An Implementation and Monitoring Toolkit

Version 1.0- 21/09/2017

Monitoring → **Progression Criteria** → **Reporting & Review Proformas**
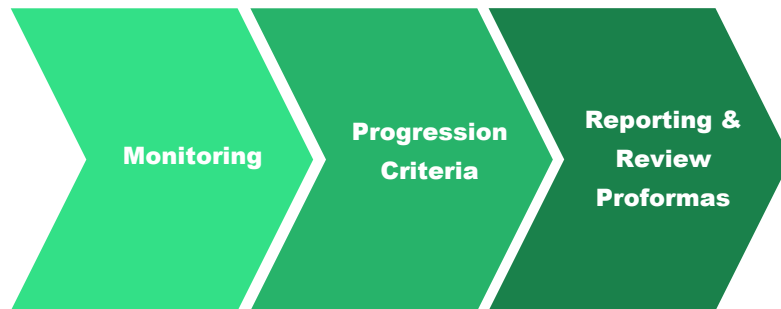
**Created in Partnership by
Born in Bradford and Better Start Bradford.
To be used alongside the 'Service Design of Early Years
Interventions: An Operational Guide'**

Contents

Introduction

The Better Start Bradford Innovation Hub (part of Born in Bradford) and Better Start Bradford have been working together to design, implement, monitor and evaluate numerous early years interventions. We have experienced many challenges in implementing and monitoring so many interventions at one time, whilst working across organisational boundaries. We have realised that it is important to think carefully about monitoring early on during development of an intervention.

As a result, we have developed this pragmatic guide to the implementation and monitoring process, with tools to aid successful implementation, monitoring and reporting of interventions. This guide is designed for use by any organisation that is monitoring an intervention. For support with the design (or redesign) and planning of a new intervention or service please see our *Operational Guide through the Service Design of Early Years Interventions.* For support with more thorough evaluation of an intervention please see our *Better Start Bradford Innovation Hub Monitoring & Evaluation Framework*.

You are welcome to use this guide and adapt it to suit your needs; all we ask is that you acknowledge us in your work: *An Implementation and Monitoring Guide for Interventions. 2017: Born in Bradford & Better Start Bradford.*

Monitoring

Monitoring involves the regular collection and recording of data relating to the implementation of key intervention activities. The data include process type measures such as recruitment e.g. the number of families attending an intervention; reach or the extent to which people who participate in an intervention are representative of the target population, and fidelity which relates to the extent to which the key ingredients of an intervention have been received by participants as often and for as long as planned. Monitoring uses standard intervention data as specified in the data requirements during the service design process (see *An Operational Guide through the Service Design of Early Years Intervention)*. These data should be reported regularly throughout the course of the intervention delivery.

Monitoring will answer questions such as:
- How many families is the intervention seeing?
- What are the demographics of the families participating in the intervention?
- Is the intervention reaching their target group?

Monitoring data will be reviewed within a framework of progression criteria (see below), which are agreed separately for each intervention, with the aim of supporting the intervention's implementation and data capture, and to inform commissioning decisions. The table below provides a summary of monitoring and what it can and can't tell you.

Monitoring

Objectives	To facilitate periodic review of intervention inputs, activities and outputs against progression criteria. Identify need for support around data capture and implementation
Data to be used	Standard intervention data specified in data requirements
Method	Descriptive statistics
Outputs & Timing	Quarterly & annual reports
What it will tell you	Data quality and suitability; informs evaluability assessment The intervention's performance against progression criteria
What it won't tell you	Effectiveness of the intervention Why the intervention is or isn't performing as expected
What you need to produce this output	Consent routinely collected System for data capture Agreed progression criteria

Important Implementation Tools

- Service Design Manual

- Operational Plans – Set Up & delivery

- Data collection plans – data specifications, data collection tools, roles and responsibilities

- Risk logs

- Issues logs

- Lessons learnt/successes logs

- Reporting templates

- Agreed performance criteria and indicators e.g progression criteria
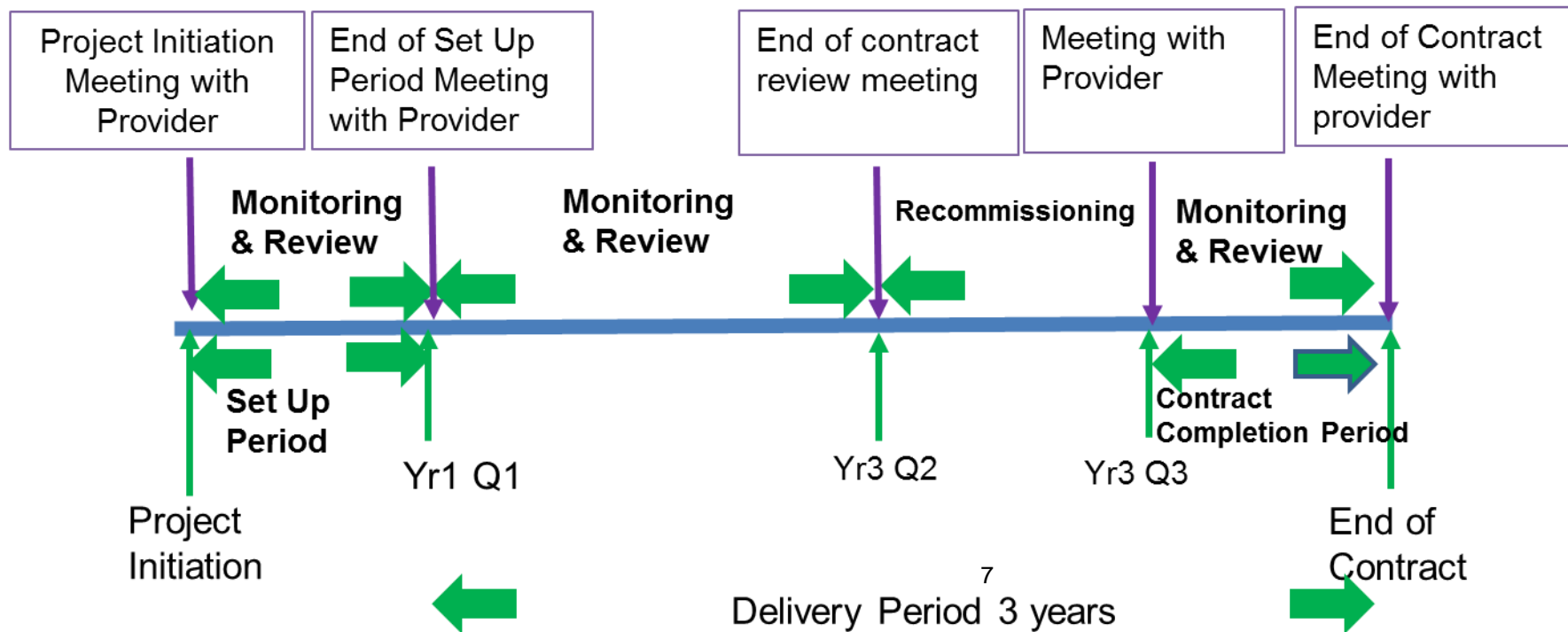
- Evaluation plans

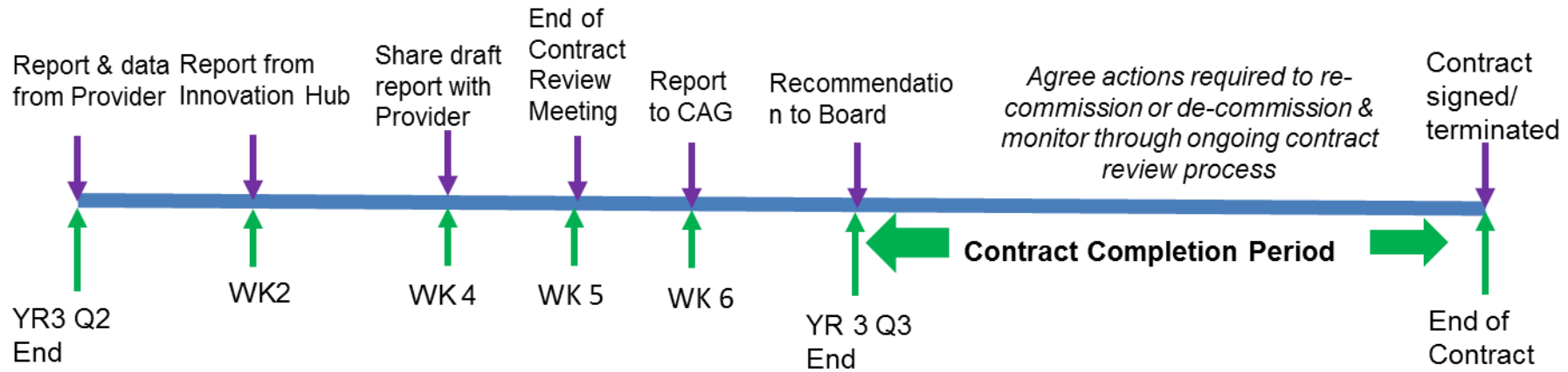# Implementation Timelines

Project Timeline

Contract is signed
Operational Plans for
Set up & delivery
phases are agreed
Risk Log completed
Budget is agreed

Progression to
Delivery Phase
approved

Actions required as per re/de
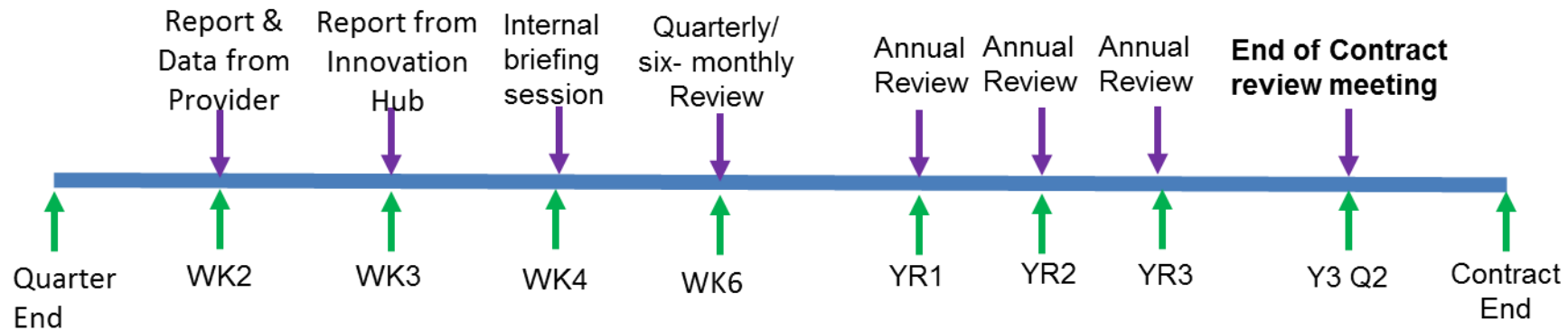commissioning decision
agreed and implemented

Project Initiation Meeting with Provider	End of Set Up Period Meeting with Provider	End of contract review meeting	Meeting with Provider	End of Contract Meeting with provider

Monitoring & Review

Monitoring & Review

Recommissioning

Monitoring & Review

Set Up Period

Contract Completion Period

Yr1 Q1

Yr3 Q2

Yr3 Q3

Project Initiation

End of Contract

Delivery Period 3 years

Re-Commissioning Timeline

Report & data from Provider — YR3 Q2 End

Report from Innovation Hub — WK2

Share draft report with Provider — WK 4

End of Contract Review Meeting — WK 5

Report to CAG — WK 6

Recommendation to Board — YR 3 Q3 End

Agree actions required to re-commission or de-commission & monitor through ongoing contract review process

Contract Completion Period

Contract signed/ terminated — End of Contract

Monitoring & Review Timeline

Timeline markers (top, purple arrows down):
- Report & Data from Provider
- Report from Innovation Hub
- Internal briefing session
- Quarterly/ six- monthly Review
- Annual Review
- Annual Review
- Annual Review
- **End of Contract review meeting**

Timeline markers (bottom, green arrows up):
- Quarter End
- WK2
- WK3
- WK4
- WK6
- YR1
- YR2
- YR3
- Y3 Q2
- Contract End

- Review meetings scheduled either quarterly or 6 Monthly as per prioritisation
- Annual reviews are held at the end of year 1 & 2
- End of contract review held 6 months before end of contract
- Data reports received from Innovation Hub either Quarterly, 6 monthly or Annually dependent on number of participants

Progression Criteria

Often interventions collect far more data than can be analysed so it is important to select the top three indicators that measure progress to help determine whether an intervention is being delivered as planned, needs more support, or requires a commissioning/contract review.

Step 1: Selecting progression criteria

The first step is to select the progression criteria that will be used to monitor the intervention. Selection should be based on the key objectives of the intervention, with decision making shared between all stakeholders. An overview of suggested progression criteria to consider is included in the table below alongside example data that could be used to monitor progress.

Progression criteria and example data

Recruitment	Reach	Fidelity	Implementation	Completion	Satisfaction
Anticipated number of participants to be seen/attend each year.	*Demographics characteristics of recruited participants compared to local population*	*Anticipated length of programme/ anticipated number of sessions per participant*	*Anticipated number of courses per year (where applicable)*	*Proportion of participants completing intervention – criteria defined during service design*	*Individuals' satisfaction with the project*
Number of participants referred who were eligible for intervention		*% of participants receiving intervention as according to protocol*	*Anticipated and actual numbers of staff trained to deliver programme*	*Proportion of participants who withdrew/dropped out/lost contact*	
Number of eligible participants contacted				*Staff/ volunteer retention*	
Number of eligible participants who started intervention					

In our work with developing this process with commissioners, intervention developers, community partners, academics and parents, there is unanimous consensus that the collection of good quality and complete data is a fundamental prerequisite for successful monitoring. Only **three** progression

criteria should be selected for each intervention. The flowchart in figure 1 will help you to determine the most important factors for successful delivery of an intervention. Where there are more than three criteria selected, you must prioritise the most important three.
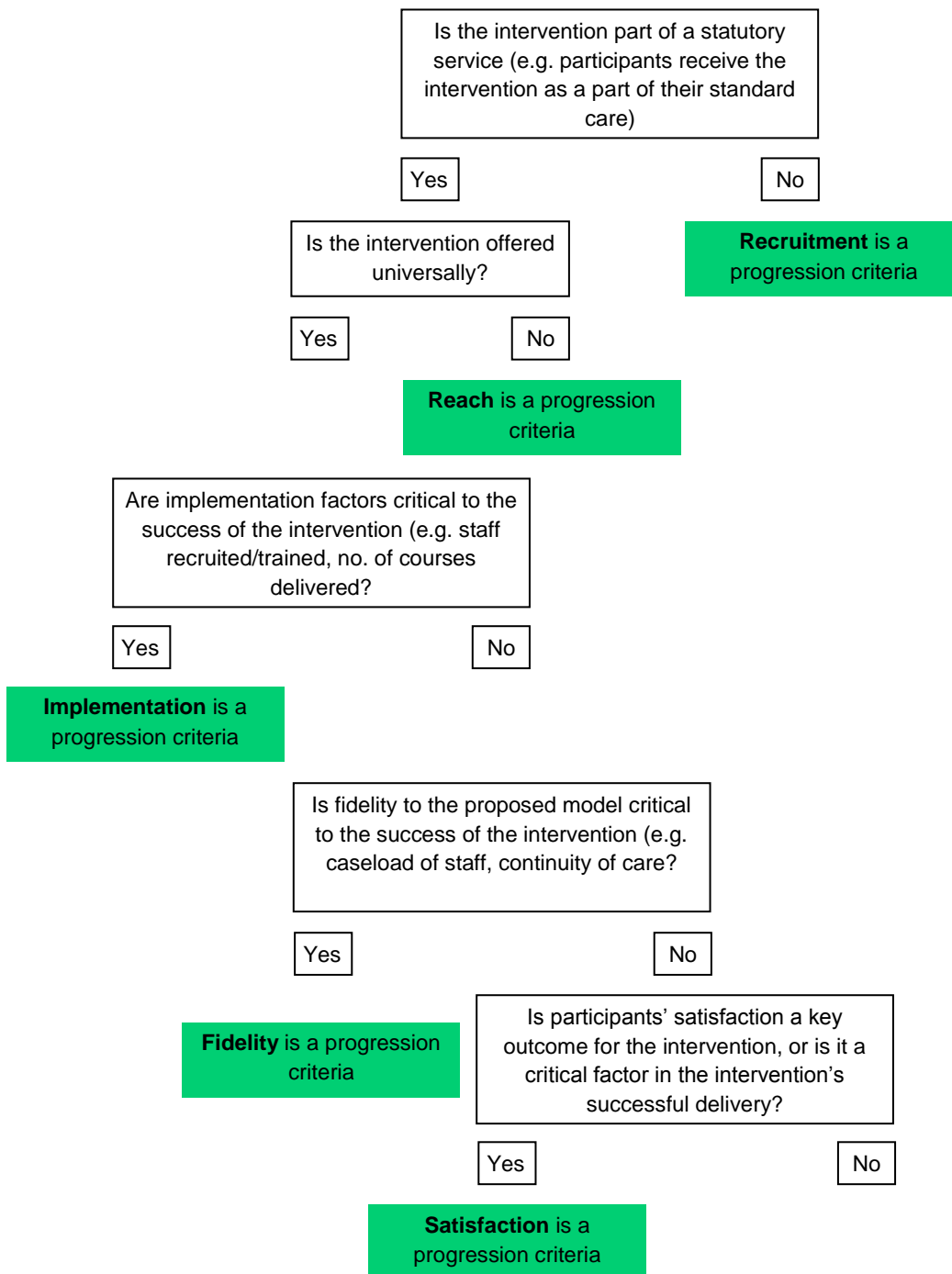
Is the intervention part of a statutory service (e.g. participants receive the intervention as a part of their standard care)

Yes

No

Recruitment is a progression criteria

Is the intervention offered universally?

Yes

No

Reach is a progression criteria

Are implementation factors critical to the success of the intervention (e.g. staff recruited/trained, no. of courses delivered?

Yes

No

Implementation is a progression criteria

Is fidelity to the proposed model critical to the success of the intervention (e.g. caseload of staff, continuity of care?

Yes

No

Fidelity is a progression criteria

Is participants' satisfaction a key outcome for the intervention, or is it a critical factor in the intervention's successful delivery?

Yes

No

Satisfaction is a progression criteria

Figure 1: Flow chart for selecting progression criteria

Step 2: Agree indicators with project

The next step will be to agree the targets for each of the selected progression criteria. This is based on a 3 tiered system of Green (targets met, everything going to plan); Amber (falling short of targets - initiate discussion about potential strategies); Red (targets not being met, serious concerns). Figure 2 depicts an example scale on which progression criteria could be monitored.
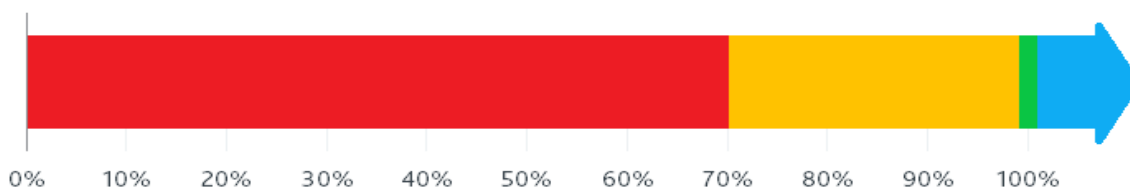
Figure 2: Example scale for monitoring progression criteria.

The green criteria should be comprised of information an intervention may have previously provided for service design e.g. the anticipated number of families recruited. This would be reflected as meeting 100% of a target for any given progression criteria. Using proportions rather than absolute figures (e.g. recruiting 20 families per quarter) allows for greater consistency and standardisation when monitoring multiple interventions.

Where an intervention appears to be falling short of their target, this places them amber. Intervention teams may benefit from additional support at this point to identify the reasons why and formulate action plans. The point at which an intervention falls intro 'red' may indicate serious concerns or the need for a commissioning review. Proportions for what constitute red should always be time and context bound (e.g. an intervention would not normally go straight into red if figures look bad for 1 quarter).

The work completed by the BSB Innovation Hub recommends that the Amber to Red percentage cut-off for each progression criteria are as follows:

1. Recruitment: Amber Red cut off: 70% of anticipated
2. Reach: Amber Red cut off: 70% of anticipated
3. Implementation: Amber Red cut off: 85% of anticipated
4. Fidelity: Amber Red cut off: 80% of anticipated
5. Satisfaction: Amber Red cut off: 80% of anticipated

Key issues to remember

- Moving from Green to Amber should instigate support for the intervention team, not criticism

- Moving into Red should also result in support and instigate discussion in which context will be considered. For example, if recruitment targets aren't met because of unexpected staff absence, or intervention implementation falls due to restructuring of services, this should be taken into account.

- The cut-offs can apply to multiple interventions, but targets should be agreed in conjunction with individual intervention teams. Targets should always be realistic, feasible and measurable.

Step 3: Progression criteria in action

Interventions should receive regular performance reviews where progression criteria are also monitored (see appendix 1 for the quarterly review proforma).The data required to monitor an intervention's progress against the progression criteria should be agreed as part of the service design process (see the example minimum data sets for implementation monitoring in our *'Service Design of Early Years Interventions: An Operational Guide'.* Further guidance on reporting data and maintaining anonymity can be found in appendix 2.

Visual depictions of intervention performance can be helpful to compare performance trends over different time periods. In figure 3 we have provided some example graphs showing how progression criteria may be visually reported. For example, an intervention may be in red for recruitment for two quarters of a year and exceed the target by the end of quarter 4. Similarly, an intervention's reach can be compared both over time and across different ethnic groups.

Recruitment
Anticipated number of parents=200 per year

% of target recruited

Target exceeded

Target met

Target not met, initiate support

Plot Area

Target not met, review project

N=220
N=160
N=140
N=100

Quarter 1   Quarter 2   Quarter 3   Quarter 4

Year (2016)
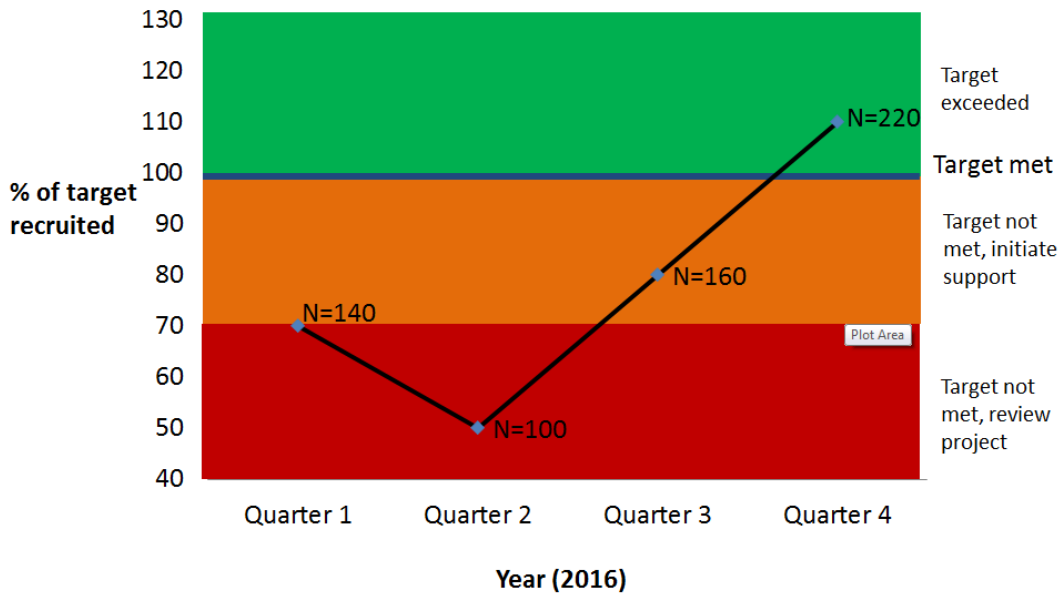
Reach
Anticipated reach: South Asian:50% (black line), White British: 25% (yellow line)
Anticipated number of total parents=200 per year

% of target recruited

Target exceeded

Target met

Target not met, initiate support

Target not met, review project

N=100
N=70
N=80
N=30
N=55
N=33
N=25
N=30

Quarter 1   Quarter 2   Quarter 3   Quarter 4

Year (2016)
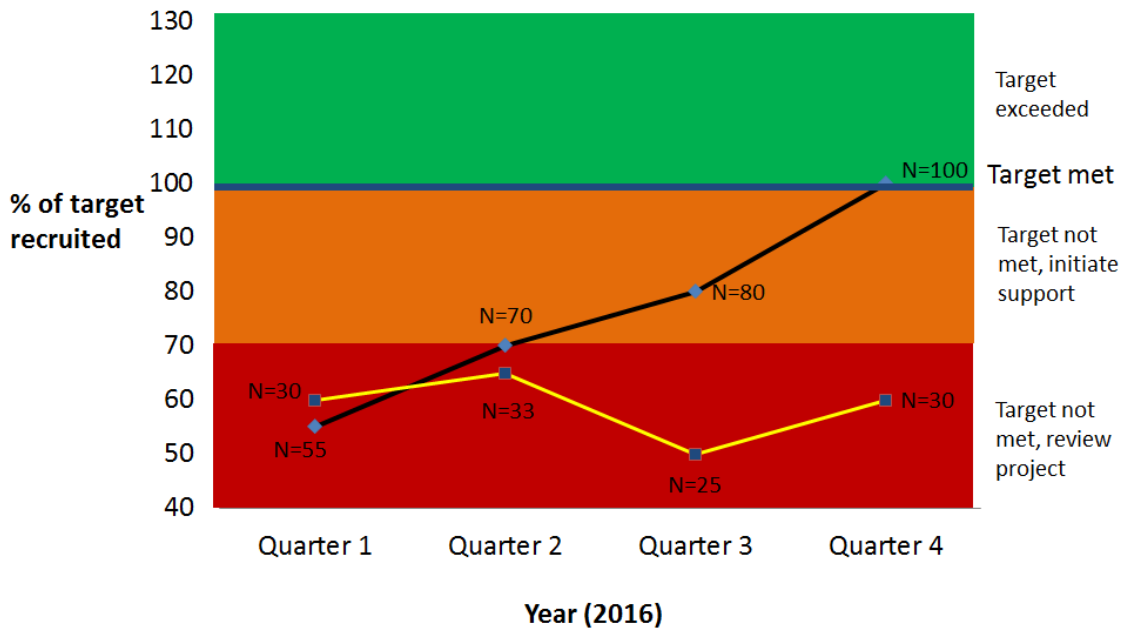
Figure 3: Example progression criteria graphs for reporting recruitment and reach

Appendix 1: Intervention Review Form

[Service name, date and version number]

Completed By: [name] & [date]

Project Name	
Reporting Period	**[date] to [date]**
Date of Review Meeting:	
Names of Attendees:	

The following three reports accompany this intervention review document [linked here]

1. Data report
   Single page summary of data report (dashboard style, including progression criteria), and full report

2. Implementation report from intervention

3. Finance report from intervention

	Summary of findings from Report	Discussion of findings	Agreed Actions (SMART: Specific, Measurable, Achievable, Realistic, Time defined) Escalation of any issues arising
Example progression criteria			

1. *Recruitment*
    a. *Comparison of number of women/families recruited to intervention with the anticipated number recruited*
    b. *No. of eligible families not recruited or refused consent*			

2. *Reach (including demographics, waiting lists)*			

3. *Implementation*
    a. *Staffing*
    b. *Facilities/Resources*
    c. *Deviations from manual/service design*
    d. *Other issues affecting delivery*			

4. **Outcomes**
    a. **Short term**
    b. **Long-term**			

5. Finances			
6. Other risks identified			
7. Successes (what has gone well)			
8. Challenges / lessons learnt			
9. AOB			

Appendix 2: Guidelines for reporting data and protecting anonymity and confidentiality

We need to ensure that there is no breach of individuals' anonymity or confidentiality when reporting quantitative or qualitative data. This is important in formal reports and academic papers, and also in less formal communications, such as on social media or emails.

There are three key types of disclosure that we need to be aware of:
- Ensure that no individuals can be identified from the data reported
- Ensure that no information about an individual is revealed that is not already in the public domain
- Ensure that it is not possible to combine outputs from the same or different sources (e.g. tables, graphs) to reveal information about an individual (residual disclosure)

The risk of disclosure will vary depending on a wide range of factors, including the number of people interviewed or in a survey, and the number of different tables produced from the same dataset. The researcher needs to assess this risk every time they report data. They also need to consider the consequences of disclosure for individuals, especially for sensitive information (e.g. teenage pregnancy data).

Reporting quantitative information

All data reported should be anonymised. No identifiable information, e.g. names, NHS numbers should be reported. Postcodes are potentially identifiable, and should be shortened or grouped.

If tables and graphs have small numbers, we can reduce the risk of disclosure by suppressing numbers (e.g. writing <5 instead of the actual number) or by merging rows or columns (e.g. by merging two ethnicity categories together to create a larger number). We should also be aware of the risk of residual disclosure when a new table or graph could be combined with information in the public domain from the same or another source, in order to identify individuals. Sensitive information, e.g. mental health data, teenage pregnancy should be treated with extra care.

Reporting qualitative information

All data reported should be anonymised (e.g. using a pseudonym or participant number). We also need to take care not to identify participants or individuals referred to through contextual information, findings or quotes (e.g. by reporting job titles, or experiences of an event that few individuals were involved in). In evaluation of local services it may be difficult to completely protect anonymity of small teams or individuals. Therefore it is important to be transparent in the informed consent process to ensure participants understand this. It is also important to judge the most appropriate approaches to protecting anonymity for the given evaluation, in relation to the aims, participants and findings.

Further information is available from: National Statistics (2006) Review of the Dissemination of Health Statistics: Confidentiality Guidance. London: Office for National Statistics.

Appendix 3: Project Satisfaction Questionnaire

Thank you for completing this questionnaire. We really appreciate your feedback about the [NAME OF PROJECT]. Please note your answers will not affect the support you will receive now or in the future.

Please tick the box which best describes your answer to each question.

1. Overall, I feel that the [NAME OF PROJECT] was helpful for [me/my family/my child]

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. I am satisfied with the level of support [I/my family/child] received

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. The information given was useful to [me/my family/my child]

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. It was easy for me to get onto the [NAME OF PROJECT]

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. I would recommend the [NAME OF PROJECT] to my friends and family

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

6. Overall, I am happy with the [NAME OF PROJECT]?

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Thank you for completing this questionnaire. If you have any further comments about [NAME OF PROJECT] please write them in the box below.