



Chronic Conditions Management Demonstrators
Arddangoswyr Rheoli Cyflyrau Cronig
CARDIFF | CAERDYDD



Chronic Conditions Management Demonstrators Evaluation Report

Evaluation of Results Based Accountability May 2011

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*Prepared by:
Opinion Research Services*

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Executive Summary

INTRODUCTION

ORS was commissioned by the Chronic Conditions Management Demonstrator Programme to evaluate the Results Based Accountability (RBA) approach, which serves as an outcome-focussed methodology to improve the quality of life within communities, as well as the performance of services. The Programme involves three demonstrator projects across Wales (to 2011) carrying out advance testing of the Welsh Chronic Conditions Management Model and Framework (WAG, 2007) and sharing this learning.

The Cardiff Chronic Conditions Management Demonstrator has been working to establish how RBA can be used to drive improvements in the management of people with chronic conditions. It has applied the method across a number of conditions and the purpose of this evaluation is to obtain feedback on the method and its deployment in this context.

METHODOLOGY

The evaluation of RBA included an online survey that was distributed via email to 343 contacts within the NHS, Local Authority and Voluntary Sector (as supplied by the client). ORS received 105 valid responses, yielding a 31% response rate.

To augment the survey findings, a focus group was held with stakeholders attending an RBA training session on self-care management, and six in-depth telephone interviews were conducted with representatives from the Health Service, Local Authority and Third Sector – all of whom had used RBA. The evaluation was conducted between March and April 2011.

FINDINGS

Overall, interviewees feel that RBA came along at the right time. It was argued that the Welsh Government is exerting pressure on organisations to prove outcomes, with most interviewees feeling that, in order to do so, they require an outcomes-focussed methodology. Prior to RBA, it was felt, internal audits and external evaluations were not outcome-driven, and participants acknowledged that in the present economic climate it is imperative to show impact and outcomes.

Results Based Accountability: A mainstream approach?

84% of survey respondents have been involved in at least one RBA framework, with just under a third (32%) having been involved in three or more.

When asked to what extent they have adopted the RBA approach, over a third of respondents (36%) stated that they have adopted RBA to the highest level; have applied RBA; reviewed its usefulness; are clear on its benefits and will use it in the future. Respondents who have been involved in three or more frameworks and those who have been trained as an RBA trainer/facilitator are significantly more likely to adopt the RBA approach to the highest level.

When asked if, based on their experiences, they anticipate using RBA in the future – three fifths of respondents reported that they definitely would; a further 39% stated that they would possibly. Respondents who are within management are significantly more likely to anticipate using RBA in the future (76%).

Interviewees discussed the extent to which RBA has ‘taken off’ in Cardiff and the Vale. The approach is proving popular with interviewees within the Local Authorities, the Health Board and the Third Sector. Participants discussed using the approach in the future, with one Third Sector agency about to trial it. If successful, it will be used nationally.

Standardising the collection of data across agencies was viewed as a challenge to the future development and use of RBA. Some stakeholders are actively engaging in taking this forward and mentioned Paris and Fynnon as IT packages that could help potentially help overcome this problem.

Understanding Results Based Accountability

Of the respondents who stated they have attended an introduction/training session but have not been trained as an RBA trainer/facilitator, 96% found the RBA training session useful.

The vast majority of survey respondents have been involved in the steps receiving RBA training as a participant (83%) and working through the seven RBA population or performance accountability questions (76%). Just over a fifth (22%) of the survey respondents have been involved in delivering RBA training as a facilitator/presenter.

All interviewees have received some form of training on RBA, which they considered excellent and contributed to their overall understanding of RBA. However, those stakeholders who have been involved in a framework feel that it was only when they began implementing the approach that they fully understood it, although some suggested that they would still benefit from additional training.

Views on the Results Based Accountability Approach

When asked about the extent of their satisfaction with the progress of the RBA frameworks that they have been involved in, over three quarters of respondents are satisfied (76%). The results show that respondents who have trained as an RBA trainer/facilitator (96%), have applied RBA, reviewed its usefulness and are clear on its benefits (92%) and have been involved in three or more RBA frameworks (91%) are significantly more likely to be satisfied.

Of the survey respondents who said that they are satisfied with the progress of the RBA frameworks that they have been involved in, many state that this is because the framework is useful, effective, common sense and accessible, and achieves improvements, helps service providers to specify clear ways to measure performance against outcomes, and has been motivational for staff.

92% of survey respondents stated that RBA is useful as tool for driving improvements; over half reported that it is very useful (54%). No respondents reported RBA to be not very useful or not at all useful.

Overall, interviewees are very positive about the impact that RBA can have on the delivery of services and outcomes for communities, and feel the approach:

- Is ground-breaking - most stakeholders feel they did not have an approach to measuring outcomes prior to RBA
- Is inclusive – it encourages everybody to get involved and avoids the ‘top down’ approach
- Adopts common methods and language – it uses plain language and adopts common sense methods that everyone can understand

- Provides impact outcomes – RBA focuses on how service users or communities are better off when the service/s works the way it should
- Results in an end product – it provides step-by-step processes to enable partners to get from talk to action quickly
- Is motivating - the approach can be very motivating for practitioners who have access to data that indicates the impact of what they are doing.

Potential Barriers to implementing the Approach

Survey respondents who are not satisfied with the progress of the RBA frameworks they have been involved with said this is because it is too premature to assess levels of satisfaction as projects are in their infancy. These participants are yet to experience the application of the process in their day-to-day work, and therefore cannot judge the outcomes in regard to the value of the approach for patients, clients and services.

Just over three fifths of respondents said that they have encountered barriers or difficulties in using RBA (62%). Some reported that this is due to the complex nature of RBA causing difficulties with its application. A number of respondents stated that this is due to a lack of experience, while others reported that it is because RBA tries to generalise and over-simplify complicated issues.

One of the major barriers highlighted by interviewees is the difficulty involved in implementing a RBA framework within larger organisations and services, which have less flexibility and time available to implement such frameworks.

Overall most interviewees feel that RBA performance accountability is easier to understand and use than population accountability which was considered harder to implement due to broader and less tangible data and the lack of measurable outcomes.

Lessons Learned and Next Steps

Within Cardiff and the Vale the approach is being used across the Local Authorities, Health Board and Third Sector. The approach is also being used within other Local Authorities across Wales.

RBA training is viewed as excellent by stakeholders and contributed to their overall understanding. However, stakeholders feel that it was only when participating in the RBA did they fully understand the methodology. This learning curve could be highlighted to those embarking on training for the first time.

Some stakeholders who have participated in an RBA framework suggested they would benefit from ‘booster’ training sessions.

Service providers who have used RBA feel that it has had a positive impact on the way they deliver services and they will continue using and expanding their use of the approach.

Stakeholders feel that RBA is a robust methodology that helps them produce the outcome based data that is set out in policy strategies such as Setting the Direction. While the Welsh Government is focusing on service delivery impacts, it could promote RBA as a method for public bodies and the Third Sector to promote the work they are doing and evidence their outcomes. Stakeholders feel they are moving from anecdotal evidence to real hard evidence.

Stakeholders feel that the RBA framework is not a difficult method to implement. However, they feel that RBA frameworks are easier to implement and manage in smaller organisations, particularly in the Third Sector.

Stakeholders are less confident about implementing population frameworks. Experienced facilitation is required to a greater extent.

The composition of an RBA group is the most commented upon lesson learned. Stakeholders suggested that inclusivity is a major issue and that patient/service users and managers/practitioners should be involved. Further, all should be involved in the feedback.

Standardising the collection of data across organisations was viewed one of the major future challenges and something that needs to be improved to see RBA become a mainstream approach in the future.

CONCLUSION

RBA is an approach that 'has taken off' in Cardiff and the Vale and is being used across a range of different service areas within Wales. The use of the outcomes-focussed methodology is timely as it aids organisations meet national policy, as outlined in *Setting the Direction*, which aims to provide more outcome based services.

Stakeholders who have used RBA report the positive outcomes they have experienced as a result of implementing a framework and the impact that is having on their service users.

All stakeholders feel they will use approach in the future.

Chapter 1: Introduction

RBA is a disciplined way of thinking and taking action that can be used to improve the quality of life in communities and also the performance of services¹.

The delivery of co-ordinated, comprehensive and consistent Chronic Conditions Management services is an integral part of effective mainstream service delivery in the community. In order to drive improvement of managing and reducing the incidence and impact of chronic conditions across Wales, three large scale improvement Demonstrator Projects were established - one in Cardiff, one in North Wales and one in Carmarthenshire. The aim was to:

Provide and test a sustainable, affordable generic CCM service model that supported patients' needs locally and promoted independent living within the community in order to communicate and inform service change across Wales²

As part of its commitment to testing innovations, the Cardiff CCM Demonstrator has been exploring the role of RBA in relation to chronic conditions management; beginning this work in 2009. Led by the Cardiff CCM Demonstrator Project Lead, the work in Cardiff has focussed on building an understanding of RBA through education and training, and (most importantly) the live testing of RBA as a component of service improvement activities in areas such as Epilepsy services, chronic pain, self care and for the overall strategic management of chronic conditions services. Further detail on the work carried out with the Epilepsy service can be found in the evaluation report, *'Cardiff and Vale Epilepsy Services Patients Experiencing a First Seizure – A report of service improvement work led by the Cardiff Chronic Conditions Management Demonstrator. The Cardiff Demonstrator has also developed a 'Results Based Accountability Toolkit – A resource for professional working to improve public services'.*

RBA: AN INTRODUCTION

In the book *'Trying Hard is Not Good Enough – How to Produce Measurable Improvements for Customers and Communities³'*, the founder of the approach, Mark Freidman, outlines the RBA toolkit, which contains a number of basic ideas:

It starts with ends and works backward, step by step, to means. For communities, the ends are conditions of well-being for the community such as children being healthy. For programmes or services, the ends are how service users are better off when the service works the way it should.

It provides step by step processes to enable partners to get from talk to action quickly

It uses plain language and avoids jargon

¹ Friedman. M (2005) *Trying Hard Is Not Good Enough: How To Produce Measurable Improvements For Customers and Communities*. Trafford Publishing

² Framework in health care: case studies from the Cardiff CCM Demonstrator, p1.
Chronic Conditions Management Demonstrators (November 2010) Case studies from the CCM Demonstrator, p7

³ Friedman. M (2005) *Trying Hard Is Not Good Enough: How To Produce Measurable Improvements For Customers and Communities*. Trafford Publishing

It uses common sense methods that everyone can understand

It's an inclusive process where diversity is an asset and everyone in the community/service can contribute

It places importance on the collection, base lining and understanding of data to indicate if things are getting better or worse.

POPULATION V PERFORMANCE ACCOUNTABILITY

RBA has two components: population accountability and performance accountability. In population accountability, a group of partners takes on responsibility for the well-being of a population in a geographical area. In performance accountability, a manager or group of managers takes responsibility for the performance of a programme or service.

The principle distinction between the two components is responsibility. Performance accountability involves programmes and services and in this case the manager/s can be held responsible. For cross-community issues such as the health of children in an area, no one person or agency can be held responsible. Population accountability requires broad partnerships that take collective responsibility for the progress of a framework.

USE OF RBA: CARDIFF AND THE VALE

In Cardiff interest around Results Based Accountability began in 2008 – since when over 300 people have attended presentations and training events on using the approach.

Alongside the focus on RBA from the Cardiff Demonstrator, since 2009, partnerships in Cardiff have begun to use RBA to improve performance and population outcomes – and the approach is now the agreed performance management methodology for the Integrated Partnership Strategy (IPS).

In early summer 2010, a series of RBA training sessions were held for partners and partnerships across the city, facilitated by David Burnby (Outcomes UK). Depending on individual and partnership requirements, the training was delivered in three different sessions (half-day and full-day training sessions and a two-day train the trainer event) to cater for a wide range of audiences. Over 300 people received training on RBA, ranging from Executive Local Service Board members to practitioners and community workers.

- Impetus for the approach:
 - 2008 – Mark Friedman hosts a two day event
 - Presentations and events put on by the Partnership Support Unit
 - 2009 – Cardiff CCM Demonstrator began live testing of RBA for chronic conditions
 - 2009 – Partnerships begin to use RBA to improve performance management
 - 2010 - training events hosted by David Burnby
 - Over 300 people receive training on RBA, ranging from Executive LSB members to practitioners and community workers.
- Involvement in specific projects, for example:
 - Falls and Bone Health (2009)
 - Welsh Epilepsy unit (2009)
 - 'What Matters' Strategy.

RBA is being used within health, the local authority and the Third Sector.

THE COMMISSION: PROJECT PURPOSE AND DESIGN

ORS was commissioned by the Chronic Conditions Management Demonstrator Programme based at NLIAH (National leadership and Innovations Agency for Healthcare) to evaluate the Results Based Accountability (RBA) approach led by the Cardiff CCM Demonstrator project, which (as outlined above) supports the improvement of quality of life within communities, as well as the performance of services.

The evaluation set out to:

- Determine to what extent Results Based Accountability is being used across health, local authorities and the third sector
- Examine prior knowledge of Results Based Accountability- to find out what sources of information/training is supporting its use
- Gain an insight into understanding Results Based Accountability
- Collect views on Results Based Accountability
- Document examples of good practice
- Gather reasons for using or not using RBA
- Determine whether additional training, support or information can support the use Results Based Accountability
- Examine the future direction of Results Based Accountability.

In order to inform the work of the Cardiff Chronic Conditions Management Demonstrator the evaluation of RBA included an online survey that was distributed via email to contacts within the NHS, local authority and voluntary sector supplied by the client.

To support the survey findings, a focus group was held with stakeholders attending an RBA session on self-care management and six in-depth telephone interviews were conducted with representatives from Health, Local Authority and Third Sector.

The evaluation was conducted between March and April 2011.

CONSULTATION PROGRAMME: QUANTITATIVE AND QUALITATIVE ELEMENTS

Stakeholders were asked about the following:

- Their prior knowledge of Results Based Accountability
- Their understanding of Results Based Accountability
- Their views on Results Based Accountability and the ways in which it can improve service delivery
- Their use of Results Based Accountability - and their reasons for using it
- Their reasons for not using Results Based Accountability (for those who have not done so)
- Whether additional training, support or information would help them use the approach
- Whether they will use Results Based Accountability in the future.

METHODOLOGY

The evaluation programme comprised of the following:

An online survey, distributed via email in the week commencing 14th March to participants from a range of RBA sessions, awareness and training events within the NHS, Local Authority and Third Sector (as supplied by the client). A reminder email was distributed on 25th March, 2011. The cut-off date for completed surveys was 4th April, 2011

Telephone interviews with six stakeholders (including representatives of Cardiff Local Authority, health and Third Sector) from Cardiff and Vale. Of these six, three stakeholders attended a 'train the trainer event', one stakeholder attended an event as a participant, one stakeholder facilitates training events and one stakeholder got involved with an RBA framework after it began. The Demonstrator lead identified relevant volunteers from the list of event participants for the evaluation team to contact, initially via e-mail. The interviews lasted for between 30 minutes and an hour

A focus group with nine participants (including representatives from Diabetes Care, the Cardiff and Vale Public Health Team, the University Health Board and the Third Sector), who had earlier attended a Self Care RBA session. The Focus Group lasted 30 minutes.

INCLUSIVENESS AND REPRESENTATIVENESS

The qualitative element of the evaluation programme gave stakeholders the opportunity to give their views on the Results Based Accountability approach in a detailed discussion. Consequently, whilst the findings reported here cannot be described as statistically-representative, the quantitative element included a range of participants from within the NHS, Local Authority and Third Sector.

THE REPORT

The Executive Summary gives a balanced assessment of the consultation outcomes (qualitative and quantitative), but readers should refer to Chapter 2 for a full report of the survey findings and Chapter 3 for a full account of the deliberative qualitative interviews and focus group discussion – and, in particular, for an account of people's priorities and the reasons for their views. Some verbatim quotations appear to illustrate recurrent or convincing points of view vividly. Although some quotes identifies the sector the person represents- this cannot be done throughout as some quotes are obtained from Focus Group discussion. While quotations are used, the report is not just a transcript of the discussions, but an interpretative summary of the issues discussed.

Chapter 2: Survey Results

SURVEY RESPONSE

The online survey was distributed (via email) to 345 people within the NHS, the Local Authority and the Voluntary Sector – all of whom had participated in some level of RBA training. 14 of the 345 email addresses returned a failed mail status, reducing the effective sample to 331. 105 online surveys were completed, yielding a response rate of 32%.

The tables on the following pages show the un-weighted responses to the survey. Any value denoted by a * represents a percentage which is less than 1%.

Table 1: Organisation – All respondents (Note: Figures may not sum due to rounding)

Organisation	Number of respondents (unweighted count)	% of respondents (unweighted valid)
Cardiff County Council	37	36%
Cardiff and Vale University Health Board	30	29%
Third Sector Organisation	16	15%
Other	13	12%
Other Local Authority	8	8%
Total	104	100%

Table 2: Job Category – All Respondents (Note: Figures may not sum due to rounding)

Job Category	Number of respondents (unweighted count)	% of respondents (unweighted valid)
Management	49	48%
Other	18	18%
Support services	15	15%
Frontline healthcare and social care staff	9	9%
Data/information and admin	6	6%
Frontline voluntary sector service	5	5%
Total	102	100%

INTERPRETATION OF THE DATA

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the volume an asterisk (*) denotes any value less than half a per cent.

GRAPHICS

Graphics are used extensively in this report to make it as user friendly as possible. The pie charts and other graphics show the proportions (percentages) of respondents making relevant responses. Where possible the colours of the charts have been standardised with a 'traffic light' system in which:

- Green shades represent positive responses
- Brown/blue shades represent neither positive nor negative responses
- Red shades represent negative responses
- The bolder shades are used to highlight responses at the 'extremes', for example, very satisfied or very dissatisfied.

There were a number of open ended questions within the survey where respondents could provide fuller answers. For these open ended questions we have used 'word clouds' to give an indication of how frequently particular words occurred in the participants responses. Words that occur more frequently are larger and bolder, whilst words that were used less often are smaller and lighter in colour. We have also included an extract of related comments to further illustrate the range of responses.

Demographic charts have been used to show how the responses vary between different sub-groups of the population (to show how the results for the specific sub-group, for example *staff that work for Cardiff City Council*, differ from the overall average result obtained from ALL respondents). Results for sub-groups that have significantly higher scores than the overall average are highlighted in green, whilst results for sub-groups that have significantly lower scores than the overall average are highlighted in red.

For example the chart overleaf shows that:

- Overall across ALL respondents, 36% have adopted the RBA approach to the highest level.

Considering specific subgroups:

- For only those respondents from Cardiff and Value University Health Board, 41% have adopted the RBA approach to the highest level;
- Whilst for those respondents who had trained as an RBA trainer/facilitator, 58% had adopted the RBA approach to the highest level. Furthermore as this last result is highlighted in green we can see that statistically it is significantly higher than the overall average score.

Figure 1: Example of demographic chart



SURVEY RESULTS

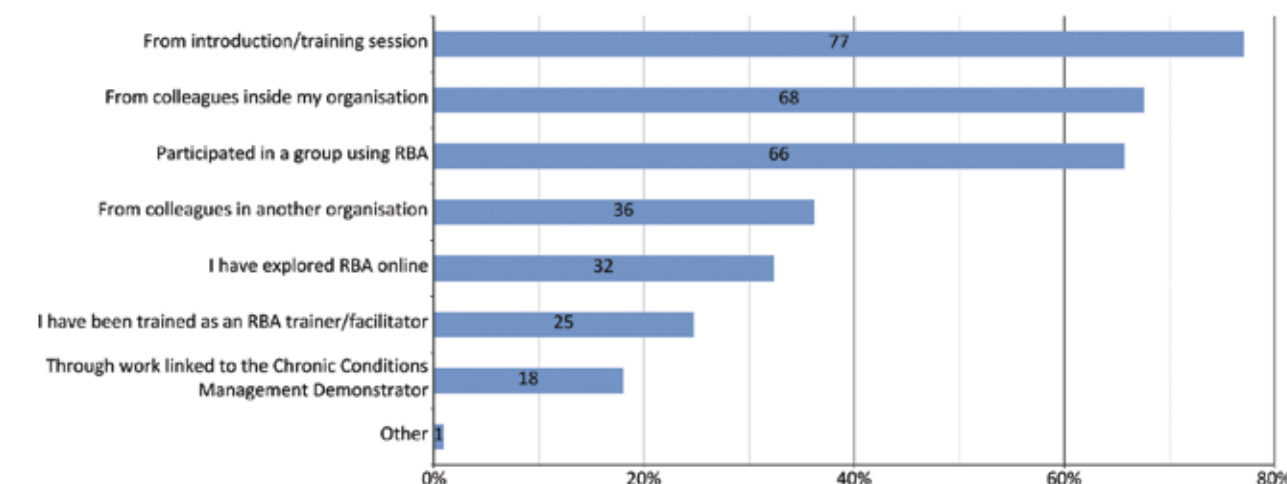
Respondents were asked a series of questions relating to their knowledge of RBA and training. The results are below.

Knowledge of RBA

Over three quarters of respondents (77%) said that they had heard about RBA from introduction/training sessions.

Figure 2: How have you heard about RBA?

Base: All Respondents (105)



The vast majority of survey respondents (84%) have been involved with at least one RBA framework.

Figure 3: How many RBA frameworks have you been involved in?

Base: All Respondents (105)

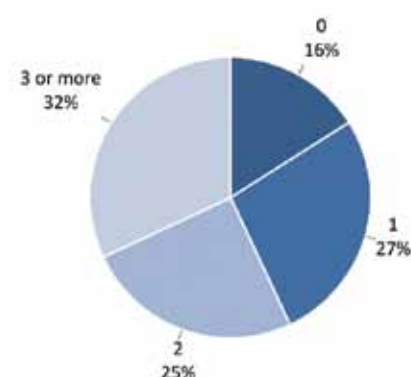
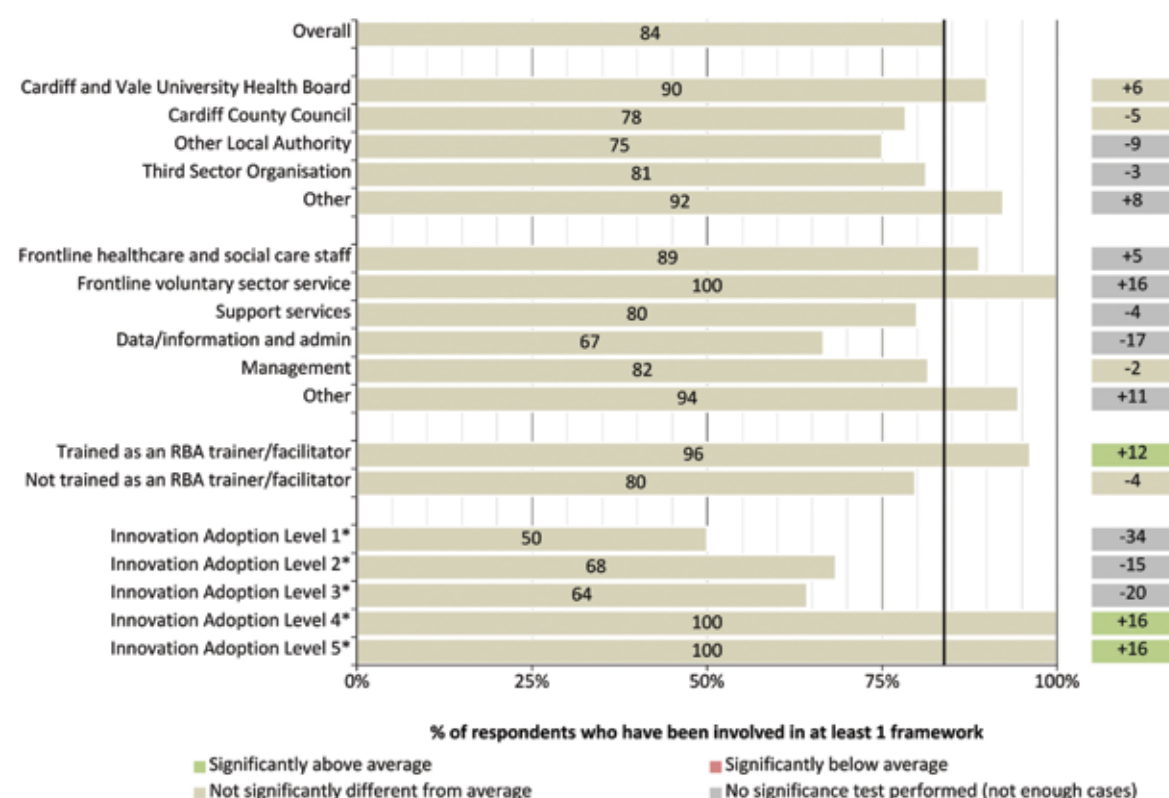


Figure 4: How many RBA frameworks have you been involved in?

Base: Respondents who have been involved in at least 1 framework (99)



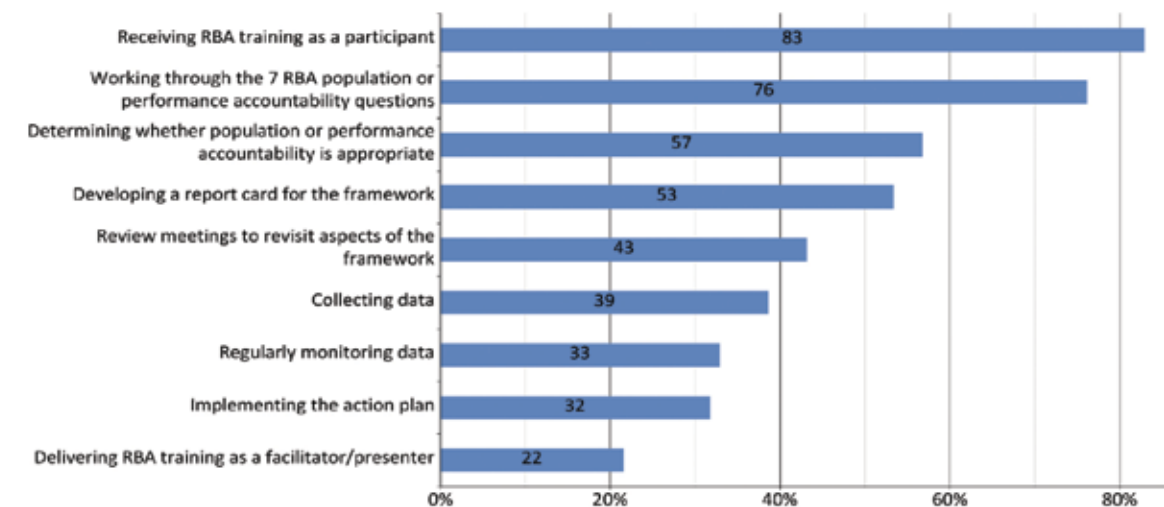
1* - I have been exposed to RBA but lack information about it. I have not been inspired to find more information about it.
 2* - I am interested in RBA and have actively sought information about RBA.
 3* - I have assessed the advantages/disadvantages of using the RBA approach and based on this have made a decision on whether or not to apply RBA in practice.
 4* - I have applied RBA in a particular framework.
 5* - I have applied RBA, reviewed its usefulness and am clear on its benefits. I will use RBA where appropriate in the future.

When considering specific sub-groups (as shown in the demographic chart above), all respondents working in the frontline voluntary sector service have been involved in at least 1 RBA framework. 96% of all respondents who had trained as an RBA trainer/facilitator had been involved in at least 1 framework; this result is significantly higher than the overall average score.

The vast majority of survey respondents have been involved in the steps receiving RBA training as a participant (83%).

Figure 5: Considering all the frameworks you've been involved with, which of the following steps have you personally been involved in?

Base: All Respondents (88)



Over three quarters of respondents are satisfied with the progress of the RBA frameworks they have been involved in (76%).

Figure 6: Overall, to what extent are you satisfied or dissatisfied with the progress of the RBA framework(s) that you have been involved in?

Base: All Respondents (85)

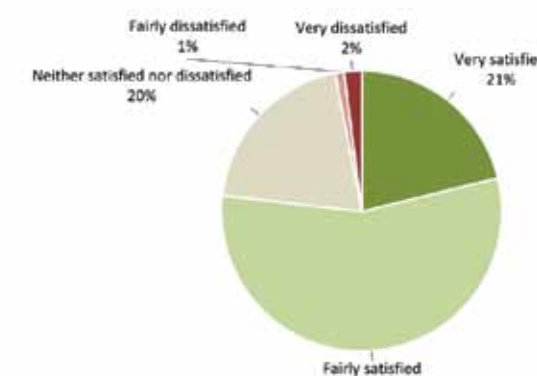
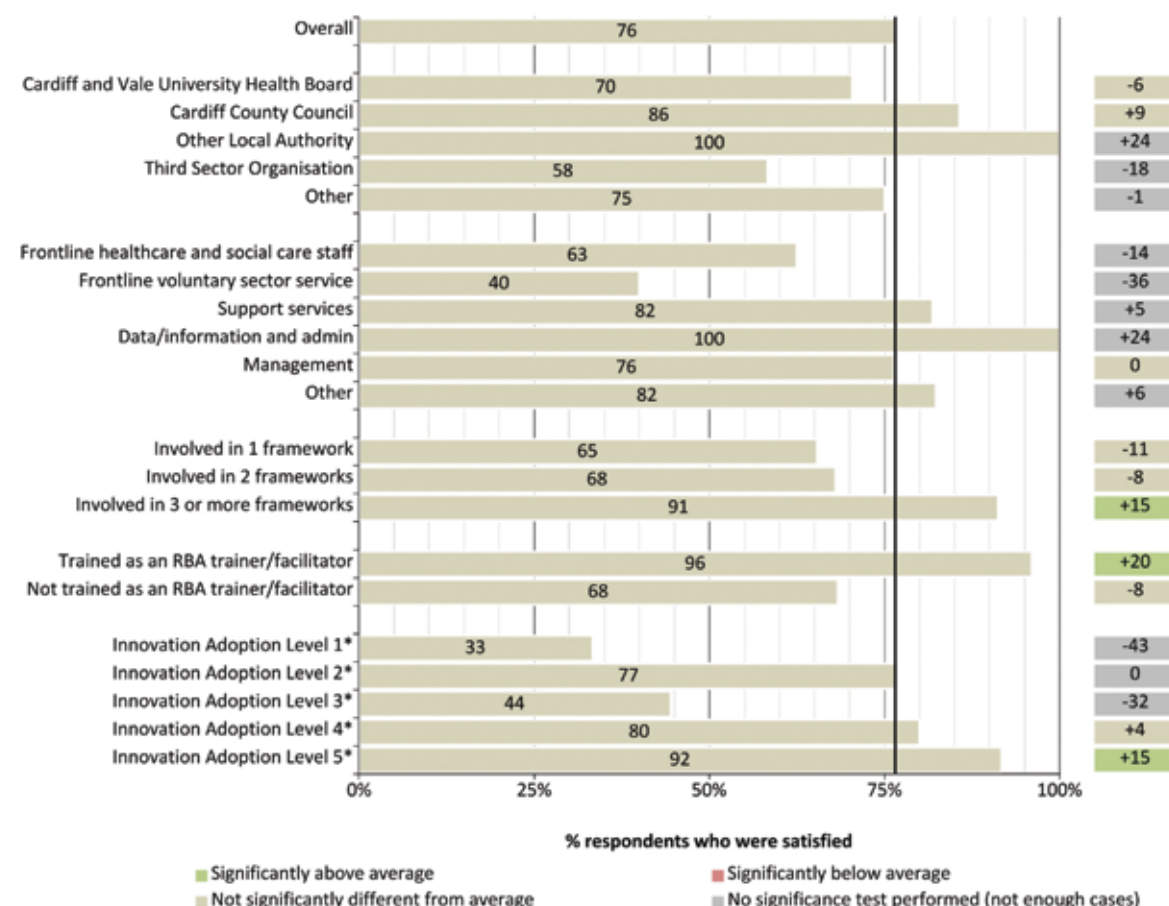


Figure 7: Overall, to what extent are you satisfied or dissatisfied with the progress of the RBA framework(s) that you have been involved in?

Base: Respondents who were satisfied (81)



- 1* - I have been exposed to RBA but lack information about it. I have not been inspired to find more information about it.
2* - I am interested in RBA and have actively sought information about RBA.
3* - I have assessed the advantages/disadvantages of using the RBA approach and based on this have made a decision on whether or not to apply RBA in practice.
4* - I have applied RBA in a particular framework.
5* - I have applied RBA, reviewed its usefulness and am clear on its benefits. I will use RBA where appropriate in the future.

The comments of respondents who stated that they were satisfied with the progress of the RBA frameworks they have been involved in are outlined below.

Figure 8: Overall, to what extent are you satisfied or dissatisfied with the progress of the RBA framework(s) that you have been involved in? Very/fairly satisfied

action agency although area curves customer data developing different difficult
experience feel focus fully helped impact implement improvement level
measures needs **outcomes** performance planning point populati
practical quite really report results sense simple terms training understand use
work

Example Comments

Implementing the framework has helped explain the connection between customer results and collective responsibility for population outcomes; it's helped put customer results back as the focus of service delivery; it's supported service change; it's motivated staff

I have found using an RBA approach is very accessible to staff at all levels within organisations and customers in terms of providing a simple, structured framework for delivering achievable improvements and better outcomes

It has focussed the improvement agenda within our service area. It has helped us to form an action plan and to be more outcomes focussed

It has confirmed that our evaluations are meaningful & contributing to the quality of our service; and has helped to explore additional ways to improve quality and training. It has given confidence to me in reporting our work.

The comments of respondents who stated that they were not satisfied with the progress of the RBA frameworks that they have been involved in are outlined below.

Figure 9: Overall, to what extent are you satisfied or dissatisfied with the progress of the RBA framework(s) that you have been involved in? Neither satisfied nor dissatisfied/Fairly dissatisfied/Very dissatisfied

Example Comments

I have felt that the approach has been used to try and determine parameters that are too wide. I feel that the approach, and have been shown that the approach, can work well for a well-defined area e.g. epilepsy services but to try to do it for a whole population e.g. a GP practice doesn't work

The framework I have been involved with has taken a significant amount of time to produce, it is too early for me to comment on whether the use of RBA in the development of the strategy has been more, or less effective than other methods we could have used

I think that two key areas of measuring outcomes and aligning strategies to common outcomes have proved useful. But the lengthy discussions around population or performance I don't believe result in a direct improvement. In my opinion, lean/systems thinking can lead to better service delivery

The process is still in its infancy in Cardiff and, although the commitment is there to use this approach, there is still a great deal to do to develop real understanding and consistency in use.

Over three fifths of survey respondents have encountered barriers/difficulties using RBA (62%).

Figure 10: Have you encountered any barriers/difficulties in using RBA?

Base: All Respondents (82)

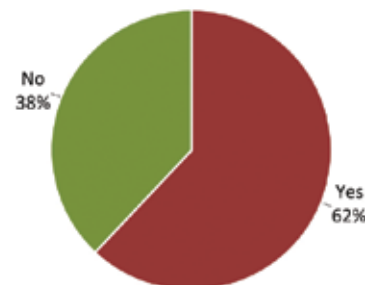
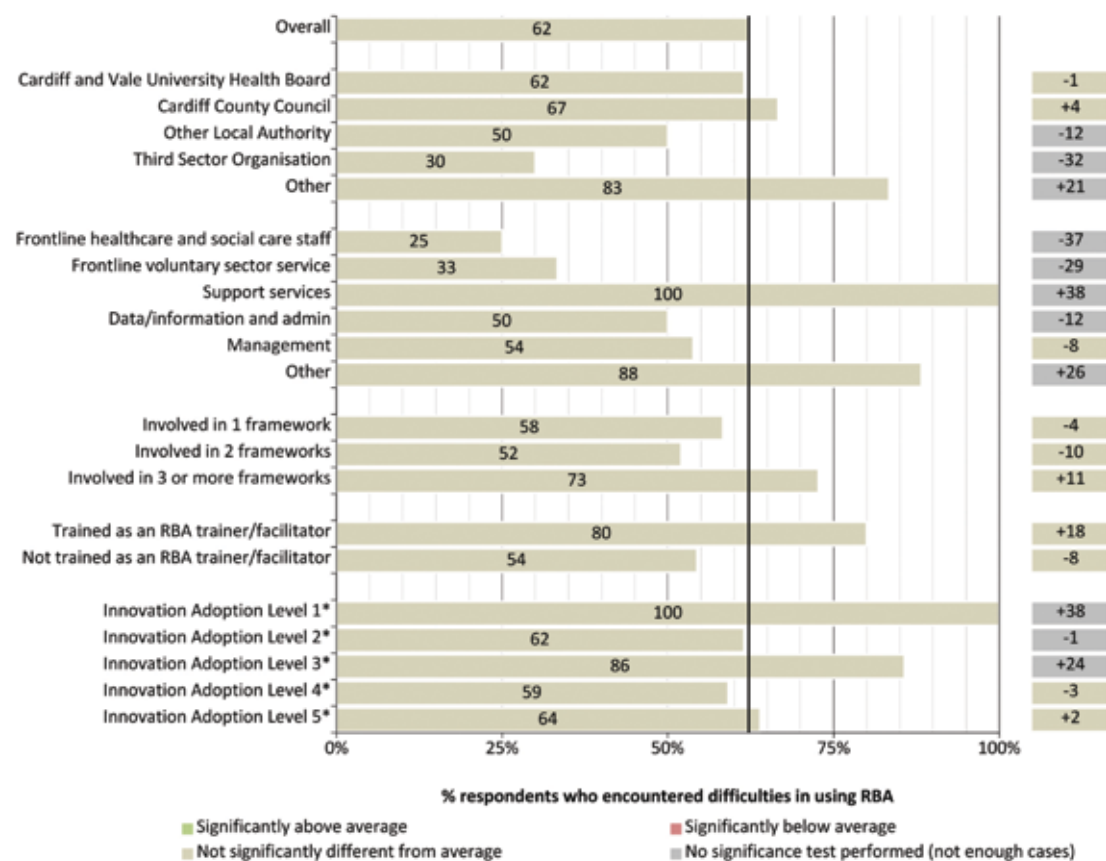


Figure 11: Have you encountered any barriers/difficulties in using RBA?

Base: Respondents who encountered difficulties in using RBA (79)



1* - I have been exposed to RBA but lack information about it. I have not been inspired to find more information about it.
 2* - I am interested in RBA and have actively sought information about RBA.
 3* - I have assessed the advantages/disadvantages of using the RBA approach and based on this have made a decision on whether or not to apply RBA in practice.
 4* - I have applied RBA in a particular framework.
 5* - I have applied RBA, reviewed its usefulness and am clear on its benefits. I will use RBA where appropriate in the future.

The comments of respondents who have encountered barriers/difficulties using RBA are outlined below.

Figure 12: Have you encountered any barriers/difficulties in using RBA?

Example Comments

The theory of RBA can be difficult to apply in practice

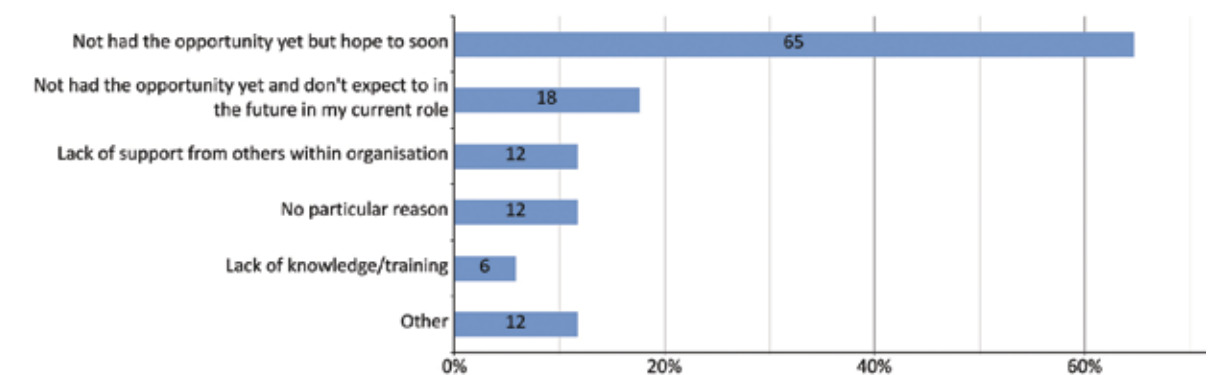
Inexperienced in interrogating data

RBA can sometimes over-simplify matters that are very complicated and you can lose some of the detail, which is very important at a strategic level. Trying to solve 'people in Cardiff are healthy' with 'three or four key actions' for example is unrealistic.

Of the respondents who had not attended an RBA framework or project, 65% said that this is because they have not had the opportunity yet but hope to soon.

Figure 13: Is there any particular reason why you have not used RBA?

Base: All Respondents who stated that they had not been involved in a RBA framework or project (17)



92% of survey respondents stated that RBA is useful as tool for driving improvements.

Figure 14: Overall, how would you assess RBA as a tool for driving improvements?

Base: All Respondents (81)

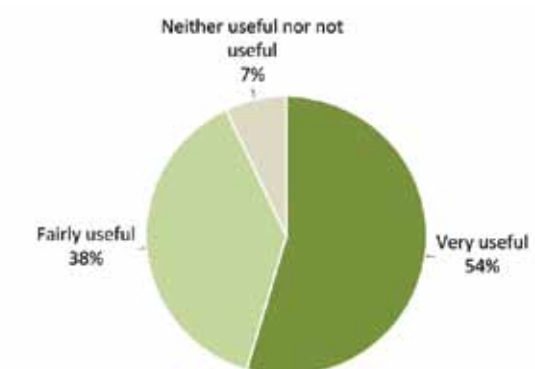
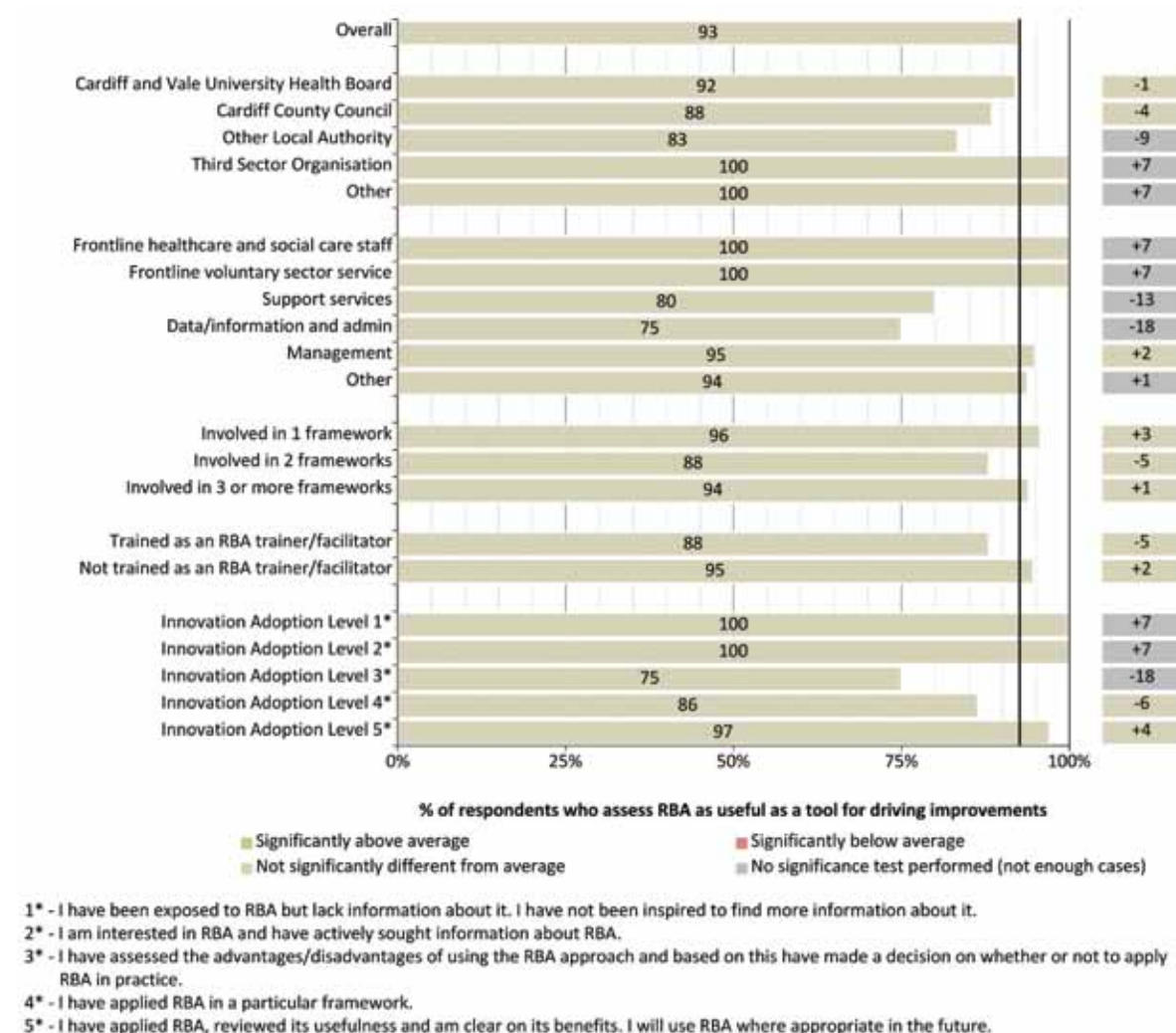


Figure 15: Overall, how would you assess RBA as a tool for driving improvements?

Base: Respondents who assess RBA as useful as a tool for driving improvements (78)



The comments of respondents regarding RBA as a tool for driving improvements are outlined below.

Figure 16: Overall how would you assess RBA as a tool for driving improvements? Please explain your reasons



Example Comments

It clearly sets out a path for measuring achievement and forces you to identify reasons for poor performance

It is clear and it keeps the focus on outcomes

Clear method / process / strategy of what is needed to achieve outcomes

If used properly - can get people to think outside of the box and to focus on what it is we are really trying to achieve in health care of partnership working. It is brilliant for framing services and outcomes and for getting partnerships joined up on what is needed

For me RBA is more a performance management tool rather than a service improvement tool

Is a structured way of considering customer orientated improvements

It is useful in combining and focussing people and individual agendas and looking at outcomes not process but don't feel the trainers who have received some training to act as local facilitators always have sufficient knowledge of process to take it forward with groups who are new to it

Helps differentiate between things we can have an impact on/with and things which are not under our control as service providers. A framework for all involved to think along the same lines and identify similar priorities in our day to day work makes clear the need for robust data and careful tracking/review.

A third of respondents (36%) stated that they have adopted RBA to the highest level; have applied RBA; reviewed its usefulness; are clear on its benefits; and will use RBA in the future.

Figure 17: To what extent do you feel you have adopted the RBA approach?

Base: All Respondents (99)

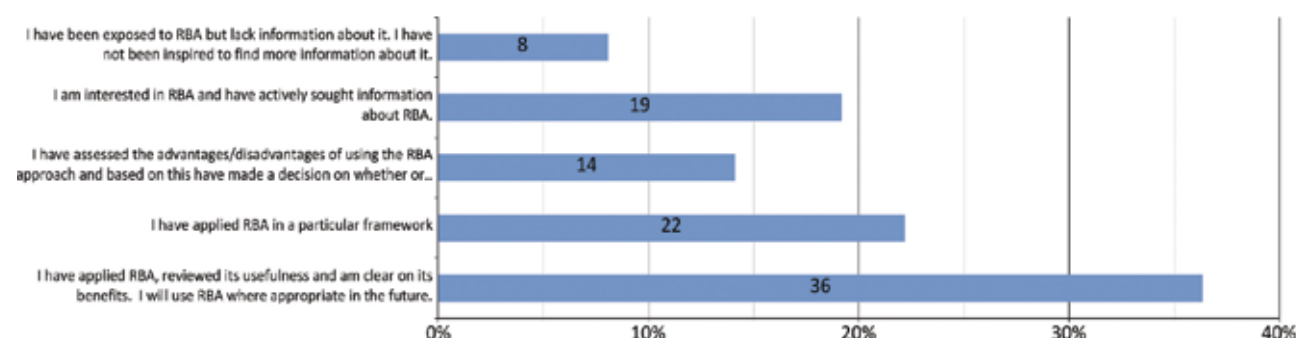
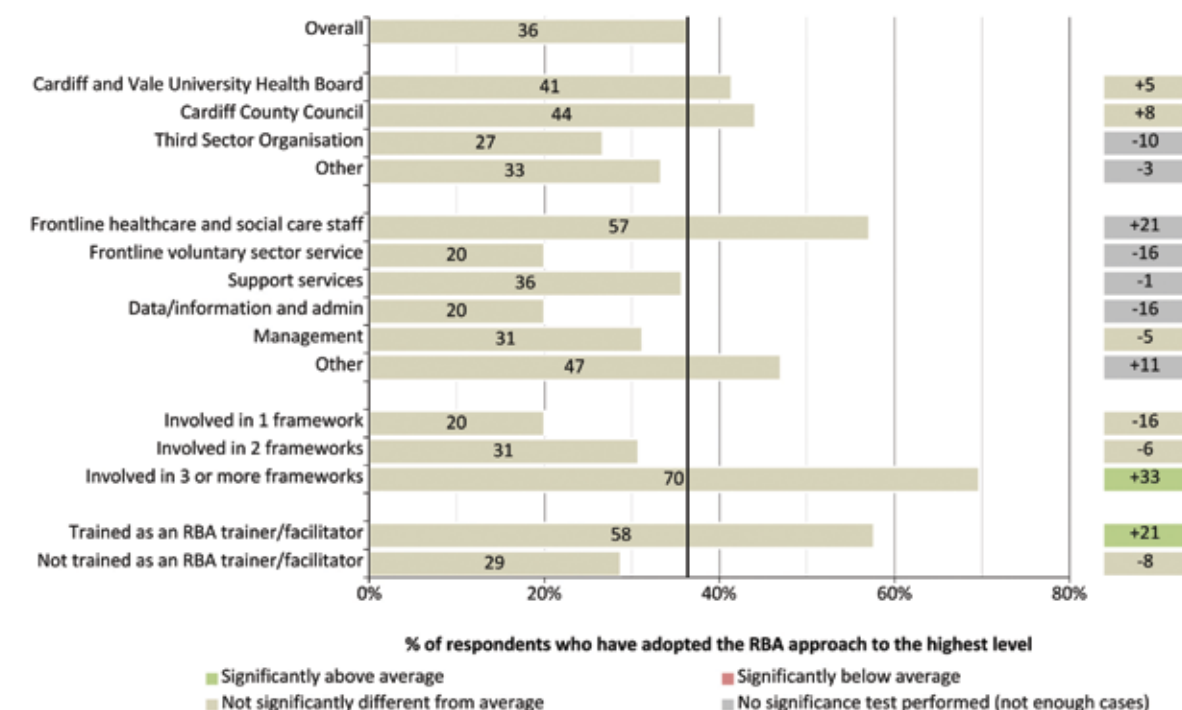


Figure 18: To what extent do you feel you have adopted the RBA approach?

Base: Respondents who have adopted the RBA approach to the highest level (99)

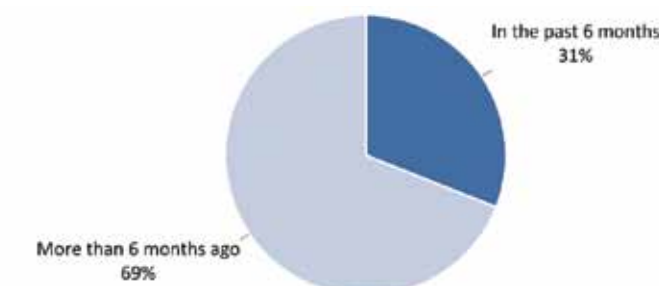


Training

The majority of respondents who have been trained as an RBA trainer/facilitator were trained more than six months ago (69%).

Figure 19: When were you trained as an RBA trainer/facilitator?

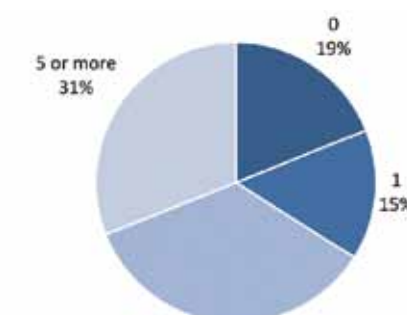
Base: All Respondents who state that they have been trained as an RBA trainer/facilitator (26)



81% of trainers/facilitators have conducted at least one training/facilitation session; 31% have conducted five or more.

Figure 20: How many RBA training/facilitation sessions have you conducted?

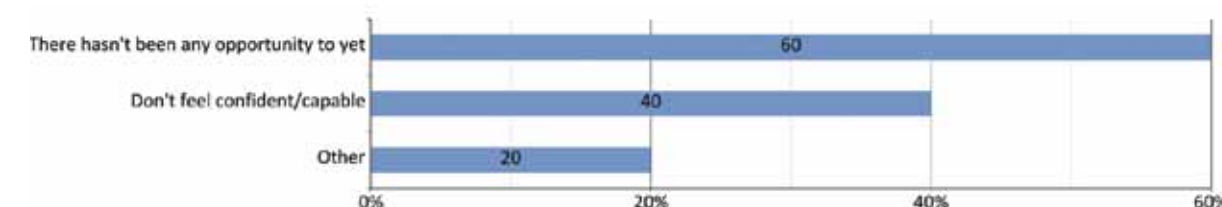
Base: All Respondents who state that they have been trained as an RBA trainer/facilitator (26)



Of the respondents who have been trained as a trainer/facilitator but have not conducted any RBA training/facilitation sessions, 3 respondents (60%) stated this is because there has not yet been an opportunity to do so.

Figure 21: Why have you not conducted any RBA training/facilitation sessions?

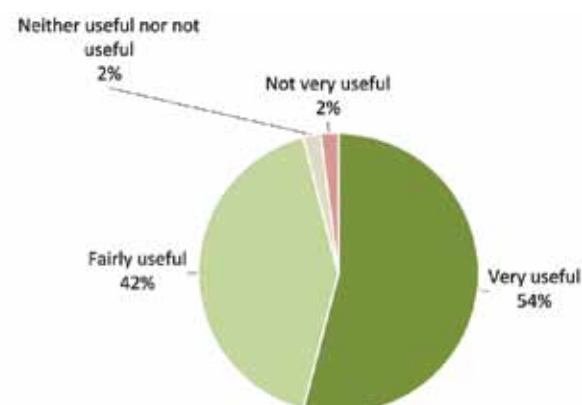
Base: All Respondents who stated that they had not conducted any RBA training/facilitation sessions (5)



Of the respondents who stated they have attended an introduction/training session but have not been trained as an RBA trainer/facilitator, 96% found the RBA training session useful.

Figure 22: To what extent did you find the RBA training session useful?

Base: All Respondents who stated they have attended an introduction/training session but have not been trained as an RBA trainer/facilitator (59)



90% of all respondents agree that RBA is a valuable approach.

Figure 23: To what extent do you agree or disagree that RBA is a valuable approach?

Base: All Respondents (105)

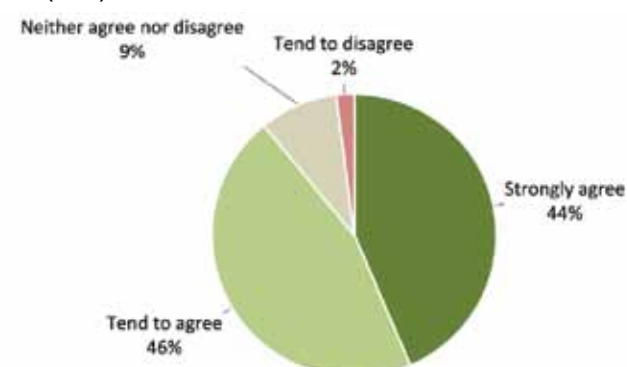
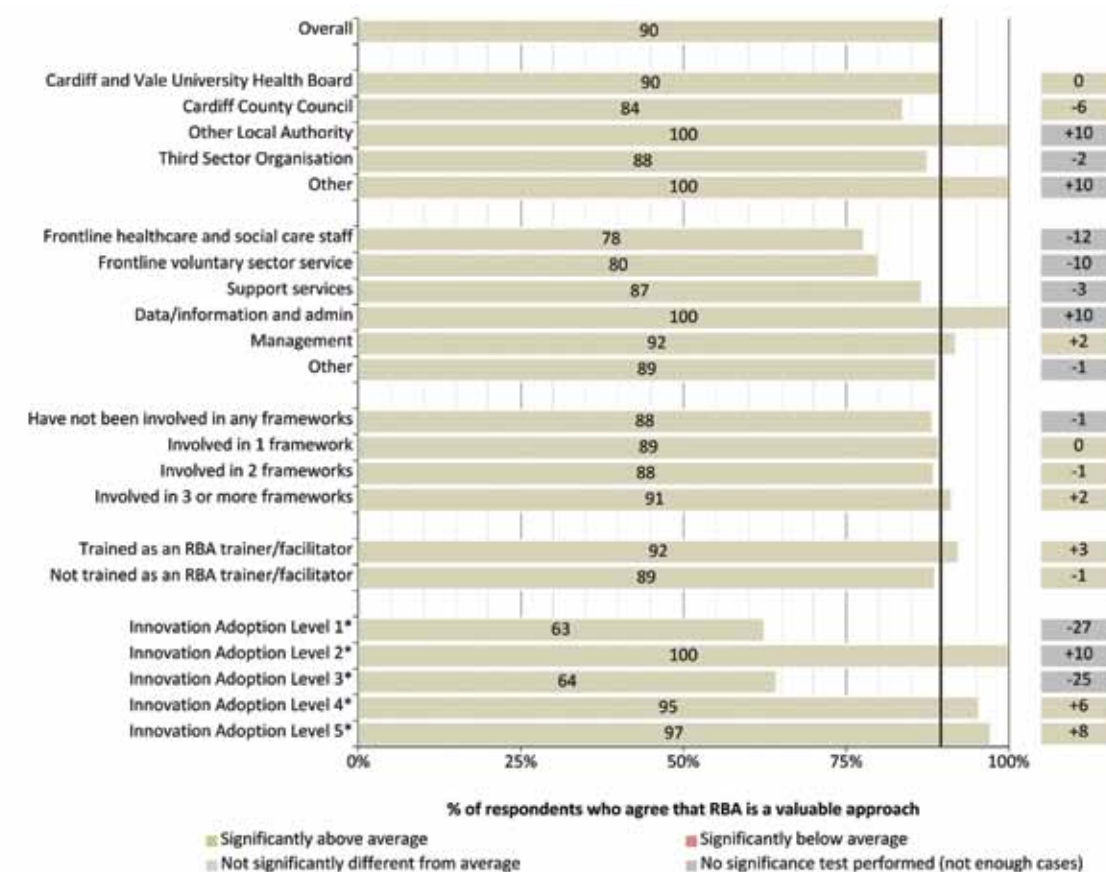


Figure 24: To what extent do you agree or disagree that RBA is a valuable approach?

Base: Respondents who agree that RBA is a valuable approach (99)



1* - I have been exposed to RBA but lack information about it. I have not been inspired to find more information about it.

2* - I am interested in RBA and have actively sought information about RBA.

3* - I have assessed the advantages/disadvantages of using the RBA approach and based on this have made a decision on whether or not to apply RBA in practice.

4* - I have applied RBA in a particular framework.

5* - I have applied RBA, reviewed its usefulness and am clear on its benefits. I will use RBA where appropriate in the future.

The comments of respondents regarding the three main benefits of RBA are outlined below.

Figure 25: Please list up to 3 benefits of the RBA approach



Example Comments

Focuses on measuring what is important - outcomes not just inputs

It enables projects to provide evidence of their impact by measuring the improvement in outcomes for service users

Design appropriate services to impact on identified outcomes

Encourages providers to focus on beneficiaries and the outcomes they are trying to achieve

Clear line of sight between strategic (population) and operational (performance) which allows everyone to see their contribution

Helps to focus and give purpose to collection of data

One page report card clearly sets out what the group are trying to achieve.

The comments of respondents regarding the three main drawbacks/limitations of the RBA are outlined below.

Figure 26: Please list up to 3 drawbacks/limitations of the RBA approach



Example Comments

Difficult to understand at first

The process can be overly dependent on the facilitator of the session, more so than say a simple meeting. All partners have to have a complete understanding of the RBA process for the session to be truly successful

Data development is difficult without additional resources

Lack of understanding of data analysis

Unless the facilitation is strong groups can get side tracked by those who speak loudest. As a consequence the purpose of the exercise and sight on final outcomes can be lost and/or become confused

Danger of not having all stakeholders available at same meeting that is trying to agree consensus. This becomes more of an issue the bigger the area/service it is being applied to.

When asked if, based on their experiences, they anticipate using RBA in the future – three fifths of respondents reported that they definitely would.

Figure 27: Based on your experiences, do you anticipate using RBA in the future?

Base: All Respondents (103)

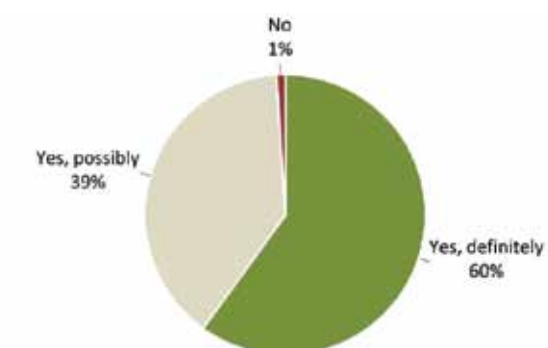
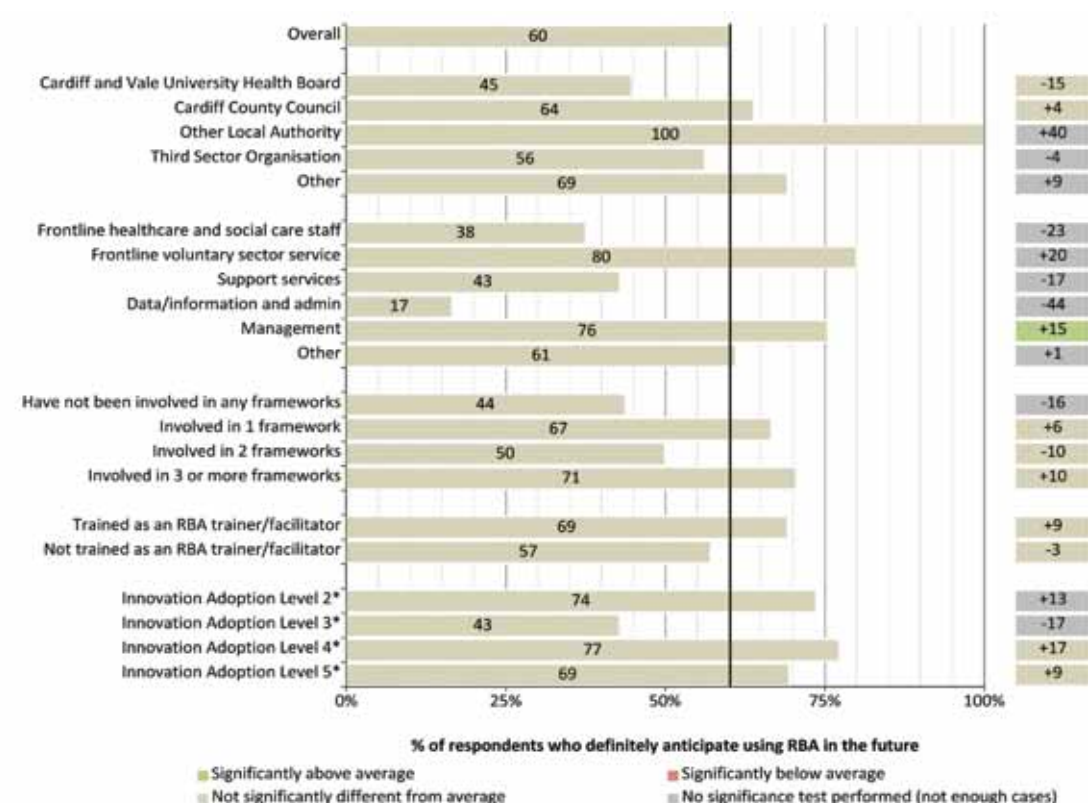


Figure 28: Based on your experiences, do you anticipate using RBA in the future?

Base: Respondents who definitely anticipate using RBA in the future (91)



1* - I have been exposed to RBA but lack information about it. I have not been inspired to find more information about it.

2* - I am interested in RBA and have actively sought information about RBA.

3* - I have assessed the advantages/disadvantages of using the RBA approach and based on this have made a decision on whether or not to apply RBA in practice.

4* - I have applied RBA in a particular framework.

5* - I have applied RBA, reviewed its usefulness and am clear on its benefits. I will use RBA where appropriate in the future.

The advice that respondents would pass on to others looking to use the approach is outlined below.

Figure 29: From your experience with RBA, what advice would you pass on to others looking to use the approach?

Example Comments

Attend training. Run through practical examples and talk to people who have used it successfully

If you are planning on facilitating a session for the first time either ask someone who has done one before to talk it through first or ask them to come along. One of the most important decisions at the beginning is whether it is performance or population accountability. This often needs a discussion amongst people that fully understand RBA

Make sure there are a core of people who are properly trained and fully understand the strategic agenda and how this fits with the performance level - this is vital for sharing the same message when people are then tasked with training others!

Do not rush sessions and ensure everybody around the table understands the RBA process

Don't try to complicate what is a simple process by over analysing the methodology

Get involved, understand the process, look at case studies and use the approach

Is a useful tool for measuring performance in an area that does not have too many variables or too many stakeholders.

Further comments made by respondents based on their experience are outlined below.

Figure 30: Do you have any further comments or learning points, based on your experiences with RBA?

Example Comments

A structured approach to the training is useful, building it into a forward plan to be reviewed, this helps people revisit the concepts and imbed the knowledge

Needs a lot of support and training to enable organisations to take on board and implement it

It is very clear that there is a great deal to learn and understand about RBA, if an individual feels it is of no use then they will not use it no matter how much training they have had. There is always scepticism around a new process and many are reluctant to let go of old systems and frameworks

Simply that trainers need to have a good understanding of RBA and an ability to lead groups through the questions without overcomplicating with an explanation of the methodology. It needs to become a way of working, not a one off exercise and for this, needs the buy in of whole organisations

I think it is a good framework and the reporting is a fresh and clear means of expressing the outcomes

It has really helped to focus plans for the future and to show that the project is viable and is meeting its aims and objectives. It has helped to focus how we evaluate the programme and what questions we need to be asking in order to move forward and develop the service

Key Findings

Knowledge of RBA

84% of survey respondents have been involved in at least one RBA framework, with just under a third (32%) having been involved in three or more.

The vast majority of survey respondents have been involved in receiving RBA training as a participant (83%) and working through the seven RBA population or performance accountability questions (76%). Just over a fifth (22%) have been involved in delivering RBA training as a facilitator/presenter.

When asked about the extent of their satisfaction with the progress of the RBA frameworks that they have been involved in, over three quarters of respondents are satisfied (76%). The results show that respondents who have trained as an RBA trainer/facilitator (96%), have applied RBA, reviewed its usefulness and are clear on its benefits (92%) and have been involved in three or more RBA frameworks (91%) are significantly more likely to be satisfied.

Of the survey respondents who said that they are satisfied with the progress of the RBA frameworks that they have been involved in, many state that this is because the framework is useful, effective, common sense and accessible, and achieves improvements, helps service providers to specify clear ways to measure performance against outcomes, and has been motivational for staff.

Numerous survey respondents who are not satisfied with the progress of the RBA frameworks they have been involved with said this is because it is too premature to assess levels of satisfaction as projects are in their infancy. These participants are yet to experience the application of the process in their day-to-day work, and therefore cannot judge the outcomes in regard to the value of the approach for patients, clients and services.

Just over three fifths of respondents said that they have encountered barriers or difficulties in using RBA (62%). Some reported that this is due to the complex nature of RBA causing difficulties with its application. A number of respondents stated that this is due to a lack of experience, while others reported that it is because RBA tries to generalise and over-simplify complicated issues.

Of the respondents who had not attended an RBA framework or project, 65% said that this is because they have not yet had the opportunity, but hope to do so soon.

92% of survey respondents stated that RBA is useful as a tool for driving improvements; over half reported that it is very useful (54%). No respondents considered RBA to be not very useful or not at all useful.

When asked to what extent they have adopted the RBA approach, over a third of respondents (36%) stated that they have adopted RBA to the highest level; have applied RBA; reviewed its usefulness; are clear on its benefits and will use it in the future. Respondents who have been involved in three or more frameworks and those who have been trained as an RBA trainer/facilitator are significantly more likely to adopt the RBA approach to the highest level.

Training

The majority of respondents who have been trained as an RBA trainer/facilitator were trained more than six months ago (69%) and 81% have conducted at least one training/facilitation session. 31% have conducted 5 or more. Of the respondents who have been trained as a trainer/facilitator but have not conducted any RBA training/facilitation sessions, 60% stated this is because there has not yet been an opportunity.

Of the respondents who stated they have attended an introduction/training session but have not been trained as an RBA trainer/facilitator, 96% found the RBA training session useful.

90% of all respondents agree that RBA is a valuable approach. Frontline healthcare and social care staff are least likely to agree (78%).

When asked if, based on their experience, they anticipate using RBA in the future – three fifths of respondents reported that they definitely would; a further 39% stated that they would possibly. Respondents who are within management are significantly more likely to anticipate using RBA in the future (76%).

Chapter 3: Report of Discussions

Introduction

This chapter covers the main outcomes from the qualitative interviews and focus group, which were largely based around the following topics for stakeholders:

- Origins of Results Based Accountability in Cardiff
- Results Based Accountability - a mainstream approach?
- Understanding Results Based Accountability
- Views on the Results Based Accountability approach
- Reasons for stakeholders' use of Results Based Accountability
- The impact of Results Based Accountability on service and performance delivery
- Potential barriers to implementing the approach
- Performance versus Population
- Lessons learned and future challenges
- Future use of Results Based Accountability

Origins of Results Based Accountability in Cardiff

Many stakeholders originally got involved with Results Based Accountability (RBA) through attendance at various presentations and training events, organised by the Partnership and Support Unit (PSU) of the Welsh Local Government Association. Many stakeholders also discussed having been in talks with the PSU about how the approach could be used to deal with challenges they were facing, and spoke of a two day event held (in 2008) by the founder of the approach, Mark Freidman, to improve performance management in Cardiff.

I had been to the conference in Swansea where Mark Freidman had given his presentation and I had also began to have discussions through the Partnership Support Unit (PSU)

It came through my mailbox and I had been having discussions with the Partnership Support Unit anyway about performance management of the programme and the challenges we were facing and they put forward RBA as a way forward (Local Authority)

Went to a RBA presentation a couple of years ago and attended a train the trainer session. Went to a partnership meeting with Richard Morton (WLGA Partnership Support Unit) who was talking about it and a two day event with Mark Friedman. We had those sessions and decided that the epilepsy demonstrator team could trial that – the Welsh Government had just introduced targets for that area.

Other stakeholders have been involved in RBA frameworks. For example the Falls and Bone Health project commenced in April 2009, whereby health and social care partners across Cardiff and the Vale of Glamorgan used the RBA approach to improve services for all older people at risk of falling or those who fall and experience an injury or fracture. This could be from a fall at home or in the street, in a hospital or in residential care:

*I got involved through the Falls workshop. This was about two years ago
The Fall and Bone Health project...It kicked off with a workshop.*

Two stakeholders discussed their involvement with the Welsh Epilepsy Unit RBA framework. A multi-agency steering group, led by the Demonstrator project, was formed in 2009 to develop and test service improvements in line with the Epilepsy Service Development Directive - partners were required to work together to achieve a number of service improvements within a specified timescale. The service improvements detailed within the Directive are process focussed and require specific actions to be undertaken e.g. develop clear referral protocols between primary, secondary and tertiary services for treatment and management. This prompted the epilepsy team in Cardiff to ask the following question:

How do we know that the patient is better off just because we have achieved the targets? How do we keep their outcomes at the centre of what we do rather than just focus on achievement of the process?⁴

After reviewing case studies, the team decided to trial the use of RBA as a framework to ensure that all service improvement was carried out with meaningful outcomes for the patient, as the main priority. If the RBA framework was successful not only would patient outcomes improve, but achievement of targets would automatically follow:

I was not aware of the initiative – I got involved with the epilepsy work once they had started, which has lasted 15 months.

Some stakeholders are involved in the 'What Matters' strategy. In Cardiff, partner organisations have agreed to develop, for the first time, a single strategy called 'What Matters' to replace four existing statutory plans. These are the Community Strategy, the Children & Young People's Plan, the Health, Social Care & Wellbeing Strategy and the Community Safety Action Plan.

'What Matters' is the overarching strategy that will shape how Cardiff moves forward over the next 10 years. It has been developed over the last year by a range of public, private and third sector partners, focusing on outcomes for the city across organisational boundaries, delivering what matters most to people. 'What Matters' has been shaped by a comprehensive needs assessment and a series of events, workshops and conferences.

What Matters is based around the delivery of seven key strategic outcomes, which will improve the quality of life for all people. The outcomes are:

- People in Cardiff are healthy
- People in Cardiff have a clean, attractive and sustainable environment
- People in Cardiff are safe and feel safe
- Cardiff has a thriving and prosperous economy
- People in Cardiff achieve their full potential
- Cardiff is a great place to live, work and play
- Cardiff is a fair, just and inclusive society.

RBA in Wales

Since the Partnership Support Unit (PSU), in collaboration with the Social Services Improvement Agency (SSIA), first brought Mark Friedman to Wales in 2008, more agencies and organisations throughout Wales are using the RBA approach⁵:

Cardiff Council and its partners are using RBA for their integrated planning, covering all of their statutory plans

Torfaen Youth Service used RBA for a pilot 24/7 Detached Youth Programme resulting in a 34% reduction in reports of Anti-Social Behaviour across Torfaen. The programme is now being rolled out

Action for Children are using RBA to inform internal planning and performance reporting to funders

Rhondda Cynon Taf Children & Young People's Partnership use RBA to set population outcomes and for service level agreements.

Results Based Accountability: A mainstream approach?

As the last section would suggest, the RBA approach is now being used across Cardiff and there are examples of RBA frameworks across many public and third sector agencies in Wales. Evidence that the approach is becoming widespread was supported through the discussions with interviewees, who have been using RBA and feel that its implementation is supported politically:

It is extremely widespread. People are beginning to understand the principles behind it. I think people take bits from it...I think in Cardiff, in particular, people are beginning to use it which is helpful because organisations are adopting a similar approach to performance management and when you start discussing it people understand the context (Local Authority)

Cardiff has embraced RBA – the LSB, across the board, health, police, probation

The Welsh Government has just advertised a secondment post to take this work forward on a national basis. A common framework for Flying Start in Wales and looking at it from a performance and population RBA

WAG measures are very much based in how much have you done - they have started to speak about RBA and it is beginning to be mentioned.

One stakeholder was not aware of whether other organisations are using RBA, and another feels that it is hard to mainstream the approach due to difficulties using the population framework. It is important to note, however, that most interviewees feel it is 'early days'; most suggested that they will use the approach in the future for well-defined bits of work.

Positively, one interviewee discussed the piloting of the approach across the agency he represents on a national basis – and suggested that RBA frameworks will become a mainstream performance management tool if the pilots prove successful:

RBA may be taken forward on a national basis as a result of the work in the Cardiff and Vale agency - to monitor performance. It is being piloted by four agencies.

⁴ Chronic Conditions Management Community of Practice: Compendium of work from across Wales
<http://www.wales.nhs.uk/sitesplus/documents/829/CCM%20National%20CoP%20Compendium%20English.pdf>

Understanding Results Based Accountability

Telephone interviews were conducted with stakeholders who have been or are currently involved in a RBA framework, whereas most of those who took part in the focus group discussion were receiving their initial RBA training. As such, there was a great deal of difference in their levels of understanding. It is evident that training is essential, and most stakeholders feel that the standard is excellent:

I think you have to have the training. This is the second session I have done and like [name] I was jumping ahead of myself all the time. I think some form of training is important

My initial reaction was I didn't have the training and without that I find it difficult to get my head round it and contribute to it. After I had the training – it all fell into place

I think it is a new way of planning and I do think you need an introduction to it.

Several interviewees feel that, despite receiving training, they still lacked understanding and confidence in the approach:

After the training I didn't really understand and I was not sure what I was letting myself in for. (Health)

As a result, most of those in the focus group feel that additional training is required before they would feel confident enough to initiate a RBA framework themselves:

I only feel I have half the story. I think if I knew a bit more I would be more inclined to use it. At the moment I have just been a passive recipient and I wouldn't know how to use it.

Yet, those who have been involved in a RBA framework insist that the greatest knowledge comes from application; training can only provide a certain level of understanding. It was certainly agreed that involvement in the implementation of RBA accelerates people's understanding of the approach. Nevertheless, one interviewee did point out that they could still benefit from training thereafter:

I think the greatest understanding comes from application. I think if I attended training I would still pick up bits and something new again. It can be as complex or simple as you want it to be. (Local Authority)

Views on the Results Based Accountability Approach

Most interviewees view RBA as an entirely new way of implementing performance management and service delivery, and argue that there has been a consistent lack of an approach in these areas:

We didn't have an approach before so in that sense it is - all we did was report back to the Assembly and get cross that the data wasn't useful. It has embedded performance, people are using it to inform their work and we can use it to demonstrate it on a wider level.

Throughout the discussions with stakeholders a number of positive outcomes from using RBA were highlighted:

> An Inclusive approach

Many stakeholders argue that RBA is an inclusive approach, where diversity is an asset and everyone in the community/service can contribute. Moreover, they were pleased that RBA avoids the traditional top-down approach, which aids buy-in from practitioners on the ground:

You are getting everyone involved and I think that makes people feel valuable. It makes people feel they have contributed and raises arguments - for me it is quite refreshing in the NHS to allow everyone to have a say

It is very inclusive, sometimes you go to a meeting and don't say anything - you can't help say something with this approach

Quite often you are told what to do. There would be more buy in if people could be part of this process - even if their ideas were not taken on board they would understand why they were not taken on board

There is a top-down approach which is stopping people doing what they want

It gets partners around the table - those from other areas who they would not have considered including before - the RBA encouraged this.

> Adopts common sense methods and language

That RBA uses plain language and adopts common sense methods that everyone can understand was considered positive by many stakeholders:

On the Falls and Bone Health there were many different organisations and when you get together - usually there is a problem working with different organisations because they all speak a different language - RBA has helped in terms of what is meant by outcomes, indicators and performance. The commonality of language has been useful

It was very easy and in plain language - the group knew what we had to look at.

Indeed, some interviewees argued that there is 'nothing new' about the approach - that it merely represents a common sense approach to the delivery of services:

I have been working in this field for ten years and there is nothing new about RBA and I appreciate it that it may be more sophisticated but surely this is how you ensure that services are delivered correctly and achieving the intended outcomes

It is not ground breaking – it is common sense!

> Impact Outcomes

The approach focuses on how service users or communities are better off when the service/s works the way it should:

What RBA does is shift it from did parents enjoy this course and did they find it useful - to what bits of it did they find useful, how confident are you at using these strategies - the analysis is digging a bit deeper and services have changed as a result

It has made organisations look at measures in a different way and they do have fantastic outcomes - so they have needed to focus on what they achieve and the difference it makes to people's lives rather than just the 'bums on seats' mentality.

⁵ Partnership Support Unit: Briefing note. <http://www.psucymru.org.uk/rba>

> Production of an end product

RBA provides step-by-step processes to enable partners to get from talk to action quickly:

It does come out with an end product. You start at a point and you don't come out of the meeting without something - it is more focussed

There are no big time gaps - it is a quick process. There are no big time gaps and it is a very disciplined process - we weren't as disciplined before. It helped having an external facilitator who could drive the project.

> A motivating approach

The approach can be very motivating to practitioners who have access to data that indicates the impact of what they are doing:

It is a very good motivator - it takes a while to get them thinking like that but on the whole I don't think I have found any member of the team who doesn't find it useful and beneficial. At first they may have struggled but once they get into it they find it helpful.(Local Authority)

Reasons for using Results Based Accountability

Most of those interviewed via the telephone have been involved in a RBA framework and some discussed why the approach was used. It was suggested that there had been a prior lack of valuable evidence being collated to demonstrate the impact of the service they were delivering/responsible for. Moreover, it was recognised that, as many organisations are facing spending cuts, it is becoming extremely important to produce outcome and impact evidence:

We have a programme which is fairly prescriptive and there was no coherent approach across the teams between managing performance and analysing whether what they are doing is making a difference to the families they are working with. They were catching anecdotal evidence - so they would tell me stories about how a particular service had helped a family or a parent - but you couldn't capture that in any tangible way. What we wanted to do was to have a consistent approach to finding information that would tell us whether we needed to make changes to what we are doing(Local Authority)

There is enormous pressure for the Assembly and politicians to demonstrate impact. So we needed to have a system at the local level which would embed performance into people's everyday work but also for us to be able to feed back to our stakeholders how well or how not well we are doing - so that is why we did it

Didn't have a robust methodology to help people review their work - so to spring clean what measures they have in place. The experts that she works with know what they are doing and they know they are having an impact but they are not very good at blowing their own trumpet - with funding the way it is and possible cuts there needs to be evidenced based outcomes - RBA has been developed at a good time.(Local Authority)

One stakeholder pointed out that, in relation to their service area, existing internal audits and external evaluations did not provide robust evidence that the service was making a positive difference to the lives of the people it serves:

We regularly send in audits. But none of this information really makes sense. It is just about counting services delivered, counting people attended - it doesn't tell you the journey travelled and there has been a national evaluation of the programme commissioned by the Assembly

to MORI and SQW and we felt that they are skimming over the top and not going beneath the service - so it is something we need to look at ourselves.(Local Authority)

The impact on service and performance delivery

Most stakeholders reported that they have had to change the way they collate data as a result of RBA. Some discussed quite substantial changes, with others suggesting that have sought to use what they already collect in different ways:

The Agency produced an internal report card to improve performance. Over several months performance measures were brought in and data collection changed and the information that they had been collecting was reviewed and changed (Third Sector)

The data that is collected has been revamped - the customer satisfaction forms now concentrate on the impact the improvements (say an addition of a hand rail) have had on that person's life - for example are they more independent; how they felt; what difference it has made on their lives. We now collect quant data through a five-point scale of satisfaction. The agency have received a one-third response to their customer satisfaction survey - they do 2,000 jobs per year so have received 5-600 customer satisfaction surveys back so they can use that data.

Most stakeholders have seen a positive change in the way practitioners view data, with some suggesting that they now see it less as a measure of punitive targets, but as an indicator of the impact they are having on the lives of the people they are serving:

People take ownership of the service they are delivering and they are starting to 'crave data' etc.

They now see data as a positive thing - the epilepsy team now crave data and they are more responsive to the data and what they are doing (Health)

They could see the data and watch what was happening month by month.

Stakeholders who have used the RBA framework (in particular the performance framework) discussed the positive impact it has had on service development and improvement:

If you do RBA upfront alongside your business plan it can help inform service improvement

I think that may be early days but we have found that some parents are not particularly confident using some strategies so resulting from that is how we deliver that course and adding added value things like booster sessions on particular strategies

They looked at the data about which strategies parents found most useful and if they are confident - they found there were some they were less confident in applying. We said OK, we need to run extra sessions in a safe environment to have more practice

Our advisory team who support the childcare providers have used RBA to look at the training they provide and see where they are regularly applying the training and where they have had issues and the team found they needed to put more emphasis on certain areas.

Some stakeholders feel that they are now evidencing the positive impact of their service more effectively as a result of RBA:

They addressed what could be done and there were real ideas and enthusiasm - they grasped and made a difference - it is what they should have been measuring anyway

The agency knew that they were improving the lives of people but couldn't quantify it - they focused on what impact the agency was having on the lives of people they help.

Potential Barriers to implementing the Approach

One of the major barriers highlighted by stakeholders was the difficulty involved in implementing a RBA framework within larger organisations like the NHS, which lack the flexibility, stability and the time available to develop frameworks:

The one problem is your ability to be able to apply outcomes to your processes at the start. You are working backwards so you have established your outcomes. If you articulate your outcomes first and you reach agreement on that - all good but you are dealing with the NHS and you realise there are legacies and capital invested in certain areas. People are in certain jobs and in certain roles so you don't have the flexibility to shift things around to reach the final outcomes that you have identified. It does feel like it is the wrong way round do deal with this situation - it should be based on what you can provide given your resources

It should be about long-term planning but we are a political organisation. Everything will stand still because of the election and then you will have new people with different direction. We haven't got the luxury of being able to evaluate what we do over a longer period of time. Projects take a long time to come to fruition - particularly in the area of chronic conditions management; it is not six months down the line, it is fifteen, twenty years down the line and nobody is around long enough.

Stakeholders feel that RBA works very well in small organisations, like those in the Third Sector, where there are less people, less departmental separation and greater flexibility:

I have a lot more flexibility in the tools that I use so if not work backwards - I am not restricted to departments and people in jobs

It works well with the Third Sector - where the agency is small with several work outcomes. It is easy to introduce if you have a board and you can structure what you are doing around the process.(Third Sector)

Some stakeholders discussed their frustration over the collation of data around softer outcomes, and feel that some are particularly difficult to measure:

I am thinking about Parenting programmes. It is a ten week programme - it is about how you measure the impact during the course, afterwards and the impact on the parent, the child and the family in the longer term

When you start looking at softer outcomes the data becomes harder - data around school achievement - that data has been around for a long time and people know what they are looking at - but when you start delving in areas of work that has not traditionally had any performance management then you begin to question the data.

Performance vs. Population

Stakeholders had experience of both performance and population RBA frameworks. 'What Matters' is an example of population RBA, whereas performance RBA includes the Epilepsy work. Most stakeholders feel that the performance framework is easier to understand and use:

I think I grasp the performance RBA - it is easier

Epilepsy - it was small and worked well and it is being monitored - it was straightforward because it was small and well-defined. There has been other RBAs since that looked at GP referral and that set up education sessions for GP's.

They highlighted some of the problems involved in using the population approach:

Needs a lot of expertise on population and these have to be measured over years

It is harder when it is less tangible

Stakeholders highlighted the lack of measurable outcomes as a particular problem:

With broader issues it is difficult to measure. You need to have defined measurable outcomes - like waiting times which is easy to achieve. I am not saying that RBA cannot work with broader issues but facilitation needs to be undertaken by someone who has a handle on the bigger picture (Health)

Difficult when there is less obvious measurable outcomes and it is involving the broader population it is harder and you need a facilitator that knows the nitty gritty - the theory.

Lessons Learned and Future Challenges

The composition of an RBA group is the most commented upon lesson learned. Stakeholders suggested that the membership of an RBA group is particularly important and contributes to the success of a framework; for instance, some who have participated in a framework suggested people who should have been invited or who did take part and made a positive difference. Many also suggested that patient/user involvement is crucial:

You would need to have patient involvement - I know it is difficult but otherwise it is a fundamental gap

There needs to be more patient engagement. Problem is you involve who you know and that slants the priorities to the people who have been chosen to participate (Health)

You must involve other people - it is not just a managerial thing, it is about involving practitioners on the ground - they need to see the outcome. The whole beauty of RBA is you can get them involved and give them feedback which is very rewarding

The pain team RBA had a patient in the room and when discussing how do you know if you are doing well and the outcomes then you could bring it back to the patient - it kept them focussed on the patient - it was easier to focus on what they are there for. If it is another area - it should be service users.

Stakeholders also mentioned the importance of the facilitator within a framework. It was suggested that they must have a level of expertise in RBA, and a particularly high level when facilitating a population RBA. Some agreed that it should be an external facilitator, but most feel that experience and expertise is the most important attribute that is required:

Someone else would have to facilitate it

The facilitator should be experienced – could have background knowledge or little knowledge. Both aspects has its own merits. If you have background/experience you can understand what they want (Local Authority)

For new groups training will take place 20/30 minutes before the facilitation. The person who facilitates does need to have expertise and seen it done

You do need someone to drive it - you definitely need support and someone with experience to facilitate and lead

It is time consuming - doesn't necessarily need an external person to facilitate but if doing it in-house someone would need to be trained.(Health)

Standardising the collection of data across agencies was viewed as a challenge to the future development and use of RBA. Some stakeholders were actively engaging in taking this forward:

That is the most difficult thing. People are still collecting data in different formats and I don't think it is easily analysed so we are looking at systems that will help us do that better - for example I am trying to work out if the Paris system in the UHB is something we can modify and adopt for the whole of the programme. We could record interventions on that and the system could do some analysis on it - that is not easy; that is a massive project

At the moment the missing gap is the IT system - Fynonn could help this.(Third Sector)

Conclusions and Recommendations

The Cardiff Chronic Conditions Management Demonstrator has been working to establish how RBA can be used to drive improvements in the management of people with chronic conditions. 'Setting the Direction: Primary & Community Services Strategic Delivery Programme' 2010 focussed on the importance of improving of patient outcomes. RBA enables organisations to focus on the service user. The evaluation has identified a number of stakeholders from across the public and Third Sector who feel that adopting the RBA methodology as allowed them to concentrate service provision on the service user. The method is being used in a variety of ways, beyond chronic conditions, and is being applied outside of Cardiff and Vale.

Results Based Accountability: A mainstream approach?

Overall, most stakeholders discussed the extent to which RBA has 'taken off' in Cardiff and the Vale. The approach is certainly proving popular with those interviewed within the Local Authority, the Health Board and the Third Sector:

- Impetus for the approach:
 - Welsh Government incorporating RBA into the Flying Start Framework
 - Welsh Government now focussing on 'outcomes' and 'impacts'.
 - Cardiff has embraced RBA – the LSB, across the board, health, police, probation
 - Work undertaken by CCM Demonstrator – facilitation of RBA frameworks and train the trainer events.
- Future mainstreaming of RBA:
 - Most interviewees are positive that they will use the approach in the future
 - One Third Sector agency suggested that RBA may be taken forward on a national basis as a result of the work in the Cardiff and Vale agency - to monitor performance.(Third Sector).

Understanding Results Based Accountability

All stakeholders have received some form of training on RBA which, in their view, was excellent and contributed to their overall understanding. However, those stakeholders who have been involved in a framework feel that it was only when they began implementing the approach that they fully understood RBA, although some felt that they would still benefit from additional training.

Recommendations:

Training is essential but it is clear that people do not fully understand RBA prior to its implementation. It could be useful to have a 'guest speaker' who has been involved with an RBA framework to attend training sessions to discuss their experiences, which would enable stakeholders to gain an insight into how it works. Booster sessions could be offered to those already involved with RBA.

Views on the Results Based Accountability Approach

Overall, interviewees are very positive about the impact that RBA can have on the delivery of services and outcomes for communities, and feel the approach:

- Is ground-breaking - most stakeholders feel they did not have an approach to measuring outcomes prior to RBA
- Is inclusive – it encourages everybody to get involved and avoids the ‘top down’ approach
- Adopts common methods and language – it uses plain language and adopts common sense methods that everyone can understand
- Provides impact outcomes – RBA focuses on how service users or communities are better off when the service/s works the way it should
- Results in an end product – it provides step-by-step processes to enable partners to get from talk to action quickly
- Is motivating - the approach can be very motivating for practitioners who have access to data that indicates the impact of what they are doing.

Reasons for using Results Based Accountability

Overall, stakeholders feel that for a number of reasons, RBA has come along at the right time:

- Prior lack of valuable evidence - the need to produce outcome-based data as a result of Welsh Government and other political pressure
- Lack of coherent management of data across teams/organisations
- Lack of robust methodology - failure of existing audits to prove outcomes
- Failure of external evaluation.

Recommendations:

While the Welsh Government is focusing on service delivery impacts, it could promote RBA as a method for public bodies and the Third Sector to promote the work they are doing and evidence their outcomes.

The impact on service and performance delivery

Most stakeholders reported some impact on data collection:

- Changes in the data collated
- Positive impact on practitioners – people take ownership of the data collated as an indicator of the lives they are improving and as a measure of their performance.

Some stakeholders also reported changes in service delivery as a result of RBA – particularly in respect to service changes and the addition of new services.

Potential Barriers to implementing the Approach

One of the major barriers highlighted by stakeholders was the difficulty involved in implementing a RBA framework within larger organisations like the NHS, which lack the flexibility, stability and the time available to develop frameworks.

Smaller organisations apparently have the following advantages:

- Greater flexibility in terms of fewer people etc.
- Ability to work backwards
- Fewer political constraints.

Recommendations:

While there is a lack of confidence that the approach can be used within large public bodies such as the NHS, there are examples where it has been successful – for instance the Welsh Epilepsy Unit. These examples could be promoted as good practice. In addition, the Third Sector should be educated on how well this approach suits smaller agencies.

Performance versus Population

Stakeholders had experience of both performance and population RBA frameworks. ‘What Matters’ is an example of population RBA, whereas performance RBA includes the Epilepsy work. Most stakeholders feel that the performance framework is easier to understand and use. They highlighted the following issues with population RBA:

- There is a dearth of expertise on population RBA as opposed to performance
- The data is less tangible and broader
- There is a lack of measurable outcomes.

Recommendations:

There is a lack of confidence in using the population RBA framework. People need an experienced facilitator, and confidence that the facilitator knows enough about the backgrounds of different services to be able to deal with the data issues.

Lessons Learned and Future Challenges

The composition of an RBA group is the most commented upon lesson learned. Stakeholders suggest that inclusivity is a major issue and that:

- Patient/service users should be involved
- Managers and practitioners should be involved
- Practitioners should be able to receive feedback and be involved with the collection of data.

Recommendations:

When embarking on a RBA framework, care must be taken in choosing the right people. One clear message from stakeholders is to include a service user in the group, which will help it remain focussed on impacts/outcomes.

Stakeholders feel that an experienced facilitator is essential. External facilitators are useful but need to know enough about the service to be able to facilitate effectively. When facilitators are ‘in-house’ they must have sufficient experience of RBA, and consideration should be given to the time pressures of their existing roles - secondment to the post could aid the process.

Future use of Results Based Accountability

Standardising the collection of data across agencies was viewed as a challenge to the future development and use of RBA. Some stakeholders were actively engaging in taking this forward and mentioned the Paris (NHS community care IM&T system) and Fynnon (Local Authority data and statistical analysis/presentation software) IT systems as potential tools for doing so.

Stakeholders feel they will use the RBA approach in the future in the future. Others suggested that the approach will be trialled within their organisations and could be implemented on a national basis.

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