A large, thick teal arc that curves from the bottom left towards the right side of the page, framing the central text.

An Evaluation of the Always Events® Pilot Programme

Final report

September 2016

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Picker

Picker is an international charity dedicated to ensuring the highest quality health and social care for all, always. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

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1. Executive summary

1.1 Background

NHS England, in collaboration with the Institute for Healthcare Improvement (IHI) and Picker have developed a programme to pilot and test the implementation of Always Events® within the NHS in England. Always Events® are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time.

This report details the evaluation of the Always Events® implemented at two 'pioneer' NHS trusts in phase 1 of the programme. It also includes learnings from seven NHS trusts participating in phase 2 of the programme that are in the early stages of implementation. The pilot ran from January 2015~March 2016. Sites included in the pilot are:

- Phase 1
 - Lancashire Care NHS Foundation Trust
 - Blackpool Teaching Hospitals NHS Foundation Trust
- Phase 2
 - Aintree University Hospital NHS Trust
 - Ashford and St. Peter's Hospitals NHS Foundation Trust
 - Calderdale and Huddersfield NHS Foundation Trust
 - University Hospitals of Morecambe Bay NHS Foundation Trust
 - The Royal Marsden NHS Foundation Trust
 - University Hospital Southampton NHS Foundation Trust
 - Taunton and Somerset NHS Foundation Trust
 - Kent Community Health NHS Foundation Trust

The purpose of the evaluation was to answer the following seven questions:

1. What project activities were implemented and how successful were they?
2. What challenges were encountered during implementation and how were they resolved?
3. How successful was the partnership with patients and their families?
4. What contextual factors (e.g. time, resources, and culture) influenced the implementation of the programme?
5. To what extent were the intended outcomes (optimal patient experience and improved outcomes) achieved?

6. What unintended outcomes, if any, were observed?
7. To what extent were programme activities and outcomes sustained at each pilot site? What factors influenced sustainability?

1.2 Methods

This report draws on information collected from fortnightly update calls with sites, interviews with key staff at each site, and analysis of data collected from patients and service users to understand the impact of the Always Event activities on their experiences.

1.3 Findings

The factors that appear to support the successful implementation of an Always Event, include:

- Having a team of people involved in co-designing the work, including patients/service users and frontline staff working in the pilot ward/unit. This is important to ensure continuity during staff absence or changes.
- Strong/successful partnership with patients and service users. The factors which appear important to achieving this are:
 - ✓ Ensuring that the area of focus for the Always Event is identified by patients/service users
 - ✓ Patients/service users suggest the ways to improve care and co-design the activities
 - ✓ Patients/service users are continually engaged in co-designing the Always Event
 - ✓ Staff having good facilitation skills and support patients/service users in their involvement
 - ✓ Patients/service users see the benefit of their involvement
- Senior staff support for both framing the Always Event positively to staff and for providing some accountability and commitment to the work.
- Continually testing the Always Event activities and making changes to the process when things do not work as well as intended. The Always Event activities need to be adapted to improve.
- Linking the Always Event with other streams of work and/or building on existing initiatives that form part of the trust's overall quality improvement strategy.
- Not over-burdening staff with implementing the activities. Once embedded, the Always Event should form part of the healthcare professionals' everyday role.
- Staff need to see the benefits of implementing the Always Event for patients/service users (and how this in turn has a positive impact on their role).
- Not attempting to spread the Always Event activities to other wards/departments too quickly

In piloting Always Events®, NHS trusts have experienced the following main challenges:

- Maintaining the momentum of implementing the activities when there has been turnover of key members of staff.
- Recruiting service users (and their family/carers) to become part of an ongoing co-design group. While engaging service users at the start of the process to understand what matters to them has largely been successful, some trusts have found it difficult to recruit and/or get the commitment from people to be part of an ongoing co-design group.
- Evaluating the impact of their Always Event activities due to:
 - small numbers of patients/service users in the pilot ward/unit/service.
 - a lack of capacity or resources to measure people's experiences as existing measures, such as the Friends and Family Test or national surveys may not be appropriate to capture change in people's experiences.
- Ensuring that frontline staff in the pilot ward/unit/service are engaged and supportive in implementing the Always Event activities.

2. Introduction

Always Events® were initially conceived in the US by the Picker Institute and are now led by the Institute for Healthcare Improvement (IHI). They are defined as those aspects of the care experience that should always occur when patients and family members interact with healthcare professionals and the health care delivery system. IHI's Always Events® framework provides a strategy to help health care providers identify, develop, and achieve reliability in a person and family-centered care delivery processes.

An Always Event is a clear, action-oriented, and pervasive practice or set of behaviors that:

- Provides a foundation for partnering with patients and their families;
- Ensures optimal patient experience and improved outcomes; and
- Serves as a unifying force for all that demonstrates an ongoing commitment to person- and family-centered care.

The national framework for nursing, midwifery and care staff in England, '[Leading Change, Adding Value](#)'¹ identifies Always Events® as one resource that can be used to help better understand how care is centred on individuals and their carers. Similarly, the national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism, '[Building the right support](#)',² highlights Always Events® as a way to strengthen the voices of people with a learning disability and/or autism in the quality assurance of services.

Three pilot sites were recruited at the end of 2014 to be the “pioneer” sites for the project; Lancashire Care NHS Foundation Trust, Blackpool Teaching Hospitals NHS Foundation Trust and Kent Community Health NHS Trust. The aim of this phase (Phase 1) was that the sites would be guided through the existing Always Events® framework of co-designed, rapid-cycle improvements, identifying adaptations to the structure and resources needed to make the program functional in a UK context. Two of these sites reached the testing phase of the process; the third site (Kent) experienced delays in commencing the pilot so started as one of the phase 2 sites.

It was hoped that the development of an Always Events® approach would have significant benefits for patients, service users and family members at the pilot sites. The aim of this evaluation was to understand the efficacy of the programme and the impact of changes in improving people's experiences of care. The evaluation sought to understand how the programme is working and what changes are needed to facilitate the implementation of Always Events® at other healthcare providers across England. It therefore incorporates a 'process evaluation' - looking at the actual development and implementation of the Always Event pilot programme, and an 'outcome evaluation' – assessing the effectiveness of the Always Events® in producing change.

¹ <https://www.england.nhs.uk/ourwork/leading-change/>

² <https://www.england.nhs.uk/2015/10/homes-not-hospitals/>

The process evaluation questions for this work were:

1. What project activities were implemented and how successful were they?
2. What challenges were encountered during implementation and how were they resolved?
3. How successful was the partnership with patients and their families?
4. What contextual factors (e.g. time, resources, and culture) influenced the implementation of the programme?

The outcome evaluation questions for this work were:

5. To what extent were the intended outcomes (optimal patient experience and improved outcomes) achieved?
6. What unintended outcomes, if any, were observed?
7. To what extent were programme activities and outcomes sustained at each pilot site? What factors influenced sustainability?

3. Methods

To address the seven evaluation questions, the following approaches to gathering both 'process' and 'outcome' data were used:

3.1 Update calls

Once a fortnight each site was encouraged to join a telephone call with representatives from IHI, NHS England and Picker. The purpose of the fortnightly calls was for the sites to provide an update on progress with implementing the Always Event and to seek any advice or support that might be needed.

The fortnightly update calls with the two sites provided information that has been used in this evaluation, such as the challenges encountered during implementation and any changes made to the process of carrying out the Always Event activities.

3.2 Interviews with staff

Interviews with leading members of staff at the two pioneer sites were conducted in July 2015; three were undertaken with staff at Lancashire Care and one with the project lead at Blackpool. The aim of these interviews was to understand how the programme was working and what changes may be needed to facilitate the implementation of Always Events® at other healthcare providers across England. The topic guide used in these interviews is shown in Appendix 1. The audio files were transcribed and analysed using the software programme, NVivo 11.

Six members of staff involved in implementing the Always activities at Lancashire Care were interviewed in January 2016. This included two speech & language therapists, two community nurses, the team's administrator, and a community health worker. The ward manager of one of the pilot wards at Blackpool Teaching Hospitals NHS Trust was interviewed in March 2016. The purpose of these interviews was to understand what impacts implementing the Always Event activities had on frontline staff and to help evaluate the success of their pilot (See Appendix 2 for a copy of the topic guide used in these interviews). The interview audio files were transcribed and key themes were identified.

To help illustrate the findings from the Always Event pilot programme, direct quotes taken from the interviews with staff have been included in this report and are illustrated in blue italic font.

3.3 Data analysis

This evaluation was to include an analysis of data collected from patients and service users to understand the impact of the Always Event activities on their experiences. However, at the time of writing this report, data from only a small number of service users was collected and shared with us from the two pioneer sites. This data has been analysed and used in this evaluation (sections 4.2 and 5.2).

4. Findings: Lancashire Care NHS Foundation Trust

Always Event vision statement: “I will always feel supported when moving on in care”

The goal of this trust's Always Event was to improve the transitions of care for users of learning disability services. In the words of their service users, their vision statement is “I will always feel supported when moving on in care”.

The Adult Learning Disability Service is part of the Trust's community health services, provided for people with a learning disability and their carers. The service aims to improve the health of people with a learning disability through the provision of specialist assessments and interventions alongside support to mainstream health services. The service is split into eight teams; the Always Event is being piloted within the Blackburn and Darwen team (which includes: community nursing, psychology, psychiatry, speech and language therapy).

4.1 Process evaluation

This section outlines the evaluation of the process of implementing the Always Events® at Lancashire Care NHS Foundation Trust. It is structured around the following four evaluation questions:

1. What project activities were implemented and how successful were they?
2. What challenges were encountered during implementation and how were they resolved?
3. How successful was the partnership with patients and their families?
4. What contextual factors influenced the implementation of the programme?

4.1.1 Implementing the Always Event activities

Through co-design with users of the service, the following activities were identified as a way of improving the discharge of people from the service:

- To inform service users face to face that their episode of care was completed.
- To give service users notice that their episode of care was completed.
- To send a discharge letter in an accessible format (easy read with symbols and no difficult language) with a photograph of the clinician on the letter.
- To send service users a contact card with the number of a person they can speak to if worried.
- A follow up phone call 2 weeks after discharge.
- An opportunity for service users to have contact with the team at a ‘pop in and chat’ group.

Although the team initially experienced a delay in implementing the activities (see section 4.1.2), all service users that have been discharged from the service since July 2015 have

received the newly formatted discharge letter, a contact card for the learning disability service, and an invitation to attend a pop in and chat session (n=26). All service users (or the person caring for them) have received a follow-up phone call from a member of staff. Whilst there was initially a delay in these calls being carried out, since September the calls have been conducted approximately two weeks after the service user is discharged, as planned. The team's administrator electronically records the date of the service user's discharge from the service, the date the letter/contact card/invite to pop in and chat is sent, the date the follow-up call is made and whether or not the service user is attending the pop in and chat group. The spreadsheet used by the team's administrator to log the new process of discharging the service users is shown in appendix 3.

Since the initial difficulties and delay in implementing the Always Event activities, staff now have a clear understanding of how the discharge pathway process works and feel it is straightforward and works well. Before the service user is discharged from the learning disability service, the clinician has a discussion with them about their discharge, which includes making them aware of the follow-up call and the opportunity to attend the pop in and chat. Once the case has been closed, the team's administrator then sends the service user the re-designed discharge letter (using the template), a contact card for the service and a flyer inviting users to the monthly pop in and chat session.

"...because we've got some really good systems within the team it's been a really easy thing [to] put into place."

"The great thing that our admin, [name], is very much on the ball with it. It's [discharge letter, contact card and pop in and chat invite] sent out on the day and evidence of him sending it out, so for us, when they say [on the follow-up calls], "No, we haven't received it", on our screen it says exactly when it was sent, and so from that side of it it's a well-run machine."

One of the factors that appeared to aid the implementation of the Always Event was that the work was already aligned with existing programmes of work.

"So you know the Always Event that we're working on is one that's come from service user evaluation so it came at a brilliant time because the work was already going on but it gives us a really good structure to work with."

"...in reality the things that we were doing are (not) very unusual from what we ... do anyway but just not in a structured way as we've done it with this and elements also I think that we used to do, like the you know the pop-in and chat, we used to regularly have coffee mornings and because of other commitments those got put by the wayside but have been brought back as a priority."

Staff believe their Always Event activities have improved the discharge process; it has helped staff to discharge service users which previously could be difficult due to a lack of follow-up support for users.

"I think the process of discharge is much better, I think its sourcing sort of more timely discharges, I think there's been a sort of philosophy in healthcare that you establish some really good relationships with some of the service users and you're quite reluctant sometimes to discharge, but because of the way that people are followed up and supported through discharge now it feels like you're more able to give them a bit of support to transition to a discharge period."

“... you’re sort of breaking that relationship that you’ve developed with them [service users] whereas I think this enables you to see discharge in a more positive light.”

“what we’ve done historically is just close people with, you know, we would always say, you know, ‘if you feel like you need service from us again please contact us’, and that’s verbal and in letter form, but I think this goes a step beyond that and ensures that people have that voice, you know, if they feel they need it.”

4.1.2 Challenges encountered during implementation

This section outlines some of the key challenges encountered by the team in implementing the Always Event and, where possible, how these were resolved (shown in the purple box).

1. The pilot site’s main day-to-day leader, who had been instrumental in the launch and co-design of the Always Event, left the trust in August 2015. The trust experienced some challenges in implementing the activities in the transition period before a new day-to-day leader for the project was established. This resulted in a delay between the service user being discharged from the service and receiving the necessary documentation and follow-up call.

The following changes were made by the team to improve the process of implementing the activities:

- Once a service user’s case has been closed, the team’s administrator is responsible for sending the correct discharge letter, contact card and invitation to pop in and chat. The date that this information is sent to the service user is now recorded electronically to monitor the process.
- To ensure the follow-up calls are conducted at the appropriate time to service users (i.e. approximately 2 weeks post discharge) the team’s administrator now adds a reminder in the calendar of the member of staff who is responsible for calling the service user.

2. The trust has experienced a challenge in measuring the impact of their Always Event due to the low number of service users that have been discharged from the service (only 26 people discharged in 7 months). In the early stages of implementing the pilot, the trust considered whether to include another team to increase the number of people for whom the Always Event would apply but it was decided that they would just maintain it in Blackburn and test it there thoroughly before spreading to another area.

3. There were some initial difficulties experienced by the team in ensuring the follow-up calls were made with service users at the planned time – approximately two weeks after being discharged from the service. Initially to clear the back-log of follow-up calls, a number of clinicians in the team made the calls.

The process has been amended so that the calls are carried out by the same two people (a nursing support worker and a Speech & Language Therapy assistant) in the team. This has simplified the process and has the advantage that the discharging clinician is not involved in gathering feedback from their service users directly which may lead to more honest responses being given.

4. The members of staff making the calls faced challenges in knowing who to contact and trying to get through to the right person on the phone.

The weekly 'intake' meeting now includes a discussion of any upcoming discharges from the service. This includes a conversation between the members of staff making the calls and the discharging clinician about the best approach for contacting the service user for the follow-up call, depending on the individuals' needs.

5. There have been a small group of service users that frequently attend the pop in and chat sessions. Whilst a few new service users have attended the group, there appears to be a challenge in getting recently discharged service users to attend the sessions.

The following steps were undertaken to try and increase attendance:

- Following the first set of follow-up calls, the letter inviting service users to the pop in and chat session has been adapted so that the dates of the next 2-3 pop in and chat sessions are now listed (rather than just the date of the next session).
- An A4 flyer listing the dates of the forthcoming pop in and chat sessions are now made available to service users attending a pop in and chat.
- Staff are reminded about the dates of the pop in and chat during team meetings.
- The team are considering moving the pop in and chat from the local day centre to Bridge House where services are provided as service users are more familiar with this location.

4.1.3 Partnership with patients, service users and their families

A key distinction of an Always Event is that it is co-designed with patients, service users and family members. All staff interviewed spoke strongly of the importance of the partnership with service users for the successful piloting of their Always Event. Importantly, service users identified, and decided on, the focus for their Always Event activities and suggested ways in which the care could be improved.

"It's [co-design] key, absolutely key because absolutely everything has, it's their Always Event, they've written the wording of it, they've developed it, it's from their ideas, it's things that are important to them that they think will be the difference."

"We'd already done some service user evaluation and ... there was two aspects that the service users were clearly saying that they felt needed attention which was around how we communicated with them and how we ended interventions. So we took those two elements from the evaluation and we presented those to a group of service users...and we posed the questions, you know, "How can we communicate with you better and how can we end our interventions and transfers better?" And they came up with some wonderful ideas of what would make things better for them and so we came up with the Always Event that we're working on."

The partnership with service users has been very successful in the piloting of this Always Event. The pop in and chat group has provided the opportunity for the continued involvement of service users' in the design and implementation of the activities. The pop in

and chat sessions have not only been effective in co-designing the Always Event, but have also provided the opportunity for service users to be involved in co-designing other service improvement initiatives (see section 5.1.2). The partnership with service users in co-designing the pilot showed how the project design was improved over time:

“We went back to the group ... and the group felt that the word, ‘transition’, was really difficult to understand. And we talked round that and what that meant, and then they came up with the idea about moving on and put, people who are moving on, which we thought was perfect.”

One of the factors that staff felt aided the creation of the co-design group was that the trust had already got existing structures in place in which to engage with users.

“I already had really good links with our service user network so I guess I was sort of in a really good position to sort of know very quickly how to bring those people together.”

One member of staff recognised that co-design with service users helps put service users at the centre of such work in a non-tokenistic way and highlighted that this may require staff supporting service users to take on a leading role.

“I think it will help to put people who are using the services at the centre of everything that we do. I think we are quite a way down that path, but I think it will help to support that agenda, that everything we do has the person at the heart of it, and not just in tick box tokenism, that people are actually there to be consulted, to be asked, to lead, and I think that leading part is something round it as well, that sometimes it’s about supporting people to be able to lead.”

Similarly, the interviews showed that staff need to have good facilitation skills to support users in their involvement. For this Always Event, support to the service users was provided by carers and support workers.

“So I think it’s really key for this that there is some relationship between whoever’s facilitating this process and the service users, I don’t think it’s something that you can just jump in and do, I do believe that that is what’s key to making this successful.”

“We had support from carers from within the team and other support workers within the team and other people who were able to support, explaining, “Do you understand what that means?”

Staff also highlighted the importance that service users need to see the benefit of being involved in co-designing a project for it to be successful:

“And I think it’s about people getting something out and seeing the end result. It’s all well and good being involved and, you know, putting your heart and soul into something, which people do, and which people are demonstrating that they’re doing, even by turning up on a regular basis to these drop ins and to the meetings, so they’re supporting us. But it’s about them getting something back at the end of it, saying, “Look, this is what you’ve done, this is how you’ve helped things change”, and it’ll help other people, and frequently people like that, the fact that they’re helping somebody else as well.”

“It’s (pop in and chat) sort of being used as a tool with service users to try and implement things for the better, for the service users, which the service users absolute, absolutely love,

you know. They love how it's being run, but I don't think, you know, they love it because the service users feel appreciated by being involved in making things better for other service users."

In summary, the key factors for the successful partnership with service users were:

- The area of focus for the Always Event was identified by service users
- Service users suggested the ways to improve the transition in care
- Service users were **continually** engaged in co-designing the programme
- Staff had good facilitation skills and supported service users in their involvement
- Service users saw the benefit of their involvement

4.1.4 The impact of contextual factors

Culture

The culture within the learning disability services team at Lancashire Care appeared to have a positive and important impact on the implementation of the Always Event. Staff identified that the strong leadership and framing the Always Event positively to staff was key:

"...great leadership from [name] really, she's really energised the whole team and the people who use the services so that everybody's engaged and wants to be involved and wants to drive it forward."

"I'll tell you what's been really great, clinical staff have been so on board for it...and the lead of the learning disability, the management lead as well at a senior level, they're really keen for this to be progressed. So I've got support at every angle, basically."

The Always Event had support from senior members of staff (Senior sponsor/Executive leader) with the Director of Nursing attending the launch event. A strong improvement team of engaged staff met regularly to discuss the progress of the pilot:

"Ultimately, this project is about the commitment of the team to sign up to Always Events in the first place isn't it? It's about them fully understanding what the implications are for them and there's no point signing up to it if you're not going to then follow the process through and that's how I see it and I guess from the team's point of view"

“We have, we’ve tended to have like an in house catch up in the week between the conference calls where we just, the core team of us, so [name], [name], [name], me, [name], whoever can come, we just kind of have a quick catch up and see where we’re up to and what needs to happen.”

The later stage interviews with frontline members of staff showed the implementation of Always Event activities were successful and made easier due to the positive attitude that staff have towards the programme; this is due to staff recognising the value of the Always Event pilot. Members of staff are supportive of one another and the ‘team approach’ to delivering the Always Event appears to be key to its successful implementation.

“... it’s easier and it functions so much better when people kind of have a really positive attitude towards it and can see that it’s got some value to it, or it’s almost kind of like not brain washing people but hopefully people realising that on top of all the other things that are constantly being piled on us to do that this has got some value, and it’s got some value because of people who believe that the voices of individuals with a learning disability need to be heard.”

“If anything’s kind of come up or you know again everybody, certainly in this building, in this service is really supportive of each other so if anybody like have any difficulties if there were kind of any illness, somebody will step into the breach and share the workload, that makes an enormous difference.”

The Always Event activities are regularly discussed with staff in both the weekly referral meeting and the monthly team meeting. This approach helps to keep the team engaged in the pilot programme and provides an opportunity for any issues to be raised.

“We have a Friday referral meeting every week, which, you know, there is opportunity to discuss any other business, but then we have a monthly team meeting where all disciplines are involved in that as well ... [the Always Event], it’s quite high up on the agenda really... We’ll constantly give reminders that, you know, ‘if you are coming up to discharge please pull to, you know, have that conversation’, we always remind people of dates that are there for Pop In and Chat, and anything else that comes up, you know, around the Always stuff.”

Time

Once the process for carrying out the Always Event activities had been refined, the implementation of the pilot appears to have had minimal impact on the individual workload of staff members. Part of the success of implementing the Always Event activities is that they have been easily incorporated into staff member’s everyday work and have not incurred a lot of additional time.

“... it’s just become sort of a more familiar part of how we work now, and we sort of just, it’s just done alongside everything else that we do as part of that package.”

“On my role time-wise it’s not really had that much of an impact really I wouldn’t say, it’s something what’s just part of me role.”

Resources

A good level of staff resource was available for the Always Event pilot at this trust which had a beneficial impact on its implementation. The Head of Quality Improvement and Experience supported the work of the day-to-day leader and improvement team and also liaised with other departments within the trust to ensure the success of the pilot. For example, she put one of the other learning disability teams within the trust (Lancaster) in touch with the Blackburn and Darwen team so that benefits could arise from shared learning; the Lancaster area were also involved in a similar quality improvement initiative. Her role also enabled a member of staff from a different department within the trust to work with the co-design group on improving the accessibility of the NHS Friends and Family Test (see section 5.1.1).

“My role’s been very much as a, kind of supporting them to do that and thinking about how we, supporting them from an organisational point of view really. So communicating with other departments within the organisation, for example communications department, trying to overcome any issues or anything, you know, make the pathways really for them to enable them to do it, so supporting them ... and then I’ve kind of supported and facilitated things like getting [name] involved so that there’s extra capacity within the team.”

The day-to-day improvement team have also benefitted from the input and advice from members of the Speech and Language Therapy department and the Psychology department. For instance, the team are in the process of discussing the wording of the follow-up call questions with S< staff to see if they can be improved to aid understanding.

“We have Speech and Language Therapy Department and a Psychology Department that support those [Always Event] activities to ensure that we are, you know, that we’re getting it right.”

“...it’s something we’re taking to speech and language therapy meeting at the beginning of next month, just having a look at these five questions, then getting some, getting everybody thinking about, ‘Can we make these better?’, and, ‘What are we actually asking here?’

The team have been able to use the resources of a local council-run Day Care Centre for hosting the pop in and chat group. This has the added benefit of opening up the group to other service users that have not recently been discharged from the learning disability services. However, as discussed in section 5.1.2, whilst the team have appreciated this resource for supporting their activities, they are currently considering hosting the pop in and chat at their own learning disability service premises to attract more service users to the group.

“The Day Centre is there and they have agreed to hold pop-in and chat with the support of the Nursing Team and so the resource is there for us and for whatever reason, whether for some reason we decide well the Nursing Team doesn’t need to be involved but the facility is there.”

Staff in the implementation team felt that the fortnightly update calls with IHI, NHS England and Picker helped to maintain their focus and ensure progress with implementing the pilot.

“I think we’ve got a lot of pace and energy and yeah, it’s really moving forward and I think that’s been really helped by the support we’ve had from yourselves at Picker and the IHI and NHS England. And the regular telephone catch ups have really helped focus us and give us different ideas and yeah, maintain the energy and enthusiasm there, yeah, I think it’s been great really, really positive all round.”

“We’ve been working on this kind of thing ourselves but in terms of support and new ideas and keeping us focused and onto the loop, they’ve been absolutely wonderful and I think also the fact that we are working together collaboratively as a team it’s sort of given that emphasis on moving it forward and keeping it at the forefront really. I think sometimes projects like this can fall by the wayside if you don’t have that level of support of the team around you.”

4.2 Outcome evaluation

This section evaluates the outcomes Lancashire Care NHS Foundation Trust’s Always Events® programme, addressing the remaining three overarching evaluation questions:

5. To what extent were the intended outcomes (optimal patient experience and improved outcomes) achieved?
6. What unintended outcomes, if any, were observed?
7. To what extent were programme activities and outcomes sustained at each pilot site? What factors influenced sustainability?

4.2.1 Impact on service user experience

It is difficult to accurately evaluate the outcomes of Lancashire Care’s Always Event on service user experiences due to the small number of people discharged from the service since the pilot was started in July 2015. Furthermore, due to cognitive difficulties and/or the severity of the service users’ learning disability, it was not feasible for staff to get feedback directly from many of the service users themselves via the follow-up calls. Feedback is mostly provided by the service user’s carer or a member of their care staff in their Supported Living accommodation. This can be problematic if the staff member who answers the phone call is not very familiar with the service user in question.

Despite these caveats, there is evidence from the follow-up calls that service users largely had a positive experience of being discharged from the learning disability service.

Follow-up calls

Five questions were developed by the co-design group to measure the success of the Always Event activities for improving service user experiences of being discharged from the learning disability service.

Of the 26 people discharged from the learning disability service, two opted out from answering the questions on the follow-up calls. The following results are therefore based on data from 24 calls.

Q1 Were you told in enough time that you were ready to move on?

	Number	Percentage
Yes	19	86%
No	3	14%
Total responses	22	100%
Missing responses	2	

Example comments made by the person contacted:

“I was told in plenty of time and I understood what it meant”

“Staff were given clear information on the duration of this episode of care.”

“Given plenty of time over his last few appointments.”

Q2 Were you involved in making choices about moving on?

	Number	Percentage
Yes	17	81%
No	4	19%
Total responses	21	100%
Missing responses	3	

Example comments made by the person contacted:

“Yes family fully supported with advice and options”

“Lots of visuals and help given to explain what was happening.”

“Yes was involved. [name] spoke to me and also did some training.”

Q3. Have you been told who to contact if you are worried about support with your health after you left the learning disability service at Bridge House?

	Number	Percentage
Yes	22	96%
No	1	4%
Total responses	23	100%
Missing responses	1	

Example comments made by the person contacted:

“Yes I know how to get hold of nurses at Bridge House”

“Staff given lots of guidance on how to get in touch with the LD team”

“Yes contacts also available on guidelines provided”

Q4. Did you receive a card with the contact details for Bridge House?

	Number	Percentage
Yes	20	91%
No	2	9%
Total responses	22	100%
Missing responses	2	

Example comments made by the person contacted:

“Yes I did! Still got it on my wall”

“I have it in my sitting room”

Q5. Will you be coming to the Pop In and Chat Session?

	Number	Percentage
Yes	4	17%
No	9	38%
Not sure / May attend another session	6	25%
Not appropriate	5	21%
Total responses	24	100%
Missing responses	0	

Example comments made by the person contacted:

“No [service user name] does not like crowds and it would not be his choice to attend he would find it frightening”

“I’m not sure as [name] likes her home environment she also has a few health issues at the moment which we are dealing with”

The follow-up calls have shown that the majority of service users discharged from the Learning Disability Service had a positive experience, particularly with regard to knowing who to contact following discharge; only one person responded that they/the service user had not been told who to contact if they were worried after discharge from the service.

To improve service user experience further, the team could focus on ensuring that service users and/or their family/carers are involved in making choices about moving on in care. Whilst not all service users will want to attend the pop in and chat sessions (or it may not be appropriate) it would be interesting to know if there is anything else the team can do to increase the uptake of this service as less than a fifth of people contacted (17%) said they/the service user would attend a pop in and chat session (this is discussed further in the section below).

As previously mentioned, one of the main challenges experienced by staff undertaking the follow-up calls is ensuring that the responses gathered from the five questions is meaningful and providing useful information. Given that many of the service users will be unable to answer the questions for themselves, due to the level of learning disability or cognitive

impairment, a relative or a member of their care staff (in Supported Living accommodation) will be asked to give their impression of how the discharge process has worked for the individual. This can sometimes be problematic if the staff member who answers the phone call is not very familiar with the service user in question.

“For example, one [follow-up call] that I did today ... when I tried to just get a little bit more... it turns out that they had no knowledge of the services that this person had received ... so if I hadn't have gone a little bit further, it would have been a, "No, no, no, no, no", case, rather than somebody saying, "I'll just put someone on the phone who knows a little bit more about this person". So it's just trying to make sure that we are getting the correct information.”

Staff undertaking the follow-up calls have expressed some concern that the questions may not be understood as intended, especially if the questions are being answered by the relative or support worker caring for the service user.

“I still feel that there's a few tweaks needed...just on some of the wording. A lot of speech and language therapy service users, we're having to speak to the carers or the parents ... so it is quite difficult on just the way they are worded, the questions, putting that across to, if we let the person know that, in enough time, that they would be moving on, to let the whole team know, kind of thing. And the one thing that we are finding is, depending on [who you] actually speak to, you might have a staff [at the supported living] just coming on duty, they haven't been in for a couple of weeks ... and they're giving you answers of, 'no, they haven't received the card', then ... you ring back and receive another member of staff, they say, 'Oh yeah, yeah, that's XX'. So, unless you're speaking to the person themselves, there is some room for incorrect information being fed back.”

The team are in the process of discussing the wording of the questions and whether there is a need for different questions to be asked to support workers/members of staff (such as those caring for service users living in Supported Living accommodation) from service users themselves.

“it's something we're taking to speech and language therapy meeting at the beginning of next month, just having a look at these five questions, then getting some, getting everybody thinking about, 'Can we make these better?', and, 'What are we actually asking here?’

Pop in and chat

The pop in and chat sessions have been run monthly at a local day care centre (Stansfeld Centre) since July 2015. The early pop-in and chat sessions were successful in co-designing the Always Event pilot. Service users were involved in:

- Refining the questions to be asked on the follow-up calls.
- Creating the Always Event vision statement 'I will always feel supported when moving on in care'.
- Suggesting the name for these sessions – 'pop in and chat'.

Two people who use services and two members of staff from the co-design group have been interviewed and filmed about their involvement in the Always Event pilot. These interviews

were then incorporated into the following presentations to virtually bring the co-design team into the room and ensure their voices were heard:

- Always Events®: A Positive Approach to Improving Patient Care. 22/10/15, Hallam Conference Centre.
- Transforming patient experience 2015 - Improving experiences of the most vulnerable, Kings Fund.
- Chief Nurse Summit – Birmingham 1/12/15.

The film clips were also shown to service users and staff attending the January 2016 pop in and chat. A member of staff has designed an accessible document for the service users involved in the video for use in gaining their consent for the video to be shared on particular websites (King's Fund, IHI and Picker).

The pop in and chat has continued to engage people with learning difficulties in suggesting and making improvements to the service:

- The Friends and Family Test questions have been refined by service users to improve their accessibility and applicability for learning disability services during three pop in and chat sessions held in June, July and August 2015. The following changes were made to the tool based on the suggestions from service users at the pop in and chat:
 - The form was changed so that it is more explanatory and has pictures that illustrate what is being asked.
 - The form is more attractive and colourful.
 - The wording of each question was adjusted to make it more meaningful and understandable.
 - Rather than yes/no response options, the group felt thumbs up/down gave a clearer option.
 - A larger font is now used.
- The October pop in and chat focused on how the service could help people feel less worried about leaving learning disability services. Service users suggested the following:
 - Services to ring up.
 - Facebook/twitter about events.
 - Monthly text.
 - Newsletters (easy-read format, pictures, no jargon or abbreviations) – information on staff, developments, people moving on, change first, new staff.

Service users have been positive about the pop in and chat saying that it allows them to see friends again, keep in contact with the service and suggest improvements to the service which may help other service users. A member of staff who attended one of the pop in and chat sessions felt the service users valued being asked how the service can be improved:

“I’ve only been to one of the Pop In and Chat Sessions ... the service users loved it ... It’s sort of being used as a tool with service users to try and implement things for the better ... which the service users absolutely love, you know. They love how it’s being run ... they love it because the service users feel appreciated by being involved in making things better for other service users.”

Another member of staff commented that the pop in and chat is providing new feedback from service users:

“From what I’m hearing it seems to be very successful and what we’re finding is ... we’re getting people into the Pop In and Chat groups that wouldn’t ordinarily attend these sort of meetings so we’re getting some new feedback as well.

The follow-up calls and interviews with staff show that the pop in and chat sessions have been less successful in engaging new service users (i.e. those discharged since the start of the Always Event). There has been a small core group of service users that have attended the pop in and chat group and who have been involved in co-designing the pilot, but there have been very few service users attending the group that have recently been discharged from the learning disability service. Staff felt there could be a number of reasons for users not attending the group, such as it not being appropriate due to their level of learning disability, the challenge of getting to the group, or that it is not something that they would enjoy attending.

“I’m guessing some of it will be the fact that they might be like anxious in what they would see as, you know, with strange people, large numbers, groups of people, the service, you know, it could increase anxiety levels. Some of them, it may be around commissioned hours. So if they’ve only got like ... a small number of commissioned hours to go out in a week to do one-to-one activities, it might be the fact that the service user doesn’t actually have enough hours to turn up to go to a Pop In and Chat Session.”

“I can’t comment on that really, some people just don’t like crowds and stuff ... not their cup of tea.”

A few members of staff within the team have regularly attended the pop in and chat (one actually transports two service users to the group) although other staff members have not yet attended a session due to clinical or other work commitments. Staff are reminded about the dates of the pop in and chat at regular team meetings and some members of staff are hoping to attend a forthcoming session.

“I think I’ll feel a bit more informed when I attend the Pop In and Chat sessions. I think that’s something that’s sort of been a missing cog out of the wheel so to speak you know, but I don’t feel like I’ve seen it all yet because I’ve not managed to attend one, but hopefully next month I’ll [go]”

“...getting staff to attend the Pop In and Chat’s always going to be an issue, but I think we’ve got it sort of quite well covered between us all, the professionals in the team ... we’ve usually got a couple of key, familiar staff members.”

4.2.2 Unintended outcomes

1. Since the inception of the Always Event pilot, the team's weekly intake meeting now also includes a discussion of service users in the process of being discharged from the service. This also includes a conversation between the clinicians and the staff making the follow-up calls on how best to contact the service user after their discharge.

"... the Always Event as a process has had an impact on our discharge pathway. When referrals come in we've got an integrated intake meeting and now the referrals are discussed at that meeting so that anybody's work that's coming to an end, it's not just with the individual that we're working with, it's also kind of underlined as part of an integrated team if you will."

"The bit of work for it is just having a chat with the clinician and finding out who the best person to speak to is, what the service users communication methods are, whether they've got the understanding to be able to answer those questions."

2. One member of staff highlighted that another unintended beneficial outcome of the Always Event pilot has been the increased amount of joint working between speech and language therapy and community nursing staff.

"Myself and the community nurses system, we didn't tend to work together too much, saw each other in the corridors, really. So this piece of work has certainly got us chatting about our service users and we're working a lot more, there's a lot more joint working going on, we feel."

3. The hosting of the pop in and chat group at the local day care centre has given rise to both positive, and perhaps unintended outcomes. It has been beneficial for the Always Event pilot in terms of enabling different service users, not known to the Learning Disability service, to become involved in co-designing the Always Event activities. However, the pop in and chat is listed as 'an activity' for all attendees of the day care centre which necessitates that the team facilitate and organise some sort of event, rather than it just being seen as a chance for newly discharged users from the learning disability service to drop in for a chat and if necessary, receive informal support from staff and/or other service users.

"I don't think it's [pop in and chat] being run as we think, as it was set up. I think it's still being used to sort of identify what the service users want, to make things better. It's not actually being used as the, "Right, you've been discharged, are you having any difficulties? Is there anything that we can help you with?" It's not being used as that as yet."

The team are considering moving the location of the pop in and chat group to Bridge House, where the learning disability services are provided, to help:

- increase attendance at the group, and
- ensure that it is not solely seen as a group to co-design quality improvement activities but is an opportunity for discharged service users to just drop in and speak with staff and/or service users.

"we've even spoke about maybe, possible looking at, because there's only a small group of people turning up, bringing the appointment to our building, that the service users know is a disability building, to see whether more people would turn up that way ... because if they've

never been to the [Day Care] Centre, they don't know what it is, what it's about, but if they get a letter to invite them to a Pop In and Chat Session at Bridge House, well they know that's where they come to see people about learning disabilities, and it might be a case, 'Oh, yeah, and while I'm there I can ask them about...' and it might trigger more things in their memory. It might be, 'I'm having a problem with my neighbours, they're making too much noise,' and you know, even something as simple as that, that we would sort of say, 'Well, depending on how loud it is, you go to the local council', and we can put them in, you know, we can talk to them about that."

4.2.3 Sustainability of the Always Event

Staff interviewed felt that their Always Event activities are sustainable because they have a good process set up which is straightforward for staff, even new staff members, to follow and does not take up too much of staff time.

"I think because it's been handled really well and well thought out and well planned amongst the team, I think that that's something that will be relatively easy for us to continue ... new staff that have come in and things, they've just taken it and been able to run with it because it's all sort of set up."

"I think that's everybody's goal [for the Always Event to be sustained/spread], and I think that's why everyone's putting so much effort into this pilot, because we've seen how successful it is, and how, not much of a time input [is required] because there's lots of demands at the minute from all different sorts of things, and I think that was the main worry by people ... it was just another thing that they had to put a lot of time into. You get the correct system in play, feel that we have now with our admin, myself and [name], and [name] doing the phone calls, we're making sure people aren't being missed. Clinicians are freed up to see people and it, yeah, it's just a... nice process and we've kept clinicians in check because we've freed them up a little bit."

By making the Always Event a part of Lancashire Care trust's quality strategy, there is an organisational commitment to ensuring the success and spread of the Always Event.

"Yeah, I think the way we are, they'll be sustained longer terms is we are committed to developing organisational, to developing Always Events, they're part of our quality strategy, so there is a commitment organisationally to investing in and developing them. We're really keen to look at how we can spread the Always Events and looking at going across the whole of the Learning Disability Service ultimately, and then going wider. And we've already got interest from the Memory Assessment Service who are interested in kind of the wider spread, and then going wider really."

Factors noted by staff which could affect the sustainability and spread of the Always Event included needing evidence of its success and external commissioning decisions.

"I suppose I think it's looking at what evidence they've got to suggest that it's a real good way of working isn't it, and being able to maintain that additional sort of aspect to work it. But I think that from the wider team, I think that there probably would be enough evidence to suggest that it's worth continuing because the information we're getting back is really valid and valuable"

“Whether you’ve got a learning disability service or not, whether it’s going to be dispersed into mental health or it’s going to be folded into a local authority with our social work colleagues, who knows.”

4.3 Summary of findings

- The process evaluation showed that the Always Event activities piloted have been implemented successfully. All service users discharged from the Blackburn and Darwen Learning Disability Services received the newly formatted discharge letter, a contact card, and an invitation to a ‘pop in and chat’ session. A follow-up call was also conducted with all service users (or their family/carers) around two weeks after their discharge.
- Importantly, there has been a strong and successful partnership with service users who have been involved in the co-design of the Always Event; service users identified, and decided on, the focus for their Always Event activities and suggested ways in which the care could be improved.
- Due to the small number of service users discharged from the service, it is difficult to accurately evaluate the outcomes of the Always Event on service user experiences. However, information gathered on the follow-up calls has shown that the majority of service users discharged from the Learning Disability Service since the Always Event started had a positive experience, particularly with regard to knowing who to contact following discharge. Service users have been positive about the ‘pop in and chat’ saying that it allows them to see friends again, keep in contact with the service and suggest improvements to the service which may help other service users.
- Staff believe their Always Event activities have improved the discharge process; it has helped them to discharge service users which previously could be difficult due to a lack of follow-up support for users. The implementation of the Always Event appears to have had minimal impact on the individual workload of staff members; activities have been easily incorporated into staff member’s everyday work.
- The team have been proactive in making changes to how their Always Event activities are implemented and are considering further changes in order to ensure its success and sustainability.

5. Findings: Blackpool Teaching Hospitals NHS Foundation Trust

Always Event vision statement: “I always know what to do when I get home or, if not, I know who to contact”

Blackpool Teaching Hospitals NHS Foundation Trust serves a population of approximately 440,000 residents across Blackpool, Fylde, Wyre, Lancashire and South Cumbria. The trust comprises a large acute hospital, Blackpool Victoria, which treats more than 80,000 day-case and inpatients and more than 200,000 outpatients every year. Blackpool Victoria is one of four hospitals in the North West that provides specialist cardiac services and serves heart patients from Lancashire and South Cumbria.

The goal of this trust’s Always Event was to improve patients’ experiences of being discharged from hospital. In the voice of their service users, their vision statement is “I always know what to do when I get home or, if not, I know who to contact”.

Three focus groups were held with a total of 20 patients to identify which aspects of being discharged from hospital could be improved, and both positive and negative experiences were shared. The pilot was initially carried out with ward 39 (cardiothoracic patients), although following some difficulties in progressing the Always Event activities on this unit (see section 4.2.2), the stroke ward was selected as the pilot unit.

5.1 Process evaluation

This section outlines the evaluation of the process of implementing the Always Events® at Blackpool Teaching Hospitals NHS Foundation Trust. It structured around the following four evaluation questions:

1. What project activities were implemented and how successful were they?
2. What challenges were encountered during implementation and how were they resolved?
3. How successful was the partnership with patients and their families?
4. What contextual factors influenced the implementation of the programme?

4.2.1 Implementing the Always Event activities

SMART discharge form

A patient-completed form (SMART pro forma) was identified as a tool that could be used to improve the discharge of patients from hospital. The SMART form had been used by a hospital in the US to improve patients’ experiences of being discharged and was identified by the trust in the Always Events® literature. It was hoped that the form would enable patients to feel more confident in being discharged and managing their health/condition at home. The team received positive feedback from the patient experience panel about the form so decided to use it as a tool for their Always Event.

The aim was for patients (and/or family members) to complete the form before their discharge, based on their understanding of what signs/symptoms they should look out for,

their medication, any follow-up appointments they would need to go to and any requirements they may have (such as equipment or social support). There was also space on the form for patients to include any questions or concerns.

Once the form had been completed by a patient, a clinical member of staff should go over the form with the patient to check understanding and identify any gaps in knowledge, using a teach-back approach. Whilst the form is kept by the patient, two copies of the form should be taken by staff – one copy put into the patients' file and the other copy given to the day-to-day manager of the pilot so that follow-up calls with the patients could be made.

During the testing of the tool with patients on the stroke ward, the following changes were made to the form:

- Question wording was changed to improve clarity.
- It was printed on yellow paper to stand out from other paper work patients' receive.
- An estimated date of discharge was added to the form.
- An introductory note was added to the form both to remind patients the purpose of the form and for those carers/family members completing the form on behalf of the patient who may not have been present on the ward when it was handed out and explained by staff.
- A note was added to the form to make it clear that patients will be contacted post-discharge. This was later changed to ask patients to leave their name and telephone number if they were happy to be contacted and then adapted again so that patients had to opt-out from being contacted. However, a lot of people were opting out of receiving a phone call so the day-to-day manager changed the form again to state that patients are selected at random and a member of hospital staff may contact them to get feedback on their discharge.

Follow-up phone calls

The other Always Event activity implemented by the team was to undertake follow-up calls with patients once they had been discharged home. In the initial stages of the pilot, the aim of these calls was to establish people's experiences of being discharged and any challenges or problems experienced at home to understand if any adaptations to the process of discharging patients was needed. As the pilot progressed, it was decided by the day to day leader that these calls would be undertaken for all patients discharged home from the stroke ward to find out what information they had retained to help evaluate the effectiveness of the teach-back approach and the use of the SMART tool for improving patients' experiences of being discharged.

The pilot started in September 2015 although very little progress was made with using the form as a tool for improving patients discharge until January 2016 (two forms were completed by patients on the stroke unit and follow-up calls made in November 2015).

The table below shows that only a small proportion of those patients discharged home from both the stroke unit and ward 39 completed the SMART form and received a follow-up call. Across a two month period (January-February 2016), only 6% of those patients discharged from the stroke unit, and 4% discharged from ward 39, completed the form and received a

follow-up call. It is likely that more patients completed the form but ward staff forgot to take a copy of the form before the patient went home. However, the data suggests a lack of process reliability in implementing the Always Event.

	Stroke unit		Ward 39 (cardiology)	
	Jan 16	Feb 16	Jan 16	Feb 16
Number of forms completed (copied) and follow-up calls made	5	1	2	9
Number of patients discharged home (taken from hospital records)	53	53	138	140

As outlined in the next section on challenges experienced, one of the biggest barriers to implementation was getting ward staff engaged in the pilot. During the update calls, suggestions were made to help improve the implementation of the Always Event, including:

- Having a mentor/coach (such as the ward manager) to other members of staff on teach-back. It was suggested that the day-to-day leader or ward manager also shadow a nurse going through the discharge process and then ask patients to put in their own words what they understand. It was suggested that this observational work will be important for helping staff understand why they are doing it, which in turn helps to get their buy-in.
- Ensuring that staff understand and are using the teach-back approach effectively and moving away from thinking about the SMART form as an Always Event in itself. IHI arranged a call on how to teach staff the skills to do teach-back methodology. It was suggested the ward devote sections of their staff meeting to show videos, have testimonials from nurses using the approach etc...It was advised that colleagues involved in the teaching and education of nursing staff should build in the teaching of the teach-back approach.
- Asking nurses what would free up their time in the day to allow them to talk with patients to go over things and to encourage the patient to write down as much as possible. It was advised that the project lead talks to team leaders to garner interest in improving the nurses working environment.
- Getting a team of engaged patients for a co-design group that would work with staff on all stages.
- Undertaking a short postal survey of people's experiences of being discharged (sent to patients homes following discharge) as the outcome measure rather than conducting the follow up calls where it was difficult to contact people.

4.2.2 Challenges encountered during implementation

This section outlines some of the key challenges encountered by the team in implementing the Always Event and, where possible, how these were resolved (shown in the purple box).

1. The pilot site's main day-to-day leader, who had been involved at the launch event, went on maternity leave in June 2015. Another member of staff was temporarily assigned as the lead for the pilot, although they were only able to work on the project for five hours a week. After a few months, a member of staff covering the maternity leave was the new day-to-day leader for the pilot. These staff changes created a challenge for the site in implementing the activities, which seem to have been compounded by the lack of an oversight 'team' of people to progress the pilot during changes in the day-to-day leader.

2. In the initial testing stages there was a small team of people in the pilot ward who were involved in trialing the SMART form and using teach-back with patients to check understanding. This included a nurse practitioner and two pharmacists who were on board with the pilot and attended meetings with the day-to-day leader regarding the testing and implementation. However, these members of staff left the ward which resulted in a loss of momentum with progressing the pilot. Due to staffing issues and capacity on the ward, the day-to-day leader was finding that the SMART tool was not being used on the initial pilot ward.

"The first three weeks, four weeks, we flew and we got things up and running so quickly, and we got feed, the first initial phase we managed to, the testing phase, the feedback we did was just, was brilliant and then after that point the Nurse Practitioner that has [been] championing my case went off on long-term sick and pharmacists that were also doing, championing it, were then rotated off the unit and the unit's now got seven vacancies ... they've got too many vacancies and it's [Always Event] not been seen as a priority."

Due to ongoing staffing issues on the ward 39, it was decided to start the pilot on the stroke patient ward instead where it was felt there was greater capacity and willingness from staff to implement the Always Event activities. After some months of testing the form on the stroke unit, the initial ward (ward 39) started to implement the Always Event pilot again.

3. One of the biggest challenges experienced was getting ward staff to implement the SMART tool and teach-back approach.

One of the student nurses, who was involved in the majority of discharges, became a "champion" staff member for implementing the pilot and led the process of handing out the forms and talking to patients using teach-back.

However, the following difficulties were still apparent in the process of implementing the SMART tool:

- forms were not being handed out to patients by ward nursing staff
- patients were not completing the forms
- photocopies of the form were not being taken before the patient took it home

The approach was adapted so that it was the role of the ward housekeepers, rather than clinical staff, to hand out the forms to patients on the ward. This was considered a better approach as the housekeepers were able to give the form to patients quite a few days before their discharge, allowing them sufficient time to complete the form.

Posters were put up in the ward to inform patients that the Always Event was being run on the ward, which also acted as a prompt for staff as well

To increase enthusiasm and uptake by staff in implementing the pilot, ongoing staff engagement at lunchtime handovers was supported by the ward manager. Also, the day-to-day leader attended the morning handover meeting on the ward for one week to ensure that staff were aware of the Always Event pilot and the SMART form

The ward manager explained that one reason for why the implementation of the Always Event on the stroke unit has been difficult is due to the relatively low number of discharges. Some nursing staff are not regularly involved in discharging patients so it is challenging to embed the process of using the SMART form and the teach-back approach.

“...it might be weeks and weeks before a nurse has to do another form, so it will get there but I just have to accept that I need to be patient about it because we don’t, we get discharges in the acute sides of the ward but we try and have consistency with our staff and where they’re working - so if they’ve been working down in rehab for the last month they might not have seen a discharge ... we’ve got a big volume of staff on here and to get them all discharging patients regularly is very difficult.”

To improve staff awareness and implementation of the Always Event the ward manager will remind staff in the daily safety huddle that occurs at 8am. The Always Event is also discussed in the monthly ward meetings and is mentioned in the monthly newsletter. The unit is planning to introduce a discharge checklist that will include the use of the SMART form and teach-back approach

Another reason cited for the difficulty in implementing the Always Event is due to staffing levels and pressures. When the ward is short-staffed, there is a reduction in the number of SMART forms being completed.

“I think you notice a tail off when they’re [staff] under pressure on the ward with the staffing level and the demands of the patients, the ward was shut with the norovirus a couple of weeks ago yeah, so staff were dropping like flies as you can imagine ...so they were short-staffed that week, the patients were obviously, they needed more care and attention, but they struggled that week, again last week because of the pressure again on the ward with them moving staff from our area day after day after day. But when we have the right amount of staff you see the pickup of forms again for them.”

4. Challenges were experienced in the process of telephoning patients at home following their discharge. The day-to-day leader initially found it difficult to get hold of the patients; either the telephone number they had recorded for the patient was incorrect or the patient had gone to stay with relatives.

To improve accuracy of the telephone numbers, patients' were asked to leave their contact number on the form if they were happy to be contacted post-discharge. However, this change resulted in many patients not wishing to leave their phone number on the form making it difficult to measure the impact of the pilot. The form was therefore amended again so that patients had to opt-out of being contacted post-discharge, but a number of patients were opting out of receiving a phone call so the form was adapted again to state that patients are selected at random and a member of hospital staff may contact them to get feedback on their discharge.

4.2.3 Partnership with patients, service users and their families

The trust has a Patients' Panel which meet every two months to help improve hospital and community care. The aim of the Patients' Panel is to enable residents to influence positive changes to services provided by the trust. The Patient Panel is made up of representatives who are currently a patient or have been a patient in the last 18-24 months. There are currently 10 patients in the Panel although the Trust are working to recruit more people. There has been some stability in the Panel since the Always Event pilot started; three patients have left and four new people have joined.

The oversight team consulted this Panel at the start of their Always Event to help identify an area of focus for the pilot. Three focus groups were also set up in the initial stages of the project in January-February 2015 with the aim of understanding people's experiences of being discharged. In total, 20 people, including carers' attended the focus group discussions.

The Panel were involved in helping to design the SMART discharge form and an update on the Always Event is given at most of the Patient Panel meetings. However, given that the Panel only meet once every two months, service users and their families have not had active involvement in an ongoing 'improvement team' for the pilot work in the stroke and/or cardiothoracic wards.

5.2 Outcome evaluation

This section evaluates the outcomes of Blackpool Teaching Hospitals NHS Foundation Trust's

Always Events® programme, addressing the remaining three overarching evaluation questions:

5. To what extent were the intended outcomes (optimal patient experience and improved outcomes) achieved?
6. What unintended outcomes, if any, were observed?
7. To what extent were programme activities and outcomes sustained at each pilot site? What factors influenced sustainability?

5.2.1 Impact on service user experience

As described in section 4.2.1, the proportion of patients on the two pilot wards that completed the SMART discharge form (and for whom the form had been copied and passed on to the day-to-day leader and/or put in the patients' notes) was low so it is difficult to accurately evaluate the outcome of the Always Event on patient experiences. Follow-up calls were undertaken with patients discharged home who had completed the SMART form. The purpose of these follow up calls was to understand patients' experiences of being discharged and to find out what information they had retained to help evaluate the effectiveness of the teach-back approach used by ward staff and the use of the SMART tool for improving patients' experiences.

Fifteen questions were developed (13 questions for patients discharged from ward 39) to help measure the success of the Always Event activities for improving patient experiences of being discharged from hospital. The findings from the questions asked on the follow-up calls are presented below. Although percentage figures are included in the tables, these should be treated with caution due to the very low base numbers; only 8 phone calls were made to patients discharged from the stroke unit and 11 calls to those discharged from ward 39. Furthermore, the base size at some questions are even lower due to patients (or their family/carers) not being able to recall the information.

Q1 Can you remember filling in the yellow SMART form?

	Yes	No	Not sure	Total
Stoke unit	3 (37.5%)	5 (62.5%)	0 (0.0%)	8 (100.0%)
Ward 39	9 (81.8%)	1 (9.1%)	1 (9.1%)	11 (100.0%)
Total	12 (63.2%)	6 (31.6%)	1 (5.3%)	19 (100.0%)

Q2 If yes, have you found the form helpful in knowing what to do since being home?

	Very helpful	Somewhat helpful	Not very helpful	Patient didn't take form home	Patient told to leave form on bed	Total
Stoke unit	1 (33.3%)	2 (66.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (100.0%)
Ward 39	3 (33.3%)	0 (0.0%)	4 (44.4%)	1 (11.1%)	1 (11.1%)	9 (100.0%)
Total	4 (33.3%)	2 (16.7%)	4 (33.3%)	1 (8.3%)	1 (8.3%)	12 (100.0%)

Although the sample is small at this stage, over half of the patients discharged from ward 39 felt that the SMART form was 'not very helpful' in knowing what to do since being home. Those patients discharged from the stroke unit found the form very or somewhat helpful, but this is only based on 3 responses as the other five patients could not recall filling in the form (and therefore it's presumably not been helpful to them in knowing what to do). The project team have been advised to explore with patients why the form has not been very helpful to them and whether it is worthwhile patients continuing to complete it.

Q3 Since being home, have you experienced any difficulties or challenges as a result of your stroke/operation?

	Yes	No	Total
Stroke unit	4 (57.1%)	3 (42.9%)	7 (100.0%)
Ward 39	5 (45.5%)	6 (54.5%)	11 (100.0%)
Total	9 (50.0%)	9 (50.0%)	18 (100.0%)

Around half of patients discharged from both pilot wards said they had experienced difficulties or challenges since being home. As can be seen to the responses to Q4, most of these difficulties related to their health condition or factors outside the control of the trust. However, one of the patients discharged from ward 39 was unsure about which side to sleep on following their operation and another patient had medication side effects that they wanted to discuss with the consultant. Issues such as these, which can be addressed by the hospital, should be shared with ward staff so that they can cover such queries when using teach-back to ensure patients are fully prepared for their discharge.

Q4 If yes, please tell me about them

Stroke unit	Ward 39
Speech, walking, climbing stairs	flu & leg - sciatica
feeling weak, days when I feel right on top, other days not so	still sore, had a pacemaker - not sure whether he should sleep on his left side
Spoke to [name] from Stroke Assoc who is arranging Sitting Service, N-compass for Attendance Allowance	Wife was unwell, so he has being looking after home
numbness, limp - paralysed down right hand side, forgetful	New medication making her dizzy, wanting for Consultant to get back to her
	finding different ways to do things i.e. cleaning up

Patients that are discharged from the stroke unit are given a card with the contact details of the unit that they can call if they have any worries about their condition after leaving hospital. Most of the patients contacted said they had received the card with only one person saying this had not been the case, although two people did not know if they had received this.

[Asked to patients discharged from the stroke unit only] **Q5 When you were being discharged, did you receive a card with the contact details of the Stroke Unit, so that you can call if you have any worries about your condition?**

	Frequency	Percentage
Yes	4	57.1%
No	1	14.3%
Don't know	2	28.6%
Total	7	100.0%
Missing responses	1	

These calls to the ward are logged and there have not been any concerns or issues regarding the patients' discharge from hospital. The ward manager thinks there has been a decrease in the number of calls suggesting that patients are prepared for knowing what to do once they have got home.

“We have to give everybody a point of contact to ring on discharge if they've got any problems or concerns or anything like that, and we've seen a decrease I would say in the number, because we log those calls, we sort of monitor what types of things people are wanting to know or that their concerned about and again nothing is surrounding the discharge and things like that which is good.”

During the follow-up calls, patients were asked a number of questions to understand if the information they had written on the SMART form (such as information on medication) had been understood correctly and retained to help evaluate the effectiveness of the teach-back approach used by ward staff (as shown in the following tables, Q6-Q11). Given the cognitive difficulties that are common following a stroke, it is perhaps unsurprising that a lower proportion of patients discharged from the stroke unit appeared to be able to remember the information when compared with those patients discharged from ward 39. The majority of patients (or their family/carers) were able to recall the information on the form, such as being aware of their medication and follow-up appointments. This finding could positively reflect the use of the teach-back approach being used by staff during the discharge process; the form might be acting as a tool to remind ward staff to talk with patients over the areas and aspects of care covered in the form. Similarly, the process of writing down the information on the form could help to reinforce the information in patients' minds, even if the form was not taken home with them.

Q6 Please can you tell me what signs and symptoms you were told to look out for?

	Yes patient able to recall this info and it matches form	No, patient doesn't know / can't recall	Total
Stoke unit	2 (50.0%)	2 (50.0%)	4 (100.0%)
Ward 39	7 (70.0%)	3 (30.0%)	10 (100.0%)
Total	9 (64.3%)	5 (35.7%)	14 (100.0%)

For both wards, the percentage of patients that knew the side effects of their medication was relatively low (Q9) and suggests one area where ward staff need to improve their teach-back technique to ensure that patients understand this aspect of their medication. The majority of patients contacted felt that they, and their family/carer, had received enough n to help them look after themselves at home (Q12 and Q13).

Q7 Can you tell me how you take your medicine(s)? (e.g. when to take it, how long to take it for, whether to take it with food?)

	Yes, patient able to recall this info and it matches form	Information given does not match form	No, patient doesn't know / can't recall	Total
Stoke unit	3 (60.0%)	1 (20.0%)	1 (20.0%)	5 (100.0%)
Ward 39	6 (66.7%)	3 (33.3%)	0 (0.0%)	9 (100.0%)
Total	9 (64.3%)	4 (28.6%)	1 (7.1%)	14 (100.0%)

Q8 Can you tell me the purpose of your medicine(s)?

	Yes, patient able to recall this info and it matches form	Information given does not match form	No, patient doesn't know / can't recall	Total
Stoke unit	2 (50.0%)	0 (0.0%)	2 (50.0%)	4 (100.0%)
Ward 39	6 (75.0%)	1 (12.5%)	1 (12.5%)	8 (100.0%)
Total	8 (66.7%)	1 (8.3%)	3 (25.0%)	12 (100.0%)

Q9 Can you tell me what side effects to look out for with your medicine(s)?

	Yes, patient able to recall this info and it matches form	No, patient doesn't know / can't recall	Total
Stoke unit	1 (33.3%)	2 (66.7%)	3 (100.0%)
Ward 39	2 (28.6%)	5 (71.4%)	7 (100.0%)
Total	3 (30.0%)	7 (70.0%)	10 (100.0%)

Q10 Can you tell me what appointments have been arranged for you?

	Yes, patient able to recall this info and it matches form	Information given does not match form	No, patient doesn't know / can't recall	No appointments were required	Total
Stoke unit	4 (57.1%)	1 (14.3%)	1 (14.3%)	1 (14.3%)	7 (100.0%)
Ward 39	8 (80.0%)	2 (20.0%)	0 (0.0%)	0 (0.0%)	10 (100.0%)
Total	12 (70.6%)	3 (17.6%)	1 (5.9%)	1 (5.9%)	17 (100.0%)

Q11 Before you left hospital, have the services you needed at home been arranged for you? (e.g. occupational therapist, physiotherapist)

	Yes, all the services needed	No, but these services were needed	No services were needed	Total
Stoke unit	2 (40.0%)	1 (20.0%)	2 (40.0%)	5 (100.0%)
Ward 39	0 (0.0%)	0 (0.0%)	10 (100.0%)	10 (100.0%)
Total	2 (13.3%)	1 (6.7%)	12 (80.0%)	15 (100.0%)

Q13 Has a member of your family or someone close to you been given enough information to help you recover?

	Yes, definitely	Yes, to some extent	No	Total
Stoke unit	3 (60.0%)	1 (20.0%)	1 (20.0%)	5 (100.0%)
Ward 39	7 (70.0%)	0 (0.0%)	3 (30.0%)	10 (100.0%)
Total	10 (66.7%)	1 (6.7%)	4 (26.7%)	15 (100.0%)

Patients were asked on the follow-up call if anything else could have been done to help with their discharge from hospital. Most people were positive about their experience and did not think anything needed to improve. However, there were a few reports of delayed discharges and one incidence where incorrect medication had been taken by the patient due to poor staff communication (see Q14 below). This highlights the importance of ward staff taking the time to ensure that patients understand how their medication should be taken through teach-back and patients' self-completing the SMART form. During the telephone interview the ward manager mentioned another example of how the form can help to ensure that patients' are aware and understand their medication to avoid mistakes being made.

“We had an example where the patient went home, the nurse, she'd gone home at like tea time so the staff were giving out teas, and then someone had come to pick the patient up and they kind of ...said, “Yes we've got everything,” and it turns out the nurse who was discharging the patient had been either on a break or somewhere else so they let the patient go home, no one had gone through the medication with her, and the pharmacy had dispensed the wrong medication to her and because she didn't know her medication she took them. Fortunately no harm was caused to the patient but it really highlighted how important something like the SMART form is and the purpose of the Always Event is that the patient should always go home with the correct information surrounding discharge.”

Q14 Was there anything else that we could have done to help with your discharge from hospital?

Stroke unit	Ward 39
Discharge was alright but could not say how it could be improved	The hospital is wonderful. However, his records are not at the hospital. He lived in Bolton, moved to Fleetwood but his records have not been received.
Delay in getting her medication (asthma)	Very well looked after
Doctor said that she could go home, when her son came to visit, he was able to take her then	Let her out sooner, not necessary to have kept her in 12 days
This time was fine	Don't think so, but they forgot to take out her cannula
Nurses work hard, Doctor said that he could go home when his medication was ready, but in fact, he was discharged then and his wife went to collect the medication later on that day	Staff downstairs were fantastic, but staff upstairs on the ward made you feel that they were in the way. Took a long time to be discharged, could have been smoother - she has seen a doctor but could not be discharged and heard another patient being asked if they wanted to be discharged but said that they hadn't seen the doctor yet
	Everything was really good
	4 tablets given to her in the morning. Asked if she should take her own tablets as well as the ones given to her. She asked 3 nurses but no-one gave her an answer. She double dosed herself but it didn't effect
	Everything was fine
	Staff were absolutely brilliant
	English is not mum's first language but was able to understand, it was not a barrier, nurses are awesome

5.2.2 Unintended impacts

No unintended impacts of implementing the Always Event at this site had been identified at the time of writing this report.

5.2.3 Sustainability of the Always Event

Although the trust has experienced difficulties in implementing the Always Event, it is felt that it will take some time for the process to become embedded in everyday practice, and that steps are being undertaken to help remind staff the importance of its implementation.

“I think as it becomes more and more embedded in practice it’s like anything else, it just becomes second nature ... so that’s why it’s important to keep having it on our agenda for ward meetings, we bring it up at safety huddle so that when those discharges do come up that it is in their minds to think, “Oh yes, I must do the SMART form,” and once we get the discharge checklist up and running that will become easier and easier, and we also put a SMART form in our admission pack so that it’s there ...again it’s just having little ways to try and keep it there so people know, make it easier for them through the form.”

The ward manager of the stroke unit spoke positively about the sustainability of the Always Event and that changes will be made to ensure that it will work in the longer term.

“Always Event is what you make of it and it’s about adjusting it to suit and not being afraid to tweak it and try new things, and persevering because it just takes time for things to get embedded into practice and there might be blockages in the way - like the fact that we’re depleted of staff on many occasions, we’ve got a big volume of staff on here and to get them all discharging patients regularly is very difficult - it’s about not giving up at the first hurdle and seeing the benefit of it and sharing that with your staff, and engaging with your staff in it and making it part of their sort of world and their responsibility to adapt and adjust it to suit.”

One of the reasons it is felt that the Always Event will be sustained is that staff are seeing the benefits of using the form to prompt them to use teach-back to check that patients understand what they need to know following their discharge.

“The staff see the benefits, they see the value in doing the form. I think at first they were a bit like, “Oh it’s another piece of paper,” about anything when you bring in a new change but when you actually explain it to them and use examples ...and when you explain it with context it’s like, “Yeah I get it, I get why it’s important for it.” So yeah they do, I mean they’re a fantastic bunch down here, they’re very positive about change, they’re very willing to change and try new things and if it doesn’t work they’ll look at other ways for it.”

As previously mentioned, there has been a challenge in getting the discharging nurse or ward clerk to take a photocopy of the SMART form to a) check the reliability of the forms being completed and b) for use during the follow-up calls.

“The main thing has been the photocopying of them so we’ve got the proof that they’ve filled it out, because they fill the form out and give it to the patient but then forget to leave a copy behind in the notes. It sounds like such a simple thing but when you’re looking to get your patient all sorted to go home and you’ve got ten other people wanting to speak to you and things, it’s an easy oversight, forms are being completed, it’s just getting that copy.”

The team should consider how to make this process more efficient and if there are other ways to measure the process reliability going forward rather than needing to take a photocopy of the form. For example, as a new discharge checklist is being implemented on the stroke ward, this could be used for recording that a discussion, using teach-back, had taken place with the patient about their discharge, with the form being used as a prompt for that discussion. It would not be necessary to take a copy of the form, so long as the patient takes it home with them for future reference. Whilst a copy of the form had been used during the follow-up calls, the impact of the Always Event on patients’ experiences of being discharged can be measured via other approaches, such as a short survey sent out to patients’ following their discharge. Conducting a cross-sectional survey will not be as time intensive as conducting follow-up calls, particularly as the number of forms completed by patients should increase substantially if the Always Event is implemented more successfully.

Continuing to record and monitor the calls made to the ward from patients who have been discharged can be used to help measure any concerns or difficulties patients have experienced since being home. Any issues raised should be regularly shared with staff so that improvements can continually be made to the teach-back technique used to ensure that all patients understand what they should know once discharged. Similarly, once the Always Event is better established, examining data on hospital re-admissions to the pilot wards is

another outcome measure that can be used to provide evidence on its impact. If the Always Event is shown to improve patients' experiences, this will help to ensure it is sustained, and spread, in the longer term.

The Friends and Family Test (FFT) results for the stroke unit are very positive with high response rates. Reviewing the freetext comments written by some respondents completing the FFT may be useful for monitoring any issues around communication, which may impact on people's discharge. However, given that the FFT is completed by patients before they are discharged home, the data is less useful for measuring the impact of the Always Event for improving people's experiences of knowing what to do once they are back home.

I think it's with the feedback and it's the evidence in the friends and family feedback that we don't get any concerns, it's a log of phone calls that we get after discharge from patients for it so that's the impact it's having because certainly before that we did have things raised in our friends and family feedback, we've had complaints about them, we've had sort of [comments] on the ward before patients have been discharged, that there's not enough communication but we don't get that anymore."

5.3 Summary of findings

- The trust experienced some challenges in implementing their Always Event activities. The aim was for all patients in two pilot wards to complete a SMART form before being discharged which staff would use as a tool for using a teach-back approach to ensure patients know what to do once discharged. However, only a small proportion of patients discharged from the two wards during a two month period completed the form (6% and 4%). A higher proportion of patients may have completed the form but a copy of the form may simply not have been taken by the discharging nurse before they went home.
- The impact of the Always Event on patient experience is difficult to measure due to the very low number of follow-up calls made with those patients that completed the form (and for whom a copy of the form had been made). Analysis of the follow-up call data showed mixed results and care needs to be undertaken when interpreting the results due to the low base size. However, a key finding from the pilot was that not all patients found the form helpful in knowing what to do since being home and the trust has been advised to explore with patients the reasons for this to see if improvements can be made or whether the use of the form should be continued. The majority of patients contacted by phone were able to recall the information on the form, being aware of their medication and follow-up appointments, and most felt they had been given enough information on what to do since being home. The finding that patients were largely positive about their discharge from hospital could reflect the use of the teach-back approach being used by staff during the discharge process. However, there is still room for improvement to ensure that all patients know what to do when they get home, particularly in terms of patients understanding the side effects of their medication.

It is expected that more forms will be completed as the process becomes embedded into the process of discharging patients, which is hoped will be aided by the use of a new discharge checklist

6. Findings: Preliminary evaluation of phase 2 sites

In autumn 2015, an additional seven NHS trusts were recruited to engage in the Always Events® initiative in phase 2 of the pilot programme. The table below details each of the sites and their chosen area of focus for their Always Event.

Site Name	Service / ward	Area of focus
Aintree University Hospital NHS Trust	Medicine Ward and Major Trauma Ward	Open visitation for family members
Ashford and St. Peter's Hospitals NHS Foundation Trust	Dementia-Friendly Medical Ward	What matters to you and your carer?
The Royal Marsden NHS Foundation Trust	Haematology Clinic	Patients get the right information at the right time
University Hospital Southampton NHS Foundation Trust	G9- Transitional Ward	Involvement of patients and family members in planning for discharge
University Hospitals of Morecambe Bay NHS Foundation Trust	Post-partum Ward	Customize immediate post-natal care for the entire family and prepare for discharge
Calderdale and Huddersfield NHS Foundation Trust	Outpatient Vascular Clinic or Orthopaedic Clinic (physician-led clinic)	Patients understand clinical condition and treatment plans; Clinical team understands "what matters to patients"
Kent Community Health NHS Foundation Trust	Neurology Rehabilitation Unit in a Community Hospital	Co-design of personalized care plans
Taunton and Somerset NHS Foundation Trust	Antenatal patient information	Focus on giving people the right (evidence-based) information, at the right time, at their fingertips (booking appointment pack and birth pack)

Site visits (launch events) were carried out by representatives from IHI, Picker and NHS England in November 2015. The sites were provided with a draft toolkit (word document) to help with their implementation of their Always Event and were also sent a PowerPoint slide deck to help record their progress when updating the team on the fortnightly update calls.

In April-May 2016, interviews were carried out with 7 people from five of the phase 2 sites (including one service user representative) to understand their experiences of starting to implement an Always Event, in terms of the challenges, successes and any lessons learnt. It

was hoped the information gained from the interviews would be useful for understanding how the toolkit can be developed, and any other changes needed to help support other trusts that wish to use the Always Events® framework. The interviews were audio recorded and transcribed to aid analysis.

6.1 Main challenges

6.1.1. Recruitment of patients, carers and family members

A fundamental principle in co-designing Always Events® is to move from “doing for patients” to “doing with patients”. However, some sites experienced difficulty in recruiting patients, service users and their families to be part of the improvement team. Staff found that while they were able to get individual feedback from service users about what is important to them, it was difficult to get their continued engagement to work alongside staff in co-designing the Always Event.

“I couldn’t get them involved in the writing or the design of what we were doing ... I’ve had notices out round the trust, I’ve had, our Healthwatch colleagues have had information up on their website and I’ve had no response whatsoever.”

“The thing that we found difficult was the engagement with the patients and their relatives, so we ended up, instead of having, getting them together as a group, we had to go to them on an individual basis, so that was very time consuming. And I think I got quite hung up at first, thinking, “Oh, I need to have them all in a group”, and getting quite conscious that we, you know, things weren’t going to plan.”

Concern was also expressed by a few sites on the representativeness of the patients who were involved in the pilot.

“We didn’t really get as much engagement as we would have liked, I think we had [service user name] who was fantastic and, you know, but she wasn’t a true replication of women that we look after ... so I was hoping that we would get other mums that, you know, that weren’t dependent by jobs and had time to be able to come in and try and, you know, feel they want to make a difference ... we obviously received feedback through the surveys but there was complete disengagement, you know, from them wanting to work with us which was quite hard.”

“The patient group that we have isn’t as wide as we would have liked it to have been and the reason being that because we’re a [name] unit and we deal with patients with [condition a], [condition b], [condition c], the majority of our patient focus group are patients that have [condition c], generally that’s been because they are the ‘weller’ if you like of the group ... so that has been a challenge to try and get a kind of a fair demographic if you like of who we see ... we were hoping that we would kind of get that wider demographic”

Factors that aid service user engagement

One of the phase 2 sites already had a service user representative who was able to be part of the improvement team and was successful in engaging other local service users with the Always Event being implemented. While it is recognised that not every trust will have service user representatives, building on any existing patient groups/panels and/or relationships formed between staff and patients working on other quality improvement initiatives can be helpful; another site highlighted that their engagement with patients and their families was made easier as relationships had already been formed with key members of staff in the improvement team.

“I think partly [name], our lead Admiral Nurse helped [with patient engagement] ... he obviously knew one of them anyway, through the work that he does, so I suppose that helped, is having the relationship there, and I had relationships with a couple of them because they support our patient panel ... so I think if we do Always Events in different areas, possibly, you know, whoever’s leading that area, if they’ve already got a relationship or a connection with somebody, then that is quite helpful in getting the engagement, but, you know, likewise, I think you can still just put it out there.”

The service user representative felt that personally inviting people to become involved in the Always Event was a more successful approach than sending out a generic invitation.

“I managed to get another couple of service user reps involved when we had a focus group meeting, we put out a wider invitation and then nobody came to that at all except one, one, which was my direct contact, you know. I was inviting people to meetings ... if you just put it out as a general invitation it rarely gets a good response whereas if you personally invite somebody it does, and so that’s my method and I was able to get some along to a focus group.”

Staff at one site also spoke of the need to think creatively about how to recruit and engage service users with their Always Event, such as using social media.

“...this local contact I had who came to one of the focus groups put it out on her personal Facebook page and we got probably about 115 responses I think, you know, comments that they weren’t just one word comments, you know, they were sort of people really thought about the question we were putting out ...and you know, there was obviously ... a conversation going on between the mums so we got a lot of feedback that way and that definitely made up for the difficulties actually getting people to a meeting.”

Another site felt that recruiting service users would have been more successful if they had used some sort of financial incentive and would look to use this approach if running another Always Event.

“I think when you go forward I think if you were to do it again, or if we were to do it again, we need some sort of financial backup to be able to incentivise these [service users] to come along, I think sometimes when you look, when you go on goodwill it’s really difficult because [service users] are actually paying to travel to come ... we’ve done things before where incentives have been involved and the uptake’s a lot higher and it sounds bad that it has to be that way but I think, you know, if we could have just publicised it a little bit better with some sort of financial backup I think that would have been a little bit more easier to get the uptake.”

6.1.2. Staff involvement

Dedicated staff time

The day-to-day leaders at all sites appeared to experience some difficulties in getting dedicated time to work on the Always Event and a lack of time was frequently cited as one of the main barriers to progressing the Always Events® activities. Staff spoke of the challenges of trying to juggle their day jobs with running the pilot, especially at times when other pressures were apparent such as staff shortages or trust-wide inspections. Some of the staff interviewed felt that they had not been able to give as much time as they would have liked, and what was needed, for implementing their Always Event. One interviewee spoke of the need to do extra hours in order to progress the pilot.

“That is our biggest challenge I think really is trying to dedicate time to that as well as manage the ward and have that run. We kind of give to it what we can and we’ve met up out of work and spent some time doing some bits and pieces on it out of work ... because otherwise we find that another week will have gone by and you know, we haven’t been able to do it because, you know, like this morning something has come up that we’ve had to deal with and it obviously then takes precedence over that.”

“...neither of us had dedicated time to do this, we just did it as part of our, just our day job...I probably needed to devote more time to it than we actually did”

“It was probably once a week, that was the, that was the presumed time that we could try and afford to do it and it was probably mainly the Wednesday afternoon, but obviously in the ideal world that was the solution, but however, we’ve had a lot of high levels of staffing so it hasn’t been as sort of as willing as we’d able to sort of do it really, it’s been quite difficult.”

“It clearly says in the toolkit that whoever’s the day-to-day leader should have carved out time to run this, and I haven’t had that, so it’s definitely been a, sort of, ad-hoc, trying to fit bits and bobs in around my normal, sort of, day-to-day job, so it’s really difficult to identify an amount of time. All I can say is that it’s not been enough ... I’ve definitely, I think me, or whoever would be the leader of an Always Event should have a little bit of time every week, just to focus on keeping the milestones and moving it along.”

Staff engagement

Ensuring the engagement of frontline staff in the initiative was also raised as a challenge by some sites. The difficulties were felt to be due to a lack of time, staff shortages and the potential impact on workload.

“I think attitude as well to take it onboard because I mean, because we’ve been struggling to, you know, facilitate our own daily workload so when we’re adding something else on top it’s been difficult to get that engagement and sort of from the staff as well, so even though we’ve put it in staff appraisals, you know, to try and get engaged with the Always Event, I think it’s really difficult.”

“... the others that were enthusiastic at the beginning are just snowed under with their daily work so it’s difficult for them to find time to, you know, catch up on doing things that they need to do ... we’ve got about 30% of staffing sickness and when you put that on top of

annual leave and short-term sickness we literally don't have very many [staff members] at all ... it's been very, very difficult to maintain your normal work on top of things that we're opting in to do as well, so it has been a really big challenge for everybody and it's just keeping that morale up and championing it has been really, really difficult.”

The area of focus of the Always Events® also appears to be of relevance to the level of staff engagement; while one site felt that the topic chosen helped to ensure the engagement of staff another site felt it had hindered it.

“I think the topic is the right topic, so that helps ... we haven't given up, because I think the topic was right, and it's the right people behind trying to improve [condition] experience, like, [name], our lead Admiral Nurse, and the wards, as well, are absolutely, genuinely committed to improving experience of this group of patients.”

“I think the actual nature of the project that we picked ... you instantly hit a sort of, a wall of scepticism from the nursing staff that are on the ward, and the therapy staff, because they instantly wonder how it's going to impact on their workload

Trying to maintain the enthusiasm of members of staff involved in the Always Event was raised by some sites as being a challenge for the team. While there was initial enthusiasm following the launch event, some staff spoke of the difficulty in maintaining this enthusiasm and the level of work involved for the day-to-day leader in ensuring staff engagement.

“We went to the meeting with Pat and then from Pat it's us trying to replicate what Pat's saying as, you know, carrying on Pat's enthusiasm, and I think going forward it would be amazing if we could have got our staff, maybe if she came over a couple of days to present that presentation to get them as enthusiastic as what we were when every time we speak to Pat really.”

“...don't underestimate the amount of time and energy required to get this sort of engagement ... what you can't do is sit down with people, give them a presentation for an hour and expect them to be convinced of what you're asking them to do for the next six months. So yes, I would definitely agree with that, that lesson of engagement from the team from the very start.”

Factors that aid staff engagement

The interviews with staff revealed the importance of getting frontline staff from the pilot ward/unit informed and/or involved in the Always Event at the start of the pilot to avoid any confusion and to ensure their support for implementing the associated activities. Spending time engaging the staff with their Always Event and any proposed new ways of working was felt to be key to ensuring its successful implementation.

“...the very first thing we were led into doing by the sort of launch team was to go out and get service user feedback on what they wanted, what was important and what mattered... there was an unfortunate situation of when we sent out the questions to service users some staff picked it up ...and they kind of felt quite affronted I think that we were asking these questions to service users and we hadn't talked to them about it, but we hadn't been asked to involve staff directly at the beginning, that was a bit sort of further down the line ... but by that time the staff were a little bit disgruntled because they hadn't been involved from the beginning ... but as soon as they understood what it was about and felt involved in sort of

reviewing the contract and that, there was an immediate and very sort of clear shift there in the staff positively taking it on.”

“It’s taken some time and investment just to make sure that we’ve got all the staff on board, because our Always Event is a change from standard practice ... and it’s been about changing hearts and minds, just with a new way of thinking, really. But, actually, they’ve all come on board very quickly with it once we’ve actually invested time in engaging with them.”

Similarly, it was felt by one of the sites that asking for a ward/unit to express their interest to implement an Always Event would be a more effective and successful approach for engaging staff in the process than for day-to-day leader or oversight team to select a pilot ward/unit to work with. They felt this was an important area of learning and would undertake this approach if implementing another Always Event within the trust.

“I suppose just the whole event, if you like, has just been so difficult, and I think that stems from us, probably, setting it up in the wrong way initially, where we, sort of, came up with the idea, and then approached an area to try it ... anything else that we do, I’ll just be almost doing a call to action, and publicising that anybody can be involved who wants to be, but with their ideas ... it really needs to be coming from the place it’s going to happen, and led by somebody in that area, rather than us trying to, you know, encourage, if you like, an area to do something.”

Another of the sites had asked for wards to come forward if they wished to pilot an Always Event and this did appear to help with ensuring the buy-in from staff.

“...basically I just emailed back and said “Yeah, I’d be really keen to be involved, it sounds like something really good, I’d quite like to be involved” and essentially from that my unit which is the [name] unit, was chosen to be, where we would run the Always campaign from. So that was how it came about, it was really you know, just putting your hand up to say I was interested and then it kind of rolled from there really.”

Finally, one of the sites spoke of the importance of getting feedback from staff during the testing phases and then acting on this feedback to help with staff engagement.

“I would have to change, mid cycle, I’d suddenly have to change the plan in response to the feedback I was getting, and it was the feedback from the staff and they were getting feedback themselves from patients and patients’ relatives. So we were quite responsive to what the staff were saying to us, and I think that helped because they didn’t feel that I was imposing this on them, we were doing it together.”

6.2. Process of implementation

6.2.1 Creating an aim statement

The development of an aim statement appeared to be fairly straightforward for sites.

“It was quite clear once we’d done the services engagement which topic it was that was coming out on top, you know ... because it was so clearly the main sort of thing, that I think that gave us a real confidence, we were really doing what service users want, and it wasn’t really sort of complicated really to develop the aim statement.”

However, a few people interviewed spoke of their confusion between articulating the Always Event in the voice of service users (vision statement) and creating an aim statement which contains more specific details, such as numerical targets and a deadline date.

“There’s two different statements isn’t there and I think at one time we got a bit muddled, but the muddle was just what it was we are meant to be producing rather than the problem of producing it if you see what I mean, I think it was fairly straightforward because we were all clear what it was we were wanting for the service users.”

“I think, to be completely honest with you, I think first of all, we were muddled with it, and we got confused, actually, between, you know, having an Always Event slogan, and whatever, and then an aim statement ... obviously you have to have your measurements, and you need to be able to see what it’s doing, but I think we just kind of wanted to be really focused on getting the right behaviour statement, if you like, and so the actual aim statement didn’t seem as crucial.”

One site understood the importance of developing an aim statement based on service user feedback, although questioned how useful it was for this statement to contain such specific details and thought it could over complicate the process of getting to the desired outcomes.

“The actual process of sitting down with [service users], in our case, and staff, and saying, ‘What matters most to you?’ and then arriving at a statement that they felt was, you know, meant something to them, is really important. How we then used that to, you know, galvanise people to do things differently and make improvements is still definitely something that we want to do, but we’re almost, kind of, overcomplicating that with a specific aim statement that we then have to work to. I think we got challenged quite hard on that on one or two of the calls, but yes, we’re just going to do what makes sense, get the best outcome, and there probably needs to be a bit more licence for that.”

6.2.2 Measurement

Trusts in phase 2 were encouraged at an early stage to think about how they could measure the impact of their Always Event. One of the difficulties experienced by some sites was that existing measures of service user experiences, such as national surveys or the Friends and Family Test (FFT) were not appropriate to depict any changes in the particular area of focus of their Always Event. This may be because existing measures do not capture people’s experiences at ward/unit level and/or do not cover the aspect of care that is the focus of the Always Event.

One site highlighted the importance of ensuring that the patient survey developed for the Always Event work gathers the information they need in order to be able to measure the impact of their Always Event, particularly given that these patients have already been surveyed for other projects.

“Our patients are kind of surveyed almost within an inch of their lives so that’s why we need to be ... very specific about what we ask them with our survey because they are surveyed so much and I think it’s really important that we, the questions that we ask them are going to give us the answers that we’re looking for. You know, we need to make sure that they’re quite very clever questions that we get the information that we need so that we can see where we need to go.”

Collecting baseline data

Phase 2 sites were asked to think about how they could measure the outcomes of their Always Event and most sites had collected, or were in the process of collecting, some baseline data.

“The questions that we ask that we put out ... we’ll collate all that so that we’ve then got something to measure it against and we can see, you know, this is where the patients feel that we are at the moment, we obviously need to get to here, we’ll have a kind of a short term and a long term goal and we will use that as another measuring tool to be able to see where we are. And of course we’ve got our friends and family and, you know, the other things.”

A few sites spoke of the difficulty in obtaining baseline data, largely due to pressures and time constraints on frontline staff in the pilot ward/unit, and that they learnt the importance of setting this up at the start of the project.

“I think we found it difficult to get the baseline. I think we’ve definitely learnt the importance, actually, of measurement, because it’s been difficult. So again, I think we just, with the next one, we would just be setting that up right from the beginning, you know, what, how are we going to have a baseline with this, and what are we going to measure? And I think we didn’t realise that it was going to be that difficult to do the measurement for this one ... I think it’s just partly not having that carved out time ... I think on the ward, they’re just, you know, they’re completely swamped with their everyday jobs, so they need a, sort of, absolute constant reminder, and encouragement.”

One of the sites also discussed how the topic of their Always Event was difficult to measure.

“I think we possibly picked one of the hardest things to measure ... you’re essentially asking people, you know, how they feel about their experience of the person that they’re caring for being in hospital, and trying to do that on a routine basis, and that’s incredibly difficult to do. I haven’t seen many examples of places who have done that really well, so that doesn’t make it the wrong thing to try and improve, it just makes it really difficult to measure ... you can try and do your best to get an indication as to how well you’re doing, but just because you don’t have a, you know, a RUN chart that you’re updating every day, or every week, doesn’t necessarily mean that you’re doing the wrong thing ... I think if we were doing something in a different environment where you’d be dealing with a metric that was easier to capture, then, you know, I’d be absolutely the first person to say, you know, ‘We need to be capturing a really good baseline and monitoring our progress’, but the nature of the challenge that we picked was its possibly one of the hardest things in the hospital to measure.”

Most of the phase 2 sites were not at the point of measuring any change against baseline data, although one site had collected data from staff and patients through each of their PDSA cycles which they were in the process of collating and evaluating. Importantly, the site was using this feedback to ensure changes will be made to the design of the Always Event before further implementation.

“We’ve done four PDSA cycles to the end, and some of them have lasted for four weeks, some of them have lasted for a week, some have been two weeks, and at the moment we’ve

drawn the testing phase to a close whilst I do the evaluation ... we've identified we need to develop a visitors charter ...before we move forward with implementation any further within the trust, we need to get this visitors charter devised and embedded"

The same site, however, explained the difficulty in finding the time to evaluate the data collected at the time due to other pressures on staff and felt that dedicated staff time to help with this would have been beneficial.

"We started off very well, evaluating it, and then we've thrown all the information together and not necessarily pulled out the results properly, so I've got a lot of time that I need to spend on pulling the results together for each PDSA cycle at the moment. I think if we were smarter, we should have done it at the time, rather than having to go back to do it ... we've obviously had, you know, pressures within the trust, so our time has been spent elsewhere, where if we'd have had a dedicated team to do this, the information would have just been ready at hand already."

One of the sites that had started testing changes had not measured any significant improvements to patients' and carers' experiences so far but felt it would take time for any change to become apparent.

"We're nearly in May now, and you know, I don't think we can point to any significant improvements that have happened so far, but that doesn't mean we're not optimistic that there will be. So personally, I think if we get the right engagement with the right team, to making the kind of changes that we're talking about ... and if we try them and we're committed to doing that, then we'll definitely see a benefit ... but it will take some time to come through."

Filming service users and carers

Of the five phase 2 sites that were interviewed for the evaluation, two had filmed interviews with their service users and carers as an approach to gathering data on their experiences. Staff at both these sites believed that this was a powerful tool for capturing people's experiences and thought it was a useful approach for quality improvement. It was also felt that the filmmaking process was beneficial and valued by the service users and carers themselves who were filmed.

"I think having it filmed and that's what we said to them, "We think that your voice will be heard quite clearly if we manage to film you", and obviously ... we'll get it edited properly and we can make it into some kind of film that keeps people interested and focused but I think it will be a very powerful tool and it will show us where we started and where we ended up"

"Filmmaking is such a powerful way of getting the kind of qualitative information from people, and hearing some of that first hand, outside of people's normal environment, you know, personally I think that's really powerful, and ... having spoken to and read a lot about this kind of approach to improvement, I'm absolutely convinced this is something we should be doing more of, and it's something that I think more people really will probably want to get involved in in the future."

"I think actually they found it really positive, and I remember all three of the carers that

actually went on to our film, at the beginning, you know, were all sort of a little bit nervous, and then by the end of it, were all kind of saying, 'Oh, that felt really good. It was really good to talk about it and actually get, you know, my honest views across,' ...so I think they actually valued it themselves."

One member of staff did highlight that the filmmaking was expensive and took a long time to do the editing, so felt it may not be possible to keep making films if the trust carry on doing Always Events® in other areas/departments. However, it was felt the trust would get their money back on the film already produced as it will be used as part of staff training.

"...if we carry on doing the Always Events across other areas, we need to really think about how are we going to capture, powerfully, what patients are saying, if it's not going to be on film. And if it is going to be on film, I think we just need to be very careful of the cost and, you know, being ready for what the cost implication might be."

6.2.3 Sustainability and spread

The phase 2 sites were in the fairly early stages of implementing their Always Events® and so it was not possible to measure how well the changes had been sustained. However, staff were asked for their thoughts on the sustainability of their Always Event and the process of spread. Sites were confident that once properly tested and established their Always Event would be sustained.

"...our ultimate plan obviously of course, is that it will be sustainable so it will be rolled out across the trust in some format"

"I think once it feels like it's established in the area that we're doing it, I think actually, the sustaining it will become easier then, because it will start to be, kind of, ingrained."

"I think it's being trialed for a month, I think that's been agreed and if that goes well I think it will be sustained and I think it will just become part of the culture, I think if it works for this month then I think it will work, you know, in the long-term."

One of the trusts will be using their website to publicise their Always Event to the local community to help with its sustainability.

"We've got an external website as well, that they're just re-launching at the moment, they're just redesigning, so it'll be getting communication out into, onto that forum, and I would imagine it'll need to go out, perhaps we could look at local media and making sure that patients, or relatives are fully aware of what we're doing."

A few of the sites spoke of the interest that other wards had expressed in implementing the Always Events® and believed that spread would be achieved.

"...there are other wards that are absolutely interested in this, and when we first started it, other wards were interested, so I think once it's, kind of, all set up, I'm not that worried, really, about actually, then, spreading it."

"...it's definitely something we're going to continue with. We've already, I mean, I've already been talking to a couple of other teams about potential for doing Always Events, and that's great."

One of the sites had started thinking through the process of spread and had got the staff involved in the current pilot unit to talk at a meeting about spreading the Always Event with representatives from each of the divisions. The day to day leader recognised the importance of getting staff engaged in the process at an early stage for getting their support.

“We've got staff from the two pilot wards and we've invited ... the Assistant Director of Nursing for Corporate Services, and we've got the Divisional Directors of Nursing, and I've said to them, ‘The divisions really need to be involved, so if you can't come you need to send either your deputy or some of your matrons from the division, because this shouldn't be something that's imposed upon you, it needs to be something that we've all worked on together’.

The day to day leader of the Always Event at this trust also mentioned that they'd be drawing on support from other staff and departments when spreading the approach to other areas.

“I think there's going to be a lot of work from our point of view, from the patient experience, being out on the ward and being visible and supporting staff, and obviously we'll have staff engagement helping, and the communications team know that I'm going to be calling upon them in a big way to help.”

When talking about the sustainability and spread of the Always Events®, a few trusts mentioned resources and/or the financial implications that would need to be considered.

“It's just about getting the right tools and the resources for the staff as well because at the moment we're all, you know, we are in the NHS, it's challenging, we've all got financial constraints and limitations, so once we get the right tools for the staff I think it'll help as well.”

6.3. Factors that helped implementation

During the interviews, staff were asked what factors had helped with their implementation of their Always Events®, and the following things were mentioned:

- The launch event and subsequent site visits
- Support from IHI, NHS England and Picker
- Support within the trust

6.3.1. Launch event and site visits

The launch event was regarded by sites to be useful for engaging, and motivating, their staff that would be involved in the Always Event. It was felt that the launch helped to highlight the importance of co-design as an approach to quality improvement to other members of staff, such as clinicians. One site said it had also been helpful in terms of developing their aim statement.

“I think that, the initial meeting that we had with, you know, when we had the site visit with the teams that was really useful because we almost developed our aim statement there and then, so it was quite, it was quite easy to do.”

“I think it would be useful to have an initial kick-off session that we did, I think just before Christmas, even, with, you know, good representation from IHI, Picker and NHS England where we also managed to get a lot of our clinicians in the room, and just talking about the philosophy, continually pushing that message of, you know, co-design being the way forward for doing improvements, it’s really helpful. The only thing that stops us from doing that is, you know, people not considering it as the way we should do things.”

Trusts also valued the additional site visits carried out by representatives from NHS England which they found helpful and motivating. As described in section 6.4.2, some members of staff preferred such face to face meetings to other forms of support.

“He [Paul, NHS England] came and he had a meeting with several of us in the sort of project team and a couple of other people were drawn into it and that was extremely helpful and he gave us lots of positive feedback... it’s just when you’ve worked hard at something in a short timeframe it’s always nice to get acknowledgement ...it was helpful, it was just so much better, you know, being in the room with somebody that I would have liked if that was possible, I would have preferred more of that, I mean we had one of those I think, we had the launch where we met people, and then one of those, and if it was possible to arrange more face-to-face I would have found it better.”

6.3.2. Support from IHI, NHS England and Picker

The sites interviewed regarded the support from IHI, NHS England and Picker to be helpful in implementing their Always Events®. Staff felt that the Always Event framework was helpful for knowing what to do and that the timeline helped keep the project moving forwards.

“We were going to do this project anyway, but I think we would have struggled because I wouldn’t have known where to start with it, so getting involved with the Always Event was, it did provide us with that structure and that framework to work to, and the support as well, because sometimes, well, we didn’t have the dedicated time or team to work on it, so having that help and that support there was really, really valuable to us.”

“...being of sort of being kept to within that sort of timetable if you like it has meant we’ve pushed things ourselves, you know, we’ve pushed other people to sort of, to respond to that, and I guess left to our own devices, you know, we’d have been... we’d probably have been more spread out, so the fact that there was that strict timetable made it difficult, but it also meant that it actually, I think implementation of the testing, if that’s this week, so to my knowledge, and that was the plan to start this week, so really from January to then I think that’s really great.”

“I like the fact that there was the basic template so that you had the timeline, you know, that by this point we wanted to be at this phase... I think that’s very helpful because otherwise it’s very easy to kind of think “Right, well okay, I’ve got, I’ll deal with that next week” ... you kind of know that you really want to be working towards having that done by then and so you specifically set aside time to do that. So for me, I personally liked that, I felt that that was, that kind of gave me a guideline as to where I was going.”

Some staff also felt that the fortnightly update calls with representatives from the three organisations were useful for getting advice, maintaining enthusiasm and for ensuring the

pilot progressed. However, as described in section 6.5.2, some staff felt there were also downsides to the regular update calls.

“I think the phone calls were really useful ... because it was from those phone calls that I realised it was, you know, stop getting hung up because you haven't got a patient engagement group because, you know, you're still doing it on a one-to-one, so that's fine. And I think it was good to be on the calls with the other organisations, because you realise that you were perhaps doing more than others, if you know what I mean. That sounds terrible ... we were perhaps a couple of steps ahead than others were, so it was nice to hear, when you think, you get bogged down, don't you.”

“I think having the regular chats with Pat kept your enthusiasm, I think had we not had those chats that, you know, I think that things would have been, we'd still probably be right at the start trying to get [service users] to engage to be honest, but having that direct, you know, those weekly kept you on your toes, if you know what I mean, tried to get you to go forward.”

“We had the conference calls and that was quite valuable, although it was sometimes a little, it felt that we were going, you know, we were going up in one direction and they were pulling us back, but, actually, I think it worked quite well in the end just to have that little bit of touch base, and when it was positive that was really valuable ... the sort of validation of what we were doing, which was quite good.”

The toolkit and slide deck was mentioned by one site as being useful to help structure what activities needed to be done. Although another site mentioned they had not used the slide deck as a tool for updating progress, they did comment that it would be used as a basis for a presentation to inform other staff in the organisation about the Always Event being piloted.

“I was just reviewing all the information from when we first started, and I think the toolkit that was sent out at the beginning, I think that's been (helpful), I operate very well with structure, I like anything like that and it's good to keep going, have something to go back to, to refer to.”

“I think the slides as well, you know, when we had to update the slides I think they provided you, they kept you on track as well, because you obviously have to go in and update the slides.”

“I'm afraid to say that that's where the time challenge is, and most of our feedback was, ended up being verbal, which is a shame, but I will be using a form of the slide deck because I'm going to talk to some of the wider trust about what we've done, and then, so I'll use that slide deck as a basis for my presentation for them.”

Staff also spoke of the support from representatives of the team with regard to providing advice.

“I think, that was another aspect, Paul [NHS England] was a good source of information, because he kept emailing us saying, “Why don't you ring here and why don't you go there”, so he was really useful in that respect as well for us.”

“I had a conversation with Lindsay and Helen [Picker] about the questionnaire, because I did have reservations about it, but it's because I... my head doesn't work in that way really and once Helen explained why it was the question was asked in a particular way, how things are

phrased and that, you know ... I don't have that sort of analytical brain that sort of measures risk assessment and measures things ... that's not my particular skill so I leave that to the people that are good at that."

6.3.3. Support within the trust

Staff interviewed spoke of the importance of having senior or executive support for helping with the implementation of their Always Event. Such support can help to ensure the pilot is kept at a high profile within the trust and provide some accountability for longer term goals to be achieved.

"I think having exec support and a little drive from them was useful, because, I mean, I think because we were a pilot, our exec was quite keen for it to succeed and be quite positive, so she did, you know, support and she offered any advice that she could, and at the engagement event and when she was with the Governor, she also brought it up there, so it helped keep it high profile, so actually having that higher level support was valuable."

"We've got great support from senior management at the hospital, they're all very keen, obviously this happens and gets rolled out and our ultimate plan obviously of course, is that it will be sustainable so it will be rolled out across the Trust in some format."

"It's a difficult one. I mean, originally, you know, there was talk of some real support, if you like, being created for this, and that never came, so that was a bit of a let-down. I think that was just a financial, you know, constraint ... so it's not that they didn't want to, it's just that we were coming up to a financial year end that was very important and there wasn't any money left to spend ... there's absolute support from the executive team, certainly our chief nurse, total support, in terms of allowing me to do it or being supportive of the process, but I would say that that's as far as it goes, if you like. Then it is, kind of, left to you to just get on with it a bit."

One of the sites felt that one of the key factors that helped with implementing their Always Event was having some support from colleagues within the trust's central improvement team. Similarly, another site found that their staff engagement co-ordinator was extremely valuable in getting staff on board with the pilot and reduced the workload for the improvement team. While not every trust will have access to such support roles, it does show that engaging with other members of staff and departments in the organization, such as the quality improvement team or communications department, may be of help when implementing an Always Event.

"We've got a, sort of, central improvement team ... who act as project managers and service improvement leads for various different initiatives around the organisation so we've made that available, and will continue to make that available as long as we're doing this piece of work because I think it's one of the learning points for us, is that the subject matter experts like Louisa, and the local clinical team, the ward team, also need that additional logistical support to make it happen ... so fortunately we're in a position to do that, and we think it'll be a help going forward."

"We worked very closely with our staff engagement coordinator ... [name] was absolutely fantastic with supporting the staff, and she'd go up and she'd listen to their concerns... and

she was able to work with them, but it takes a little bit of time ... it would have been an even bigger piece of work for us to undertake if we hadn't have had [name] involved.

Sites also spoke of the importance of having a member of staff to oversee the Always Event work, such as someone who has experience in project management. Staff felt this was helpful for ensuring progress was made to support staff in the implementation team.

"I think it's been quite good having our [staff member] oversee it as she's sort of been overseeing the task, having one person leading it and then all of us being in a group and meeting regularly, so she has championed and probably taken on a lot of the job role her ... and so having somebody like [name] that has a little bit more time to devote to the Always Events has been really, really helpful, so you know, she has taken on and attended phone calls that we couldn't always make... so I think she's been fantastic in taking a lot of the pressure off us."

"...she's been actually key to keeping us on track ... and I would advise anybody taking on something like this to have somebody as a dedicated project lead, who formally does, you know, project work like this, because it's quite hard to get into... to do it on such a tight timescale ... it has been quite a short turnaround to get it sorted out. I think having somebody who does that is important, you know, who can set us the targets and keeps us within that, you know, keep us from slipping."

"[Name] has been great and I know that we can pick up the phone to her at any time and talk to her ... so I do feel that, you know, as and when we need it she will be there to support us"

6.4 Strengths of the Always Event framework

The interviews with the phase 2 sites showed that staff really valued partnering with service users and carers to co-design and implement their Always Event. Staff recognised co-design as being fundamental for quality improvement work.

"Getting the service users involved from the very start, are just absolutely essential ... certainly that was incredibly valuable."

"We've learnt so much already from just by talking to our patients ... when we first took it on, we were absolutely convinced that the thing that they would say would be "I always want to see the doctor on time" ... but we learnt so much because that never even, that didn't cross their minds, that didn't get mentioned. So it was a huge learning curve in that what we think, it just goes to show, that we think is important is often very, very different from what they see as important ... it was like a little light bulb went off in my head."

"I think the Always Event has been great, and will continue to be really good for us as an organisation, as a kind of lever, if you like, to get more people to be co-designing improvements with their patients."

Staff were positive, overall, about the Always Event framework for providing a structure to carry out quality improvement work.

"I think, like I say I think basically it's just a successful programme ... I think the basic sort of setup worked well, you know ... and it's really, really satisfying to have sort of reached a

point of a change that I really believe is going to make a big difference to a lot of people very quickly, you know, it's really satisfying to be part of that."

"I think it's a really good project to be in, but we were going to do this project anyway, but I think we would have struggled because I wouldn't have known where to start with it, so getting involved with the Always Event was, it did provide us with that structure and that framework to work to... I think I'll definitely, definitely use the structure for other things that we do."

I think, actually, it was really good in terms of the project design - that was really valuable.

When asked what one piece of advice they would give to another organisation considering implementing an Always Event, three interviewees responded that they should do it.

"I think my advice would be, to any organisation, would be to do it, definitely do it, involving patients in co-design for improvement is definitely something that, you know, organisations like ours should be doing. If not, then they're missing out."

"Oh just do it ... I think it's an excellent opportunity to focus on an area of development and make it happen"

"Enjoy it, brave it out and enjoy it, put your head above the parapet and do it because you learn a lot."

Staff were positive overall about the Always Event framework and considered it to be a useful approach for quality improvement.

6.5 Suggested improvements

6.5.1 Toolkit

As discussed in section 6.3.2, a few people interviewed found the toolkit useful for understanding what to do when implementing their Always Event. However, the interviews revealed that other staff found the toolkit too long and did not appear to find it overly helpful. It was suggested that a short simplified summary would be useful that could be provided to staff outside of the core improvement team to help with their understanding of the Always Event framework.

"I think we found the toolkit a little bit clunky. It's just so wordy, and if you, sort of, pulled out a summary of the toolkit, you could simplify it and make it, sort of, more appealing for people. So, you know, then everybody involved in the Always Event could just have a, you know, two or three page, kind of, gist of actually what the steps are, you know, and I suppose something to back it up with a bit more detail in certain areas, if they wanted to look at that. But I think we did find the toolkit, you know, a couple of us probably read the whole toolkit, but then we were the ones with the knowledge, but actually everybody really needed to have a kind of, an easy-read version, if you like, a simplified version."

Similarly another interviewee felt that it would have been more helpful if the toolkit was a reference tool that signposted people to where they could find guidance in specific areas.

“it [toolkit] is big, it’s almost like you just think, the time that I do have to work on it, by the time I look at that...that reduces the amount of time I’ve got to work on it so I’d actually rather just work on it but it’s handy to have it there as a reference but it is a big document ... if it was like more of a reference tool than actually this big document, it gives you the pointers as to where you need to go for a specific help or specific guidance I think that would be easier.”

Staff also suggested that it would help to share the information in a more interactive way. This could include, for example, providing guidance and supporting materials to staff through a website (which could include film clips) and/or webinars.

“If we can try and keep it less wordy and more like interactive I think, I think it would just help our engagement, you know, kept in the forefront of your mind.”

“I just don’t like reading lots of things ... and it’s finding the time to read it but also if I was to have a discussion with you about the toolkit I would have learnt more from you chatting to me than reading it ... whereas if you have something that’s interactive I’m a lot more of a, like an interactive learner, you know, a practical learner and to me that, I wouldn’t have found that helpful.”

One of the sites felt that the toolkit could be simplified by focusing on the key features of a co-design approach to quality improvement and being less prescriptive on the particular steps involved in implementing an Always Event.

“I guess just reflecting back on something like the toolkit, allowing organisations to find their own way to hit certain, you know, key points within the toolkit, will probably be a better approach in the future. I think if you ... simplify it down into four or six key things that should be happening when doing any kind of co-design work, but that actually each organisation needs to find their own way to do these things, given their own unique circumstances, and their environment, and that’s probably a better way of doing it, rather than trying to be overly prescriptive”

There were two specific suggestions for additional content for the toolkit:

1) A PDSA cycle template

“I did spend a little bit of time trying to Google PDSA cycle template, so it would have been useful if the toolkit would have had the template already in there. Because there were that many that I saw, that many different variations, that I thought, “Well, if you’d have just provided one, it would have been a lot easier ... I ended up using an IHI one, as it happens, that was the easiest one that I found and fitted in nicely with how I wanted to collate my information, but if it had have been there, that would have saved, you know, an hour or so.”

2) A ‘trouble-shooting’ page

“I think it might have been useful, I was just looking at the toolkit again then, to have some sort of trouble shooting tips, conceptions ... because then I might not have spent quite so much time fretting about not having a patient involvement group.”

6.5.2 Support for trusts

While staff thought that the update calls with the team were helpful in terms of progressing the Always Events® (as described in section 6.4.2), it was felt by some that there were too

many calls and that they were not always helpful to them; one member of staff became confused about the different groups that should be set up as part of the Always Events® framework.

“[Name] always was on the calls and I think she felt they were too frequent because we kind of, from one phone call to the next, we hadn’t actually really done a huge amount. I know that she said she always felt like we weren’t progressing, it felt, it seemed like, it came across that we weren’t doing anything or we weren’t progressing because we had not really much else to report because they seemed to be quite frequent.”

“It felt like there were so many phone calls ... I suppose it was part of a checking up on the timetabling stuff, I don’t know if they were in themselves that helpful, I can’t quite decide on that or not, you know, whether it was because we had a phone call that we wanted to make sure that we fulfilled something so we could report well on the phone call or whether we could have done that another way... I just don’t like it as a way of working, but I can see that it was perhaps necessary in this context.”

“The calls were not always, didn’t always add as much quality to us as I would like them to, certainly the mixed site calls because we didn’t have that communication with another site, but in terms of, when we just did the personal calls, they were quite good because they did keep us on track a little bit.”

“I kind of have mixed feelings, in a way, about the calls. I found that to start with, they were a real benefit because they kept ...my own mind focused, and it, sort of, gave me a bit of a target, if you like, to trying to move things forwards a bit, and you know, it was good to get the input and the advice. But on the other hand, occasionally I also found some of the messaging, I suppose, coming out of the calls, slightly confusing. I’d sort of come off a phone call feeling a little bit muddled about what are you doing, and certainly with the whole, kind of, setup of the working group and the whatever it was, all these different groups and it all just became a bit of a muddle in my own head, and actually I would have found it easier just to, sort of, probably do it my own way, which would have been slightly different to having all these separate groups.”

In general, those interviewed felt that they would have preferred more face to face support rather than the telephone calls although they recognised the logistical challenges that this would entail due to the geographical spread of the trusts involved in the programme. One interviewee suggested that there could be a network of people where those more local to the trust could meet with the improvement team.

I think it’s [telephone update calls] not as powerful as having somebody to physically meet you, so I think, I think in moving forward I think if you could do, like obviously I know Paul came down but I wasn’t able to meet Paul, so I think it would, you know, having that more, it’s difficult ‘cos we’re all based in so many different vast areas, but a bit more of a network that’s closer to home that you could physically meet somebody I think would be a lot more, you know, a lot more rewarding I think.”

“For me, I prefer face-to-face sort of meetings as I find that more powerful than, you know, anything else really ... presentations and Word documents isn’t my cup of tea and it’s not my way of learning.”

“Just something like whether there's a network [of people] that are a little bit more local that could meet with us or, you know, something like that would have been, as much as telephone conversations are great you don't know who's gonna speak next so then you all feel there's long pauses and it's a little bit impersonal isn't it, and I think that, you know, having met Pat ... she was just such an inspirational lady and you don't get that as carried forward in telephone conversations as well as you do when you're face-to-face.”

6.6 Project team assessment of pilot site progress

From January 2016 onwards, an assessment framework designed by IHI was put in place to evaluate the progress that the phase 2 pilot site teams were making. This measurement process was not designed to be punitive towards sites, but instead to guide the Always Events® project team (IHI, Picker, NHS England) in their approach to supporting teams. This methodology aimed to help teams focus on moving from one “level” of progress on the framework to the next, rather than aiming at the “best practice” end point.

6.6.1 Design and implementation of the framework

This framework evaluates progress in three key areas:

- Patient and Family Involvement.
- Project Activity e.g. tests of change.
- Measurement strategy and data collection.

The framework broke progress in each of these areas into 10 bands, numbered in 0.5 intervals (see the table below). Level 5 represents the best possible scenario for that area of the project.

During fortnightly catch-up calls with pilot site teams, members of the Always Events® project team evaluated their level of progress against the three areas of the framework, giving them a score out of 5. The score was inputted on a “tracker” document shared between teams.

Score	Patient and Family Involvement	Project activity	Measurement strategy and data collection
0.5 - Intent to participate	No engagement of patients or families	General project identified but no team assigned	N/A
1.0 – Charter and team established	Use of survey data or past interviews generate patient and/or family perspective OR patient and family members identified but no engagement yet	General area of work and population of focus developed and team assigned	At least one measure to know change is an improvement has been collected
1.5 – Planning for the project has begun		Organisation of project structure has begun (e.g., collected background data, identified first area of focus, gathered tools/materials, developed meeting schedule)	At least one measure to know change is an improvement has been collected
2.0 – Activity but no changes	Use of one-time meetings or patient/carers focus group	Always Event has been identified, aim statement drafted, and project planning underway	At least one project measure has been defined and plans made to collect data to demonstrate improvement. Team has described

			how much improvement they expect by the end of the project.
2.5 – Changes tested but no improvement		Team has identified component and/or composite changes to meet the Always Event. One or more PDSA cycles for testing changes has begun	
3.0 – Modest improvement	Ongoing patient and family focus groups or multiple meetings to hear patient perspective	Successful tests of change have been completed for at least three changes. Some small scale implementation has been done	Anecdotal evidence of improvement exists
3.5 - Improvement		Testing and implementation continue	Additional improvement in process measures, especially reliability of process, is seen
4.0 – Significant improvement	One patient or family member from representative population actively engaged in improvement efforts	Expected results achieved for major subsystems. Implementation (e.g., training, communication, etc.) has begun for the project	Process goals are 50% or more complete. Outcome measure shows anecdotal evidence of improvement
4.5 – Sustainable improvement		Continued work on implementation and initial plans for scale.	Process goals are met; initial improvement in outcome measures.
5.0 – Outstanding sustainable results	Two or more patients and families from representative population actively engaged in and a part of improvement team.	Implementation cycles have been completed. Scale-up has occurred in a second unit. Organisational changes have been made to accommodate improvements and to make the project changes permanent	Improvement in outcome measures. All project goals and expected results accomplished.

6.6.2 Findings of the assessment

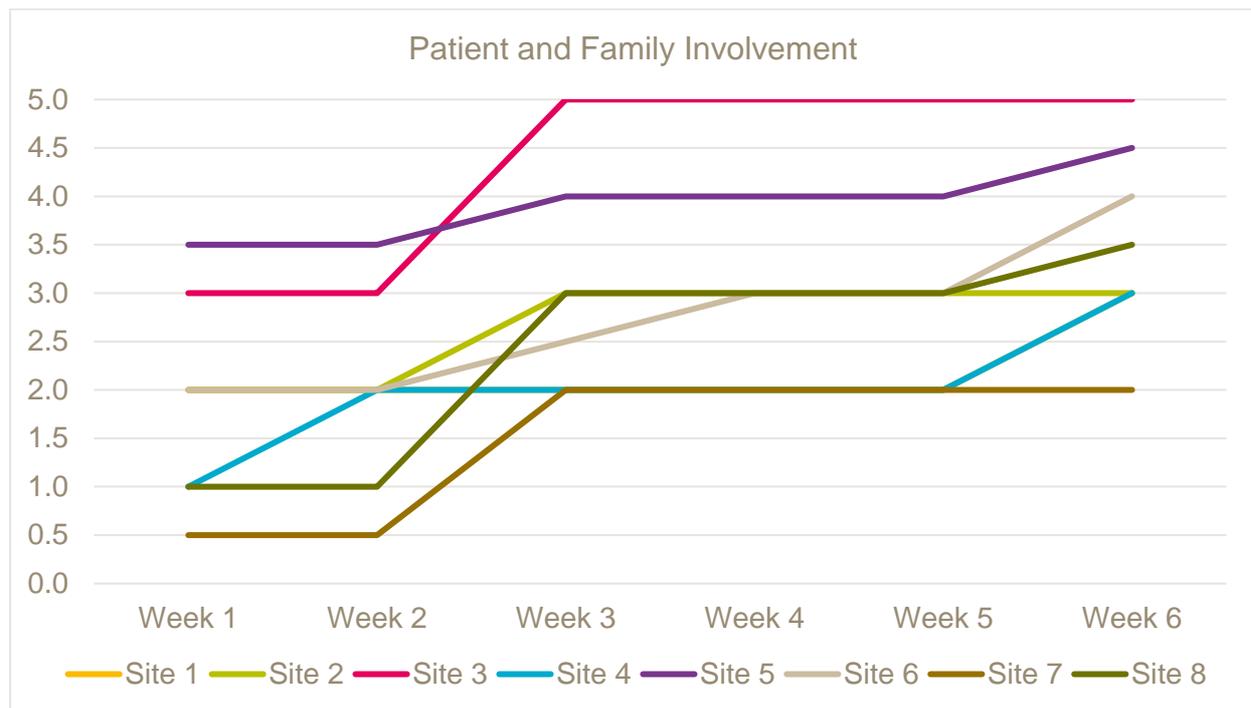
Findings of the assessment for each of the key areas over a six week period are shown below. It is important to note a number of caveats with the results presented:

- Not all teams participated in every fortnightly catch-up call during the assessment period, so the data is not complete. This does not mean that no progress was made, For example, where a plateau in the data is seen, this does not necessarily mean that no progress was made, it could just be the result of not getting regular updates for the data meaning that progress could not be evaluated.
- The data presented is only for the six week period at the start of phase 2. Tracking data for a longer time period would provide more insight into progress with project activities and outcomes achieved

Patient and Family Involvement

Average change: the average change across all sites was 1.625, more than three full levels.

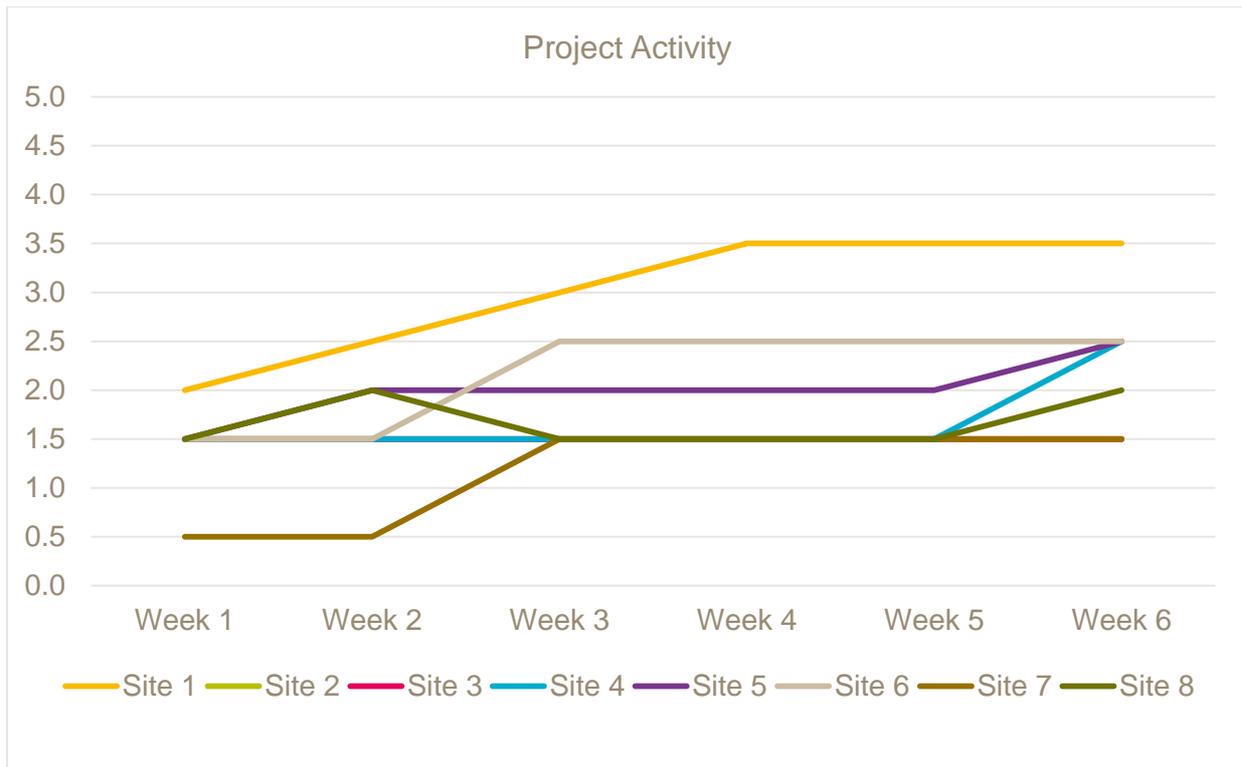
Greatest change: the greatest amount of change made by a single site was 2.5, i.e. 5 full increments.



Project activity

Average change: the average change in the project activity across all 8 Phase 2 sites was 0.8, slightly less than two increments.

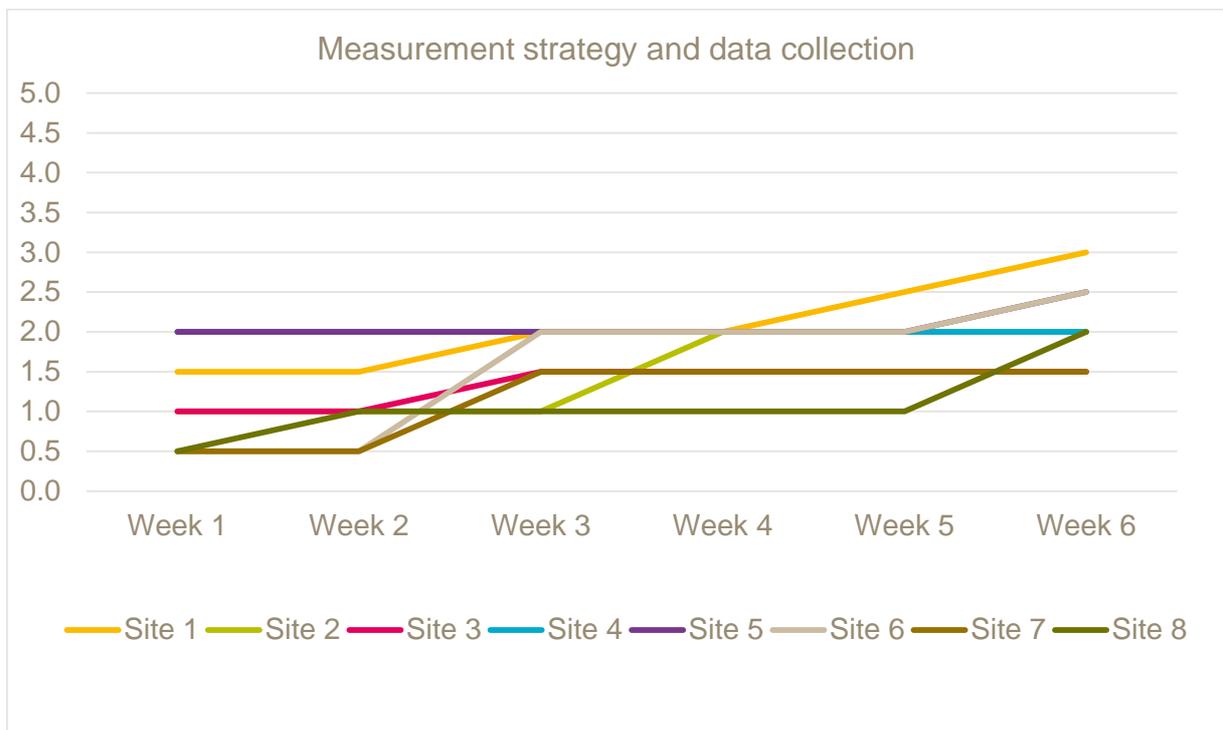
Greatest change: The greatest amount of change made by a single site was 1.5 – i.e. three levels.



Measurement strategy and data collection

Average change: the average change in the project activity across all 8 Phase 2 sites was 1.06, slightly more than two full increments.

Greatest change: The greatest amount of change made by a single site was 2.0, i.e. four full levels.



7. Conclusions

This report outlines the findings from the evaluation of the programme to pilot and test the implementation of Always Events® within the NHS in England. While the aim was to incorporate both a ‘process’ and ‘outcome’ evaluation, the focus has been on understanding the process and success of sites implementing their Always Events®. As most of the trusts involved in the programme, with the exception of one of the phase 1 sites, were still in the initial stages of implementation at the time of writing this report it was not possible to assess the effectiveness of the Always Events® in producing change in service user experiences.

Always Events® framework

Staff were largely positive about the Always Event framework for providing a structure to carry out quality improvement work and recognised the importance and value of partnering with service users and carers to co-design and implement their Always Event. The Always Event framework and timetable were felt to be helpful for knowing what to do and for keeping the implementation of the Always Event moving forwards. Staff who were interviewed felt that the launch event and site visits by representatives from IHI, NHS England and Picker were useful for motivating staff and highlighting the importance of co-design.

Those interviewed had mixed feeling about the regular update calls; they were found to be helpful for getting advice and progressing the pilot although some felt there were too many calls and/or would have preferred more face to face support.

Most staff interviewed thought the toolkit was a too long and could be simplified. Some suggested that a shorter summary of the toolkit would also be useful for staff outside of the core improvement team to help with their understanding of the Always Event framework. It was felt by some of the staff interviewed that providing this information in more of an interactive way could help with engaging staff in the programme.

Partnering with service users and their families

A key distinction of an Always Event is that it is co-designed with patients, service users and family members. Staff recognised the importance and value in partnering with their service users for the successful piloting of their Always Event. It was acknowledged that co-design is fundamental for quality improvement work and some sites said they would seek to use this approach going forward. The factors which appear important for achieving a strong and successful partnership with service users are:

- ✓ Ensuring that the area of focus for the Always Event is identified by patients/service users
- ✓ Patients/service users suggest the ways to improve care and co-design the activities
- ✓ Patients/service users are continually engaged in co-designing the Always Event
- ✓ Staff having good facilitation skills and support patients/service users in their involvement
- ✓ Patients/service users see the benefit of their involvement

Challenges and possible solutions

The four main challenges experienced by the sites piloting an Always Event were:

1. Maintaining the momentum of implementing the activities when there has been turnover of key members of staff.

The evaluation showed the following factors might help mitigate this difficulty:

- Having a team of people involved in co-designing the work, including patients/service users and frontline staff working in the pilot ward/unit. This is important to ensure continuity during staff absence or changes.
- Getting senior staff support for both framing the Always Event positively to staff and for providing some accountability and commitment to the work.
- Linking the Always Event with other streams of work and/or building on existing initiatives that form part of the trust's overall quality improvement strategy.

2. Recruiting service users (and their family/carers) to become part of an ongoing co-design group. While engaging service users at the start of the process to understand what matters to them was largely successful, some trusts found it difficult to recruit and/or get the commitment from people to be part of an ongoing improvement team.

Factors that might help mitigate this challenge include:

- Utilising any service user representatives associated with the trust to engage service users with the Always Event.
- Building on any existing patient groups/panels and/or relationships formed between staff and patients working on other quality improvement initiatives can be helpful; some pilot sites highlighted that their engagement with patients and their families was made easier as relationships had already been formed with key members of staff in the improvement team.
- Personally inviting service users to become involved in the Always Event is likely to be a more successful approach than sending out a generic invitation.
- Thinking creatively about how to recruit and engage service users with their Always Event, such as using social media (e.g. Facebook).
- Using some sort of financial incentive to help recruitment.

3. Ensuring that frontline staff in the pilot ward/unit/service are engaged and supportive in implementing the Always Event activities. The difficulties were primarily felt to be due to a lack of time, staff shortages and the potential impact on workload

The evaluation showed the following may help to address this challenge:

- Asking for a ward/pilot unit to volunteer if they are interested in implementing an Always Event.
- Ensuring frontline staff from the pilot ward/unit are informed and/or involved at the start to avoid any confusion and to get their support for implementation.
- Not over-burdening staff with implementing the activities. Once embedded, the Always Event should form part of their everyday role.
- Staff need to see the benefits of implementing the Always Event for patients/service users.
- Getting wider trust support from colleagues within other departments to engage staff in the pilot ward/unit and to reduce their workload.
- Utilise any trust-wide staff engagement coordinators.
- Gathering feedback from staff during the testing phases and then act on this feedback to address any areas of concern.

4. Evaluating the impact of the Always Event activities on service user outcomes due to:
- small numbers of patients/service users in the pilot ward/unit/service
 - a lack of capacity or resources to measure people's experiences as existing measures, such as the Friends and Family Test or national surveys may not be appropriate to capture change in people's experiences

- Important to consider how the impact of the Always Event can be measured at the start of the project.
- Identifying if there is any dedicated staff resources/expertise to help with measuring and evaluating outcomes.
- Filming service users and staff is a powerful tool for gathering feedback and measuring impact.
- Continually measure the Always Event activities during testing and make changes to the process to ensure success and sustainability.

Appendix 1 Interview discussion guide: early stage

Introduction

- *introductions and thanks for time;*
- *recap purpose of discussion/interview – what we want, how long it will take, what happens with information; emphasise we realise that some of what we are asking is covered in the update calls but that we need to make sure we have accurate information and that we have a way of collecting this data in a standard way across sites.*
- *check understanding of the evaluation, explain as necessary, check do they have any questions?;*
- *obtain verbal consent to carry out interview*
- *[if using] explain audio recording, request permission and clearly indicate when recording started;*

Background

Q1. Could you briefly tell me about your role at [Trust name]?

- *How long have you been working at the Trust and in what capacity?*

Q2. What interested you in taking part in the Always Events programme?

Q3. a) What has been your involvement in the Always Event programme?

If not covered:

- *Have you been involved from the start?*
- *How much time are you working on the programme?*
- *How are you supported by your manager/colleagues to work on the programme?*

b) How many members of staff are directly involved in implementing the Always Event?

- *staff roles/departments and how they are involved*

Q4. Could you tell me about the Always Event that is being implemented at your trust?

If not covered:

- *What is the aim of your Always Event?*
- *How/why was this topic selected?*

Partnership with patients

Q5. How are patients and family members involved in the programme?

- *Have there been any challenges to recruiting and/or involving patients?*
- *How will patients/family members continued to be involved?*

Q6. What value/importance does involving patients and family members have?

Q7. What factors do you think help or hinder the involvement of patients?

Always Event activities/components

Q8. What activities have been implemented so far?

- *Are any activities yet to be put into practice?*

Q9. In your opinion, how successful has the implementation of these activities been?

- *Refocus as necessary on the 'delivery/implementation' of the specific activities (rather than outcomes)*
- *What have been the main enablers and barriers to implementing the Always Event?*
- *Has it been harder or easier than expected to implement?*

Q10. What changes (if any) have been made to the design of your Always Event programme?

- *Why were changes made?*

IHI and NHS England

Q11. Could you tell me about the support your trust has received from IHI and NHS England?

Probe as necessary 'tell me more about that', 'why do you say that'

Impact of the Always Event

Q12. How are you planning to measure the success (or impact) of your Always Event?

Refocus as necessary on how success is being 'measured'

Q13. How successful do you feel the Always Event will be for improving patient/service user experiences?

- *What benefits do you anticipate?*
- *What drawbacks, if any, do you anticipate?*

Q14. Last question ... How well do you think the Always Event activities will be sustained longer-term?

- *What do you feel will be the main challenges for sustaining your Always Event activities?*
- *Do you think the Always Event will be rolled out to other wards/departments in your organisation?*

Is there anything I haven't asked you that you think I should know?

Interviewer to wrap up with summary of learning, importance of gathered information for evaluation, and thanking participant for their involvement.

Appendix 2 Interview discussion guide: impact on staff

Introduction

- *introductions and thanks for time;*
- *recap purpose of discussion/interview – what we want, how long it will take, what happens with information;*
- *check do they have any questions*
- *obtain verbal consent to carry out interview*
- *[if using] explain audio recording, request permission and clearly indicate when recording started*

Always Event: impact on staff role

Q1. Could you tell me about your role at [Trust name]?

Q2. Can you tell me about how you've been involved in the Always Event programme?

- *Have you been involved from the start?*
- *How much time are you working on the programme?*
- *Are you clear about the aims of your Always Event?*

Q3. How has your Always Event has changed the way you work?

- *What are you doing differently now?*

Q4. What have been the impacts on your job since being involved in the programme?

- *Benefits / drawbacks*
- *Has the Always Event helped you to do your job more effectively? How has it improved things?*
-

Q5. What have been the main challenges, if any, to implementing the Always Event activities?

Q6. How are you supported by your manager/colleagues to work on the programme?

Q7. Have you suggested any changes that could be made to how the Always Event is implemented?

Always Event: impact on service users

Q8. How successful do you feel the Always Event is for improving service user experiences?

- *What benefits have there been for service users?*
- *What drawbacks, if any, are there?*

Q9. How well do you think the Always Event activities will be sustained longer-term?

- *What do you feel will be the main challenges for sustaining your Always Event activities?*

Q10. Have there been any other impacts or outcomes that you?

Q11. Do you know if the Always Event will be rolled out to other wards/departments in your organisation?

Partnership with patients

Q12. Can you tell me how service users are involved in the programme?

- *Have there been any challenges to involving service users?*
- *How will service users/family members continued to be involved?*

Is there anything I haven't asked you that you think I should know?

Interviewer to wrap up with summary of learning, importance of gathered information for evaluation, and thanking participant for their involvement.

Appendix 3 Lancashire Care NHS Trust: Discharge closure template

<u>Q'nnaire</u>	<u>Discipline Allocated</u>	<u>Discharge Date</u>	<u>Discharge Letter</u>						<u>Telephone Call Date</u>	<u>Attending Pop In & Chat</u>
			<u>GP</u>	<u>Service User</u>	<u>Referrer</u>	<u>Accessible Font</u>	<u>Letter Sent</u>	<u>Discharge Card</u>		
1	Nursing	20/07/15	x	✓	✓	✓	16/09/15	Yes	24/09/15	no
2	S<	18/09/15	✓	✓	✓	✓	21/09/15	Yes	25/09/15	no
3	Nursing	23/07/15	x	✓	✓	✓	16/09/15	Yes	24/09/15	Yes
4	Nursing	12/08/15		✓		✓	16/09/15	Yes	24/09/15	no
5	Nursing	14/07/15	x	✓	✓	✓	16/09/15	Yes	24/09/15	Yes
6	Nursing	14/07/15	x	✓	✓	✓	16/09/15	Yes	25/09/15	no
7	Nursing	13/07/15	x	✓	✓	✓	16/09/15	Yes	25/09/15	no
8	Nursing	14/07/15		✓		✓	16/09/15	Yes	24/09/15	no
9	Nursing	23/07/15	x	✓	x	✓	16/09/15	Yes	24/09/15	no
10	S<	10/07/15		✓		✓	16/09/15	Yes	25/09/15	no
11	Nursing	14/07/15		✓		✓	16/09/15	Yes	25/09/15	no
12	Nursing	22/07/15	✓	✓	x	✓	16/09/15	Yes	25/09/15	Yes
13	S<	17/07/15		✓		✓	16/09/15	Yes	01/10/15	Not Sure
14	Nursing	02/11/15	x	✓	x	✓	02/11/15	Yes	16/11/15	Yes
15	Nursing	27/11/15	x	✓	x	✓	27/11/15	Yes	15/12/15	No
16	Nursing	03/12/15	x	✓	x	✓	03/12/15	Yes	21/12/15	Yes
17	Nursing	11/12/15	x	✓	✓	✓	11/12/15	Yes	Opted Out	No
18	S<	16/12/15	✓	✓	✓	✓	16/12/15	Yes	04/01/16	No
19	S<	16/12/15	✓	✓	✓	✓	16/12/15	Yes	04/01/16	No

20	S<	17/12/15	✓	✓	✓	✓	18/12/15	Yes	04/01/16	No
21	Nursing	21/12/15	✓	✓	✓	✓	21/12/15	Yes	07/01/16	Not Sure
22	S<	23/12/15	✓	✓	✓	✓	21/12/15	Yes	04/01/16	Not Sure
23	S<	08/01/15	✓	✓	✓	✓	08/01/15	Yes	26/01/16	No
24	S<	08/01/15	✓	✓	✓	✓	08/01/15	Yes	26/01/16	Not Sure
25	S<	08/01/15	✓	✓	✓	✓	08/01/15	Yes	04/02/16	No
26	S<	08/01/15	✓	✓	✓	✓	08/01/15	Yes	20/01/16	Not Sure

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