

# Change, complexity, feedback and the role of evaluation

Fraser Battye

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This presentation is somewhat abstract and covers fairly broad territory - but it makes just three points:

1. In complex programmes of change, evaluation should be used as a guide
2. Feedback is an invaluable mechanism
3. Using feedback effectively requires changes in the way that evaluation is considered, commissioned and delivered



**Complexity and  
evaluation**

**Change,  
feedback and  
learning**

**Implications for  
evaluation**

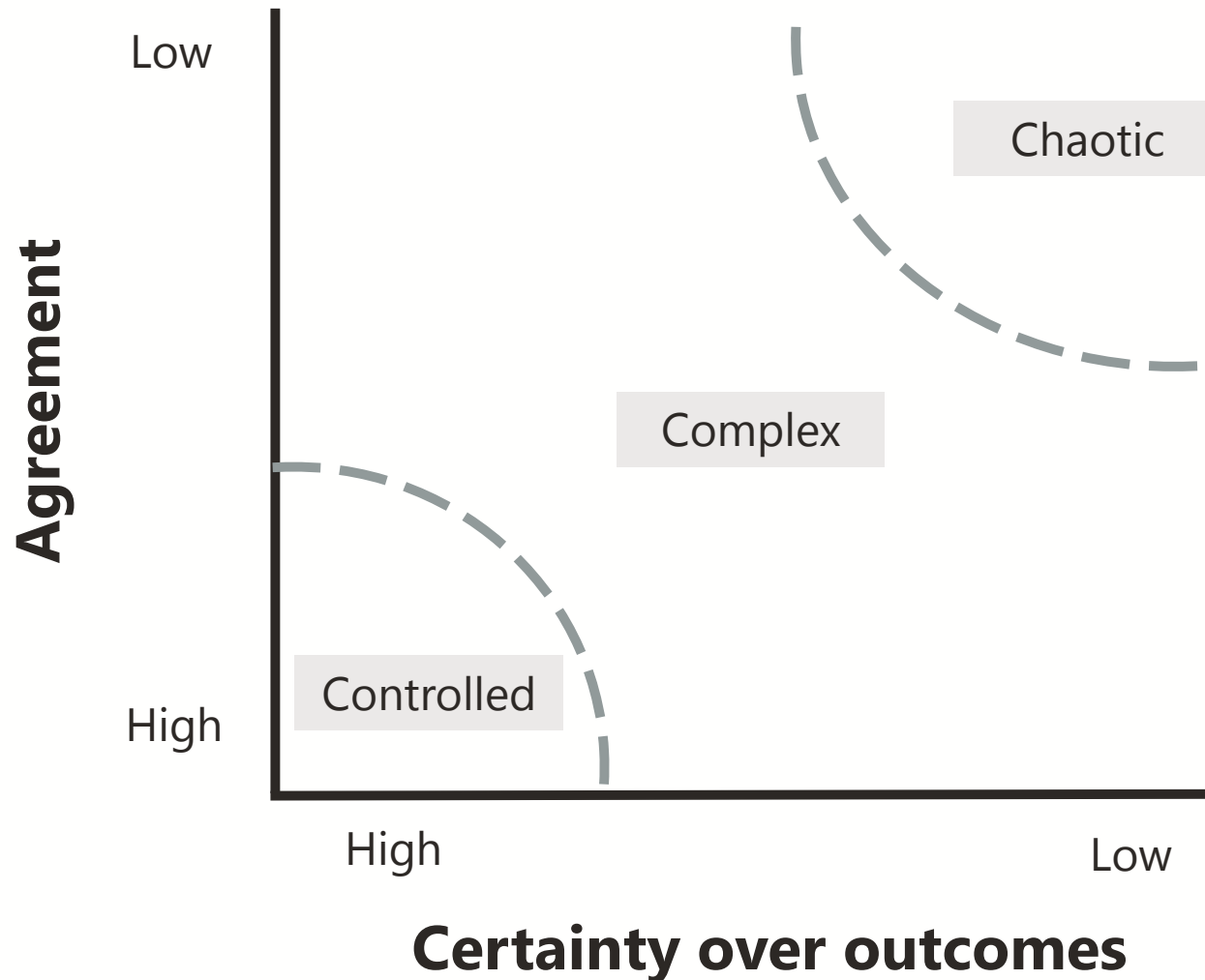
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**Complexity and  
evaluation**

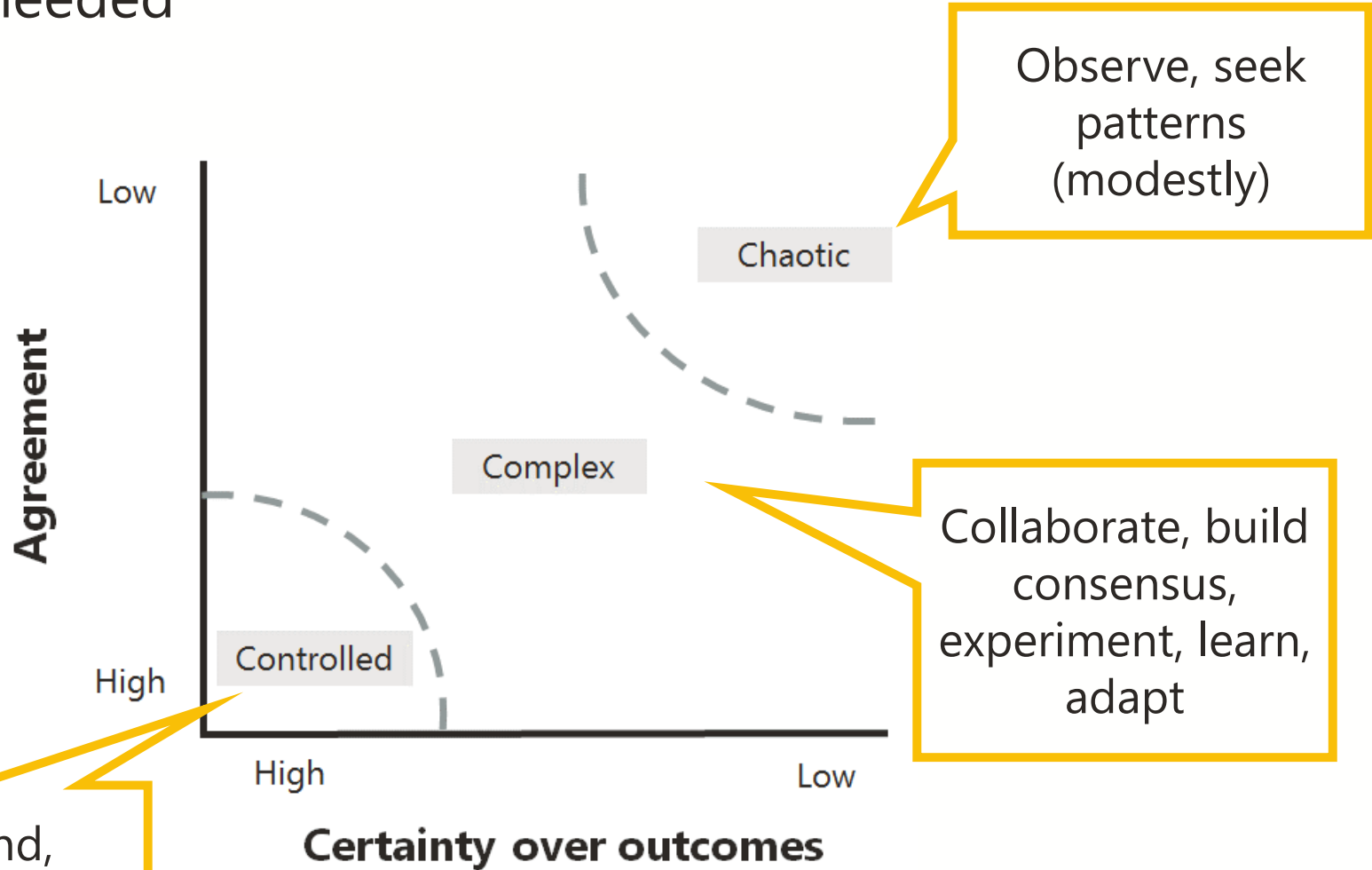
**Change,  
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Assessing agreement and uncertainty is a useful way of recognising the territory....



...and therefore the broad types of action needed



Command, mandate, control, enforce, audit

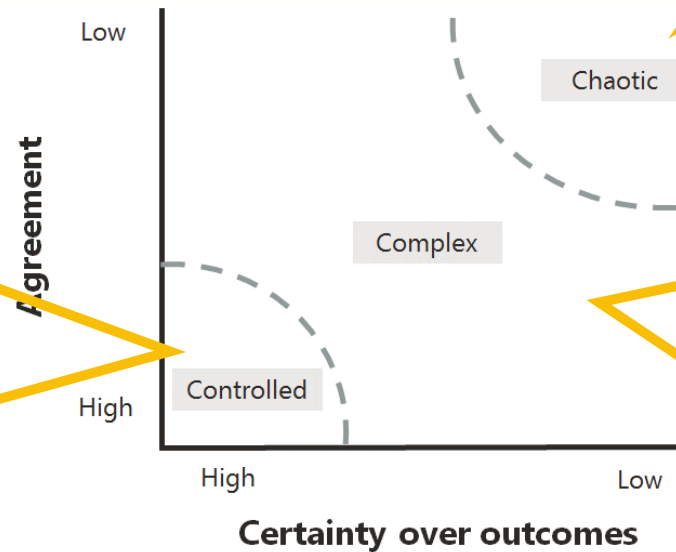
Collaborate, build consensus, experiment, learn, adapt

Observe, seek patterns (modestly)

This helps make big choices on evaluation method and so likely value derived from it

**Method:** relativism / Zen Buddhism(!)  
Observation / description, coaching

**Value:** modesty, quality of questioning



**Method:** (quasi) natural sciences / positivism: RCTs, meta-reviews, precise quantification

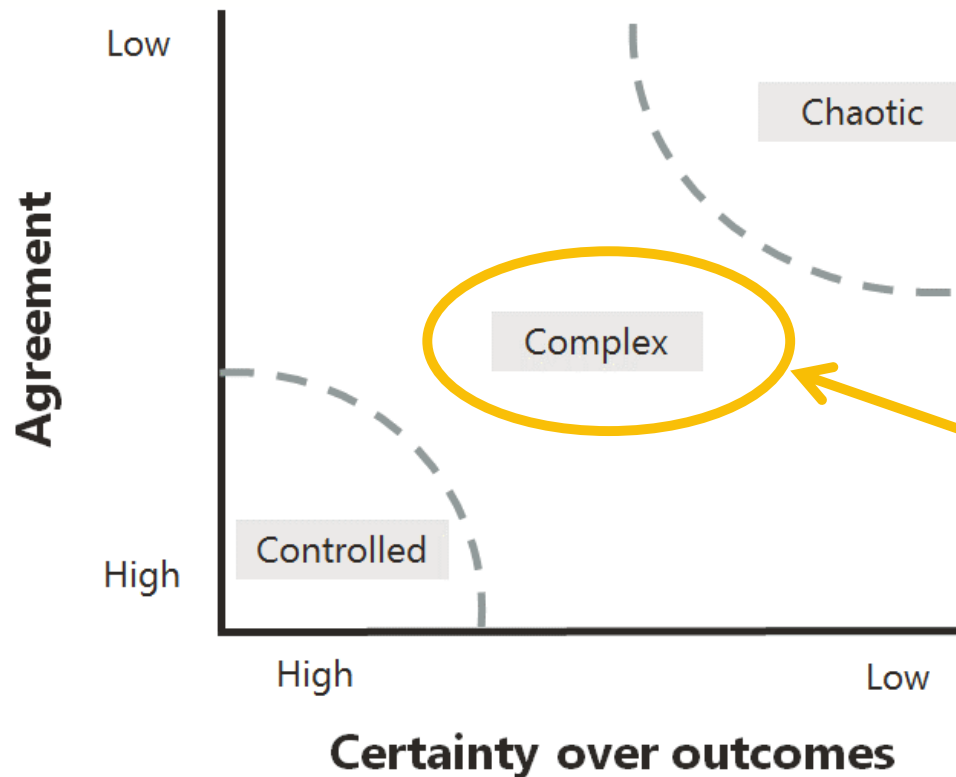
**Value:** certainty in recommending actions

**Method:** multiple social sciences, Realism, highly applied, rapid feedback, broad scaling of effects

**Value:** course correction, bounded experimentation, diffusion of analytical mindset (staff), service improvement

An end to the qualitative Vs quantitative 'debate'! (?)

Large scale health and social care programmes tend to operate in the zone of complexity



Problems that defy simple / known solutions

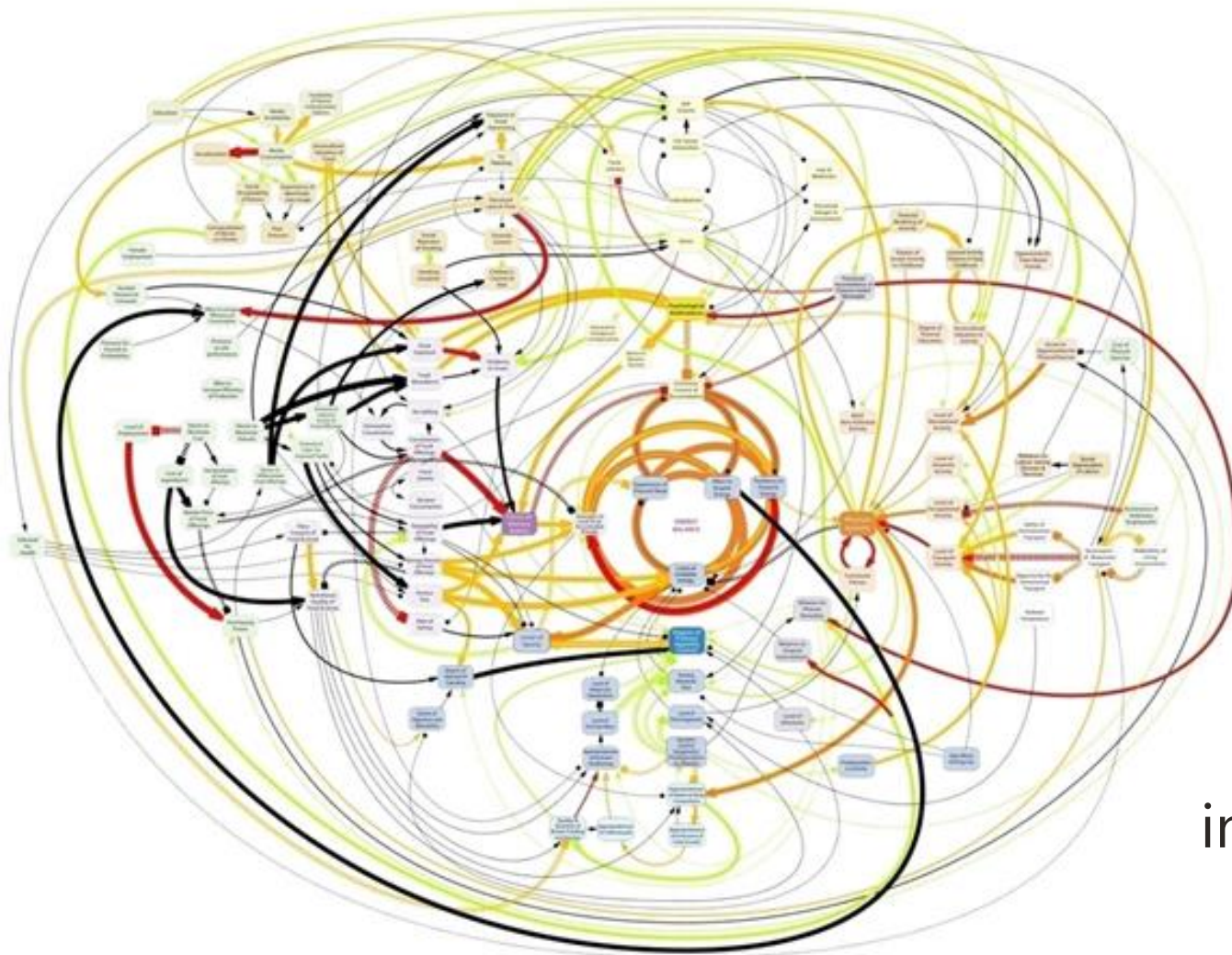
Need to generate consensus

Requirement to think 'in systems' (my win cannot be your loss)

And to act across institutional boundaries to achieve aims

(Complex programmes will also contain 'simple' / controlled elements – don't just abandon 'strong' study designs)

Which means that (professional) life can feel like this



Hard to describe;  
indescribably  
hard to do!



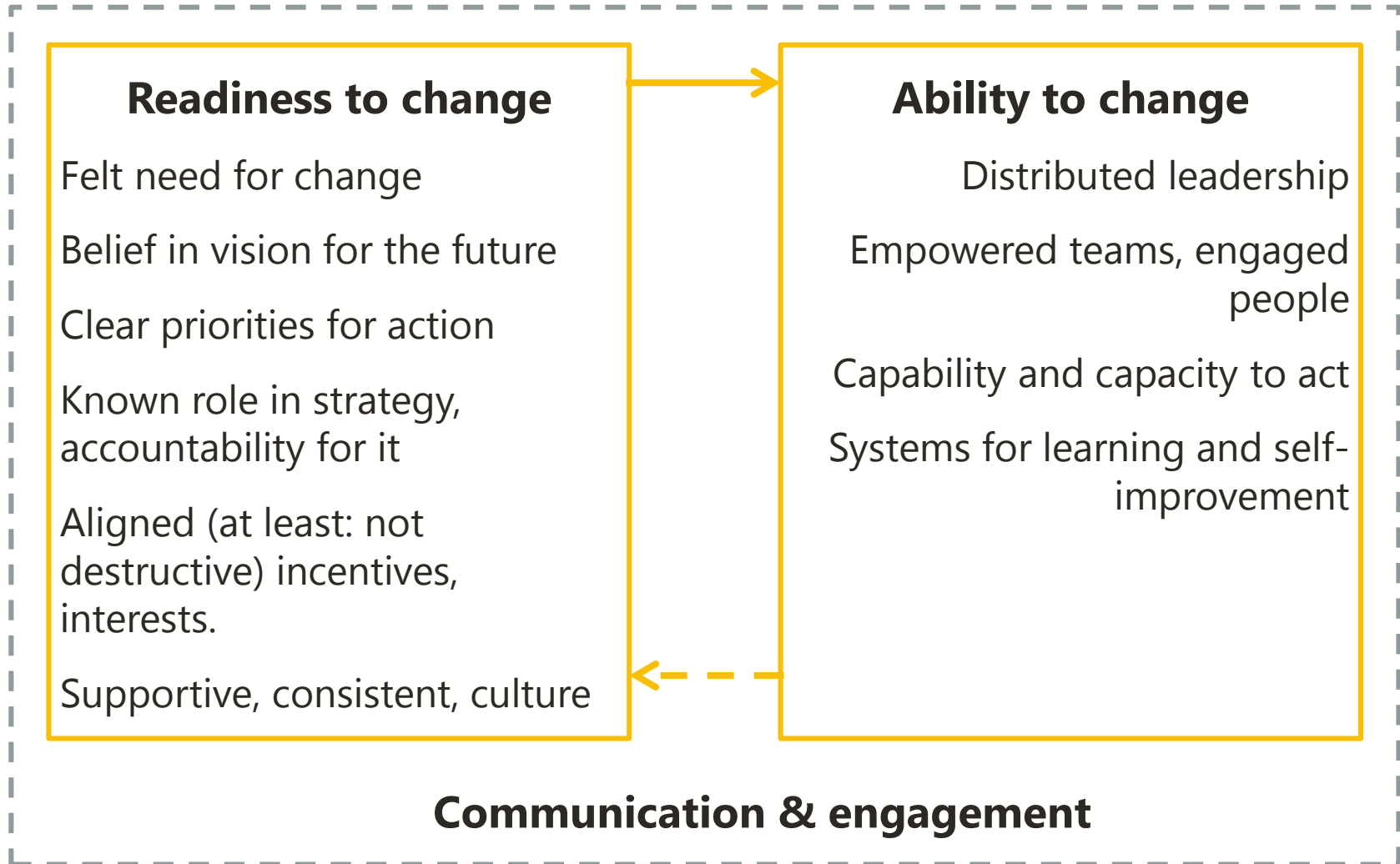
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**Complexity and  
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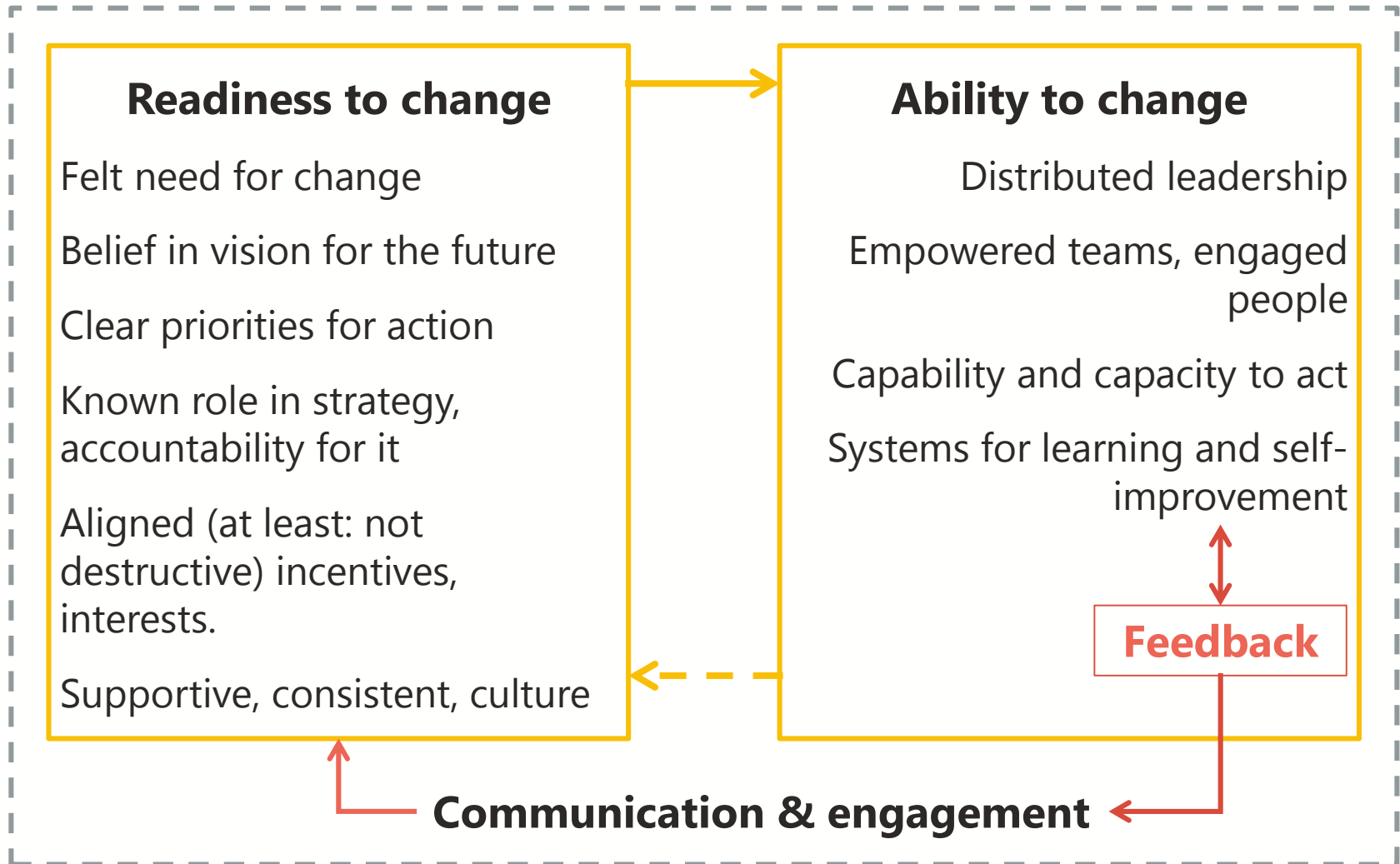
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At heart, complex change requires: readiness, ability and lots of communication



Which means that feedback is a fundamental component in the process of change



Evidence suggests this is especially true in situations of complexity and uncertainty

Five 'rules':

1. Engage individuals at all levels in leading change
2. **Establish feedback loops**
3. Attend to history
4. Engage clinicians
5. Involve patients and families

THE  
MILBANK QUARTERLY  
A MULTIDISCIPLINARY JOURNAL OF POPULATION HEALTH AND HEALTH POLICY

Large-System Transformation in Health Care:  
A Realist Review

ALLAN BEST,<sup>1</sup> TRISHA GREENHALGH,<sup>2</sup>  
STEVEN LEWIS,<sup>3</sup> JESSIE E. SAUL,<sup>4</sup> SIMON  
CARROLL,<sup>5</sup> AND JENNIFER BITZ<sup>1</sup>

We found the same: Turner et al (in press) *A realist synthesis of the international knowledge base for new care models to inform and mobilise knowledge for Multispecialty Community Providers (MCPs)*

There are many potential sources of feedback, but are they well used for learning / improvement?

**Potential sources (e.g.)**

Performance reporting / BI

Staff experience / recruitment and retention

Patient feedback (e.g. PREMS, complaints, social media)

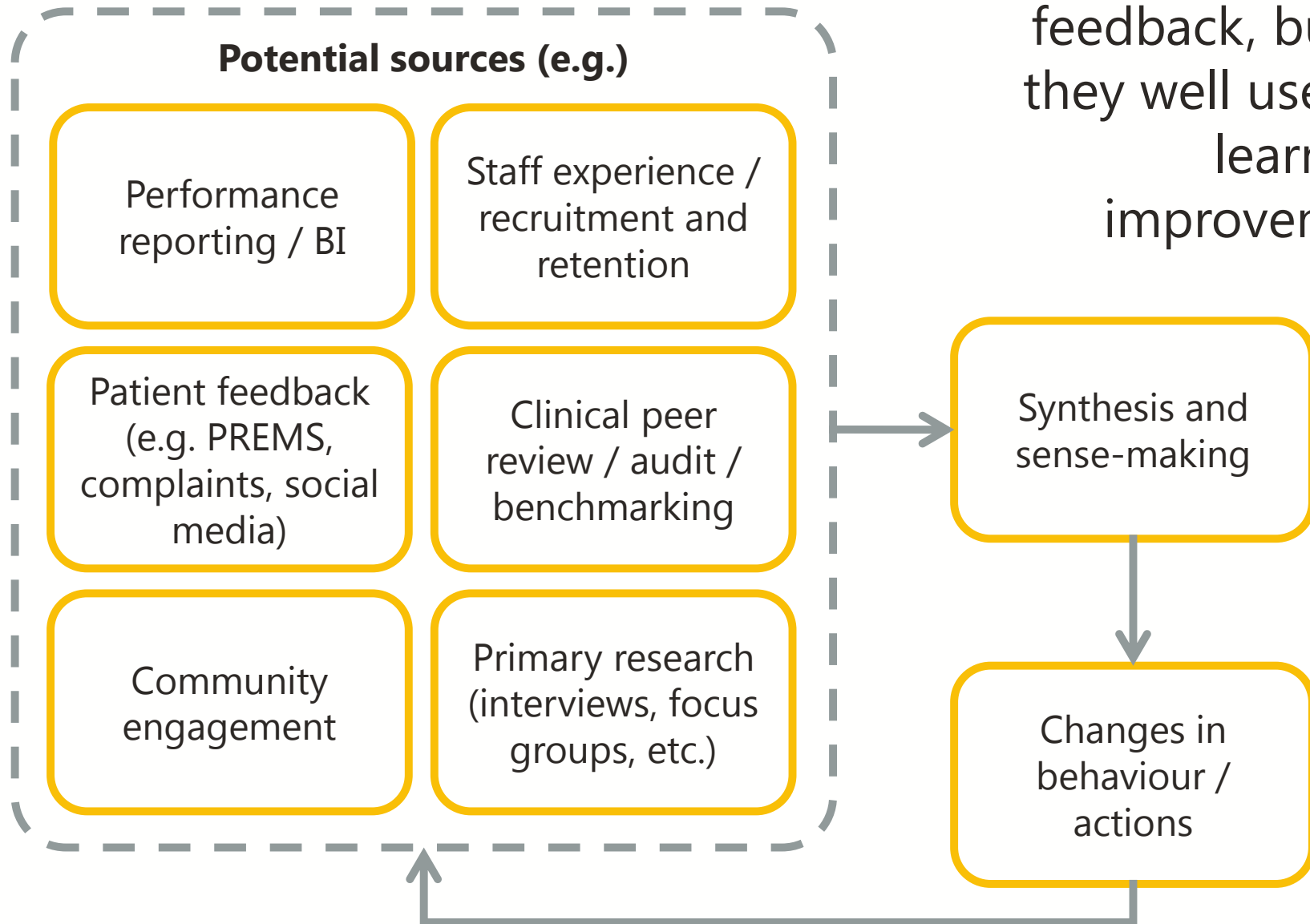
Clinical peer review / audit / benchmarking

Community engagement

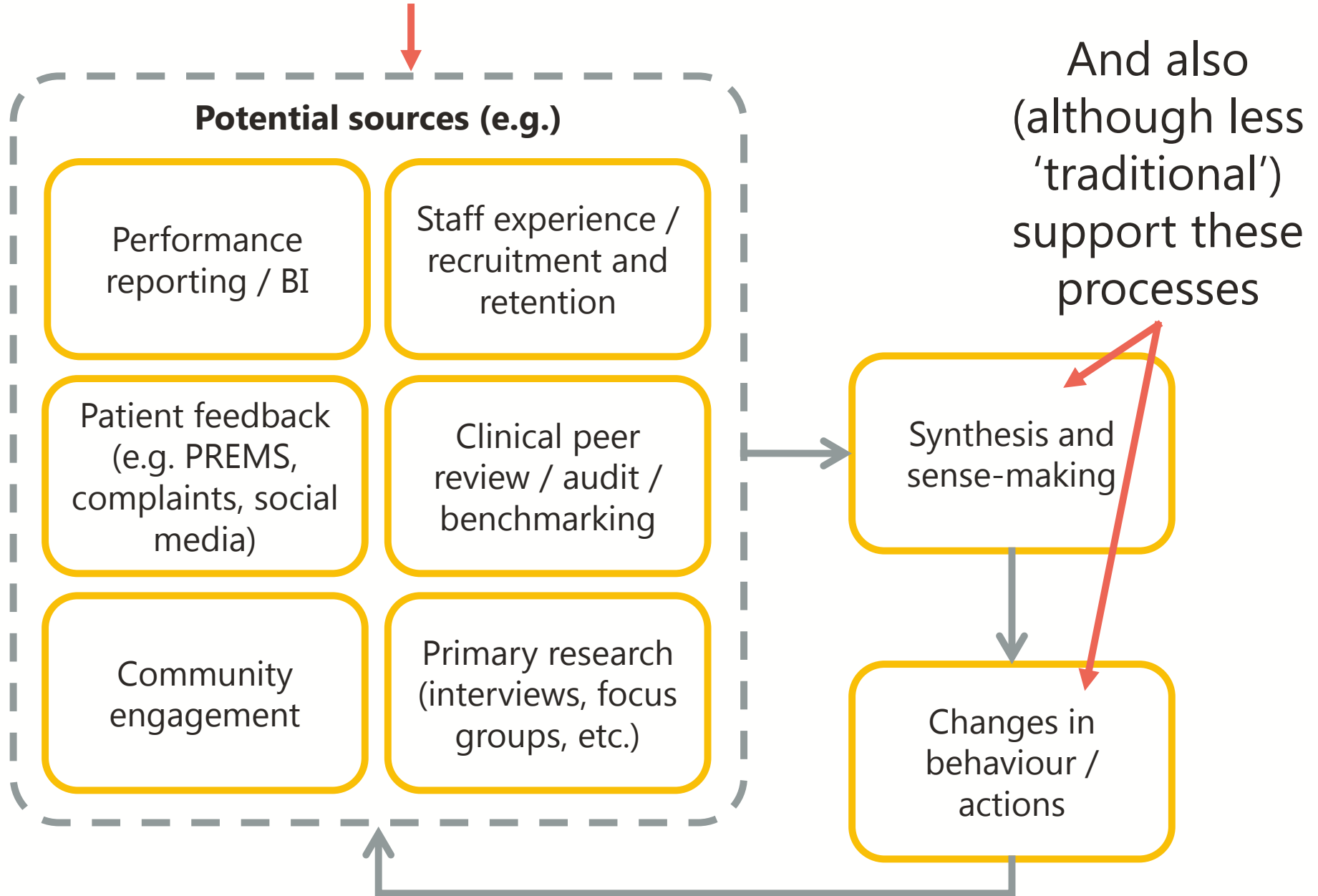
Primary research (interviews, focus groups, etc.)

Synthesis and sense-making

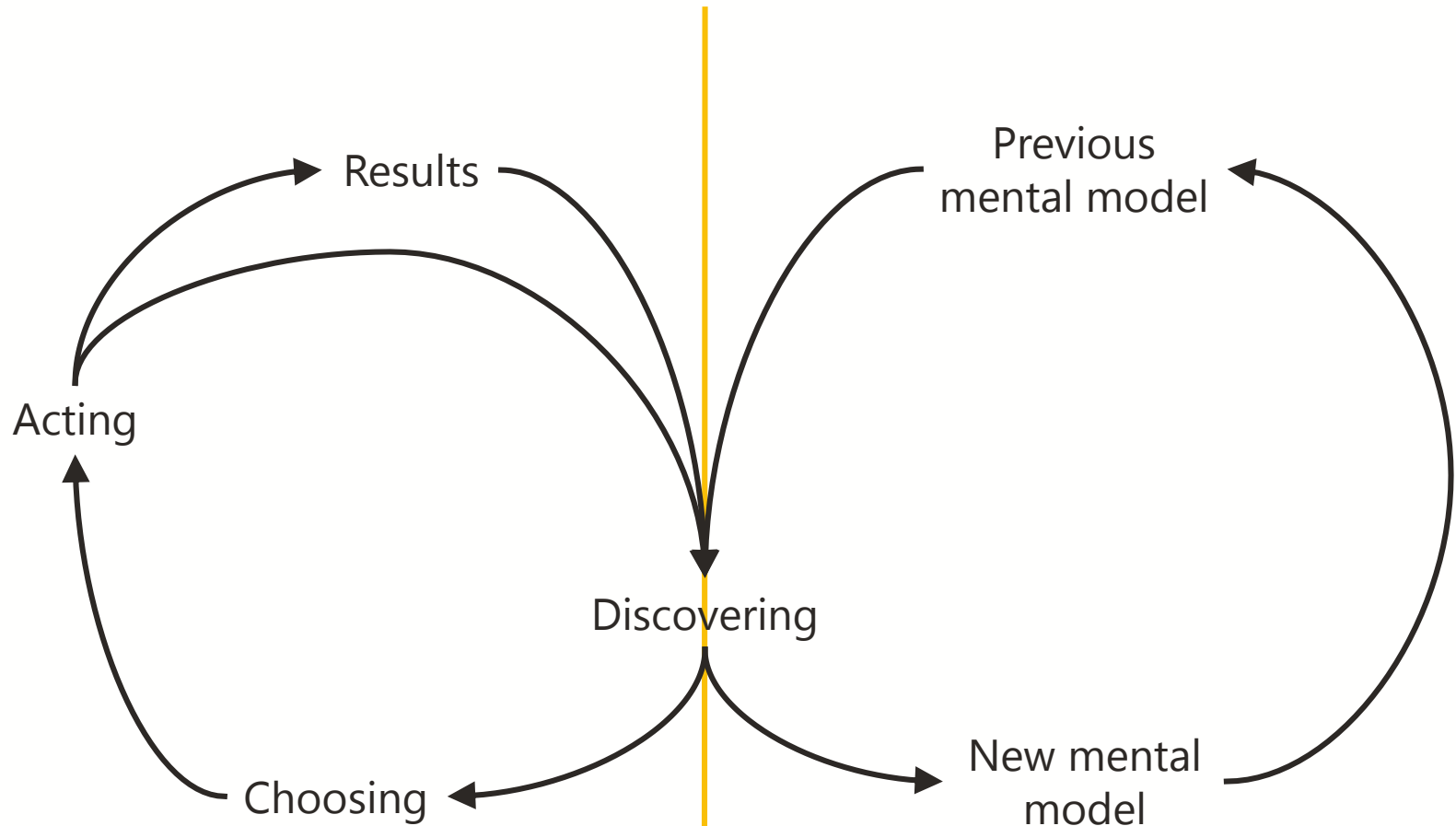
Changes in behaviour / actions



Evaluators can define / produce these



Which would promote double-loop learning and better sense-making

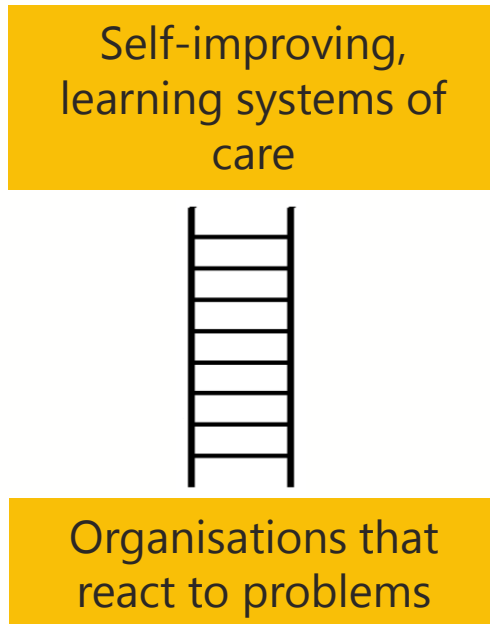


**Single loop:** same thing, done better

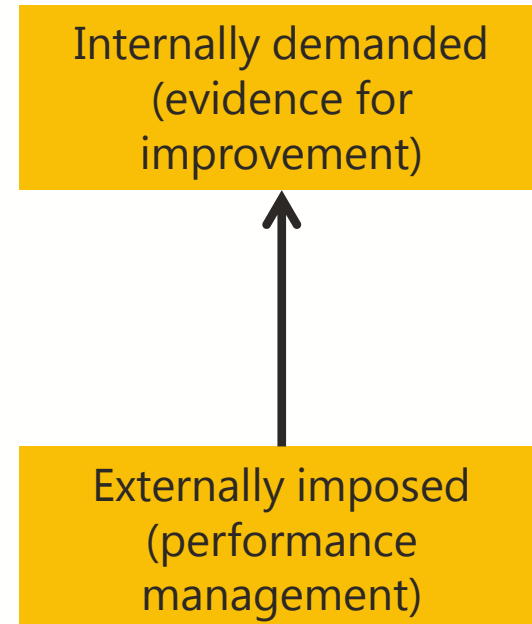
**Double loop:** possibility of altering theory of change if not working

And help systems shift the way they think about the generation and use of evidence

**Moving up this scale...**



**...means changing the use of data and evidence**





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# A sea-change in how the NHS thinks about the demand for and supply of intelligence?

## **Demand side:**

Agnosticism, not advocacy – adopt evaluative mindset

Modesty and questioning in the face of uncertainty

Constant sense of enquiry and evolution (not 'fixed service')

Willingness to hear (seek) bad news and course correct

Strategy for innovation and evaluation

## **Supply side:**

Profoundly multi-disciplinary (so cross organisational)

Academic rigour *and* practical relevance...but: practical utility over gains in knowledge

Mature balancing of timeliness, rigour, resources (etc.)

Accepting uncertainty

Coaching: doing with, not to

No end goal, just a recognition of the need for a learning, adaptive and self-improving system



## Contact

Fraser Battye

T: 07736 471057

E: [fraser.battye@nhs.net](mailto:fraser.battye@nhs.net)