

# Designing for outcomes

A practical resource to support effective design, delivery and evaluation of work in health and social care



## Introduction

In the '*Quick guide to evaluation*' ([www.csip.org.uk/evaluationquickguide](http://www.csip.org.uk/evaluationquickguide)) we identified a number of broad approaches to evaluation to help people better understand the impact of their work. We also explored methods which can be used to support evaluation such as focus groups, interviews and audits.

In this resource we explore techniques to help people to design their work so that it is

focussed on achieving and demonstrating positive outcomes. That is the positive changes for services and people who use them, produced by the work we do.

We begin by asking why focus on outcomes? We then look at how using underpinning theories of change can help define outcomes and associated measures. In particular, we focus in detail on the theory of results based management, which is aimed at achieving positive outcomes in public services. We also explore how consulting with stakeholders, using policy and undertaking impact assessments can help people focus their work on outcomes.

We have created simple, easy to understand frameworks to help people focus their everyday work on outcomes. We also provide some examples of how this framework has been used in practice. Finally, we provide a few words on measuring progress in achieving outcomes.

## Key sections

- 1. Why focus on outcomes**
- 2. Ways to help you focus your work on outcomes**
- 3. Outcomes focussed planning framework**
- 4. Outcomes focussed planning assessment tool**
- 5. Measuring progress on achieving outcomes**

We have developed this resource for people working in health and social care services whatever their role or previous knowledge or experience of outcomes.

## Further resources

We hope you find the resource helpful. It is part of a series of papers to share learning and promote innovative practice in health and social care. The models and assessment tools included in the paper will also be available as word documents to use in practice at [www.csip.org.uk/evaluation](http://www.csip.org.uk/evaluation).

We are grateful for suggestions for future papers or any general feedback on this resource to help improve our work in the future. We also invite you to share your work on evaluation with others. Please get in touch, by phone 0113 254 5127 or email [cassandra.mchugh@dh.gsi.gov.uk](mailto:cassandra.mchugh@dh.gsi.gov.uk).

# 1. Why focus on outcomes

The concept of outcomes and outcome management has become increasingly important across health and social care services. Nevertheless, few people are systematically assessing outcomes and many still do not fully understand the concept or the benefits of using an outcomes focussed approach.

One of our main aims in writing this paper is to help people working in health and social care services to see how an outcomes focussed approach can help their organisations develop and be more effective.

An outcomes focussed approach is the key to successful service improvement planning, delivery and review. In particular, it helps make services more people focused and needs led, by identifying what works well in services and what could be improved.

An outcomes focussed approach can also support an improved and shared clarity of what an organisation is trying to achieve, leading to a greater sense of purpose and teamwork within the organisation.

## What do we mean by outcomes?

We use the term outcomes to mean the positive changes, benefits, learning or other effects that result from the work that we do.

Examples of outcomes include:

- healthy communities
- safe communities

- improved quality of life for elderly people, and
- reduction in social exclusion.

Some outcomes may be clear and obvious to observe and measure. For example, changes to efficiency and productivity of teams and services. These are often referred to as 'hard' outcomes.

Other outcomes may be more difficult to observe and measure. They may involve some form of change inside people, such as a change in attitude or a change in the way they see themselves. These are often referred to as 'soft' outcomes.

Depending on the nature of the work, the outcomes we seek to achieve can be immediate, intermediate, or final / longer term. Ultimately all of our work should improve the lives of vulnerable people who use health and social care services.

## Going beyond inputs and outputs

Under traditional management approaches, goals and performance are often measured in terms of inputs - amount of money spent, activities - service hours provided and outputs - number of people served or products created.

We want to encourage an outcomes-focussed approach to designing our work and evaluation in which goals and performance are measured in terms of outcomes in the service population or system.

Under an outcomes-focussed approach, work that is aimed at individuals may be measured in terms of changes in knowledge, attitudes, beliefs, skills, behaviours, health coverage, health status, or economic status.

For work that is aimed at other organisations or services, outcomes may be measured in terms of changes in organisational missions, goals, service models or capacity.

For work that is aimed at system change, outcomes may be measured in terms of changes in legislation, regulation, reimbursement policy, eligibility policy, provider supply, or coordination of services.

An outcomes focussed approach involves:

- agreeing and identifying the changes you hope for
- planning and delivering your work towards achieving these changes
- collecting data to help you understand what changes happen, and
- using the findings to inform and help redesign your work so as to make the changes you hope for more likely.

This paper will help you think about what changes you hope for and how to systematically assess whether they occur. It will help you find out what effect you have had on improving health and social care services you work with and the lives of the people who use them.

## 2. Ways to help you focus your work on outcomes

### Using and underpinning theory

A theory you have to underpin your work can help to define outcomes and measures.

For example, if there is good evidence that X is the significant outcome to change in your area, and there is evidence that changing Y is most likely to improve X for individuals, any work you do at the intermediate level of Y could then plausibly be argued to improving that outcome X.

Similarly, if there are underpinning theories to say that using a particular methodology is a good way of changing the type outcome X you want to change, drawing on this to guide your work adds plausibility to the evaluation narrative.

For example, if networks are evidenced to be a good way to develop the area you work in, use an appropriate model of networks to inform your work planning work. You may find Networks briefing: Key lessons for network management in health care helpful (NHS Service Delivery and Organisation Research and Development Programme 2005). [www.sdo.lshtm.ac.uk/files/adhoc/39-briefing-paper.pdf](http://www.sdo.lshtm.ac.uk/files/adhoc/39-briefing-paper.pdf)

Further, using such models or theories of change explicitly guides you to identify what data you will need to collect for the evaluation. The approach of using models and theories to guide the evaluation is realist evaluation (Pawson & Tilley

1997). See the quick guide to evaluation for more information on this [www.csip.org.uk/evaluationquickguide](http://www.csip.org.uk/evaluationquickguide)

### Results based management

This theory devised by the Canadian Treasury aims to assist managers in establishing a foundation to support a strong commitment to achieving positive results in public services. (Treasury Board of Canada Secretariat 2001).

The theory and associated conceptual frameworks are intended to serve as a blueprint for managers to help them focus on measuring and reporting on outcomes throughout the lifecycle of a policy, program or initiative. In doing so, they learn from this information and adjust to improve efficiency and effectiveness.

The results based management theory requires you to develop a results chain that charts ‘the causal or logical relationship between activities and outputs and the outcomes of a given policy, program or initiative, that they are intended to produce.’ (Treasury Board of Canada Secretariat 2001, Annex A) This is usually displayed as a flow chart such as the one on page 4.

Note that the plausibility of your evaluation may become more stretched as you move through this chain, and it may be very difficult to truly argue for ‘final or ultimate outcomes’ from your work. The point is to aim for good measures, fitting with the overall logic of the model, and as strong an evidence base for your claims as possible along the chain.

### Guiding principles of results based management

- **utility** - to ensure that people can use the framework to explain their work and to manage and measure for results,
- **shared ownership** - to ensure that information needs of all stakeholders,
- **transparency** - to ensure that all stakeholders understand what outcomes are expected as well as how and when they will be measured,
- **decision- and action-oriented** - to ensure informed decisions-making,
- **credibility** - to establish realistic commitments for measurement and reporting, and
- **flexibility** - to respond to the ever-changing context within which policies, programmes and initiatives operate.

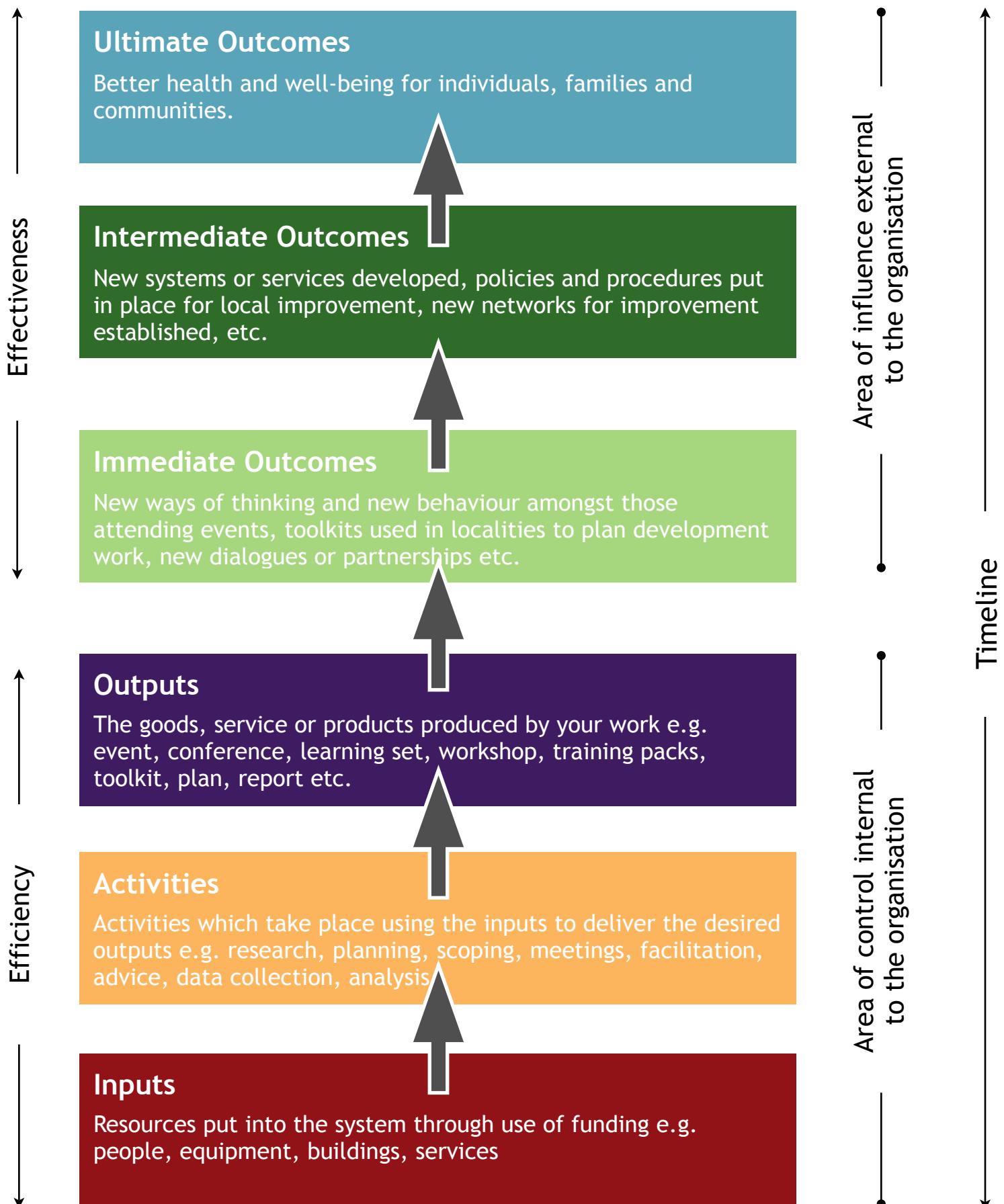


Diagram demonstrating the results chain from the Results Based Management approach  
adapted from [www.tbs-sct.gc.ca/eval/pubs/RMAF-CGRR/a-1.jpg](http://www.tbs-sct.gc.ca/eval/pubs/RMAF-CGRR/a-1.jpg)

It is accepted that your work does not take place in a controlled laboratory, so we would not seek such a high level of definitive evidence from evaluations of it. We should aim for the best possible evidence, collected with rigour and a credibly argued account of the work and its outcomes

There is a potential danger in being guided by the results chain model that we limit ourselves to the more easily controlled ‘outputs’ or ‘immediate outcomes’ levels of both our work and its evaluation. Do not limit your ambitions, just be honest about what is in your immediate control, what you can influence and what you can lay down some ground work for but which is ultimately within the control of others.

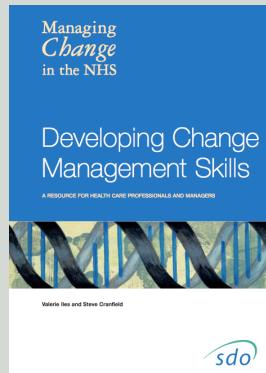
You may have noted that the outputs and outcomes from one process may become the inputs to the next process. For example a process may develop some guidance or policy statement, which in turn becomes the input for staff development work. A conference may be the end of one process but result in a learning set which is the input for the next phase of work.

## Change management

Change management theory can help to define outcomes and measures relating to service / organisational improvement work.

The NHS Service Delivery and Organisation Research and Development Programme produced some very useful works

on the subject of managing change in the NHS.

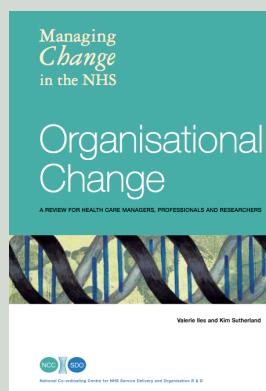


Developing change management skills (Iles and Cranfield 2004) describes some of the relevant theories and approaches that have been used to guide change management. It encourages readers to reflect on and evaluate change processes and how they might apply these to different settings.  
[www.sdo.lshtm.ac.uk/files/adhoc/change-management-developing-skills.pdf](http://www.sdo.lshtm.ac.uk/files/adhoc/change-management-developing-skills.pdf)

Making Informed Decisions on Change (Cameron, Cranfield, Iles et al 2001) encourages managers and professionals to reflect on and share what helps and hinders successful change to improve the quality of services.  
[www.sdo.lshtm.ac.uk/files/adhoc/change-management-booklet.pdf](http://www.sdo.lshtm.ac.uk/files/adhoc/change-management-booklet.pdf)

## Further information:

- NHS Service Delivery and Organisation Research and Development Programme website  
[www.sdo.lshtm.ac.uk/managingchange.html](http://www.sdo.lshtm.ac.uk/managingchange.html)



Organisational Change (Iles and Sutherland 2001) provides a review of models of change management to help managers, professionals and researchers find their way around the literature and consider the evidence available about different approaches to change.  
[www.sdo.lshtm.ac.uk/files/adhoc/change-management-review.pdf](http://www.sdo.lshtm.ac.uk/files/adhoc/change-management-review.pdf)

## Social marketing theory



Social marketing theory is increasingly being used to achieve and sustain behaviour relevant to a range of social issues and topics. For example the Department of Health commissioned first national review of health-related campaigns and social marketing in England as part of its 'Choosing Health' White Paper commitments. (Department of Health 2006)

While formal definitions of social marketing can vary across the literature, three key elements commonly appear:

1. its primary aim is to achieve a particular 'social good' with specific behavioural goals clearly identified and targeted
2. it is a systematic process phased to address short, medium and long-term issues, and
3. it utilises a range of marketing techniques and approaches (a marketing mix).

In the case of health-related social marketing, the 'social good' can be articulated in terms of achieving specific, achievable and manageable behaviour goals, relevant to improving health and wellbeing and reducing health and social inequalities.



For more information see the National Social Marketing Centre website [www.nsms.org.uk](http://www.nsms.org.uk).

## Benefits realisation

The purpose of benefits realisation is to ensure that the potential value from a change programme is actually realised, and to be able to demonstrate that this is so.

A benefit is the value placed by a stakeholder on the performance improvement or new capability resulting from an outcome.

Benefits are identified by asking stakeholders to articulate how they believe they (or the people they represent) will experience the value of the outcome, i.e. stakeholders answer the question "what's in it for me?"

Benefits realisation is a key component of the Integrated Service Improvement Programme (ISIP) approach to achieving large scale service improvement. Many local health communities are using ISIP as a framework to coordinate delivery of change programmes under the umbrella of the Roadmap for Transformational Change. For more information visit the ISIP website [www.isip.nhs.uk](http://www.isip.nhs.uk)

## Other theories

Other examples of theories which could help you focus your work on outcomes include:

- social contact theory for tackling discrimination against people with mental health problems
- psychological theories of individual behaviour and how to change it, such as the theory of planned behaviour (see [http://en.wikipedia.org/wiki/Theory\\_of\\_planned\\_behavior](http://en.wikipedia.org/wiki/Theory_of_planned_behavior))
- educational theories of learning (see [http://en.wikipedia.org/wiki/Learning\\_theory\\_\(education\)](http://en.wikipedia.org/wiki/Learning_theory_(education)))

## Consulting with stakeholders

Stakeholders are people who have a vested interest or stake in our work.

The outcomes we strive to achieve through our work should be agreed with our stakeholders. Consultation with stakeholders can help explicitly agreeing these outcomes and how they will be achieved.

Consultation with stakeholders has several benefits. Firstly, those affected by our work can influence its design. Consultation also provides important checks on the feasibility of proposals, on the alternatives considered, and on the degree of stakeholder acceptance of the proposed work.

Consultation can also ensure that everyone is clear on what is being aimed at, what will be done, by whom, in what ways, and to what timetable. This can also be used to set out the roles and responsibilities of partner agencies in the programme, and identify the risks to successful delivery of the outcomes.

The purpose of consultation is to try to obtain answers to questions that we pose to the stakeholders. In this case we want to know what outcomes are important which stakeholders.

Consultation is a method for:

- asking the right questions in a structured format to support a debate about our work
- examining potential impacts arising from the work

### Questions to consider

1. Is the work clear, consistent, comprehensible and accessible to stakeholders?
2. Is there an evidence base for the work?
3. What difference will the work make and for whom?
4. Are all stakeholders affected equally?
5. Do the benefits of the work justify the costs?
6. Is this work the best form of action we can take to deliver the proposed benefits?
7. Have all interested parties had the opportunity to present their views?
8. Will you provide feedback regarding the responses received and how the consultation process influenced the work?



- communicating the information to stakeholders

Common problems include:

- stakeholder involvement too limited among special interest groups
- misperception that consultation too time intensive and costly
- poor structuring leads to poor quality responses, and
- expectations too high about changes to be made.

### Further information:

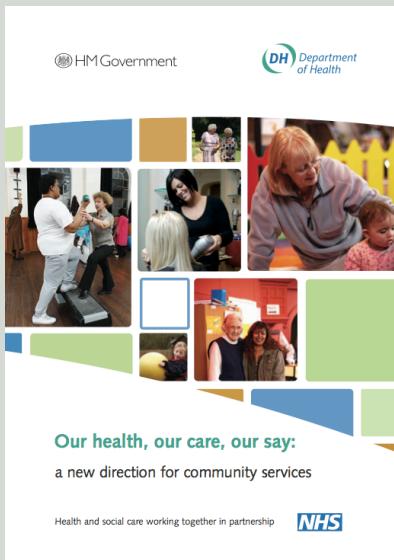
- Government code of practice on consultation  
[www.cabinetoffice.gov.uk/regulation/consultation/code/criteria.asp](http://www.cabinetoffice.gov.uk/regulation/consultation/code/criteria.asp)
- Cross-Government public consultations  
[www.direct.gov.uk/en/DI1/Directories/PublicConsultations/index.htm](http://www.direct.gov.uk/en/DI1/Directories/PublicConsultations/index.htm)
- Department of Health Consultations  
[www.dh.gov.uk/en/Consultations/index.htm](http://www.dh.gov.uk/en/Consultations/index.htm)

## Using policy to help you focus

When deciding what outcomes you are aiming to improve, considering your key policies will guide you in this decision.

For example, a significant policy at the time of writing this is the White Paper *Our Health Our Care Our Say* (Department of Health 2006). It has the following high level outcomes it is aiming to improve:

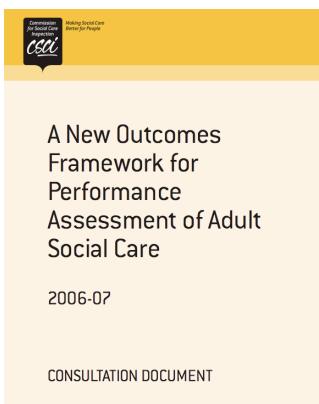
1. Improved health and emotional well-being;
2. Improved quality of life;
3. Making a positive contribution;
4. Exercise of choice and control;
5. Freedom from discrimination or harassment;
6. Economic well-being;
7. Personal dignity and respect;



Using these, or similar outcomes in policies relevant to your work, to guide the outcomes for your programme gives a sensible coherence to work, and helps to plan its evaluation.

## Outcomes framework for performance assessment of Adult Social Care

The Commission for Social Care Inspection (CSCI) recently proposed a new outcomes framework for performance assessment of Adult Social Care services.



The outcomes used for this performance framework are those seven social care outcomes outlined in the White Paper plus two additional measures on leadership and commissioning and use of resources.

CSCI aims to take in all relevant data that informs performance assessment for Adult Social Care and map this to the outcomes. This is a new way to manage and interpret the data and will help to determine the effectiveness of the services on behalf of those people who use the services or will have to use them in the future.

For more information visit [www.csci.org.uk](http://www.csci.org.uk) or email [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk).

## Impact Assessment

Impact assessment is a combination of procedures, methods and tools that can help us to judge the potential effects of our work and the range of options for implementing it.

For example, Health Impact Assessment (HIA) can help us to judge the potential effects of our work on the health of a population, and the distribution of those effects within the population. Recommendations to 'increase the positive' and 'decrease the negative' aspects of the proposal are produced to inform the design and implementation of policy.

Another example is Regulatory Impact Assessment(RIA) which considers any form of regulation e.g. formal legislation, codes of practice or information campaigns. RIA can help us to judge the full range of potential impacts, economic, social and environmental, and where the impact may fall e.g. business, the public sector, the voluntary sector or other groups.

### Further information:

- Government RIA website  
[www.cabinetoffice.gov.uk/regulation/ria/](http://www.cabinetoffice.gov.uk/regulation/ria/)
- NHS HIA Gateway  
[www.hiagateway.org.uk/](http://www.hiagateway.org.uk/)
- International Health Impact Assessment Consortium (IMPACT)  
[www.ihia.org.uk/](http://www.ihia.org.uk/)
- World Health Organisation HIA portal  
[www.who.int/hia/en/](http://www.who.int/hia/en/)

### 3. Outcomes focussed planning framework

We have adapted the results chain from the results based management theory, shown on page 4, into the framework below. Use this with colleagues to help you to plan your work. On the pages which follow we provide some examples of how this framework can be applied in practice.

	Description	Indicator	Data collection method
Final outcomes			
Intermediate outcomes			
Immediate outcomes			
Outputs			
Activities			
Inputs			

## Case study - Knowledge Community website

The outcomes focussed planning framework below was designed to support the delivery and measure the effectiveness of the knowledge community website. To find out more about this work visit <http://kc.csip.org.uk> or contact Rowan Purdy, Knowledge management lead, CSIP communications and knowledge services team, tel: 07852175374, [rowan.purdy@csip.org.uk](mailto:rowan.purdy@csip.org.uk)

	Description	Indicator	Data collection method
Final outcomes	<ul style="list-style-type: none"> <li>joined-up online applications delivering a seamless service to website users</li> </ul>	<ul style="list-style-type: none"> <li>rise in online collaborative initiatives between national improvement agencies</li> <li>common data sharing standards applied to application development</li> </ul>	<ul style="list-style-type: none"> <li>count collaborative initiatives</li> <li>evidence of data sharing between applications</li> <li>expert review</li> </ul>
Intermediate outcomes	<ul style="list-style-type: none"> <li>improved user experience leading to growth in sharing and learning using online applications</li> </ul>	<ul style="list-style-type: none"> <li>increase website usage</li> <li>increase in online sharing and learning</li> </ul>	<ul style="list-style-type: none"> <li>count unique / returning visitors</li> <li>survey website users</li> </ul>
Immediate outcomes	<ul style="list-style-type: none"> <li>key stakeholders are actively involved in the web site development process</li> <li>the web site meets user requirements</li> <li>web site is delivered on time and to budget</li> <li>project governance is effective and change controls are well managed</li> </ul>	<ul style="list-style-type: none"> <li>increase website usage</li> <li>increase in online sharing and learning</li> <li>tender documentation shows that the development costs were market tested through an open tender process</li> <li>project management documentation</li> </ul>	<ul style="list-style-type: none"> <li>count unique / returning visitors</li> <li>survey website users</li> <li>view project management documentation</li> </ul>
Outputs	<ul style="list-style-type: none"> <li>training materials</li> <li>website</li> <li>prototype</li> <li>functional specification</li> <li>test plan</li> <li>visual designs</li> <li>storyboards</li> <li>user requirements</li> <li>operational requirements</li> <li>project plan</li> </ul>	<ul style="list-style-type: none"> <li>increase website usage</li> <li>increase in online sharing and learning</li> <li>project management documentation shows outputs delivered and approved</li> </ul>	<ul style="list-style-type: none"> <li>count unique / returning visitors</li> <li>survey website users</li> <li>view project management documentation</li> </ul>
Activities	<ul style="list-style-type: none"> <li>usability testing</li> <li>acceptance testing</li> <li>user training</li> <li>production</li> <li>user surveys</li> <li>focus groups</li> <li>requirements scoping workshops</li> <li>project planning</li> </ul>	<ul style="list-style-type: none"> <li>key stakeholders participate in activities</li> <li>timesheets</li> <li>project management documentation shows activities delivered</li> </ul>	<ul style="list-style-type: none"> <li>count number and attendance at workshops</li> <li>record feedback</li> <li>survey website users</li> <li>view project management documentation</li> </ul>
Inputs	<ul style="list-style-type: none"> <li>external suppliers</li> <li>staff</li> <li>meeting rooms</li> <li>computer hardware, software and services</li> </ul>	<ul style="list-style-type: none"> <li>quotes, invoices and timesheets</li> <li>project management documentation shows expenditure planned and approved</li> </ul>	<ul style="list-style-type: none"> <li>calculate costs</li> </ul>

## Case study - Learning for improvement network on leadership and effective teamworking

Members of this recently established network are currently considering how to understand and measure the effectiveness of the network. The hypothetical evaluation framework below has been designed to inform this thinking. The framework has not been formally adopted. To find out more about the network visit [www.leadershipandteamworklin.csip.org.uk](http://www.leadershipandteamworklin.csip.org.uk) or contact Professor Steve Onyett, Senior Development Consultant, CSIP South West Development Centre, Mobile: 07771 908812, [steve.onyett@nimhesw.nhs.uk](mailto:steve.onyett@nimhesw.nhs.uk)

	Description	Indicator	Data collection method
Final outcomes	<ul style="list-style-type: none"> <li>the interventions have a demonstrable impact on teamworking</li> </ul>	<ul style="list-style-type: none"> <li>increased leadership and teamworking initiatives and interventions</li> </ul>	<ul style="list-style-type: none"> <li>count initiatives</li> <li>count unique / returning visitors</li> <li>survey team members</li> <li>survey website users</li> </ul>
Intermediate outcomes	<ul style="list-style-type: none"> <li>resource for the collaborative development of an e-Academy for leadership and teamworking</li> </ul>	<ul style="list-style-type: none"> <li>increased collaborative leadership and teamworking initiatives and interventions between development providers e.g. NHS Institute, Skills for Health, and higher education</li> </ul>	<ul style="list-style-type: none"> <li>count collaborative initiatives</li> <li>count funding</li> </ul>
Immediate outcomes	<ul style="list-style-type: none"> <li>people take up and learn about effective leadership and teamworking using approaches outlined in the resource</li> <li>improved user experience leading to growth in sharing and learning using online applications</li> </ul>	<ul style="list-style-type: none"> <li>increased take up and learning</li> <li>increase in online group membership and activity</li> <li>increased sharing and learning about improving leadership and teamworking</li> </ul>	<ul style="list-style-type: none"> <li>survey resource users</li> <li>count document ‘footprints’ in other documents</li> <li>survey network members</li> <li>survey website users</li> </ul>
Outputs	<ul style="list-style-type: none"> <li>effective teamworking and leadership resource</li> <li>website containing conversations, resources and information about events</li> </ul>	<ul style="list-style-type: none"> <li>project management documentation shows outputs delivered and approved</li> </ul>	<ul style="list-style-type: none"> <li>count number downloaded</li> <li>count conversations resources and events</li> </ul>
Activities	<ul style="list-style-type: none"> <li>marketing</li> <li>production</li> <li>focus groups</li> <li>workshops</li> <li>project planning</li> <li>online group activity</li> <li>network meetings</li> </ul>	<ul style="list-style-type: none"> <li>key stakeholders participate in activities</li> <li>timesheets</li> <li>project management documentation shows activities delivered</li> </ul>	<ul style="list-style-type: none"> <li>count number and attendance at workshops</li> <li>record feedback</li> <li>survey network members</li> <li>view project management documentation</li> </ul>
Inputs	<ul style="list-style-type: none"> <li>external suppliers</li> <li>staff</li> <li>meeting rooms</li> <li>computer hardware, software and services</li> </ul>	<ul style="list-style-type: none"> <li>quotes, invoices and timesheets</li> <li>project management documentation shows expenditure planned and approved</li> </ul>	<ul style="list-style-type: none"> <li>calculate costs</li> </ul>

## Case study - CSIP West Midlands Development Centre

The team at the CSIP West Midlands Development Centre recently held a workshop to test the outcomes focussed planning framework. Small groups completed frameworks based on outputs that the team regularly involved with delivering. These included network, learning set, conference and individual advice and guidance. The framework below is one example. It could be used to understand and measure the effectiveness of future conferences. To find out more about this work visit [www.westmidlands.csip.org.uk](http://www.westmidlands.csip.org.uk) or contact Jenny Dalloway, Locality Director for Birmingham and the Black Country (including Solihull) and Mental Health Programme Lead, CSIP West Midlands Development Centre, tel: 07899790523, [Jenny.Dalloway@csip.org.uk](mailto:Jenny.Dalloway@csip.org.uk)

	Description	Indicator	Data collection
Final outcomes	<ul style="list-style-type: none"> <li>the work has had a demonstrable impact on staff providing services and people who use those services</li> </ul>	<ul style="list-style-type: none"> <li>increased patient satisfaction</li> <li>increased staff satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>patient satisfaction surveys</li> <li>workforce survey</li> </ul>
Intermediate outcomes	<ul style="list-style-type: none"> <li>the work has contributed to the improved performance of local services</li> <li>local policy changes have been implemented following the conference</li> </ul>	<ul style="list-style-type: none"> <li>increased service initiatives and interventions based on good practice shown at the conference</li> <li>policy statements</li> </ul>	<ul style="list-style-type: none"> <li>count initiatives</li> <li>service mapping data</li> <li>service performance data e.g. mental health trust star ratings</li> </ul>
Immediate outcomes	<ul style="list-style-type: none"> <li>conference learning objectives are achieved by majority of those attending</li> <li>sharing and learning about good practice</li> </ul>	<ul style="list-style-type: none"> <li>increased learning about what works in practice</li> </ul>	<ul style="list-style-type: none"> <li>follow up survey with conference attendees</li> <li>count good practice document ‘footprints’ in other documents</li> </ul>
Outputs	<ul style="list-style-type: none"> <li>conference</li> <li>delegate pack</li> <li>good practice document</li> <li>speaker presentations</li> <li>website</li> <li>attendee contacts database</li> </ul>	<ul style="list-style-type: none"> <li>project management documentation shows outputs delivered and approved</li> </ul>	<ul style="list-style-type: none"> <li>count number downloaded</li> <li>count conversations resources and events</li> </ul>
Activities	<ul style="list-style-type: none"> <li>marketing</li> <li>workshops</li> <li>public speaking</li> <li>conference materials production</li> <li>conference planning and administration</li> </ul>	<ul style="list-style-type: none"> <li>key stakeholders participate in activities</li> <li>conference evaluation sheets</li> <li>conference planning documentation shows activities delivered</li> </ul>	<ul style="list-style-type: none"> <li>count number and attendance at workshops</li> <li>record feedback</li> <li>view conference planning documentation</li> </ul>
Inputs	<ul style="list-style-type: none"> <li>external suppliers</li> <li>staff</li> <li>meeting rooms</li> <li>computer hardware, software and services</li> </ul>	<ul style="list-style-type: none"> <li>quotes, invoices and timesheets</li> <li>conference planning documentation shows expenditure planned and approved</li> </ul>	<ul style="list-style-type: none"> <li>calculate costs</li> </ul>

## 4. Outcomes focussed planning assessment tool

We have used the principles of the results based management theory and the outcomes focussed planning framework to develop the assessment tool below. Use this with your colleagues to assess the strengths and weaknesses of the work that you are planning.

	Statement	Agree	Unsure	Disagree	Evidence	Action
Final outcomes	The work has had a demonstrable impact on staff providing services and people who use those services.					
Intermediate outcomes	The work has contributed to the improved performance of local services.					
Immediate outcomes	Local policy changes have been implemented following the intervention.					
Outputs	Products are delivered within agreed budget and timeframes.					
	There is significant access and use of the products generated by the work.					
	The work has resulted in follow-on projects and developments.					
Activities	The work involves co-ordinating meetings, giving talks and consultancy input.					
	The work involves supporting networks to deliver service improvements.					
	The work involves recognised improvement tools and techniques.					
	The work is delivered using robust project management processes.					
Inputs	The work has a clearly identified budget, project manager and deliverables.					

## 5. Measuring progress on achieving outcomes

Measuring progress on achieving outcomes involves systematically collecting information (monitoring) and using this information to make judgements about performance (evaluation).

This is an enormous subject that we will cover in more detail in a future briefing paper. Here we briefly outline outcome indicators, targets and what makes a robust outcome measure. We end with some data issues to consider and a note on the importance of learning from our findings.

### Outcome indicators

Outcome indicators are the signs that tell you if the planned outcomes are actually happening. Indicators can relate to variables such as quantity, proportions, frequency or quality.

### Outcome targets

Setting some outcome targets can help you define what success means for your organisation. An outcome target might be that 70% of people who attended a

learning set had increased confidence in using service improvement techniques in their everyday work.

### What makes a robust outcome measure?

The defining characteristics of a robust measure or 'better metric' were recently identified by the better metrics work (see box opposite).

In summary, a robust outcome measure:

- is aligned with the aims of our work
- is supported by evidence
- is part of a suite of measures
- can be measured in a timely way
- has comparators - either to itself (trends) or to other measures (benchmarks)
- does not result in perverse incentives, and
- is one in which the effort of data collection does not outweigh the benefits of using the measure.

### Case study: Better Metrics

The better metrics project was initiated by the Department of Health in 2004 and is now undertaken by the Healthcare Commission. It aims to improve the way the performance of health services is measured and monitored by developing metrics that are more relevant to the work of doctors, nurses, and others who provide care to patients.

For more information visit [www.healthcarecommission.org.uk/serviceproviderinformation/bettermetrics.cfm](http://www.healthcarecommission.org.uk/serviceproviderinformation/bettermetrics.cfm)

Measuring progress on achieving the outcomes of your work may not directly fit with these points, but we would suggest them as sensible guides when you are deciding on measures.

### SMART outcome indicators and targets

- **S**pecific - they are clear about what they mean
- **M**easurable - they can be measured and show whether or not achieved
- **A**chievable - you can reach them in the allotted time and with the allotted resources
- **R**ealistic - they are about things you can achieve
- **T**ime-related - there are clear deadline you can achieve



## Data issues to consider

There are a number of important data issues to consider when measuring progress on achieving outcomes.

### Baseline data

To demonstrate change it is necessary to show what the situation was like before your intervention, for which you will need baseline data.

### Quantitative and qualitative data collection

Whether to collect quantitative (numbers) or qualitative (usually words) data will depend on what you are collecting data on. Generally, though, you will collect both types.

Being able to triangulate the data helps with your analysis and reporting of your programme. For example, data from contacts may say that they have changed a system so that 10% more people are getting access to X. Having national data collected separately to compare this to can give some indication of the accuracy of what you are being told.

### Data from elsewhere

Using data from other sources, such as national statistics, research/evaluation projects independent of your programme, and from localities can give indications of your achievements. If, however, these are not sufficient data or independent enough, you may need to commission independent work but the cost of this needs to weighed up against what you will get from it.

### Data collection methods

Deciding what methods will be used to collect the data is another crucial step. Methods is another large subject. There is a useful summary of some commonly used data collection methods in the '*Quick guide to evaluation*' ([www.csip.org.uk/evaluationquickguide](http://www.csip.org.uk/evaluationquickguide)). These include:

- interviews
- focus groups
- questionnaires
- participant observation
- document analysis, and
- existing data.

## Learning from our findings

People often ask “*What happens if I miss my outcomes targets?*”.

There are a number of reasons why our work might fail to reach its targets and this doesn't necessarily mean that our work has not been a success.

Sometimes we overestimate or overstate what is possible. In the case of new projects or an innovative idea, it may be that the approach hasn't quite worked or that it has made slower progress than expected.

The important thing to remember is that what is too often dismissed as failure should often be understood as important new learning.

### References

Cameron, M., Cranfield, S., Iles, V. et al (2001) *Making Informed Decisions on Change: Key points for health care managers and professionals*. NHS SDO Research and Development Programme, London.

[www.sdo.lshtm.ac.uk/files/adhoc/change-management-booklet.pdf](http://www.sdo.lshtm.ac.uk/files/adhoc/change-management-booklet.pdf)



Cranfield, S. and Iles, V. (2004) *Developing change management skills. A resource for health care professionals and managers*. NHS SDO Research and Development Programme, London.

[www.sdo.lshtm.ac.uk/files/adhoc/change-management-developing-skills.pdf](http://www.sdo.lshtm.ac.uk/files/adhoc/change-management-developing-skills.pdf)

Department of Health (2006) *Our Health, Our Care, Our Say: a new direction for community services*. Department of Health, London.

Iles, V. and Sutherland, K. (2001) *Organisational Change: A review for health care managers, professionals and researchers*. NHS SDO Research and Development Programme, London.

[www.sdo.lshtm.ac.uk/files/adhoc/change-management-review.pdf](http://www.sdo.lshtm.ac.uk/files/adhoc/change-management-review.pdf)

National Social Marketing Centre (2006) *It's our health! Realising the potential of effective social marketing*. National Consumer Council, London.

[www.nsms.org.uk/images/CoreFiles/NCCSUMMARYItsOurHealthJune2006.pdf](http://www.nsms.org.uk/images/CoreFiles/NCCSUMMARYItsOurHealthJune2006.pdf)

NHS SDO Research and Development Programme (2005) Networks briefing: Key lessons for network management in health care.  
[www.sdo.lshtm.ac.uk/files/adhoc/39-briefing-paper.pdf](http://www.sdo.lshtm.ac.uk/files/adhoc/39-briefing-paper.pdf)

Pawson, R. and Tilley, N. (1997) Realistic Evaluation. Sage publications, London.

Treasury Board of Canada Secretariat (2001) Guide for the Development of Results-based Management and Accountability Frameworks.  
[www.tbs-sct.gc.ca/eval/pubs/RMAF-CGRR/rmafcgrr\\_e.asp](http://www.tbs-sct.gc.ca/eval/pubs/RMAF-CGRR/rmafcgrr_e.asp)

Treasury Board of Canada Secretariat (2001) Guide for the Development of Results-based Management and Accountability Frameworks. Annex A Lexicon for Results-Based Management and Accountability  
[www.tbs-sct.gc.ca/eval/pubs/RMAF-CGRR/rmafcgrr05\\_e.asp](http://www.tbs-sct.gc.ca/eval/pubs/RMAF-CGRR/rmafcgrr05_e.asp)

## About the Health and Care Partnerships Directorate

The Health and Care Partnerships (HCP) Directorate at the Department of Health (DH) is helping all areas of the DH be a strong and supportive partner.

The DH aims to be a better organisation to do business with. The DH wants to use positive partnerships to help improve services and outcomes of people using them and support system reform, the way in which health and social care are arranged and provided.



Professor Antony Sheehan is director general for the directorate.

## About the Social Care Directorate

The Social Care Directorate at the DH aims to support the development of innovative social care services that promote independence, choice and control for people.

This includes work to prevent people going into hospital or care homes and supporting them to live at home instead; work to put people in control of their services through individual budgets and direct payments; and the work that



is being undertaken to help councils cope with the cost pressures.

The Social Care Directorate works closely with the HCP Directorate and CSIP. David Behan is director general for the directorate.

## About CSIP

CSIP supports positive changes in services and in the wellbeing of vulnerable people with health and social care needs. We aim to:

- provide high-quality support to help services improve
- help services to put national policies into practice and provide them with a link into government
- involve people who use services and their carers in all improvement work
- share positive practice and learning about what works and what doesn't
- pass on research findings to organisations to help them improve services, and
- encourage organisations to work in partnership across all sectors.

Find out more and download a brochure about what we do at [www.csip.org.uk](http://www.csip.org.uk)



## Interested in sharing and learning with others?

The knowledge community website provides free and easy to use online communications tools to help people share, learn and work together. It is aimed at anyone with an interest in bringing about positive change for people with health and social care needs.



Knowledge Community

<http://kc.csip.org.uk>

## Reader survey

Have your say on the value of this briefing paper. Complete the reader survey below online at [www.designingforoutcomes.csip.org.uk](http://www.designingforoutcomes.csip.org.uk).

Alternatively print out, complete the paper and return it to by post it marked 'Designing for outcomes' to Cassandra McHugh, Quarry House, Quarry Hill, Leeds, Yorkshire, LS2 7UE. fax it marked 'Designing for outcomes' FAO Cassandra McHugh to 01132545596.

	Statement	Very	Not at all
Rate this briefing paper overall  <i>(Please tick 'Very' or 'Not at all')</i>	How useful is it?		
	How relevant is it?		
	How interesting is it?		
	How easy to understand is it?		
	How attractive is it?		

	Sections	Excellent	Poor
Rate the sections in briefing paper  <i>(Please tick 'Very' or 'Not at all')</i>	1. Why focus on outcomes		
	2. Ways to help you focus your work on outcomes		
	3. Outcomes focussed planning framework		
	4. Outcomes focussed planning assessment tool		
	5. Measuring progress on achieving outcomes		

	Statement	Tick one
Which of the following phrases best describes the way you read this briefing paper  <i>(Please tick one)</i>	Read it from cover to cover	
	Read most of it	
	Flicked through the paper only reading the parts that interested me	
	A quick browse and nothing more	

	Sections	Yes	No
What next  <i>(Please tick 'Yes' or 'No')</i>	Has this issue prompted you to find out more about outcomes?		
	Are you planning to keep this briefing paper for reference?		
	Would you be interested in further briefing papers on similar topics?		

## Find out more

We are developing a portfolio of resources to support improved practice in evaluation for people working in health and social care. You can find out more and download the resources at [www.csip.org.uk/evaluation](http://www.csip.org.uk/evaluation).

### About the authors

This paper has been written by [Mike Clark](#) and [Rowan Purdy](#).

### Our teams

Our teams provide a range of innovative solutions in the fields of research and development, communications, information and knowledge management.

### Research and development

[www.csip.org.uk/researchanddevelopment](http://www.csip.org.uk/researchanddevelopment)

### Communications and knowledge services

[www.csip.org.uk/cks](http://www.csip.org.uk/cks)

### Our roles

We support the creation, sharing and learning from knowledge of what works. We create greater coherence between policy, research and development and implementation support. We help to improve performance for the benefit of the care services.



Sharing what we know works  
... and what doesn't

Do you know of useful resources about evaluation?

Share them with others by emailing us  
[evaluation@csip.org.uk](mailto:evaluation@csip.org.uk)

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We help to improve services and achieve better outcomes for children and families, adults and older people including those with mental health problems, physical or learning disabilities or people in the criminal justice system. We work with and are funded by the