Learning together as a sector:
NHS charities using shared measurement

NPC is a charity, think tank and consultancy to the social sector. Over the past 15 years it has worked with charities, funders, philanthropists and others, supporting them to deliver the greatest possible impact for the causes and people they exist to serve. NPC occupies a unique position at the nexus between charities and funders. It is driven by the values and mission of the social sector, to which it brings the rigour, clarity and analysis needed to better achieve the outcomes we all seek. It also shares the motivations and passion of funders, to which it brings its expertise, experience and track record of success.

Inspiring Impact's vision is that good impact practice becomes the norm in the voluntary sector. The programme provides online resources, self-assessment tools, peer learning networks and grant funding to support voluntary organisations with their impact practice. Inspiring Impact is funded by the National Lottery Community Fund and delivered by a coalition of six organisations across the UK.

Imperial Health Charity supports the five hospitals of the Imperial College Healthcare NHS Trust through grants, arts, volunteering and fundraising. The charity funds major redevelopments, research and medical equipment as well as helping patients at times of extreme financial difficulty. Supporting the arts in healthcare, the charity manages an art collection and runs an arts engagement programme for patients and NHS staff. It also manages volunteering across the Trust's five hospitals, helping to improve the hospital experience for patients.

The Royal Free Charity is passionate to make every day feel better for every patient and member of staff across the Royal Free London NHS Foundation Trust. The charity wants to inspire and motivate staff and volunteers to come together so that the patient comes first and their journey is of the highest quality.

Guest foreword

NHS charities make a significant and meaningful contribution to our health service, supporting a wide range of causes that improve patient care and experience for millions of people when they are at their most vulnerable. Collectively, NHS charities give £1 million every day to support the NHS, funding major capital projects, pioneering research and medical equipment that help people stay well for longer and get better faster. Furthermore, they play a key role in mobilising volunteers to support NHS staff, brightening wards and waiting areas with colourful and engaging art, and building important links between our hospitals and our communities.

However, we know there is much more that NHS charities can do to evaluate the impact of their work more effectively. By taking steps to learn more about their impact, NHS charities can ensure they have the best possible evidence base from which to make informed decisions. In this way, thoughtful, detailed evaluation can become an essential tool for shaping strategies.

This pilot project is an important first step towards building a framework that will help NHS charities measure their collective impact – one of the key strategic objectives for NHS Charities Together. The report brings to light the many different ways in which NHS charities work and the significant improvements that have taken place as a result.

I would like to thank the 10 charities who have been involved in this project and in particular Imperial Health Charity and the Royal Free Charity for taking the lead. As the project moves forward, I hope that many more charities will take this valuable opportunity to play a part in measuring the sector's impact.

Thank you.

Ellie Orton

Ellie Orton
CEO, NHS Charities Together

About NHS Charities Together

NHS CHARITIES TOGETHER

NHS Charities Together is the new trading name of The Association of NHS Charities, a membership organisation representing, supporting and championing NHS charities.

NHS Charities Together provides a forum for: nationwide fundraising and advocacy campaigns; specialist advice and guidance; bespoke conferences and training opportunities. It also provides access to online resources and support through a digital learning platform.

NHS Charities Together provides the collective voice of NHS charities on a national scale and the impact they make.

There are more than 250 NHS charities across the UK and most of them focus on helping our hospitals do more. Collectively, NHS charities give £1 million every day to the NHS so that people can stay well for longer and get better faster.

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Executive summary

The NHS is facing challenges on many fronts and needs innovative models, of the kind pioneered by charities, if it is to thrive. There are over 250 dedicated NHS charities across the UK, all 'place-based' in that they support a wide range of programmes which benefit patients and staff in a specific location.

NHS charities need a body of evidence to commission the most effective work. Collecting this data and learning from the insights it provides can help NHS charities find out the most impactful ways to support the NHS. Determining the most impactful activities is a difficult task for NHS charities; they often work in isolation and many have little experience in evaluation.

In 2017, 10 NHS charities embarked on a shared measurement initiative, led by Imperial Health Charity and the Royal Free Charity, supported by NPC and the Inspiring Impact programme.

The aim of this report is to highlight the potential of shared measurement in the NHS charity sector.

Shared measurement is about doing evaluation together

Shared measurement is working in a group of organisations to use the same evaluation methods to measure outcomes that lead to a broad social goal that they all share. The findings are then shared to help charities better understand the work they do. It can foster learning between peers and help charities see where they stand in relation to others by benchmarking their results.

Five key findings from the trial

This report presents the insights that we found about the shared impact of the NHS charity sector. These findings are illustrative of the type of data which could be collected on a larger scale if more NHS charities shared their grants and evaluation data. With higher numbers of charities participating, and over a longer period, we could learn much more about the impact we create as a sector.

There are five key findings and suggested actions from the results of the shared measurement project so far (for further details, see pages seven and eight).
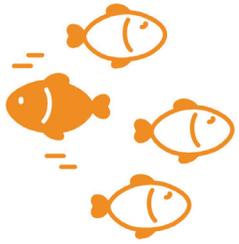
| No single grant-making approach | Mostly small grants | Very positive patient feedback | Supporting NHS staff benefits patients | But NHS charities are not known by patients |

Lessons for other funders

The report also highlights lessons for other funders that might want to use this approach with three key recommendations applicable for both NHS charities and other funders interested in shared measurement:

1. It's a commitment
Shared measurement may cut down on duplication of individual evaluation processes, but it still takes effort for co-ordinating partners and the administration involved in collecting data.

2. Compromises can limit findings
All charities must agree to follow the evaluation methods, which in this project limited the group to collecting retrospective data after interventions had ended, rather than collecting more robust 'before and after' baseline data.

3. Relationships matter
The strength of the relationship between the grant-making NHS charities and their grantees in the hospitals is important when collecting enough data. This can vary by NHS charity and by the activity being evaluated. Relationships between NHS charities are also essential for acting on insights and sharing best practice.

1. No single grant-making approach, but a shared patient focus

The approach of participating NHS charities varied but, on average, grant funding focused on three areas: research and innovation (29% of the total funding), improving equipment (28%) and improving the hospital environment for patients (25%). Over half the sector's funding was directed exclusively at patients as the main beneficiaries (52%).

Action: NHS charities should work more with similar partners identified by these spending categories to learn more about their approaches.

2. Mostly small grants

Most grants made across the sector (88%) were of less than £10,000 and most of them reached a small number of beneficiaries, with around half reaching fewer than 10 people each.

Action: Due to the small grant size, NHS charities should be proportionate in their evaluation plans.

3. Very positive patient feedback

Patients are very positive about the range of activities that charities fund such as refurbishments to the hospital buildings and the patient activities like dance sessions and choir groups.

Action: NHS charities should share insights about their most successful activities with each other.

4. Supporting NHS staff benefits patients

Although slightly less positive than patients, most staff strongly agreed or at least agreed that the new buildings, equipment and staff training had a positive impact on themselves and the care they provide to patients.

Action: Staff survey results also suggest a positive impact on patients. Therefore, NHS charities should continue to support staff where appropriate.

5. But NHS charities are not known by patients

The NHS charity sector does include a few big names, like Great Ormond Street Hospital Charity, but mostly their work goes unnoticed by the public. Therefore, it was not a surprise that only 39% of 237 patients surveyed had heard of the NHS charity that was funding the support.

Action: NHS charities should improve awareness levels within their NHS trusts to improve staff and patient engagement in their work.

Our approach

Primarily made up of grant-giving NHS charities, the sector supports a wide range of causes, including financial aid for patients, cutting-edge research, equipment for NHS facilities and NHS staff wellbeing. These charities provide backing for projects that would not be otherwise possible but it is a challenge to understand the full scope and impact of these efforts. This is because data on which projects NHS charities fund, who benefits and how, has historically not been collected or reported in a standardised way across the sector.

The NHS is facing challenges on many fronts and needs innovative models, of the kind pioneered by charities, if it is to thrive. There are over 250 dedicated NHS charities across the UK, all 'place-based' in that they support a wide range of programmes which benefit patients and staff in a specific location. NHS charities need a body of evidence to commission the most effective work. Collecting this data and learning from the insights it provides, can help NHS charities find out the most impactful ways to support the NHS.

Determining the most impactful activities is a difficult task for NHS charities. They often work in isolation and many have little experience in evaluation. To change that, in 2016, a group of 10 NHS charities embarked on a shared measurement initiative to build a joint vision, evidence base and understanding of the

vital role NHS charities play in the health system. The project was led by Imperial Health Charity and the Royal Free Charity, with support from NPC and the Inspiring Impact programme to explore how to better capture, define, measure and understand this impact.

Shared measurement

Shared measurement involves organisations with similar missions, programmes or users working collectively to measure both their own and combined impact, often by developing and using the same metrics. The findings are then shared to help charities better understand the work they do. It can foster learning between peers and help charities see where they stand in relation to others by benchmarking their results.

Shared approaches are partly fuelled by a growing interest in systems change, as well as collective impact initiatives and place-based approaches. Some charities, such as Citizens Advice and Mind, have used shared measurement with their member organisations, but it is much rarer for grant-makers to compare their outcome data with each other.

Five steps to shared measurement

Research from Inspiring Impact highlights five stages in developing a shared measurement approach. The foundations of shared measurement involve understanding your impact and identifying shared outcomes to measure. NHS charities did this in 2016 with the support of NPC to create a shared theory of change with NPC. The theory of change shows that NHS charities work towards the common goal of 'enhanced experience and care for patients and community of the hospital'.

NPC worked with the charities to use the theory of change diagram (*Fig. 1*) to develop a shared measurement framework, and co-create evaluation tools and guidance that were based on the outcomes identified in the theory of change.

Ten NHS charities gathered two types of data: grant-giving data submitted in the same format; and patient and staff questionnaires, collecting feedback and outcome data on a small number of projects that the charities fund or manage. It was not feasible for the charities to collect this data from every project they funded. In phase two, approximately 174 staff and 4,400 patients participating in the projects were surveyed.

There were five versions of the questionnaires for the charities to choose from*:

• support for patients (e.g. dance exercise sessions for older people)

• improvements to the hospital environment (e.g. renovations to patient or staff rooms)

• new equipment (e.g. new medical equipment)

• staff training (e.g. staff attendance at conferences)

• staff welfare activities (e.g. pilates sessions for staff).

The learning from the first phase in 2017/18 was incorporated into the second phase in 2018/19. This was followed by analysis and pooling of the findings to enable charities to compare their results and start conversations about the most effective activities.

Full surveys are available here.

Fig. 1

The NHS charity sector's shared theory of change

Internal: additional funding beyond what the NHS provides

Charity activities	Outcomes
Support for medical research	→ Improved knowledge & understanding of effective treatment & practice
Clinical innovations, services, facilities & technologies	→ New &/or improved clinical practice

Improved knowledge & understanding of effective treatment & practice → New &/or improved clinical practice → Improved clinical outcomes for patients

Staff training & development

Staff awards & recognition schemes

Managing hospital volunteer service

Improved staff health & wellbeing → New &/or improved non-clinical practice → Improved non-clinical experience for patients & visitors

Improved hospital environment

Improvements to the physical environment of the hospital

Art & design programmes

Enhanced experience & care for patients & community of the hospital

External: effective partnership with the local trust(s)

Key

| Charity activities |
| Outcomes |
| Enabling qualities |
| Shared goal |

The benefits of shared measurement for NHS charities

There were five key benefits that the group of NHS charities found from working together, which should also apply to other groups of charities or funders using shared measurement:

1. Cutting down on duplication
By using shared measurement approaches, individual organisations reduce the time and cost of developing their own tools.

2. Creating an evidence base
Pooling and comparing data on the results of grant-making creates a bigger dataset that can support stronger conclusions.

3. Comparing against peers
Shared measurement can help organisations place their own findings in a wider context that provides meaning and insight.

4. Using shared data for planning
Pooling data also means that need can be measured in a consistent way, enabling charities to better target interventions or plan services.

5. Building evaluation capacity and new partnerships
This approach to sharing data has particular benefits in the sector of place-based NHS charities which often lack capacity for evaluation but are without the issues of competing for funding. Charities that have not used evaluation before can use the initiative to try out measurement in a supportive environment.

Challenges faced in the process

Alongside the benefits of shared measurement, there were also challenges for the NHS charities, some of which imposed limitations on the findings:

1. Not every angle can be covered
Specific projects and types of questions were prioritised so that these were easier for most participating charities to collect data and to avoid overwhelming participants. Unfortunately, this meant that certain types of projects and questions were excluded despite being important for some individual charities or projects. Key areas to be considered for future expansion of data collection are funding of research and community-based (rather than only hospital-based) interventions. Guidance on how to add additional specific questions could also be given.

2. Compromises limit the scope of evaluation

Collecting baseline data from staff and patients before projects start and after their completion is a robust way of obtaining more objective data, but this was difficult for all NHS charities to achieve in practice. Instead, charities gathered self-reported, subjective views on whether outcomes had improved, with a focus on short-term outcomes, alongside feedback. Respondents could also add open-ended comments, which are not reported here.

3. It's difficult to collect enough information

Sample sizes varied widely depending on the project, and the data on the number of relevant beneficiaries was patchy, making response rates difficult to estimate. Therefore, the data quality varied by the type of project. Because of this issue, we also cannot be completely confident about the degree to which the data is representative.

4. Charity comparisons are only possible with enough data

The sample sizes were not large enough to report specifically on the results from each charity to compare each of them against the average results achieved across all charities. This is a key benefit of shared measurement. Only Imperial Health Charity collected enough survey data on patient activities, so for one part of this report this charity has been used as an example of what could be possible for others in the future. It is hoped that the group can overcome this challenge by encouraging more charities to collect more data over a longer time frame.

Read more about shared measurement and the NHS shared theory of change

NPC (2013) Blueprint for shared measurement
NPC (2016) Shared measurement: Greater than the sum of its parts
NPC (2016) NHS Charities: Evaluation guidance

The 10 charities involved

There were 10 NHS charities involved in the shared measurement trial. Most participants were involved in phases one and two, and provided both grants and survey data.

All 10 are NHS charities, each supporting a different NHS Trust in the UK, but they differ in several ways: geographic location (*Fig. 2*); hospital size; the number and value of grants they provide; and the general capacity and evaluation expertise within their own teams.

Nevertheless, they are all similar enough to form a comparable peer group as they share similar goals and aim to achieve this by funding similar interventions for service users. With more charities involved, benchmarking against similar sized charities could be possible.

Fig. 2 (right)

Locations of the NHS charities participating in the project

Edinburgh & Lothians Health Foundation

THE HEALTH TREE FOUNDATION

Sheffield Hospitals Charity

Your Trust Charity
making everyone matter
Sandwell & West Birmingham Hospitals NHS Trust Charity

Nottingham Hospitals Charity

Imperial Health Charity

HELPING OUR HOSPITALS DO MORE

Moorfields Eye Charity

THE CNWL NHS FOUNDATION TRUST CHARITABLE FUND

BARTS CHARITY

royal free charity

Our findings

Findings from the shared evaluation trial

Here is the analysis of the grants data submitted by nine partners, followed by analysis on the survey data collected from staff and patients by seven of the charities. A range of charts has been used to highlight similarities and differences in the charities' data.

Grants data

A variety in approaches to grant-making

Nine of the 10 participating charities submitted their grant-making data. The value and number of grants distributed varied widely by charity, reflecting different patterns of grant-making in the sector. By sharing grant-making data, charities can learn where they stand in relation to their peers and use this knowledge to shape strategies and partnerships. *Fig. 3* highlights that the largest NHS charity, in terms of value of grants, is Barts Charity with £28.34 million. This was 10 times as much as Nottingham Hospitals Charity with £2.85 million, closely followed by Imperial Health Charity with £2.79 million. If this was extended across the sector, we would expect a greater number of charities with comparably small grant expenditure.

Fig. 3

The size in value of grants (2017/18) of NHS charities participating in the project

Barts Charity (£28.4m)

Edinburgh & Lothians (£1.8m)

Moorfields Eye Charity (£2.6m)

Nottingham Hospitals Charity (£2.8m)

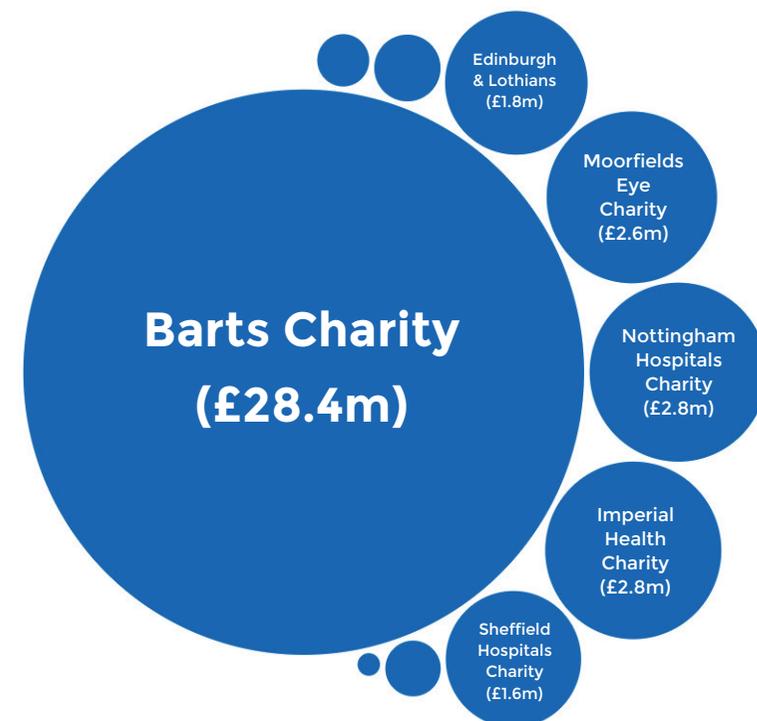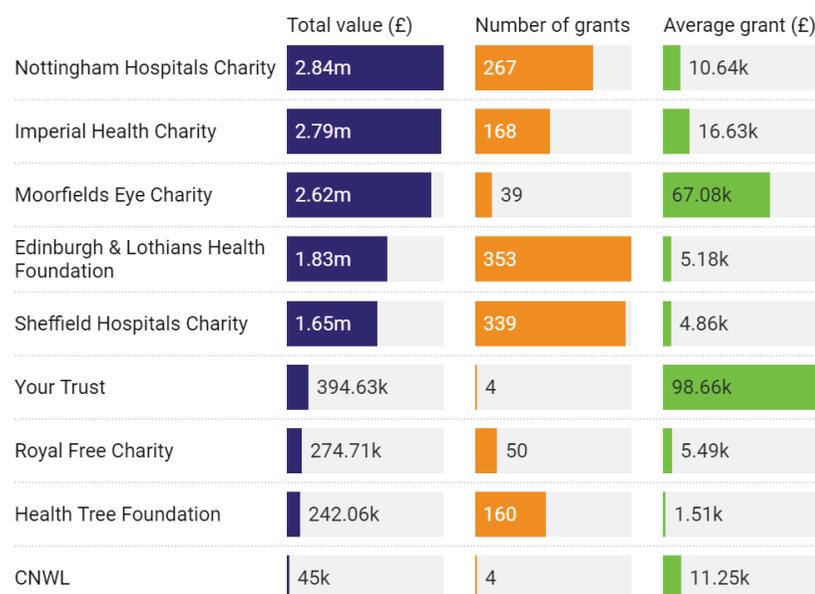Imperial Health Charity (£2.8m)

Sheffield Hospitals Charity (£1.6m)

Fig. 4 provides more detail on the variety of grant sizes. It includes the number of grants in the 2017/18 period and calculates an average grant size. For example, Moorfields Eye Charity awarded a large amount of funding, but it did this through a much smaller number of grants. This reflects its approach of providing high-value research and equipment grants.

The following three charts (Fig. 5, Fig. 6 and Fig. 7) focus on the overall sector (or cohort) average using different types of grant-making data provided by the participating charities: grant sizes; number of beneficiaries; and types of grants. A handful of charities that provided a large number of grants have been included to show comparisons to the sector average at the charity level.

The averages calculated in Fig. 4 only show part of the story; richer data on the range of grant sizes can be seen in Fig. 5. Across the participating charities, 88% of grants were of less than £10,000. At the charity level, 70% of the The Health Tree Foundation's total grants were below £1,000. Imperial Health Charity was the only charity in the analysis with most of its grants falling within the £1,000 to £2,999 category and not the more common grant category of less than £1,000.

Fig. 4

The value, number and average grant varies by NHS charity

	Total value (£)	Number of grants	Average grant (£)
Nottingham Hospitals Charity	2.84m	267	10.64k
Imperial Health Charity	2.79m	168	16.63k
Moorfields Eye Charity	2.62m	39	67.08k
Edinburgh & Lothians Health Foundation	1.83m	353	5.18k
Sheffield Hospitals Charity	1.65m	339	4.86k
Your Trust	394.63k	4	98.66k
Royal Free Charity	274.71k	50	5.49k
Health Tree Foundation	242.06k	160	1.51k
CNWL	45k	4	11.25k

Grants totals 1 Apr 2017 - 31 Mar 2018, excluding Barts Charity, which did not submit full grants data.

Fig. 5

Most NHS charity grants are below £1,000, except Imperial Health Charity

	Sector average	Health Tree Foundation	Nottingham Hospitals Charity	Edinburgh & Lothians Health Foundation	Imperial Health Charity
Proportion of grants under £1,000	48%	70%	50%	47%	25%
Grants £1,000 to £2,999	24%	19%	16%	23%	43%
Grants £3,000 to £9,999	16%	9%	19%	19%	17%
Grants £10,000 to £49,999	4%	1%	5%	8%	4%
Grants over £50,000	8%	1%	10%	3%	11%

Proportion of grants awarded in each size category 1 Apr 2017 - 31 Mar 2018, data from nine charities.

Fig. 6

Most NHS charity grants aim to benefit 10 people or fewer

	Sector average	Imperial Health Charity	Nottingham Hospitals Charity
Proportion of grants reaching under 10 people	48%	55%	51%
10 to 49 people reached	12%	4%	17%
50 to 249 people reached	16%	17%	14%
250 to 499 people reached	10%	6%	9%
500 to 999 people reached	3%	4%	2%
Over 1,000 people reached	12%	13%	6%

Grants totals 1 Apr 2017 - 31 Mar 2018, data from eight charities.

Charities estimated the number of people that the grants were expected to directly impact; most expected to reach a small number of beneficiaries. The sector average in *Fig. 6* highlights that half of charity grants reach fewer than 10 people each. This is not a negative finding as grants focusing on a smaller number of people can equate more intense support - for example, in patient hardship grants. Not all grants share this small focus, with 12% estimated as reaching over 1,000 people.

The total value of the data submitted on the 713 grants over a total of 12 months was £10.2 million. The maximum value of grants was directed towards three main areas: research and innovation (29%); improving the equipment (28%); and patient support activities (25%)(*Fig. 7*).

At the individual charity-level, Nottingham Hospitals Charity appears to follow this pattern, but different grant-making approaches can be seen in others. In the case of The Health Tree Foundation, 86% of its grants by value were directed

towards improving hospital equipment. At Imperial Health Charity, equipment grant value is very small, with a larger proportion of grants directed towards building work. This can reflect the diverse needs of the NHS trusts that the charities support.

Grants were also categorised by the role of the person mainly benefitting from the funded activity. 52% of the funding across the sector was targeted at benefiting patients as the primary beneficiary. At the individual charity level, this proportion was 64% for Imperial Health Charity.

Fig. 7

Charities spend money differently to support NHS trusts

	Sector average	Imperial Health Charity	Nottingham Hospitals Charity	Health Tree Foundation
Research & innovation	29%	37%	24%	0%
Equipment	28%	4%	15%	86%
Patient support	25%	25%	29%	6%
Buildings & renovation	8%	14%	15%	0%
Staff training	4%	5%	13%	8%
Patient hardship	3%	8%	0%	0%
Staff well-being	3%	7%	5%	0%

Grants totals 1 Apr 2017 - 31 Mar 2018, data from eight charities.

Fig. 8

Percentage share of total sector grant value for each beneficiary type (2017/18)
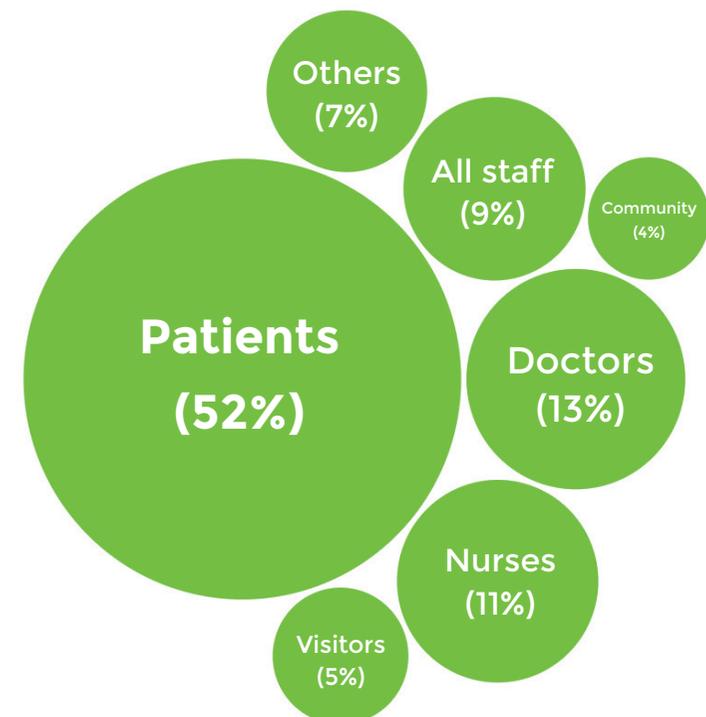
Case study

Imperial Health Charity

Imperial Health Charity recently decided to put more resources into evaluation, so it can improve its support for five London hospitals. By comparing its grants and impact data with other NHS charities in this project, we want to better understand where the charity's results stand in relation to others and learn from best practice.

One activity funded by the charity uses an external organisation to play live music within the intensive care units of two hospitals. It aims to help severely unwell patients and their visitors relax, in this sometimes chaotic environment.

When we visited the project at the different sites, we used the shared surveys to collect feedback from patients, visitors and staff. By using the surveys in person, we learnt how to considerately approach staff and visitors to give them the chance to voice their opinion. We also realised patients found some questions more difficult to answer. Our most interesting finding from the results was the extent that staff themselves value the patient-focused service - it breaks up their long shifts and helps them to relax.

The positive feedback collected by the charity provides content that can be used for communications purposes, while constructive comments and results can be shared with the external charity and the hospital to improve the service. Comparing the results with other similar services funded by the charity's peers will help improve grant-making decisions for similar services in the future.

A musician from Music in Hospitals & Care performs in the intensive care unit at St Mary's Hospital.

Survey data

Positive survey responses from patients

The previous section outlines what the charities do in terms of their grant-making but doesn't describe the effectiveness of these approaches or the impact created. To collect feedback on the activities funded by the charities and the outcomes they enable, surveys were used on a small proportion of the grants. In phase two, approximately 4,400 patients participating in the projects were surveyed.

These findings are illustrative of the type of data which could be collected on a larger scale if more NHS charities shared their grants and evaluation data. With higher numbers of charities and projects participating, and over a longer period, more

detailed analysis would be possible to show the fuller scale of the impact of NHS charities.

For improvements made to hospital environments, such as renovations or new buildings, most patients strongly agreed or agreed that it had a positive impact on them, shown in the dark green and light green used in *Fig. 9*. For example, 78% of patients strongly agreed that the improvements to the hospital environment supported good care in the hospital. But when comparing to previous visits, 14% disagreed or strongly disagreed, shown in orange, that this improved their hospital visit.

Fig. 9

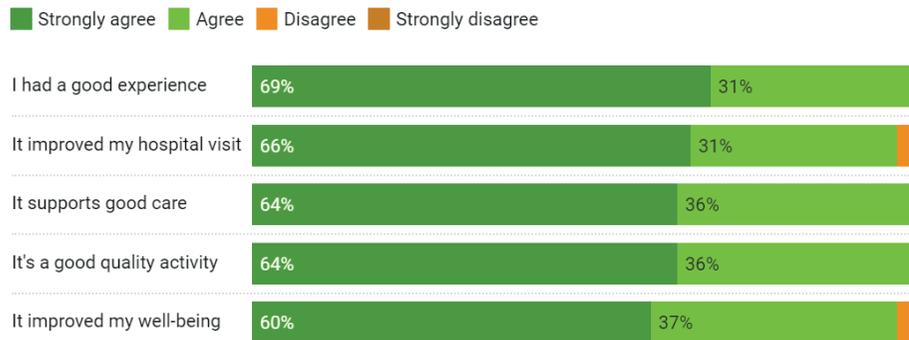**Patients are very positive about improvements to the hospital environment**
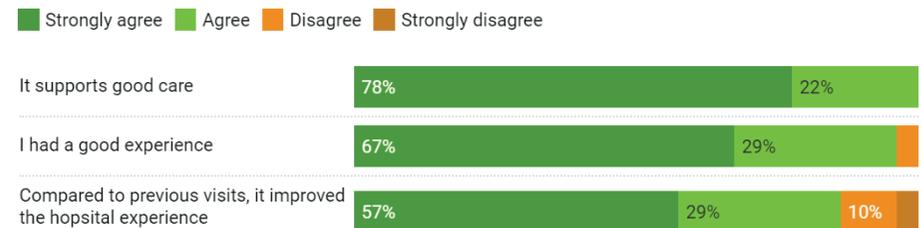
Sector results on hospital buildings, renovations and improvements, sample per question ranges from 52 to 56 responses.

For patient support activities funded by the charities, such as a dance class for elderly patients or a choir organised for patients, results were even more positive. Most patients strongly agreed or agreed that the support they had received was high quality and that it had a positive impact on their wellbeing (*Fig. 10*). Qualitative comments were also collected by charities to provide more details on what worked well or areas for improvement. These aid learning and provide quotes for fundraising and communications purposes.

In this section, the overall sector average score of patients that strongly agreed with statements about the support activities are compared with the score achieved by Imperial Health Charity.

This analysis on an individual charity level was possible as Imperial Health Charity was able to collect data from a large enough sample. This is one of the key benefits of shared measurement in comparing a charity's impact against the sector average. *Fig. 11* shows this comparison to illustrate what is possible if more charities join the project and collect a large enough sample of data.

Fig. 10

Patients are even more positive about patient support activities

Sector results on patient support activities, sample per question ranges from 134 to 168 responses.

Fig. 11

Patient support activities: Imperial Health Charity achieves slightly better than average results on wellbeing
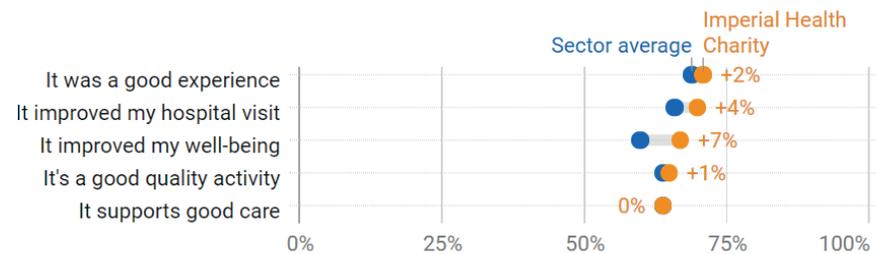
Number of patients that strongly agree with each statement; Imperial Health Charity sample is 73 responses and overall sector sample is 168.

The findings for Imperial Health Charity were very similar to the overall sector average; most small differences are not statistically significant for this sample of data. However, the indication of Imperial Health Charity's greater impact on patients' wellbeing by seven percentage points is illustrative of what could be useful with a larger sample (*Fig. 11*).

One interesting difference was the finding that 96% of patients said they were very likely or likely to recommend the hospital to friends or family for similar care, compared to only 72% of patients in the overall sector average (*Fig. 12*). This may be due to differences between the hospitals that NHS charities work within, or in the activities themselves. Either way, this is an area that Imperial Health Charity should investigate further to share any learning with the wider group.

Positive survey responses from staff

Feedback from hospital staff on how the funded activity had an impact on them and on their patients was also collected. The activities included building improvements, new equipment, projects aimed at staff wellbeing and staff training paid for by the NHS charities. Some of the results are included here. No individual charity-level analysis was possible for these results.

For new building improvements, most clinical staff were very positive in strongly agreeing or agreeing that the charity-funded improvement helped enhance the care they give to patients and helps them do their job more effectively. Most also agreed, but to a lesser extent, that it improved their work environment and that positive patient feedback had increased.

Staff responses were more critical than in the survey used by patients, for example in *Fig. 13*. There were a small number of staff that neither agreed or disagreed with the four statements, with a handful strongly disagreeing. Qualitative comments here were useful in understanding these scores, such as different tastes in artwork or practical issues such as space available to work.

Results were more varied for staff wellbeing activities, such as free yoga classes. Most staff strongly agreed or agreed that these activities were of good quality and that they improved their wellbeing (*Fig. 14*).

However, staff were less sure of how this impacted on their job, with approximately a quarter not agreeing or disagreeing that it improved their confidence in their role or helped them feel more supported.

Finally, *Fig. 15* shows high satisfaction rates from staff for training grants they received from the charity. Almost all staff strongly agreed or agreed that it: helps them do their job more effectively; was of a good quality; enhances the care they give to patients; and helps them to deal with demands at work.
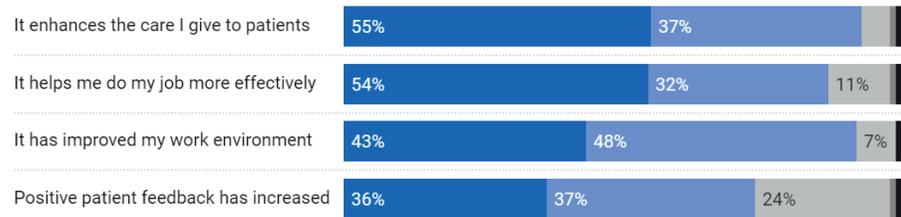
Fig. 12

Patient support activities: Imperial Health Charity grants see 24% difference in patients recommending the hospital

Proportion of patients that are very likely or likely to recommend the hospital due to the activity; Imperial Health Charity sample is 73 responses and overall sector sample is 168.
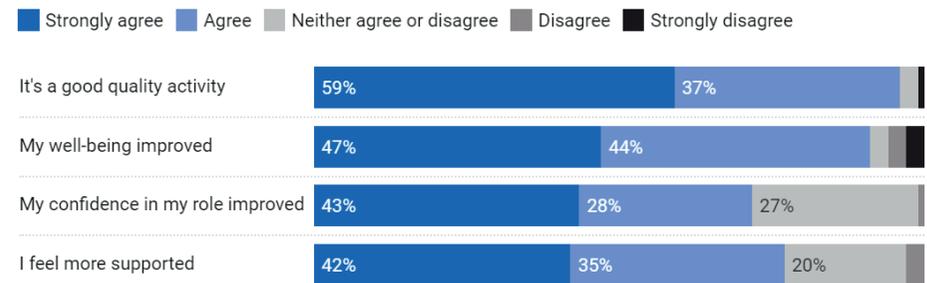
Fig. 13

Staff are very positive about building improvements

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
It enhances the care I give to patients	55%	37%			
It helps me do my job more effectively	54%	32%	11%		
It has improved my work environment	43%	48%	7%		
Positive patient feedback has increased	36%	37%	24%		

Sector results for staff on renovation or refurbishment grants; sample per question ranges from 91 to 92 responses.
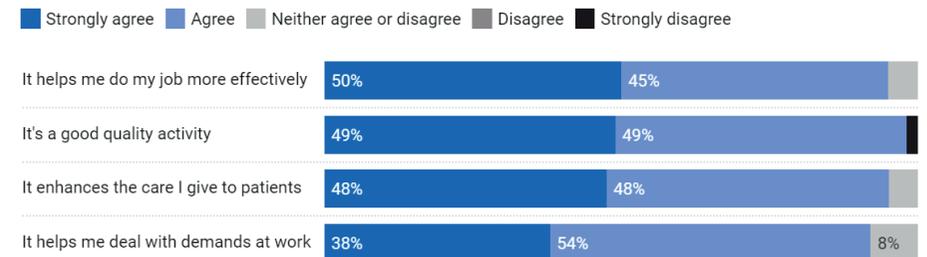
Fig. 14

Staff agree that we improve their wellbeing, but are less sure how this impacts on their role

■ Strongly agree ■ Agree ■ Neither agree or disagree ■ Disagree ■ Strongly disagree

	Strongly agree	Agree	Neither agree or disagree
It's a good quality activity	59%	37%	
My well-being improved	47%	44%	
My confidence in my role improved	43%	28%	27%
I feel more supported	42%	35%	20%

Sector results for staff on wellbeing activities; sample per question ranges from 66 to 70 responses.

Fig. 15

Staff agree that training grants help them in their work

■ Strongly agree ■ Agree ■ Neither agree or disagree ■ Disagree ■ Strongly disagree

	Strongly agree	Agree	Neither agree or disagree
It helps me do my job more effectively	50%	45%	
It's a good quality activity	49%	49%	
It enhances the care I give to patients	48%	48%	
It helps me deal with demands at work	38%	54%	8%

Sector results for staff on training; sample per question ranges from 39 to 41 responses.

## Mixed NHS charity awareness from staff and patients

For all surveys, both patients and staff were also asked if they had heard of the NHS charity and, if so, whether they knew it had funded the activity they experienced. Awareness of NHS charities is important for many NHS charities to make grant-making competitive and to boost fundraising efforts.

Across the sector, awareness from patients was low at 39%, while a greater percentage of staff (67%) had heard of the charities (*Fig. 16*)

Comparing the awareness rate at the individual charity level in patient support services, 56% (71 respondents) of Imperial Health Charity patients had heard of the charity, compared to the sector average of 41% (163 responses).

Fig. 16

NHS staff are much more likely to have heard of the NHS charity compared to patients

■ % aware of the NHS charity   ■ % not aware
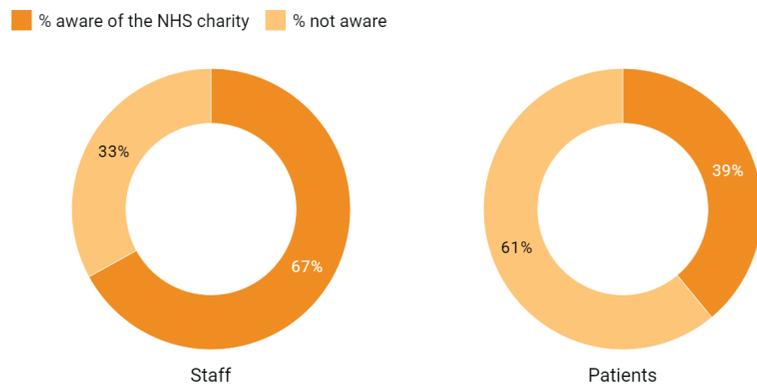
Staff

Patients

Proportion of staff and patients that had heard of the NHS charity that funded the activity in which they participated.

Case study

Moorfields Eye Charity

Moorfields Eye Charity's mission is to support Moorfields Eye Hospital NHS Foundation Trust to discover, develop and deliver the best eye care. It is critical for the charity to report on the impact and outcomes of its funding, both in terms of how it allocates its funds but also for future planning of grant-making activities.

A recent grant purchased the first ultra-wide retina camera in the UK for Moorfields Eye Centre at St George's Hospital. The camera provides a much wider field of view of the back of the eye that allows clinicians to see not just the centre of the retina but also the periphery with outstanding clarity. It also shows colours with greater accuracy, which is important for diagnosing, monitoring and treating many eye diseases.

The clinical team were very grateful for the new equipment and willing participants in the survey project. Once explained that no identifiable data would be recorded, they were exceptionally willing to take the lead on collecting feedback from patients.

This approach helped overall engagement with the survey and also ensured a greater number of patients could be reached.

The feedback collected provides content, including some powerful staff and patient quotes, for the charity to use in a number of channels, including its annual impact report, website and social media. While there was overwhelming positive feedback from staff, the comments section enabled some more nuanced opinions to be articulated.

The team at Moorfields Eye Centre at St George's Hospital are delighted with their new piece of equipment.

Conclusions

Through this initiative, we have gained some valuable lessons that will be useful for the sector, and other funders interested in shared measurement.

1. Shared measurement is a balancing act

Though there is substantial overlap in the types of projects NHS charities fund, there is great variety in what they look like on the ground. Activities dubbed 'patient support' could entail anything from gardening activities for people with post-traumatic stress disorder to music programmes for the elderly.

Given this variety, which is often the case within sectors, it is important to strike a delicate balance, choosing outcomes that are both meaningful and relevant across charities, yet worthwhile and reasonable to collect locally.

2. Secure buy-in by involving as many people as possible

Bringing charity representatives together to develop pilot materials and, later, to feedback on the pilot was crucial to creating tools and an approach that worked for the group. As we have reported elsewhere, being flexible about which parts of the surveys are used can facilitate buy-in.

3. Targeting funder impact introduces complexity

Shared measurement is complex in and of itself, But for funders, who are one step removed from activities, there are added practical and analytical challenges, as discussed in NPC's paper *Making your funding go further.*

Many NHS charities sit separately from hospitals and the strength of relationships with hospital contacts will vary by project, which affects the ease of data collection.

4. Attributing outcomes to activities is challenging

This issue is not unique to grant-makers, but it is especially relevant where projects have multiple funders or funding only contributes to a component of an intervention. Although we are limited in the rigour of our methodology when it comes to understanding the impact of funding on staff and patient outcomes, capturing this data allows us to begin to query how responses differ across projects to inform decision-making.

5. It can be eye-opening to share even the simplest data

Even by sharing grant-making data, charities gained fresh understanding of their sector. From the surveys, some also found the qualitative comments from patients and staff useful to improve services, as well as providing content for communications and fundraising purposes.

Next steps

The aim of this report was to highlight the potential of shared measurement in the NHS charity sector. Working together on evaluation can prevent duplication and can transfer knowledge of best practice to charities with even the least capacity or experience in evaluation. The more charities involved, the more we can gain useful insights in the data from making bench-marking possible and aggregating data for the sector.

NHS Charities Together and the NHS charities involved in this report would like to invite all NHS charities to become involved in future evaluation phases.

To register your interest in the project and to keep up to date with what we learn from this work, please email: **evaluation@imperialcharity.org.uk**

Imperial Health Charity

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OUR HOSPITALS
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