on board feedback received – mostly the feedback has been very positive but practitioners were keen to see the framework simplified, clearer use of language and more prompts in the documentation to guide practitioners to complete the templates as well as possible. This feedback has been taken on board and incorporated into this latest version.

Our continuous improvement continues. Work is already underway for Version 1.2 to be deployed in 2018/19. We hope this will be an on-line version, incorporate accompanying training materials and take account of the freshest insights gleaned from your submitted reports and our research.

1.3 Core Principles of the evaluation framework

The Evaluation Framework has been developed with reference to academic theory and best practice, which underpins these core principles:

Formative evaluation not summative assessment

That is, creating a feedback cycle which encourages us to learn and improve through experience over time rather than a 'pass or fail' approach, we aim to learn about how we do our work better.

Quantitative and qualitative data will both be important

Quantitative methods, if used alone, which can be tempting as they are usually the more obvious ways of measuring, can risk only valuing those outcomes which we can quantify.

'*Not everything that can be counted counts; and not everything that counts can be counted!'*

Qualitative methods in contrast, are narrative or descriptive and provide a richer and deeper understanding although will usually take more planning and resource to deploy.

What happens before, during and after an intervention is important

Evidence to date (including Hay 2011[1]) informs us that it is not only the quality of an intervention that has an effect on the impact of an intervention but also the state of readiness to learn by the individual and the support provided to the individual by their organisation/sponsor.

We know that most learning occurs in the workplace when new ideas or concepts are applied (North West Leadership Academy/Ashton Business School 2015[2]). This research suggests 70% of learning occurs in the workplace, 20% through coaching and mentoring and 10% in formal 'taught' programmes (the 70/20/10 rule).

What happens at the level of self, organisation and facilitator[3] is important

Impact will be seen and perceived differently from three key perspectives; that of the individual themselves, from the perspective of the team, organisation or system in which the individual works, and from the perspective of those providing the development interventions – the facilitators.

All of these perspectives are important in evaluating impact.

---

[1] Hay Group 2011 – Develop your leaders, The Rewards of Leadership Development

[2] North West leadership Academy/Ashton Business School 2015 – Beyond the 10% - Effective Leadership Development in Healthcare

[3] The term 'facilitator' is used throughout this document meaning the person or team who is providing the input – other terms may be trainer, provider, educator, developer and so on – we have settled on facilitator as the generic term in this context.

We can learn about how to do evaluation better and how we can do leadership development better

These are two complimentary strands to this work and are both important lines of enquiry.

We should take the opportunity to improve good practice

Applying evaluation well can and should have a positive effect on the design and delivery of interventions – we should use every opportunity to use our evaluation approach to improve delivery.

1.4 Ethical Practice

Whatever form of work we may be engaged in it is always important to abide by good ethical practice. This encompasses acting for the good of those we are working with, avoiding doing harm and acting with fairness and openness. In addition, we must make sure that we comply with legal and regulatory standards, including the Data Protection Act, and follow all relevant professional codes and local guidelines for conduct.

Generally, evaluation does not require a formal ethical approval process. This is true for 'audit' and 'service evaluation', where 'audit' is defined as assessing the level of service being provided against a set of predetermined standards, and 'service evaluation' as work designed and conducted solely to define or judge current service.

Is it research or not?

Sometimes the evaluations that we plan to conduct will take the form of research, in which case formal ethical approval might be required.

In broad terms, evaluation becomes research when there is an attempt to derive generalizable new knowledge including studies that aim to generate hypotheses as well as studies that aim to test them. For our community this would include the 'evaluation' of a new leadership development programme based on new conceptual insights and introduced with a view to testing their impact.

Ultimately, as there is no universally agreed definition of 'research' then those responsible for the study must decide whether their study is research requiring ethical approval based on the details of what is planned.

If we do find ourselves involved with research then along with the possible need to apply for formal ethical approval we find that the ethical principles introduced above are further articulated, and often in the form of the following five equally important principles:

• Minimise the risk of harm
• Obtain informed consent
• Protect anonymity and confidentiality
• Avoid deceptive practices
• Provide the right to withdraw

These considerations will include, among others, an expectation of the protection of possibly vulnerable participants, providing participant project information sheets and consent forms, ensuring guarantees are provided regarding how data will be anonymised and stored securely, and enquiring whether there may be any inappropriate actions such as conflicts of interest, inducements to participate and any sense of obligation placed on participants.

Ethics Review and Approval

An enquiry to the NHS Health Research Agency stated that so long as a research project only includes NHS staff who are recruited by virtue of their professional role then this does NOT require ethics review except where it would otherwise require this; for example, because there is a legal requirement for ethics review, or because the research also involves patients or service users as research participants. The reason for this is that employers owe a duty of care to their employees and ethics committees are not expected to assume employers' responsibilities or liabilities, or to act as a substitute for employers' proper management of health and safety in the workplace. It is for employers to ensure that they are fulfilling their duties as employers when their employees take part in research.

Clearly, this guidance is very helpful and should for the most part mean that ethics approval will not be required for our work.

However, do be mindful that if you have say a University or other partner involved in any research that their policies may require an ethics approval process through their own organisation.

Important note: Using evaluation data for further research.

It is possible to use data collected from participants during a 'service evaluation' for later research as long as: the data is completely anonymous; it is not possible to identify participants from any resulting report; use of the data will not cause substantial damage and distress.

Useful resources

Kings College ethics guidance:

http://www.kcl.ac.uk/innovation/research/support/ethics/training/evaluation.aspx

American Evaluation Association Guiding Principles For Evaluators:

http://www.eval.org/p/cm/ld/fid=51 via the 'Better Evaluation' website http://betterevaluation.org/

Principles of research ethics:

http://dissertation.laerd.com/principles-of-research-ethics.php

SECTION 2

USING AND APPLYING THE FRAMEWORK IN PRACTICE

2.1 EVALUATION PROCESS OVERVIEW

1. PLAN
Plan your intervention and evaluation simultaneously from the outset

COMPLETE EVALUATION PLANNING TEMPLATE	COMPLETE EVIDENCE GATHERING TEMPLATE

2. GATHER EVIDENCE
Deliver your intervention – ensure you gather any of your planned evidence at the various stages

BEFORE	DURING	AFTER
Use the prompting questions in the 'Before' section of the B.D.A. table to work out where and what evidence you might gather from the perspective of the individual, team/organisation/system and facilitator.	Use the prompting questions in the 'During' section of the B.D.A. table to work out where and what evidence you might gather from the perspective of the individual, team/organisation/system and facilitator.	Use the prompting questions in the 'After' section of the B.D.A. table to work out where and what evidence you might gather from the perspective of the individual, team/organisation/system and facilitator.

3. REFLECT and REPORT
Start to make sense of what you have observed, what evidence you have gathered and what you have learned

COMPLETE THE EVALUATION REPORT TEMPLATE
The sections will enable you to consider what you thought would happen and compare to what did and allow you to reach a judgement about how well the intervention worked and what difference it might have made.

4. SHARE and LEARN
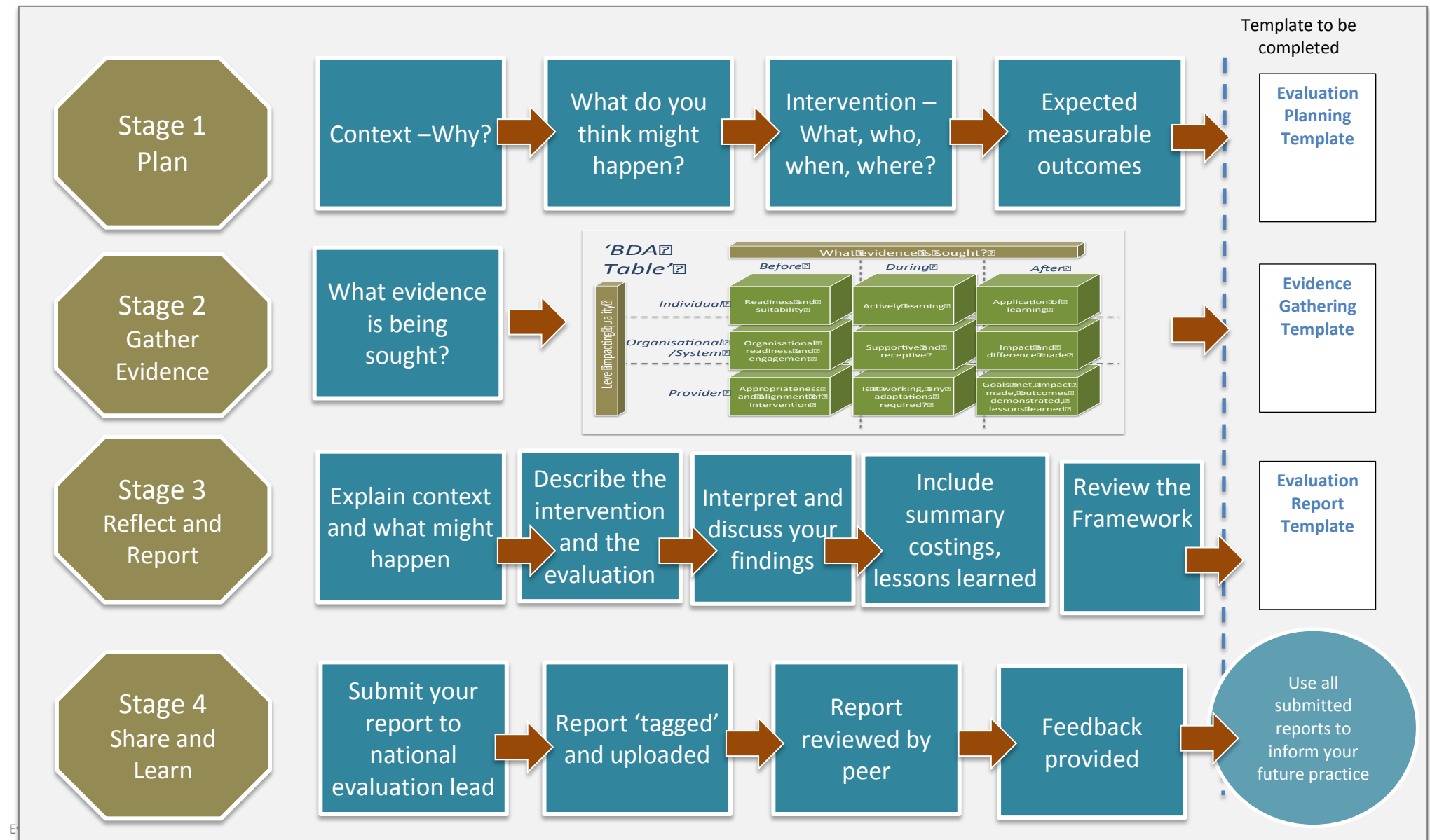Share your report and learning with the academy network

SUBMIT YOUR REPORT TO UPLOAD ON THE EVLAUATION HUB
Send your report to the LLA evaluation lead. It will be tagged with appropriate keywords to help others to search and enable them to learn from your work – similarly tap into others' work to assist you with your planning and evaluation. You will also receive peer-to-peer feedback on the report you have created.

THE EVALUATION FRAMEWORK

Figure 1.

Template to be completed

Stage 1 — Plan

Context –Why? → What do you think might happen? → Intervention – What, who, when, where? → Expected measurable outcomes →

Evaluation Planning Template

Stage 2 — Gather Evidence

What evidence is being sought? →

'BDA Table'

What evidence is sought?

Level impacting quality

	Before	During	After
Individual	Readiness and suitability	Actively learning	Application of learning
Organisational /System	Organisational readiness and engagement	Supportive and receptive	Impact and difference made
Provider	Appropriateness and alignment of intervention	Is it working, any adaptations required?	Goals met, impact made, outcomes demonstrated, lessons learned

Evidence Gathering Template

Stage 3 — Reflect and Report

Explain context and what might happen → Describe the intervention and the evaluation → Interpret and discuss your findings → Include summary costings, lessons learned → Review the Framework →

Evaluation Report Template

Stage 4 — Share and Learn

Submit your report to national evaluation lead → Report 'tagged' and uploaded → Report reviewed by peer → Feedback provided →

Use all submitted reports to inform your future practice

2.2 Using the framework – Each stage has a number of activities to complete and templates to complete – these stages are explained below.

STAGE 1 - PLAN
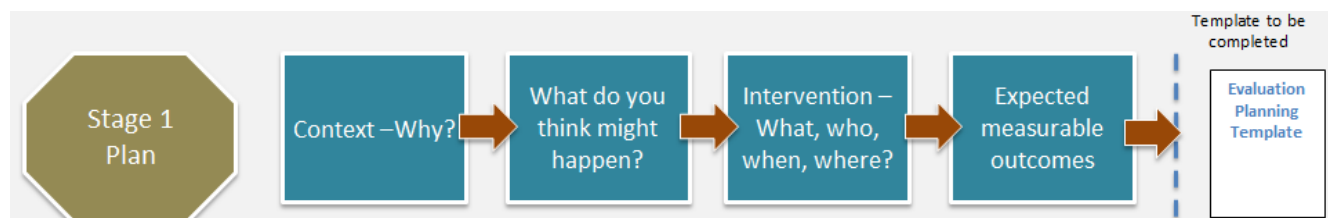
USE THE EVALUATION PLANNING TEMPLATE (See Section 3 – Blank Templates) TO HELP YOU PLAN YOUR EVALUATION. BELOW IS SOME INSTRUCTION AND GUIDANCE ON HOW TO COMPLETE THIS TEMPLATE.

Note – This completed template will eventually form an Appendix to your completed evaluation report

Title of Intervention Use a title that describes and has meaning for others looking for a report that maybe useful to them so 'Developing Front Line Leaders' is better than the 'Make a Difference Programme' (even if locally 'Make a Difference' has currency)

Context

The planning of the intervention and the planning of the evaluation should go hand-in-hand. They are two related intertwined activities which should commence simultaneously. The framework starts by requiring practitioners to think about the **context**, i.e. why is an intervention being considered. What are the national/regional/local drivers that are making you think that an intervention is required. What have you read that suggests this intervention is necessary and helpful? It is likely to include a reference to current strategic themes e.g:

Inclusive/Compassionate/Systems Leadership

Collective/Collaborative Leadership

Five Year Forward View/STP support

Talent Management

Quality Improvement

Team/Organisation Performance

National Policy or Reports

Organisation or professional culture

Training needs analysis, diagnostics and horizon scanning

Consider the following example which we will use in each of the following sections.

The context maybe that an organisation is performing poorly and diagnostic work has suggested they have a dominant pace-setting culture and a dis-engaged workforce. We know that this is inconsistent with being a compassionate organisation and that it often leads to poor quality staff engagement and satisfaction, and patient safety and outcomes can be compromised if a potentially domineering or even bullying style is allowed to dominate.

<u>What do you think might happen?</u>

You are suggesting a theory that is trying to answer the question 'What do you want to happen as a consequence of making an intervention' or 'What will the future look like if the intervention is effective'. As you consider this it will inform, strengthen and refine your plans for the intervention itself. Think carefully about 'where' you hope to make a difference, at the level of the individual, in the team or organisation in which they work, or at the level of a local health and care system or nationally, some or all of these 'levels' are possible areas in which you are planning to make a difference.

In our example you may well have a theory which is about, needing to increase the repertoire of leaders' styles, to encourage team members' independence and problem solving abilities, to change the culture of the organisation to be less autocratic and more engaged and to be more flexible in their ways of working. This should improve staff survey results, staff sickness rates and number of complaints raised as well as helping to retain staff in the organisation.

<u>Intervention</u>

Developing your ideas about what needs to happen, ie what difference do you want to make, this will shape your thinking about the interventions you could make.

What is the intervention you are planning to achieve the changes you think are necessary? Why do you think your intervention would be effective at achieving your desired impact? What are you thinking of doing, with whom, over what time period. What is the scale and complexity of the planned intervention, what difference do you think (hope) it might make?

In our example, you plan a 'developing coaching skills for line mangers' intervention with the aim of line managers developing more coaching skills, that they would deal with problems brought by employees using a coaching approach, that team members would be more empowered, less dependent and more problem solving and that the team would feel more motivated and able to deal with their own work problems more effectively. In turn this would have a positive impact on the culture of the organisation over time.

Expected Outcomes

Given your ideas about what difference you want to make what would be the measurable outcomes – what observable, noticeable difference would be made – where would this show? From the example above – you might construct a table like this:

What do we think might happen?	Expected Outcome
Line managers have more coaching skills	Delegates on the programme are assessed as being competent coaches according to a pre-defined standard
Line managers deal with problems brought by employees using a coaching approach	Line mangers are able to submit case studies/reflective diaries demonstrating their application of coaching in the workplace
Team members feel more empowered, less dependent and are better able to solve problems	Team members report being helped to find their own solutions more to work based problems.
Team motivation levels are higher	Team motivation scores on regular 'pulse-check' surveys are improved.
The culture of the organisation is one which is more coaching, engaging and compassionate	Positive shift in cultural diagnostic before and after interventions

This applies 'theory of change' thinking to leadership development activities (Short - 2015[4]).
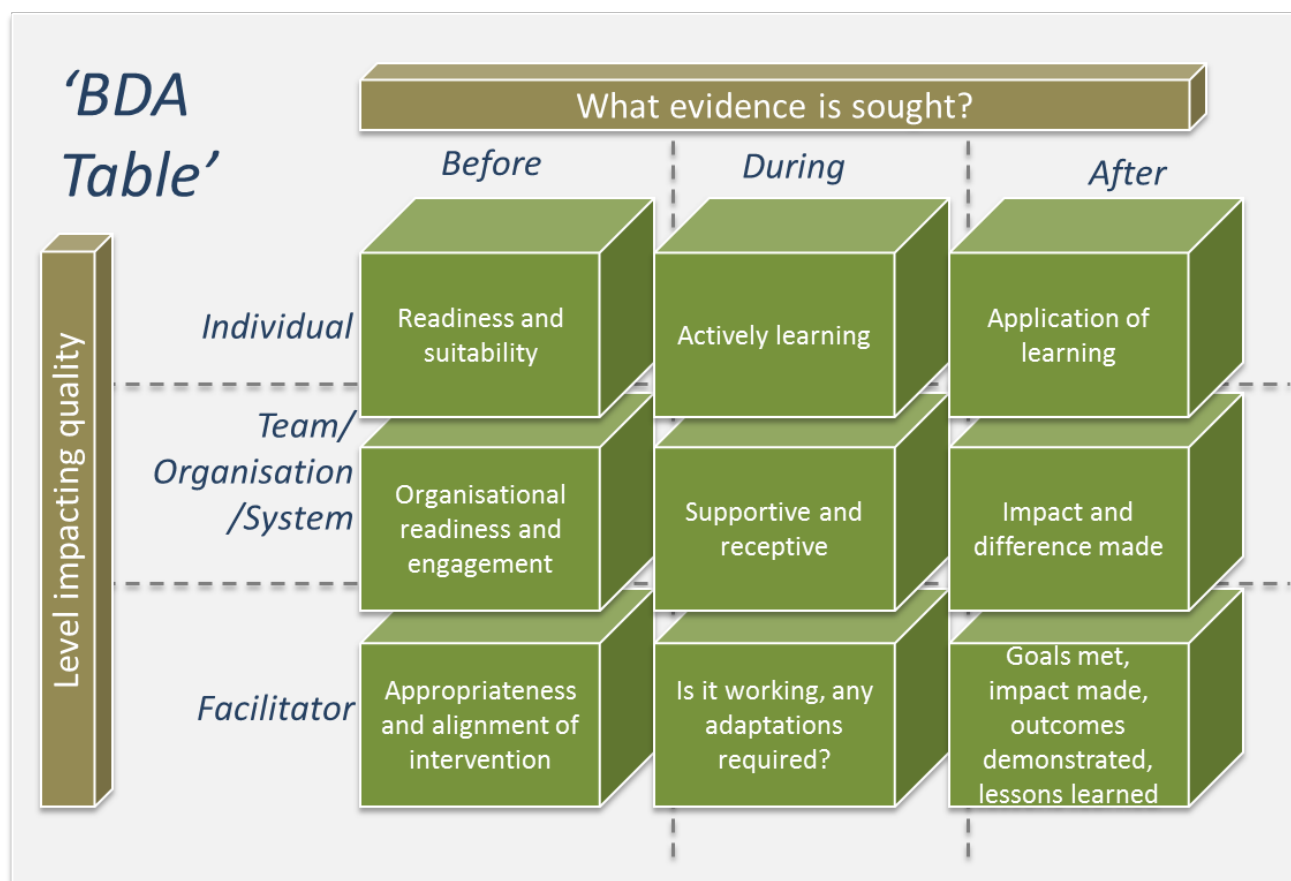
STAGE 2. GATHER EVIDENCE
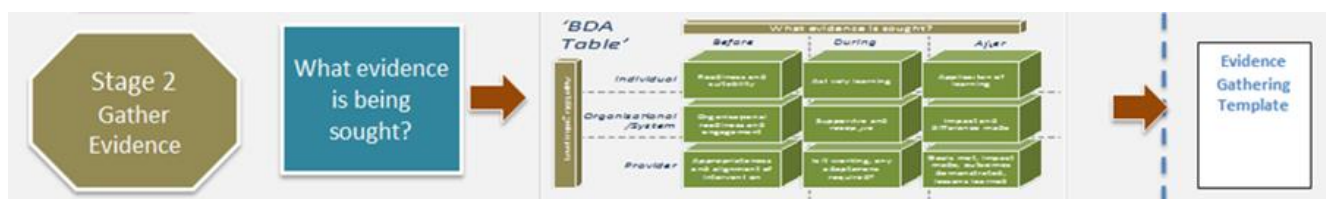
USE THE EVIDENCE GATHERING TEMPLATE (see section 3 – Blank Templates) TO HELP YOU PLAN YOUR EVIDENCE GATHERING PHASE. Below is some instruction and guidance on how to complete this template.

Note – This completed template will eventually form an Appendix to your completed evaluation report

---

[4] Short Lyndsay (2015) "Commissioning and Service Redesign- East Midlands Leadership Academy: Service Transformation Evaluation "Executive MBA Module assignment. University of Nottingham. – Unpublished – *also see end notes*

Practitioners are encouraged to think about three levels of evidence, that is: the development/change that is seen from the perspective of a) the individual participant b) their team, employing organisation or system and c) the facilitator of the intervention at three time related stages, before, during and after the intervention has taken place. Figure 3 expands upon this – called the 'BDA' Table for short.

Figure 2. The 'BDA' Table

'BDA Table'	What evidence is sought?		
Level impacting quality	**Before**	**During**	**After**
Individual	Readiness and suitability	Actively learning	Application of learning
Team/ Organisation /System	Organisational readiness and engagement	Supportive and receptive	Impact and difference made
Facilitator	Appropriateness and alignment of intervention	Is it working, any adaptations required?	Goals met, impact made, outcomes demonstrated, lessons learned

These levels and 'what is happening in each box' describe where learning, change and impact should be happening – this informs the evidence gathering phase which endeavours to look for evidence to support (or otherwise) whether and to what extent change is occurring.

Fig 4 – Evidence Gathering Template Guidance

	Before (How do we ensure this intervention is the right one?)	**During** (Is the intervention working?)	**After** (Has the intervention worked?)
Individual	***How can we measure individual readiness & suitability?*** *e.g. application forms to evidence a participant's readiness for and expectations of the intervention. Interest in the event might be supported by statistics on numbers applied*	***What evidence can we collect to demonstrate the individual is actively learning?*** *e.g. evidence of delegates' attention and/or commitment via completed work, attendance, participation/engagement, energy levels, positive feedback mid-intervention, learning tests, pre- and post-event questionnaires/evaluation forms.*	***How can we evidence that individuals are applying their learning?*** *e.g. reflective logs, post-event surveys, increase in numbers/uptake of a particular group/activity, career progression, productivity shifts, project work, reflective diaries.*
Team/ Organisational/ System	***How can we measure organisational readiness & engagement?*** *e.g. evidence of organisations' marketing, support or demand/interest for an event support from sponsors. Organisational demand might be reflected in policy/research documents or through research/engagement/intelligence work. Later we will need to test whether the intervention has created the organisational impact we are looking for, so what are the benchmarks now? What is performance like in relation to the drivers for the programme?*	***What evidence can we collect to demonstrate organisational support and receptivity of the intervention?*** *e.g. evidence that the delegates' organisations are supporting their learning via facilitating opportunities for feedback, supporting related projects. Individual reports of organisational support on evaluation forms. Sponsor involvement and engagement.*	***What evidence might we collect to show learning has been shared and had impact at a team, organisational or system level?*** *e.g. staff surveys, strategy development, changes in organisational metrics, team surveys, financial metrics, interviews, organisational level reporting etc.*
Facilitator	***How can we evidence our understanding of the appropriateness and alignment of the intervention?*** *e.g. the intervention addresses organisational needs aligned with policy requirements, is accepted by stakeholders as the right intervention to be doing at this time with the right people/organisations. Alignment of the intervention with context.*	***What evidence can we collect to demonstrate whether the intervention is working?*** *The evidence collected above is likely to help answer this question. Other methods for assessing whether the intervention is working during the event include Q&A session, mid-point temperature checks, observations, Twitter, pre and post event questionnaires administered on the day. Conversations with sponsors.*	***How can we demonstrate that the goals have been met, impact and outcomes demonstrated and lessons learnt?*** *e.g. how are we measuring and assessing outcomes not only in the short term using the methods and data described in the 'during' column, but also how we measure more long term impact using the evidence collected and impact in teams/organisations. Trend spotting and analysis. Inference of effectiveness based on evidence generated.*

Scale and Complexity of the intervention

We have decided to categorise our interventions as having different levels of complexity – low, medium and high. It is not possible to be too prescriptive about what intervention fits what category – there is always a degree of judgement and always interventions that border a boundary – the following guidance is offered.

- **LOW:** One day interventions, such as masterclasses, conferences, very short programmes e.g. 2 consecutive days of 'An Introduction to Coaching and Mentoring' for example.

- **MEDIUM**: Programmes which are several days spread out over several months, a series of linked one day events in which you have an interest in evaluating the overall impact of the series. More in-depth (and costly) interventions such as a study-visit to an overseas healthcare system.

- **HIGH**: Highly complex and more uncertain interventions. Working with an organisation on culture change, an STP on its overall OD plan, a programme with strong elements of application over a longer period involving tracking of results.

It is important to be pragmatic and proportionate in the evaluation to the scale and size of the intervention. A list of detailed questions for each stage and level of evidence gathering is provided to encourage practitioners to think about the kind of evidence they might use. Practitioners will need to judge how important these questions are and therefore the associated evidence that might be gathered for the scale and context of the planned intervention.

How long is 'After'?

In terms of following up post-intervention, the 'After' phase, it is suggested that for short term interventions (e.g. a one day conference) any follow up would be within 2-4 weeks, and for longer interventions, e.g. a programme lasting several days spread out over several months, any follow-up activity takes place around 8-12 weeks after the intervention has concluded.

It may be appropriate for some follow-up (e.g. career tracking) be carried out 12months+ but this would form an addendum to the original report rather than waiting this length of time before writing and sharing the main body of the report.

The after phase is really when delegates have had a chance to apply their learning 'back at base' and had the chance to make some sort of impact. Immediate 'end of the day' feedback sheets are best counted therefore in the 'During' phase of an intervention.

PROMPT QUESTIONS

The following tables provide you with some prompting questions to consider at each stage of the evaluation process (Before, During and After) and at the different levels of the individual, team/organisation/system and facilitator. The questions and the examples of evidence you might use are designed to help you think through where will you look to see impact and where and what evidence will you seek.
It is important to be pragmatic and proportionate in the evaluation of any intervention to the scale and size of the intervention – the BDA tables and questions to be used is a menu to be considered and chosen wisely from, not a comprehensive checklist to be followed doggedly in all situations.

What evidence is sought? – BEFORE

WHO	QUESTIONS:	OUTPUTS might include…
THE INDIVIDUAL **(e.g. individual manager, leader, clinician, delegate, participant who receives the development intervention)**	• Is this development right for me at this time? • Have I got the support of my organisation? • What do I want to get out of this development? • What I can contribute/what do I bring? • In what ways am I looking to improve my leadership style, thoughts, feelings and behaviours? • How might it help patients, me, my team, my organisation?	• An application form /process making the case for the benefits of the intervention to the individual, organisation, patients. • Approval from the employing organisation including a commitment to provide support. • Health Care Leadership Model feedback with identified areas of development. • Statements from self/peers/others about how they are experienced by those 'on the receiving end of me' • An assessment process with developmental feedback especially to those who were unsuccessful. • Some clear goals that the individual is hoping to achieve which articulate the benefits to them and their organisation, patients and carers. • A description of what the individual may contribute and the experience they bring to the learning environment.

WHO	QUESTIONS:	OUTPUTS might include…
THE TEAM/ ORGANISATION/SYSTEM (e.g. a team, Trust, CCG, other health and social care organisation, group of organisations, 'the system')	• Have we got talent management processes in place to identify the right individuals who are most ready for this intervention? • Can we articulate the likely benefits to the organisation/patients of this intervention? • Have we effectively marketed this opportunity to the right target audience and created the conditions which will support those involved? • Are we clear how we will support the intervention and those involved to maximise their learning during and after the intervention? • What kind of cultural change are we hoping for, what is the culture like now and how do we hope it might change? • What are the benchmarks of what we are hoping to achieve? • Do all delegates have named and engaged sponsors?	• A talent management process with 'ready now' candidates identifiable. • A narrative which is able to articulate the benefits of the intervention to the organisation. • Some clear goals/expectations that the changes which are likely to be possible as a consequence of the intervention. • Evidence of effective communications to all relevant personnel from which the right candidates are identified to benefit from the intervention. • A statement of commitment to support those involved during the intervention and how any new learning will be incorporated and applied. • How team/organisational culture is now and what do we want leaders to do and be like to impact positively on the organisational culture. • Organisational performance dashboard information
THE FACILITATORS (e.g. the commissioners of the intervention, the practitioners, providers, facilitators/ deliverers of the intervention)	• Are we clear why we are offering this particular intervention at this time? • Is this a priority intervention for our health economy? • Is there support/sign up/demand for this in our health economy? • Can we articulate the reasons for doing this and its likely benefits to the target audience/organisations/patients? • Can we describe the features of the intervention and more importantly its benefits? • What are our beliefs about how this intervention will impact on an organisation's and system's	• A document which describes the offer, its likely benefits, its aims and content /form of intervention. • Evidence of demand/drivers/relative priority- that answers the question Why this? Why now? • Process materials about who this is right for, any criteria that need to be met by the individuals/supporting organisations (see above). • Descriptions of culture now, and hoped for in the future • Statement of OD aims ie how might the organisation improve as a consequence of this

WHO	QUESTIONS:	OUTPUTS might include…
	culture and performance? • What type of change the organisations participating in this intervention hoping it will achieve, what type of 'hard' and 'soft' measures would be success for them? • Have we got credible people / team to deliver it? • Is this or a similar intervention being carried out by another LDP around this time – does this provide any potential opportunities to evaluate or work collaboratively or do any form of comparative analysis? • Is this part of a wider programme of change, and if so are there any interdependencies that need to be considered? • If this is a commissioned intervention what elements of the evaluation are we building into the contract? • What's the alignment between context, intervention and measures/ outcomes? • What provisions in the design of the programme are there for application of skills and measurement of impact?	intervention. • A description demonstrating the credibility of those involved in its delivery. • A joint statement from two different providers explaining how they will compare and contrast findings, work together or deliberately do things differently (changing variables) to ascertain any possible impact. • Links with other interventions explained and how these will be considered separately and together. • Contracts between commissioners/providers of the intervention reflecting who is doing what in terms of evaluation. •

What evidence is sought? - DURING

WHO	QUESTIONS:	OUTPUTS might include…
THE INDIVIDUAL **(e.g. individual manager, leader, clinician, delegate, participant who receives the development intervention)**	• Have I committed to the intervention, completed any pre-work or diagnostics? • Am I engaged with the intervention, trying out new ways of thinking, understanding, behaving? • Am I giving my full attention to my learning and the development of others involved? • Am I putting into practice what I am learning? How might I do so? • Have I completed all assignments/diagnostics I am being asked to do? • How am I feeling about how this intervention is going, do I believe it will make a positive difference?	• Completed diagnostics/pre-work • Attendance at face-to-face sessions, participation on virtual sessions, progress through leaning materials. • Feedback from colleagues about new behaviours. • Completed assignments successfully • Reflection on how skills and behaviours might be applied • Evidence of learning from any diagnostics taken • Part-way feedback from individuals about what they think of the intervention so far and how are they feeling about it?
THE TEAM/ **ORGANISATION/SYSTEM** **(e.g. a team, Trust, CCG, other health and social care organisation, group of organisations, 'the system')**	• Are we supporting any individuals involved in the intervention? • Are we allowing/encouraging new ways of thinking to impact how we do things? • Are we providing the right kind and new opportunities for those involved to practise their new found skills and maximise the impact on our work? • Are sponsors involved in monitoring and supporting the delegates progress? How?	• 1:1s with sponsors/line managers and participants to develop plans to apply learning / new assignments • Examples of projects/initiatives undertaken and completed as part of the intervention • Examples of applied learning, new ways of working/feeling/thinking/behaving • Descriptions of how participants are showing different leadership styles and the way this is being received by others

| THE FACILITATORS

(e.g. the commissioners of the intervention, the practitioners, providers, facilitators/ deliverers of the intervention) | • Have we got a plan for individual diagnostics to be collated/aggregated?
• How will we ensure we capture individuals' and groups' progress and present it? How are we going to gather reports of changed/improved behaviour that are wider than just self-reports?
• Are we in touch with other agencies who we have agreed a joint approach with to ascertain their experience/data to date? | • Aggregate 'scores' of diagnostics eg before and after Health Care Leadership Model 360s
• Case studies/examples of ideas into practice
• Reports/data of attendance, completed courses/assignments
• Summary of Kirkpatrick level 1 and 2 feedback.
• Testimonials from sponsors/line managers as well as participants in changes in behaviour seen.
• Comparing and contrasting information exchange with other agencies
• Consideration of related interventions and how they are working. |

What evidence is sought? - AFTER

| WHO:	QUESTIONS:	OUTPUTS might include…
THE INDIVIDUAL **(e.g. individual manager, leader, clinician, delegate, participant who receives the development intervention)**	• In what ways am I applying new ways of thinking/understanding/relating/behaving? • Have I met my original goals? • Can I give examples of progression/service improvement as a consequence of the intervention? • Have I progressed in my career/opened up new opportunities? • How am I keeping my new learning going? • Am I approaching my work and interactions with others differently? • Am I a better leader? • Am I more productive? How? • How did the project work help me to apply the skills? • What impact has this had on my service?	• Examples of changed behaviours • Before and after 360s • Evidence of goals being met • Changes to career pathways and/or promotion • Maintained contact with learning set • Identifying new development opportunities • Reflections about how individuals are thinking, feeling, being and doing things differently • Project work • Case studies • Shifts in the talent grid measurement of individuals
THE TEAM/ **ORGANISATION/SYSTEM** **(e.g. a team, Trust, CCG, other health and social care organisation, group of organisations, 'the system')**	• How have we benefitted from the intervention? • To what extent have our expectations been met? • Have we adequately supported individuals involved? • How has this affected our talent management approach? • How are we capturing/demonstrating the value of the intervention? • Is this impacting on our team and organisational culture and any areas of performance? • Has there been any financial savings/ efficiencies as a result of participation in this programme?	• Examples of expected benefits being delivered • Examples of how participants have been supported, encouraged to apply and develop their learning. • Talent pool grown, examples of people progressing to more senior/advanced roles. • Examples of projects/improvements are highlighted and shared. • What are our people saying about differences in how they are treated and led by participants? • Financial savings and efficiencies

| THE FACILITATORS

(e.g. the commissioners of the intervention, the practitioners, providers, facilitators/ deliverers of the intervention) | • How are we maintaining contact with those involved in the intervention and ascertaining the difference it is making?
• Is it appropriate to record any career progression and if so how?
• Are there any longer term impacts/benefits following a period of consolidation?
• Are we collecting and sharing joint data with other partner development agencies both qualitative and quantitative?
• Are there any conclusions we can draw re trends and causation? | • Reports/summary of impact of intervention based on all of the above.
• Feedback from participants/line managers/organisations about benefits seen and demonstrated.
• Active involvement of alumni in development of others.
• Longer term follow-up of those involved to track career progression and application of learning.
• Comparisons with other agencies findings if relevant.
• Interdependencies with other interventions. |

STAGE 3. REFLECT and REPORT
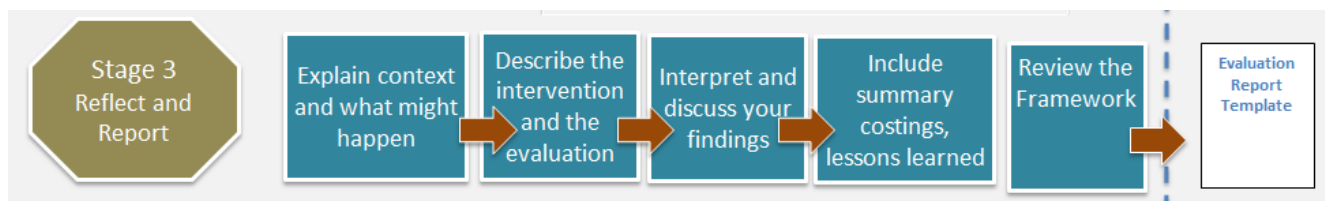
The Evaluation Report Template (See section 3 – Blank Templates) is designed to be used consistently across the network of academies. There is great value in using a consistent reporting format, it ensures all key areas are addressed and makes reading, comparing and extracting information from them much easier –especially when practitioners are reading and using multiple reports.

The reports are uploaded to our Evaluation Hub and made available to all academies. Each report is peer reviewed and feedback provided to the author to help their learning and further develop their evaluation skills.

Please complete ALL of the sections. There are prompts and guidance notes in each section to clarify what areas to cover in each section.
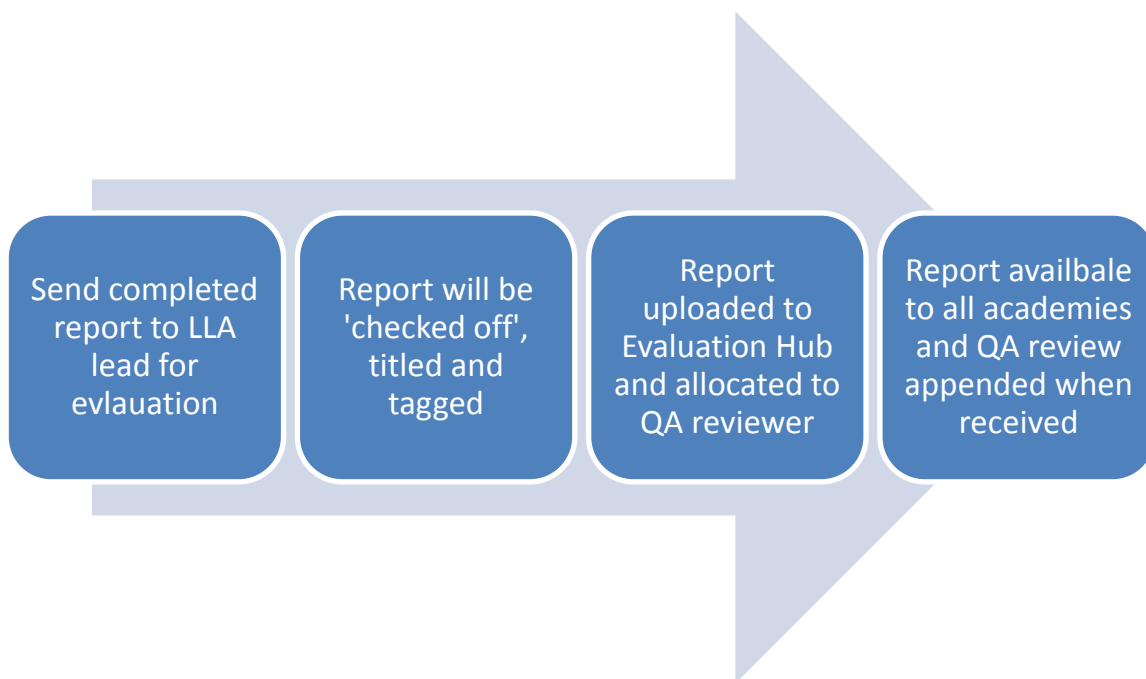
STAGE 4. SHARE and LEARN
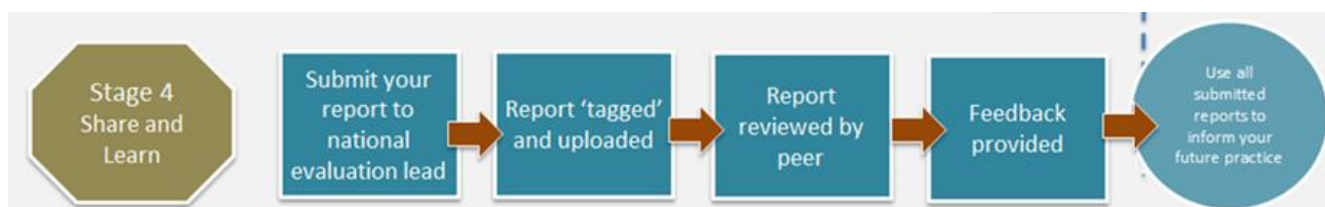
The true value of our coordinated approach to evaluation is the potential we have to share our good practice and learn from each other. There are around 90 evaluation reports from 16/17 available to read. The evaluation hub should be a starting point for practitioners who are contemplating any kind of intervention. Search for the reports related to your area of interest and see what has already been done and what might the practitioner who submitted the report do differently next time.

The evaluation reports are equally valuable to ascertain how others have approached their evaluation task and again mutual learning can be really beneficial here.

The reports submitted are not all of the same standard – in as many cases as possible the reports have been peer reviewed and the comments from the reviewer on the report are appended to the report so you can read that too and see how the evaluation task may have been improved, Note – there is inevitably a time-lag between the report being submitted, reviewed and feedback appended.

The sharing and learning stage and actions required can be summarised as follows.

Send completed report to LLA lead for evlauation → Report will be 'checked off', titled and tagged → Report uploaded to Evaluation Hub and allocated to QA reviewer → Report availbale to all academies and QA review appended when received

SECTION 3

BLANK TEMPLATES

EVALUATION PLANNING TEMPLATE

This document should be completed in the early planning stages of your intervention and evaluation. Although completed sometime before you come to write up the evaluation report it should be presented as Appendix 1 to that report for ease of reference (see later Evaluation Report template).

Title of Intervention	Use a good descriptive title for the intervention that would make sense to others not familiar with your local work.
Context	This section should answer the question WHY are you doing this, what are the strategic/national/local drivers you are responding to, what is the situation you hope to improve?
What do you think might happen?	Describe here what change/difference you think needs to happen. What does the future look like if the intervention is effective? What would be the impact for the individual, team, organisation or system as a consequence of the intervention being effective?
Intervention	Outline what the planned intervention is, who is it for, how many delegates, what are the 'inputs', over what time period.
Expected Outcomes	If your intervention is successful, and your theory of what might happen turns out to be right, what would be the observable, measurable differences, or how would new skills/behaviours be applied and seen, at the level you have stated.

EVIDENCE GATHERING TEMPLATE

This document should be completed in the early planning stages of your intervention and evaluation. Although completed sometime before you come to write up the evaluation report it should be presented as Appendix 2 to that report for ease of reference (see later Evaluation Report Template).

Use the 'Before, During, After' Table and questions to prompt you to consider what type of evidence and from where you should be seeking it. This should relate to your 'what do you think will happen' statements, so if your intervention is designed to have an impact in a healthcare system or in a board or at a team level then you should

Title of Intervention	

be looking for evidence in those areas for impact.

	Before	**During**	**After**
Individual	*How can we measure individual readiness & suitability?*	*What evidence can we collect to demonstrate the individual is actively learning?*	*How can we evidence that individuals are applying their learning?*
Team/Organisational/System	*How can we measure organisational readiness & engagement?*	*What evidence can we collect to demonstrate organisational support and receptivity of the intervention?*	*What evidence might we collect to show learning has been shared and had impact at a team, organisational or system level?*
Facilitator	*How can we evidence our understanding of the appropriateness and alignment of the intervention?*	*What evidence can we collect to demonstrate whether the intervention is working?*	*How can we demonstrate that the goals have been met, impact and outcomes demonstrated and lessons learnt?*

EVALUATION REPORT TEMPLATE

NB – remember to include the Evaluation Planning Template and the Evidence Gathering Template as Appendices 1 and 2

1. Title Section

Title of Intervention	Name of the intervention this report relates to – e.g. Coaching Skills for Leaders programme
Academy	Name of Leadership Academy providing the intervention and submitting this report
Programme Lead/Author	Programme Lead – the Academy employee with responsibility for the delivery of this intervention. Author – the person who wrote this report – they may be two people or the same person. Programme Lead Author (state as above if same)
Contact Details	Email and phone number of the above this is to provide you with feedback at a later date Programme Lead Email: Phone no. Author email: (state as above if same) Phone no.
Date	The month(s) and financial year(s)in which the intervention was delivered
Business Plan Area	e.g. Talent Management, HCLM, GMTS, Local Interventions
Key Words	These words will be used as 'tags' to enable your report to be found on the on-line hub. Use existing categories (see the hub) where possible.
Level of Complexity	High/Medium/Low – see page 17 for guidance

2. Brief Description of the Intervention

This paragraph will be the brief description of the intervention that will appear on the evaluation sharing hub – it should provide enough information to enable colleagues to assess whether it is relevant to their work and whether it is worth their while in reading the whole report for their planning and evaluation purposes.

3. Context

This section should outline the reasons behind providing this particular intervention, at this time to the target audience. It should reference the key strategic drivers behind the decision to do this. If you have completed the Evaluation Planning template, you may wish to re-use some or all of the Context section from there.

4. Evaluation Activity

In your Evaluation Planning document you will have described in advance what you planned to do, what you thought might happen, where and with whom you might see an impact etc. In this section you should discuss what *actually* happened, did you find evidence to support or refute your ideas about what might happen, did something unexpected happen did some new evidence or interesting effect emerge, ie what were your findings?

5. Interpretation and Discussion

In this section consider; 'So what does all this mean?'- what are your reflections on what has been learned, what are the implications for future recipients, what insights does this intervention and evaluation provide, what implications for future development interventions does this have. If you present data in this section then attempt to interpret it, what is interesting or insightful, are there any trends or patterns, can you explain or suggest any outliers?

6. Costings

The cost of our interventions is worthy of understanding and particularly to help us understand unjustified variation and best value. Please try and estimate the total cost of the intervention under the following headings.

Staff Time (estimate)	Third Party costs (commissioned provider/external speakers)	Venue related (Accommodation, room hire, AV support. Catering)	Materials	No. of Participants	TOTAL COST

Comments on Costings: Is it necessary to explain any of the figures above or assumptions that have been made in estimating the costs of the intervention?

7. Summary

Capture in this brief section what you set out to do and what happened. To what extent was it effective, what actually happened and what were the key learning points.

8. Recommendations and Lessons Learned

What would you recommend for yourself and others to do as consequence of this learning to improve the outcomes or design of the intervention?
If you were to do this again, or another academy were planning something similar, what would you do differently,

The network of LLA's are keen to share learning regarding evaluation to the wider NHS and other agencies. Please indicate whether you give your permission for the content of this report to be shared more widely to other interested parties outside of the LLA network and the NHS:

☐ Yes   ☐ No

9. Evaluating the Framework

In the interests of continuously improving how the network of leadership academies can improve its approach to evaluation please answer the following questions.

What did you find useful/helpful about using the framework

What did you find not so useful/not so helpful about using the framework

What suggestions, if any, do you have for improving the framework?

SECTION 4

WHERE TO FIND EXAMPLES OF COMPLETED TEMPLATES AND REPORTS

Since the beginning of 2016/17 the network of leadership academies have been uploading their evaluation reports on to the 'Evaluation Hub'. The Evaluation Hub can be accessed at: http://ldphub.leadershipacademy.nhs.uk/evaluation/

Each academy has separate log in details and these should be available from your evaluation lead.

The online database can be searched by theme or level of complexity. Please look at the evaluations on the hub and where available, the quality assurance reviews attached to each report.

An example of an 'ideal' low complexity report is also available in the 'Additional Resources' section of the hub.

EVALUATION FRAMEWORK – VERSION CONTROL

Version	Prepared by:	Date:
V1.1	Paul O'Neill on behalf of the LeaDER Group	July 2017
V1.1	Paul O'Neill on behalf of the LeaDER Group	6 July 2017

Author and Version Control Manager:

Paul O'Neill

Director of East Midlands Leadership Academy
Chair of Leadership Development Evaluation and Research Group (LeaDER Group)
Local Leadership Academy Workstream Lead for Evaluation

Relevant references used by Short (2015)

1. Birckmayer, Johanna D., and Carol Hirschon Weiss (2000) "Theory-Based Evaluation in Practice What Do We Learn?" Evaluation review 24.4 p407-431.
2. Chen, Huey-Tsyh (1994) "Theory-driven evaluations: Need, difficulties, and options." Evaluation Practice 15.1 p79-82.
3. Davidson, E. Jane (2000) "Ascertaining causality in theory-based evaluation." New directions for evaluation p17-26.
4. Edwards and Turnbull (2013) "Special issue on new paradigms in evaluating leadership development". Advances in developing human resources. Sage Publications. 15 (1) 3-9
5. Connell J, Kubish A, Schorr L and Weiss C (eds) (1995) "New approaches to evaluating community initiatives- concepts, methods and contexts". Aspen Institute
6. Weiss (1995) in Stame Nicolleta (2004) "Theory-based evaluation and types of complexity". Evaluation. 10.1 p58-76