

Developing and testing a method for evaluating benefits from workforce development projects

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Citation: Dickerson, C., Green, T., & Blass, E. (2014) Workforce development and effective evaluation of projects. [British Journal of Nursing](#), Volume 23, No 12, pp 685–690
DOI: <http://dx.doi.org/10.12968/bjon.2014.23.12.685>

Abstract

Project or programme success is typically determined in relation to outputs. However, in the UK public services, among other sectors, there is a commitment to spending public funds efficiently and on activities that provide the greatest benefits to society. Skills for Health, the Sector Skills Council for UK healthcare employers recognised that project managers needed support for the complex process of evaluating the benefits that can arise from projects. As a result, an integrated evaluation framework was developed to help practitioners identify, describe, measure and evaluate the benefits from workforce development projects. Practitioners tested the framework in projects within three NHS Trusts and provided valuable feedback to support its development. The clarity and completeness of the framework and the relevance of the questions were commended. Positive feedback was also obtained on the prospective approach taken to identify benefits and collect baseline data to support evaluation. Users reported that the framework was difficult to complete; an online version could be developed, which might help to improve usability. Effective implementation of this approach will depend on the quality and usability of the framework; the willingness of organisations to implement it; and on an effective change management culture.

Keywords: Benefit Benefits realisation Benefits realisation management
Evaluation Workforce development

Introduction

Skills for Health is the Sector Skills Council for UK healthcare employers. One of 18 Sector Skills Councils - employer-led, national organizations – Skills for Health helps the health sector develop a more skilled and flexible workforce; helping to improve productivity and the quality of health and healthcare (Skills for Health, 2013).

Skills for Health recognised that project managers needed support to enable them to evaluate the benefits that can arise from projects. This need for support was identified when Skills for Health carried out a series of workforce development projects ('national demonstrator sites') in partnership with NHS staff (Green et al, 2010). These projects were established and funded with the Department of Health (England). This article describes the approach used to develop a framework designed to help project managers identify, describe, measure and evaluate the benefits from workforce development projects within the health sector and provides an overview and summary of the content of the framework. The main findings from the process of pilot testing the framework in three NHS Trusts are then presented and discussed.

Background

This section of the article provides definitions of some of the terms used in benefit realisation management (BRM) to help set the context for the framework and identifies some resources developed to support BRM in different settings including the NHS.

Benefit and disbenefit

The success of a project or programme is generally determined in relation to outputs, including quality, and whether it is completed on time and within budget (Ashurst and Doherty, 2003; Bradley, 2006; National Audit Office, 2006; Yates et al, 2009). However, in many sectors, including the UK public services, there is also a commitment to spending public funds most efficiently and on activities that provide the greatest benefits to society (HM Treasury, 2003).

Bradley (2006:48) refers to a definition of benefit as 'an outcome of change which is perceived as positive by a stakeholder' and suggested that investing in change can only be justified if it leads to benefits for at least one group of stakeholders (Bradley, 2006). Simon (2003) has described this as the 'so what' dilemma of a project. Cooke (2008:9) suggested that conversely, 'A disbenefit is a disadvantage, or a loss of benefit, to someone or to an organisation.' Although the term 'benefit' is used throughout this article, benefit, impact and payback are sometimes used interchangeably (Hanney et al, 1999; Ashurst and Doherty, 2003).

Benefits realisation and management

Broadly, benefits realisation is about an organisation effectively achieving the most appropriate benefits from its investment in change (Bradley, 2010). Factors required for the effective realisation of benefits include commitment from senior management, funding, resources and skills and a proven process for BRM (Bradley, 2010). This can be defined as 'the process of organising and managing, so that potential benefits arising from investment in change, are actually achieved' (Bradley 2006:48). Benefits management is a continuous process (Office of Government Commerce, 2011) and in many cases, BRM should be implemented as a responsibility separate from day-to-day project management (HM Treasury, 2003).

Within the NHS, approaches have been used to assess benefits retrospectively and to manage them prospectively. In the 1990s, for example, an evaluative framework was applied retrospectively to assess the benefit (or 'payback') from Research and Development funded by the UK's Department of Health (Hanney et al, 1999; Buxton et al, 2000). Although prospective approaches to benefits realisation and management are particularly associated with investment in information technology (IT) and information systems (IS) within different settings including the health sector (Malone et al, 1997; Remenyi and

Sherwood-Smith, 1998; Farbey et al, 1999; Ward and Daniel, 2006) BRM has also been addressed in other initiatives within the NHS. For example, the Department of Health (England) provided a draft benefits realisation framework to support delivery of the benefits expected of Agenda for Change (Department of Health, 1999), which included success criteria, approaches to measurement and data sources for different time frames (Department of Health, 2004). The NHS in partnership with the Department of Health and the Office of Government Commerce also developed detailed guidance for the 'benefits-led' NHS Integrated Service Improvement Programme (ISIP), emphasising the importance of managing benefits (NHS ISIP, 2005; NHS ISIP, 2010).

Resources developed to support BRM include:

- The IT Evaluation and Benefits Management Life Cycle, a framework which 'shows how to integrate planning, evaluation and benefits management activities' (McKay and Marshall, 2002:104);
- 'The Green Book', HM Treasury Guidance designed to support those carrying out an appraisal or evaluating a project, programme or policy (HM Treasury, 2003);
- HealthConnect's Benefits Realisation Framework, which informs the development of the implementation approach of Australia's electronic health information network (McWilliam et al, 2004);
- The Benefits Realisation (BeReal) framework for primary healthcare infrastructures (Sapountzis, 2009);
- Managing Successful Programmes (MSP®) (Office of Government Commerce, 2011) and Benefit Realization Management (BRM), a practical guide for those responsible for change, which can be used for programmes utilising the MSP approach (Bradley, 2010);
- The NHS Integrated Service Improvement Programme (ISIP) designed for use in complex service transformation programmes (NHS ISIP, 2005; NHS ISIP, 2010).

Typically these approaches involve a series of phases, which include evaluation or review.

Evaluation of benefits realisation

Evaluation is designed to contribute to the learning that arises from projects, programmes or policies, enabling managers to demonstrate performance and identify improvements, good practice and lessons for future projects (Welsh Assembly Government, 2011). The purpose of evaluation can therefore be both formative and summative. In relation to benefits, Peppard et al (2000:307) suggested that 'benefit evaluation' is 'The ability to monitor and evaluate the costs and benefits on an ongoing basis.' For many benefits realisation approaches, the evaluation process overlaps with the stage of 'benefits review', defined as the 'process by which: the success of the project in terms of benefit delivery is assessed; opportunities for the realisation of further benefits are identified; and lessons learned and opportunities for improvement in future projects are identified' (Ashurst and

Doherty 2003:3). Benefits review is seen as an opportunity for organisational learning (Ashurst and Doherty, 2003; Viklund and Tjernström, 2008).

Method

Developing the framework

The framework was developed by members of the research team in the School of Education at the University of Hertfordshire in partnership with Skills for Health. The stages in this process and the main activities are shown in Table 1.

Table 1 Stages in the process of developing the evaluation framework for benefits realisation and main activities

Stages	Main activities
1. Scoping exercise (desk based research and consultation)	<ul style="list-style-type: none"> – Areas of interest for inclusion in the framework were listed using the findings from a review of literature about benefits realisation. – Selected project stakeholders were invited to review this list and provide feedback on unnecessary areas or gaps in coverage.
2. Preparation of draft framework	<ul style="list-style-type: none"> – A draft framework was prepared using the findings from the scoping exercise and with reference to published literature on questionnaire development (McColl et al 2001).
3. Peer review and preliminary testing	<ul style="list-style-type: none"> – The framework was circulated to selected stakeholders for information and comment. – Preliminary testing was carried out on a West Midlands Strategic Health Authority and Skills for Health joint project (Skills for Health 2008).
4. Final editing of the framework	<ul style="list-style-type: none"> – The framework was refined and finalised ready for pilot testing.

Overview of the framework

The framework is an integrated evaluation tool designed to support the evaluation of benefits realisation in relatively small scale workforce development projects. The design of the framework can be visualised using the schema shown in Figure 1.

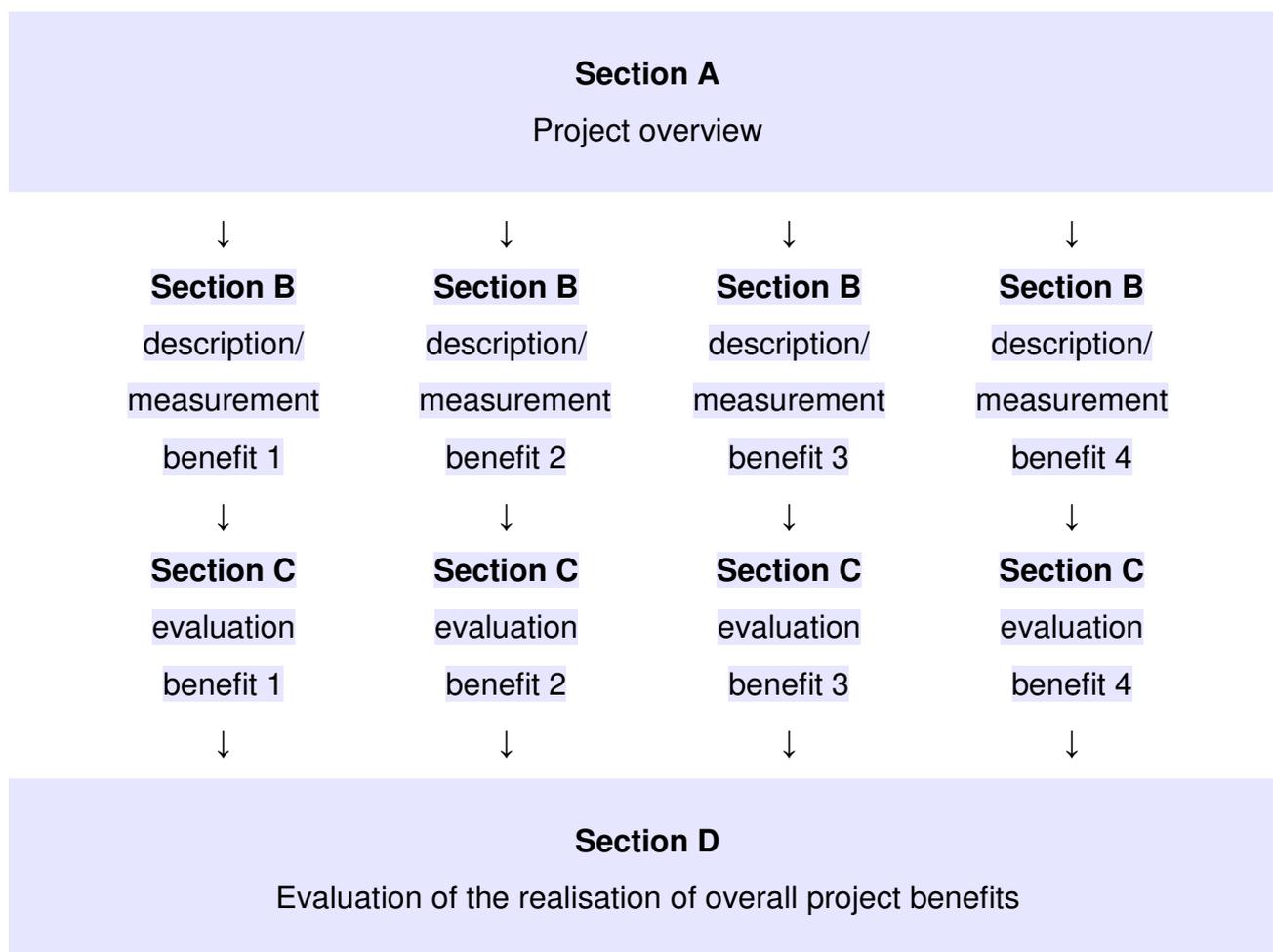


Figure 1 Design of the framework. This shows the project overview (Section A), four benefits which are each described and measured (Section B) and then evaluated (Section C) before the evaluation of the realisation of all the project benefits (Section D)

Content of the framework

Table 2 shows a summary of the content of the four sections of the framework (A-D) and the recommended timetable for completion.

Table 2 Evaluation framework for benefits realisation: summary of content and timetable for completion

Summary of content	Timetable for completion
<p>Section A Project overview</p> <p>Section A includes details of project dates, purpose,</p>	<p>To be completed at the</p>

Summary of content	Timetable for completion
stakeholders, benefits and disbenefits.	beginning of the project
<p>Section B Benefit description and measurement</p> <p>Section B includes some detail for <i>each</i> of the identified benefits expected from the project that will be measured. It can also be adapted and used to record detail for disbenefits.</p> <p>While sections A and B can be used to support the process of benefits realisation, they are designed for the purpose of evaluation and not for the purpose of project management.</p>	<p>Part 1. Benefit description. To be completed for each benefit at the beginning of the project</p> <p>Part 2. Benefit measurement. To be completed for each benefit during the project when the benefit is measured</p>
<p>Section C Evaluation of the realisation of individual project benefits</p> <p>The evaluation questionnaire in Section C is designed to collect information about the realisation of each of the benefits described in Section B. This information forms part of the overall evaluation of benefits realisation for the project and can be used to support the management of future projects.</p>	To be completed for each benefit soon after the date of expected delivery of the benefit
<p>Section D Evaluation of the realisation of overall project benefits</p> <p>The evaluation questionnaire in Section D is designed to collect information about the realisation of benefits at project level (that is for all the benefits expected from the project) taking the original prioritisation into account. This draws together the findings of the evaluation of the realisation of individual benefits (Section C) and might require involvement of several stakeholders. The information collected here can be used to support the identification of further project benefits and the management of future projects.</p>	To be completed for all benefits soon after the date of expected delivery of the latest benefit

The final document included the draft framework, brief guidelines for using the framework and two worked examples designed to demonstrate how the framework might be completed. These examples were prepared using project documents from Skills for Health and information collected through desk based research and stakeholder consultation. Practitioners were referred to additional resources they could use to support the project management of benefits realisation (Office of Government Commerce, 2011; NHS ISIP, 2010).

Pilot testing the framework

In 2008, Skills for Health established projects (called demonstrator 'spread' sites) in three NHS Trusts, which had previously acted as national demonstrator sites (Green et al, 2010). Table 3 shows the setting and purpose of the three projects, which were each managed by a project steering group and a project manager over a two year period. Project managers at each site were invited to complete the evaluation framework for benefits realisation as part of the project evaluation process.

Table 3 **Setting and purpose of the projects**

Setting	Purpose
1. The North West London Hospitals NHS Trust (Acute Trust)	To provide a competence based generic training programme for the health care assistant induction
2. The Whittington Hospital NHS Trust (Acute Trust)	To create, deliver and evaluate a competence based coaching skills programme for managers
3. South Birmingham Primary Care Trust (Primary Care Trust)	To extend the use of a competence framework to three additional roles within school nursing

The Skills for Health Programme Lead and an NHS Graduate Management Trainee who completed a two month flexi-placement at Skills for Health supported the process of pilot testing the framework. The Trainee took a participatory approach, reviewing the data for each of the three sites; identifying key benefits; completing Sections C and D of the framework (Table 2); preparing benefits realisation reports; and providing feedback on the way the framework was used. Thus, the Trainee worked with the participants at each site and together they assessed the framework.

Findings

Findings relevant to the identification, description, measurement and evaluation of project benefits and to pilot testing the framework are set out below. These findings were provided by the NHS Graduate Management Trainee who both prepared the benefits realisation reports in consultation with the project teams and presented and discussed the findings with members of the research team.

Benefits: identification, description and measurement

Fourteen benefits and three disbenefits were identified at the start of the projects. Of these, ten benefits were monitored and evaluated, three or four for each project. These ten benefits included examples from the following categories: staff, service delivery, service transformation, productivity and 'other' type of benefit (Table 4). Methods used to collect

data to measure the benefits included workshops and surveys. Benefit description and measurement details were not complete for all the planned benefits. The reports confirmed that all ten benefits were realised.

Table 4 **Examples of benefits monitored and evaluated during the testing of the framework**

Benefit title	Benefit type
1. Clear developmental pathway for [staff group] will mean more uptake and better staff retention as staff will feel valued	Staff
2. Band [X] – service improvement supported by effective recruitment, induction and training planning	Service delivery
3. Band [X] – increased opportunities for competence based role and service design within [staff] teams and across [the organisation]	Service transformation
4. Greater skill mix means better team work resulting in a more efficient workforce	Productivity
5. Competence based approach provides an effective framework for developing a... programme	'Other'

Benefits: evaluation

The following extracts from the reports prepared by the NHS Graduate Management Trainee provide examples of feedback on the process of evaluating project benefits.

'A clearer idea of all the benefits that will be included in the evaluation before the project starts will allow for all relevant data to be collected and will give time to collect background data allowing the evaluation to compare the before and after thoroughly.'

'If the organisation has planned what information would be needed for an evaluation before starting the project, there would be a clearer picture as to whether the benefits have been truly achieved.'

'To get a complete picture of the benefits realised in a project, it helps to have collected evidence before the project is started and decide what the project will need to evaluate so the correct evidence can be collected during and after the project.'

'A good project initiation document is important when starting a project, but it should also include the intended outcomes and benefits and a plan for what information and data will need to be collected to prove the outcomes of your project when evaluating.'

Pilot testing the framework

The Trainee presented the following advantages and challenges of using the framework to the members of the research team:

Advantages of using the framework:

- it encouraged staff at the pilot site to plan for providing evidence of the benefits realised from the project;
- it included 'good questions to ask when evaluating a pilot';
- it was 'easy to understand';
- it was 'good to have all relevant information in one document'.

Challenges of using the framework:

- it was 'difficult to fill in'
- it was very important for staff at the pilot site to 'buy in' to completing Sections A and B of the framework (Table 2).

Overall, however, the Trainee reported that it was considered 'great to use a structure/form for evaluating' and was 'evidence based'. In terms of the pilot sites the framework highlighted the main benefits realised from the projects and provided a useful reference for the Trust. It was also thought to provide a good basis for improving the reputation of the pilot sites.

Discussion

The framework described in this article was developed in response to a perceived gap in provision of support for the complex process of evaluating the benefits realised from workforce development projects within the health sector. During exploratory testing of the framework in projects in three NHS Trusts, an NHS Graduate Management Trainee worked with the project managers to identify, describe, measure and evaluate project benefits and to provide feedback on these aspects of benefit management and on practical aspects of using the framework itself. Typically, the focus of these projects would have been on achieving and reviewing outputs rather than on evaluating benefits and the Trainee reported positive feedback on the prospective approach taken to identify benefits and collect baseline data to support evaluation. The clarity and completeness of the framework and the relevance of the questions were also commended. However, users reported that the framework was difficult to complete. This finding was supported by an analysis of the reports prepared by the Trainee, which showed that some details were missing; in particular some benefit descriptions and measurements had not been completed. Factors which might have contributed to these omissions included uncertainty about how to describe and measure benefits, and the format of the prototype available for testing. An online version of the framework could be developed, which might help to improve usability by minimising duplication of data entry. This version could include features such as field

definition/clarification, help, explanation/comments and examples of ways in which the user might complete particular fields.

The National Audit Office (2006:27) identified 'realising the benefits of change' as one of three common principles derived from an analysis of 24 examples of successful IT-enabled business change projects and programmes. One important theme in these examples was an understanding of the importance of determining at the start what benefits they aimed to achieve and how activities could be managed to ensure these benefits were realised. The framework described here encouraged project teams to identify benefits at the beginning of the project (Table 2), so that they focused on the end of the project from the beginning (HM Treasury, 2003), a feature commended by users as noted above. In fact, Bradley (2010) has suggested that in most cases benefit should be the starting point for a potential change. The process of identifying, prioritising and measuring benefits can be challenging. Farbey et al (1999) proposed a 'Climbing down the ladder' approach to identifying benefits, which involved moving from the strategic level through a series of steps to specific benefits, thus ensuring that each benefit is linked to organisational strategy and policy. The Office of Government Commerce (undated) has recommended focussing effort on measuring key benefits and suggested principles for measurement, which include using simple measurement systems; preferably adopting or adapting those already available. Finding appropriate metrics to measure some benefits can be difficult, particularly for those that are intangible (Tillmann et al, 2012). Although some benefits can be quantified, others are not easy to measure and evaluate and measurement has resource implications (Farbey et al, 1999). Qualitative assessment was used in the pilot sites in this study.

Although it was necessary for the project managers to identify and monitor project benefits, the main purpose of the framework was to enable participants to evaluate them. The framework supports both formative and summative evaluation in two stages; for individual benefits and overall project benefits. Whilst the summative activities allow managers to assess the 'success' of the project for stakeholders, the formative activities can be beneficial for organisational learning (Farbey et al, 1999). McKay and Marshall (2002) suggested that evaluation can be seen as something which needs to become part of management culture; influencing management thinking, decision making and action. Benefits often arise after a programme or project has been implemented (Sapountzis et al, 2009; Breese, 2012) when project teams are typically dispersed (Ashurst and Doherty, 2003; Doherty et al, 2012). This can mean there is no ongoing arrangement for evaluation or review of benefits (Ashurst and Doherty, 2003) and suggests that benefits evaluation ideally requires a longer term view (Breese, 2012).

Doherty et al (2008) have suggested that an important reason that expected benefits rarely become actual benefits is that project teams overlook the importance of organisational change, and Farbey et al (1999) highlight the challenge of evaluating benefits within this setting. Issues relating to people and change management have been identified as important barriers to achieving the expected benefits from implementing IS infrastructure (Hawking et al, 2004). In a similar context, Peppard et al (2000) concluded that 'benefit evaluation' and 'change management' are two competences organisations need to develop

in order to obtain value from their investments. Ideas of cost and value can alter during the lifetime of an investment (McKay and Marshall, 2002), and something identified as a benefit at the beginning of a project might cease to be seen in that way. In addition, it is not always possible to attribute benefits to a particular course of action.

Limitations

The process of pilot testing the evaluation framework in three NHS Trusts described in this article was supported by a Skills for Health Programme Lead and an NHS Graduate Management Trainee. Although the findings reported here are all drawn from the reports and presentation of the Trainee, the Trainee worked closely with the project participants and together they provided valuable feedback on the practical implementation of the framework.

Areas for further work or study

Further work includes the potential to develop an online tool based on the draft evaluation framework for benefits realisation described in this article. This might help to address some of the issues raised during the preliminary testing process described here and would require more extensive pilot testing.

Conclusion

In this exploratory study, practitioners tested a framework for evaluation of benefits realisation and provided valuable feedback to inform its development. Effective implementation of this approach will depend on the quality and usability of the framework. It will also depend on the willingness of organisations to implement it and an effective change management culture (Sapountzis, 2009). In relation to effective IS/IT investment, McKay and Marshall (2002) have emphasized the importance of embedding an integrated programme of planning, evaluation and benefits management into the routines of an organization.

Key points

- Project or programme success is typically determined in relation to outputs. However, Skills for Health, the Sector Skills Council for UK healthcare employers recognised that project managers needed support to enable them to evaluate the benefits that can arise from projects. This accords with the commitment in the UK public services, among other sectors, to use public funds efficiently and on activities that provide the greatest benefits to society.

- An integrated evaluation framework was developed to help practitioners identify, describe, measure and evaluate the benefits from workforce development projects. Practitioners tested the framework in projects within three NHS Trusts and provided valuable feedback to support its development.
- The clarity and completeness of the framework and the relevance of the questions were commended. Positive feedback was also obtained on the prospective approach taken to identify benefits and collect baseline data to support evaluation. Users reported that the framework was difficult to complete; an online version could be developed, which might help to improve usability.
- The framework supports both formative and summative evaluation in two stages; for individual benefits and overall project benefits. Whilst the summative activities allow managers to assess the 'success' of the project for stakeholders, the formative activities can be beneficial for organisational learning.
- Effective implementation of this approach will depend on the quality and usability of the framework; the willingness of organisations to implement it; and on an effective change management culture.

Conflict of interest: It is noted that Tess Green worked for Skills for Health during the delivery of the projects and the writing of the article.

Acknowledgements: The authors would like to thank all the members of staff who contributed to the demonstrator spread site projects for their enthusiasm and commitment to delivering the projects. These members of staff include those in the project steering groups and the programme and project managers. The authors would also like to thank Rebecca Fish for her valuable contribution to this study.

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