

Always Events[®] Evaluation

Phase 4: Scale-up and spread

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Picker

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- 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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Contents

Introduction	1
Key learnings from the scale-up cohort	2
Summary	2
Oversight team / Senior staff support	3
Links to organisational strategies	4
Aligning the Always Events work	5
Time and resources / Support from others	6
Awareness and promotion of Always Events	7
Staff engagement	7
Patient engagement	9
Measurement	10
Case Studies	12
Evaluation of the Shared Learning Event	29
Introduction	29
Attendee profile	29
#AlwaysEvents twitter analytics	30
Tweet activity and reach	31
The tweeters	32
Tweet content	33
Findings from the attendee feedback survey	37
About the day	37
About Always Events	38
Evaluation of the cohort launch events	40
Introduction	40
Knowledge of Always Events	42
Confidence in leading/being part of the co-design team	44
Meeting expectations	45
Other comments	46
Recommendations	47
Appendix 1: Approaches to Quality Improvement	48
Appendix 2: Sharing the Learning Conference Agenda	52
Appendix 3: Organisations represented at the Sharing the Learning Conference	53

Appendix 4: Overview of the top twenty '#AlwaysEvents' tweets with photos	54
Appendix 5 Evaluation of cohort launch events: results to the closed questions	55

Introduction

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.

NHS England, in collaboration with the Institute for Healthcare Improvement (IHI) and Picker have developed a programme to implement Always Events within the NHS in England. An evaluation of the initial pilot programme, covering trusts involved in phases 1 and 2, can be found [here](#).

This report is focused on an assessment of the scale up and spread of Always Events and includes the following:

- The key learnings from the scale-up cohort of organisations and the Celebration Event held in April 2018
- Case studies for three NHS Trusts:
 - Lancashire Care NHS Foundation Trust
 - Central London Community Healthcare NHS Trust
 - Blackpool Teaching Hospitals NHS Foundation Trust
- An evaluation of the Shared Learning Event (November 2017)
- An evaluation of the Cohort Launch Events

Key learnings from the scale-up cohort

This section outlines the key learnings from the cohort of organisations involved in the scale-up and spread of Always Events (phase 4) which ran between November 2017 and April 2018. The following six trusts were involved in this scale-up cohort:

- Aintree University Hospital NHS Foundation Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- The Mid Yorkshire Hospitals NHS Trust
- University College London Hospitals NHS Foundation Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust

Information collected in the fortnightly coaching calls with sites was the main source of data for establishing the key learnings. This was supplemented with any information provided by the trusts, such as email updates or supplementary materials. We have also drawn on the discussion and presentations during the Celebration Event that was held in April 2018 with the scale-up cohort. This further highlighted the key enablers and challenges to implementing Always Events. Information included in the recognition forms¹ submitted by four sites has also been examined as part of this review (two of these sites were not part of the scale-up cohort).

Summary

The key learnings from trusts that have implemented an Always Event and that have sought to spread are:

- The importance of having an oversight team and senior staff level support to provide accountability and commitment
- Linking the Always Events framework to organisational strategies and quality improvement work aids spread and sustainability
- Aligning the work with other quality improvement projects/teams can be useful
- Understanding that it can take time for the tests of change to be tested and embedded and that support from other people/teams/departments can be helpful
- Staff engagement is key to success
- The importance of promoting the Always Event to increase awareness and engage staff
- It can be challenging to ensure the Always Event is truly co-designed with patients; it requires staff to start with a blank canvas and not come up with their own solutions.
- It is important for trusts to consider early on how the changes introduced through their Always Event will be measured for reliability and impact. Some scale-up sites need to further develop their process and outcome measures to evaluate if their activities are

¹ The Always Events® Recognition Program™ enables any organisation that has implemented a programme meeting the Always Events® criteria to be recognized by NHS England, IHI, and Picker.

being reliably implemented and to understand what the impacts are on patient experience. This is important for sustainability.

There are also some key learnings for the [Always Event programme team](#) (NHS England, Institute for Healthcare Improvement and Picker) in terms of how they may better support organisations implementing an Always Event:

- Help teams explore ideas with high leverage opportunities and ensure their vision statement is not too focused.
- Help teams ensure the test of change ideas are co-designed with patients and that the changes being tested are what patients feel will have an impact on improving their experience.
- Check with teams how they are testing their change ideas using the Plan-Do-Study-Act cycle approach and what changes were made.
- Ask teams to explain how they will know if their change ideas are being implemented reliably (i.e. process measures). Emphasise the importance of reflecting on the findings from the process measure(s) to show if any of the change ideas need to be amended so that they can be reliably implemented by staff or abandoned if not (and the team should co-design new ideas to be tested).
- Ensure teams have successfully implemented an Always Event in a pilot unit before spreading to other areas and/or starting a new Always Event. This may help prevent teams repeating mistakes or not properly learning from their pilot.
- Assist organisations in linking the Always Event approach with existing Quality and Patient Experience Strategies.

Oversight team / Senior staff support

Within the Always Events toolkit, convening an oversight team and identifying opportunities for improvement that align with organisational strategy are identified as being important for successful improvement efforts. It was apparent that for those sites where the initial Always Event was led by a clinical team only, with no oversight team, they experienced greater difficulty with spreading the Always Event to other wards/departments in the trust. Those organisations that have experienced greater success in spreading Always Events had a key person or team overseeing and supporting the spread. We are using the term 'spread' to refer to either spreading the vision of the initial Always Event (i.e. the same Always Event being run in new wards/areas which might include small adaptations) or spreading the Always Events methodology (i.e. using the Always Events approach to develop a different initiative for improving patients' experiences).

Example

Following the successful piloting of their Always Event in three nursing teams, **Central London Community Healthcare (CLCH)** spread their Always Event to all Community Nursing teams in the trust. When rolled out to other teams, a key person, usually the team lead, was assigned the owner for that team. This helped to ensure the new areas took ownership for the Always Event work. It is recognised in the toolkit that making spread a team effort, rather than giving one person the responsibility to do it all, is important.

The spread was supported by the oversight team for the initial pilot. The trust's Patient Experience Facilitator kept in contact with the team leads in the other nursing teams during the roll out to provide support. Since the spread of the Always Event, the oversight team has also monitored the reliability of the implementation in the other nursing teams by, for example, noting the number of patient leaflets that are being used which is one aspect to their Always Event.

Having senior level support for the Always Event was noted as being important by some sites. As outlined in the pilot evaluation report, senior staff support can help with both framing the Always Event positively to staff and for providing some accountability and commitment to the work. The project lead at Mid Yorkshire also highlighted that having senior staff support helped to free up her time so that she had capacity to support the implementation of the Always Event.

During their presentations at the celebration event held in April 2018, all six scale-up sites said that they had senior staff buy-in for implementing their Always Event.

Example

The team at **University Hospitals of Morecambe Bay NHS Foundation Trust** highlighted their Executive Team is able to help by:

- Breaking down barriers
- Making things happen
- Providing support and guidance
- Sharing their knowledge and experience of Always Events
- Providing networking opportunities

Links to organisational strategies

Some of the scale up cohort sites had successfully linked the Always Events framework with their organisational strategies and quality improvement work.

Examples:

The Mid Yorkshire Hospital NHS Foundation Trust incorporated the Always Events methodology into their patient and carer strategy and has recognised that co-design is imperative to any quality improvement work.

Similarly at **Blackpool Teaching Hospitals NHS Foundation Trust**, the Always Event programme is included in the Trust Quality Strategy and is reported to the Quality Committee and the Trust's Board.

The importance of convening an oversight team and aligning the work with organisational strategy for ensuring successful spread is perhaps best evidenced by Lancashire Care NHS Foundation Trust. They were one of the first trusts to implement an Always Event after the programme was launched in England and have made Always Events part of their trust's quality strategy. There is therefore an organisational commitment to ensuring the success and spread of Always Events. Since the initial pilot, the trust has embarked on six different Always Events which are at various stages in development.

Aligning the Always Events work

One of the learnings to come from the scale up cohort is the value from aligning the Always Event work with other projects/teams/work in the organisation. NHS England received a few queries from trusts about how the Always Events methodology aligns with other quality improvement approaches. As a result we produced a document comparing five of the best known quality improvement approaches to highlight the key similarities and differences; this document is shown in Appendix 1.

During the Celebration Event there was discussion and comments about how quality improvement and patient experience (and to some extent Patient and Public Involvement) are all linked and should be utilised.

Examples

Aintree University Hospital NHS Foundation Trust is hoping to build off the energy and work done around the 'Hello my name is' campaign (<https://hellomynameis.org.uk/>), already introduced in the trust, for an Always Event focused on patients knowing which nurse is in charge of their care (both through name badges and communication improvement).

The team at **University College London Hospitals NHS Foundation Trust (UCLH)** involved in the implementation of Always Events, has partnered with the trust-wide Quality Improvement team to use the Always Events methodology as it complements the current work. It is hoped that the alignment with the Quality Improvement team will ensure the Always Event work has a better grounding which should hopefully aid spread and sustainability.

Time and resources / Support from others

A common observation by trusts implementing an Always Event is that it can take much longer to work through the steps of the framework that initially anticipated. The process of co-designing the tests for change may take longer than other approaches, and/or there may be some barriers to overcome (such as staff resistance) before implementation can commence. However, it is recognised that it takes time to do quality improvement well; the groundwork that is done at the start of the project, such as finding out what matters to patients and ensuring staff engagement, is key to the success. During the Celebration Event, a few sites commented that setting expectations was important because proper engagement work and testing can take time; this helps when reporting back to senior staff so that they are not troubled by the rate of progress.

Example

The project lead at the **Mid Yorkshire Hospital NHS Foundation Trust** highlighted that following the Always Events process in the toolkit can be time consuming; it requires a project manager who has time to commit to following the framework, joining the coaching calls and keeping a focus on the co-design element. She had produced a single page summary of the Always Events framework for other staff involved in the work to help get the key messages across. Weekly meetings have been set up on the ward piloting the Always Event to help keep the momentum going.

The difficulty in staff having sufficient time and support to work on the Always Event work is perhaps evidenced in the challenge that some organisations appeared to have with joining the coaching calls. Of the nine coaching calls that were carried out between November 2017 and March 2018, none of the sites were able to join all calls and one site was only able to join four.

Some of the teams have recognised that getting support and input from other departments within the organisation is beneficial to the implementation and spread of Always Events. In addition to UCLH partnering with the QI team, the patient experience team at the Mid Yorkshire NHS Trust is gaining support from their Programme Management Office with the long term measurement of call button data to evidence sustainability of their Always Event. In implementing the work, they also highlighted the support received from other departments within the trust has been key, including communications, print and design, volunteers and the palliative care team.

As outlined further in the next section, CLCH has worked closely with their communications team to promote awareness of Always Events within their organisation. Blackpool Teaching Hospitals has also carried out a number of activities to promote the Always Event, such as holding an official launch event. Although not one of the scale-up sites, the Guild Lodge Secure Services at Lancashire Care NHS Foundation Trust are working closely with an advocacy service, Voice Ability, to promote hearing feedback amongst their service users.

Awareness and promotion of Always Events

Some trusts have taken steps to improve the awareness of Always Events within their organisation, and externally, to help with implementation and spread. During the Celebration Event it was clear that sites recognised the importance of sharing learning and that “pinching with pride” (i.e. using ideas from others) is valuable.

It was felt by those attending that it would be beneficial to have an online platform where good practice examples and ideas can be shared. This is now being explored by NHS England.

Examples of how organisations have increased awareness of Always Events include:

- Having a **structured communication plan** from the start of the project, which takes into account all relevant internal and external stakeholders. Engaging the communications team early on to build energy (CLCH)
- Getting trust **Board engagement** and providing updates on progress (Morecambe Bay, Mid Yorkshire). Discussing progress at the Patient Experience Sub Committee (Mid Yorkshire). Including Always Events as a **standing agenda item** at monthly Patient Experience Coordinating Council meetings and at the Trust Quality Committee and Quality Stakeholder Reference Groups (CLCH)
- Writing **blogs** for external websites (Blackpool Teaching Hospitals - see <http://johnscampaign.org.uk/#/post/carers-welcome>)
- Publishing the trust’s Patient Experience Framework (which is based on the Always Events methodology) and an introduction to Always Events on the trust’s **intranet** site and sharing the Always Events work on the trust’s **Twitter and Facebook** pages (Mid Yorkshire)
- Holding an official **‘launch’ event** (Blackpool Teaching Hospitals)
- Communicating about the work a) internally through the trust’s intranet and a monthly quality **newsletter** and b) externally through GP newsletters, via **social media** sites, through the carers network and to commissioners through monthly **patient experience reports** presented at Clinical Quality Groups (CLCH).
- Using **social media** to showcase the Always Event changes and to spark excitement within the staff (Blackpool Teaching Hospitals)
- Submitting the work for the **PENNA award** and the trust’s Celebrating Excellence Awards (Mid Yorkshire)

Staff engagement

A common challenge for both the implementation and spread of Always Events is getting staff engaged in the work and maintaining the momentum. As noted in the evaluation of the pilot programme, one of the main challenges was ensuring that frontline staff in the pilot area are engaged and supportive in implementing the Always Event activities. Due to staffing pressures, it can be difficult for staff to attend meetings and/or take time away from their day-to-day work. It was noted by one of the sites in the scale-up cohort that staff were concerned that an exercise to gather their feedback would take up too much time. Similarly it was

challenging for staff at Guild Lodge (Lancashire Care) to have the time to be released from the day-to-day work to attend the co-design meetings, or to escort a service user who was a member of the team to the meeting.

Example

The project team at **Blackpool Teaching Hospitals NHS Trust** experienced difficulty with engaging staff with piloting an Always Event. Their experience of the challenges and how these were addressed are detailed in a case study presented in the following section.

Some of the following ‘solutions’ or key learnings from trusts to the challenge of staff engagement include:

- Ensure staff are **involved from the start** of the work and take ownership. It can be helpful to pilot the Always Event in a ward/unit where there is **willingness and ‘readiness’** amongst staff.
For example, CLCH identified a service that was already well engaged to pilot their Always Event. Once this had been successfully delivered, they were able to use the results from the pilot as a ‘selling’ point to other teams within the trust.
- Use **different approaches** to gather feedback from staff.
For example, Blackpool informally spoke to staff, carried out surveys, set up a WhatsApp group and used a post-it board and a white board in staff areas to collect comments.
- Meet frontline staff on a **one-to-one basis** to understand any barriers to implementation, i.e. what is getting in their way of carrying out the changes? Staff may not have the time to attend meetings, so discussions may need to happen alongside their day-to-day role.
- Sharing information with staff on the **purpose/aims of Always Events**.
Mid Yorkshire found that a film that was made by NHS England in the pilot ward helped to raise morale, engagement and awareness amongst staff.
- Showing **videos/stories of patients** can be powerful; interviews can show both compliments and areas where changes in staff behaviour could improve patient experience.
CLCH found that the blending of compliments and the ‘need to know detail’ allowed staff to feel good about taking on the initiative rather than shaming them.
- Make the team aware early on that **many changes will be needed during the testing phase** (PDSA cycles) and that this should be seen positively rather than an indication of failure – this can help ensure the team’s continued engagement.

- Find an area for improvement that a **unit/ward has already identified** from their patient feedback for which they could use the Always Events approach for driving change.
- Using **social media** to showcase the change and spark excitement within staff.

Tips to engage staff during spread

When rolling out the Always Event to other areas, the following were noted as being important for helping to engage staff:

- **‘Marketing’** the Always Event early on and sharing the learning rather than waiting until the end of implementing the pilot
- **Improving the awareness** of the pilot Always Event via social media, intranet, newsletters etc.
- Get staff from the **pilot area to speak with staff** in new areas; this can help to show staff why the Always Event is important and what the benefits are
- **Provide support** to staff in the new areas during roll-out/testing
- Ensure staff working in the new areas **take on the ownership** for the work
- Meet with staff in other areas **ahead of the roll-out**, such as matrons, ward managers and senior managers to explain the reasons for the Always Event and secure their engagement
- **Staff training**; CLCH showed that sharing the benefits of the Always Event and showing patient videos is more successful than sharing the information via leaflets.

Patient engagement

Trusts have been largely successful at gathering information and evidence on ‘what matters most to their patients’ using a range of approaches, such as interviews (including filmed interviews), focus groups, surveys and social media. There has been more mixed success with regard to the test of change ideas being truly shaped and co-designed by patients. There can be a tendency for staff to suggest improvement ‘solutions’ rather than the ideas being co-designed with patients. As discussed at the Celebration Event, it is about challenging the perception of ‘doing to/for’ patients rather than ‘doing with’ patients.

Staff recognised the importance and value in partnering with their patients for the successful implementation of their Always Event. The benefits noted of co-designing improvements include identifying improvements that can make a real difference, empowering patients and improving and focussing on quality. During the Celebration Event, one person commented that “having patients with you makes your quality agenda work” and it was recognised that starting with a blank canvas and maintaining an open mind throughout the project is key to ensure patients and staff shape the Always Event.

Different approaches have been used by trusts to engage patients/relatives/carers in the Always Event. Blackpool made use of an existing trust-wide group, called the Influence Panel, to help with co-designing the changes to be tested as carers were not able to attend

meetings/workshops as they did not want to leave their ward and/or they were not able to return due to their caring responsibilities. While there are clearly advantages to using existing patient groups/panels, it was noted by the project lead that those in the group need to be able to understand the needs of the particular patient group that is the focus of the Always Event activities.

Some organisations have experienced challenges with recruiting patients and ensuring their ongoing engagement with the work, including being members of the point-of-care improvement team. For some groups that have been the focus of an Always Event, such as housebound patients, carers and maternity service users, attending co-design meetings was not appropriate/achievable so these trusts carried out a flexible approach to engaging them and sought their input on a one-to-one basis and/or via social media. For example, rather than bringing staff and patients together in one room, Mid Yorkshire carried out one-to-one interviews with patients to understand what changes they thought should be implemented in order to improve their experiences.

It was recognised by CLCH that having an experienced facilitator at the co-design events can ensure balanced discussion and inclusion of all attendees. Some trusts have also noted the importance of supporting their patients and service users to be involved in the work. For example, Lancashire Care has supported their service users to be involved in the point of care improvement team by fostering an environment where everyone is valued for their contribution; no decisions are taken unless the whole group is present and the team have celebrated their achievements together.

Measurement

It is difficult to evaluate the impacts of the Always Events for improving patient experiences as very few trusts have submitted evidence on measurement. The two trusts in the scale-up cohort that have completed a form to achieve recognition have detailed the process and outcome measures used. The Always Event implemented at one of these trusts, CLCH, has been recognised to meet the necessary criteria. The other trust, Mid Yorkshire Hospitals NHS Trust, is in the process of revisiting their outcome measure for ward G45 and are not yet at the stage for evaluating the impact of their other Always Event on patient experience in ward G34.

For their process measure, CLCH conducted telephone calls with patients who had recently been referred to the nursing teams involved in piloting the Always Event activities to ensure reliable implementation; patients were asked about the new three stage process that was being implemented by nursing staff. To measure progress against their aim statement (i.e. an outcome measure) the trust used an existing patient reported experience measure (PREM), which is conducted monthly across the trust.

To measure if their Always Events are being implemented reliably, the project team at the Mid Yorkshire Hospitals NHS Trust has carried patient interviews on ward G45 and observations of staff handovers and patient/staff interviews on ward G34. Their main outcome measure on G45 is the buzzer panel data (electronically recorded) and on G34 an additional question was added to the Friends and Family Test (FFT) to examine if patients' emotional needs are being met.

Using existing patient and/or staff experience measures for evidencing success of Always Events, such as trust-wide surveys and the FFT, can be useful for reducing overlap in data collection and for minimising workload. However, the results of such measures need to be available at the ward/unit level where the Always Event activities are being piloted in order to assess the impact of the work. Also it is important that the outcome measure/s being used is sensitive enough to evidence progress against the Always Event aim statement. Existing measures, such as a trust-wide survey, may not include a question (or questions) that provides evidence to properly measure the impacts of the Always Event on patient experience. While it may be possible for trusts to add additional questions to existing measures (such as the FFT), a more specific measure may be required to ensure the outcomes of the Always Event changes are detected.

The Mid Yorkshire Hospitals NHS Trust noted the challenge of being able to measure the impact of the Always Event when other changes are taking place within the pilot ward/unit which could have an impact on patient reported experiences, such as ward closure to admissions due to infection control and changes in acuity of patients.

Case Studies

Improving the transitions of care for users of Learning Disability Services



Lancashire Care is an Always Events® pioneer. They were one of the first trusts to implement Always Events after the programme was launched in England in the spring of 2015.

How the journey started

The Trust introduced a new quality strategy for 2015-19 and one of the key expected outcomes was that 'people who use our services are at the heart of everything we do'.

The Trust recognised that the Always Events approach to quality improvement could help them to achieve their goals; a call was put out for a service/team that would like to participate in the pilot programme. The Learning Disability Service for Blackburn and Darwen responded as they had already carried out an evaluation highlighting areas for improvement.



The Always Event had support from senior members of staff with the Director of Nursing attending the launch event. A strong improvement team of engaged staff met regularly to discuss progress in both the weekly referral meeting and the monthly team meeting. This helped to keep the team engaged in implementing the Always Event and provided an opportunity for any issues to be raised.



Putting a call out to services ensured that the chosen team were enthusiastic, engaged and took ownership of the work.



Partnership with people who use services

Staff working on the Always Event recognised the importance of the partnership with people who use services for the successful co-design of service improvements. The Trust had strong links with user groups and were in a good position to bring people who use their services together to find out what really mattered to them. A series of meetings were held with people who use services to discuss what was good about their care and what could be improved. One area for improvement identified was the way in which a person's care and support is ended from the learning disability service.

Working together in a team, people who use services and staff developed ideas on how to improve people's experiences of being discharged from the learning disability service.



Carers and support workers within the team supported people who use services to be involved involvement in the co-design meetings.



I can't think about them not coming to see me – I will always need help.

[Person who used services]



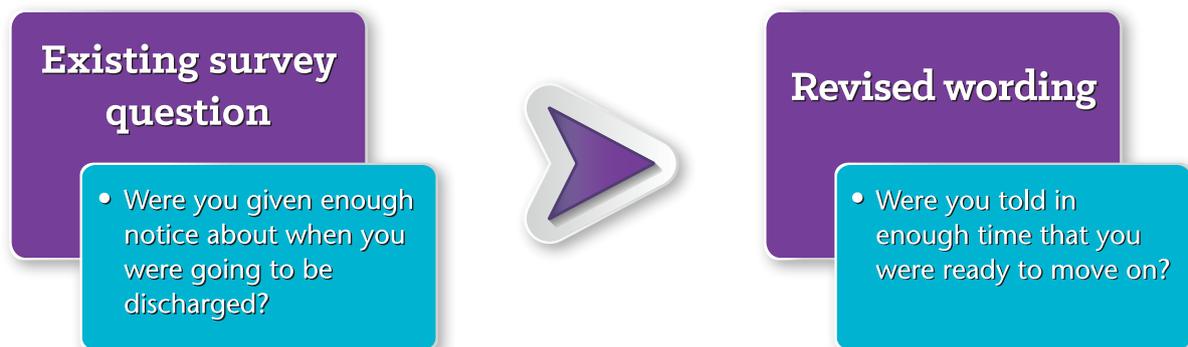


Implementing changes

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 people who used services **face to face** 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 people discharged from the service a **contact card** with the number of a person they can speak to if worried.
- A **follow up phone call** two weeks after discharge that includes asking people who used services five questions about their experience of being discharged.
- An opportunity for people who used services to still have contact with the team at a **'pop in and chat'** group. The 'pop in and chat' sessions were designed as a way 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 people who used services.

Through Plan-Do-Study-Act (PDSA) cycles, a number of changes were made to the design, wording and layout of the contact card, discharge letter and follow-up telephone questions. Co-designing the changes with people who use services was vital for ensuring that the improvements were appropriate and met their needs. For example, an existing survey question to be asked during the follow-up calls was changed by people who use services so that the question would be more easily understood:



Achievements

Reliable implementation

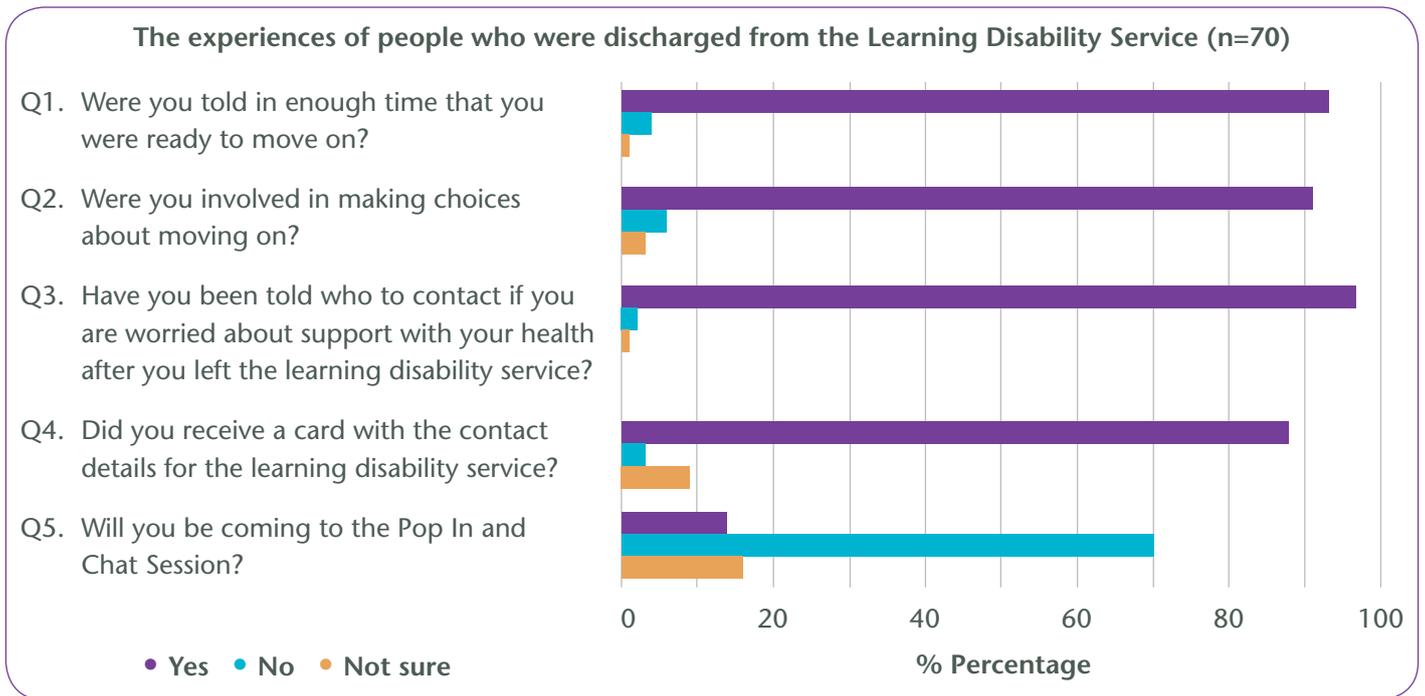
Always Events should be implemented reliably for every patient, every time so that you can be sure that all patients are getting the same standard of care. The team initially experienced some challenges in implementing the activities which resulted in a delay between the people who use services being discharged from the service and receiving the necessary documentation and follow-up call. To improve the process of implementing the activities the following changes were made:

- The team's administrator electronically recorded the date when people who use services were discharged, the date the letter/contact card/invite to pop in and chat was sent, the date the follow-up call was made and whether or not people who used services would be attending the pop in and chat group. The spreadsheet used by the team's administrator to log the new discharge process helped to ensure reliability.
- To ensure the follow-up calls were conducted at the appropriate time the team's administrator added a reminder in the calendar of the member of staff responsible for calling the person who had been discharged from the service.

Impact on people who use services

To measure the impact of the Always Event activities on people's experiences of being discharged from the learning disability service, five questions were developed by the co-design group. These five questions were designed to be asked to people recently discharged from the service or their carer over the phone.

Data from the follow-up calls show that the majority of people had a positive experience of being discharged from the Learning Disability Service since the start of the Always Event (see chart). The majority of the “not sure” responses are the responses given by carers answering the questions on behalf of the person who had used services.



The early pop in and chat sessions were successful in co-designing the Always Event changes and enabling person who had used services to be involved in other quality improvement work, such as improving the accessibility and applicability of the Friends and Family Test questions for learning disability services.

However, ‘pop in and chat’ was less successful in engaging new people who had used the service. Staff felt there could be a number of reasons for why people who had used the service were not attending the group, such as it not being appropriate due to the level of their learning disability, the challenge for users of getting to the group, or that it was not something that they would enjoy attending. Due to the low uptake, the sessions are no longer running although the need for this group will be reassessed. It is important to reflect on the change ideas adopted and if one of the ideas does not work as planned then this should not be seen as a failure; this is why the PDSA cycle is important for trialling ideas.



The team were proactive in making changes to how their Always Event activities were implemented to help ensure its success and sustainability.



Other impacts

To assess any impact of the Always Event on the system, a number of interviews with staff members were carried out as a balancing measure. The interviews showed that since the inception of the Always Event, the following positive unintended impacts were noted:

- The team’s weekly intake meeting now includes a discussion of those people in the process of being discharged from the service. This includes a conversation between the clinicians and the staff making the follow-up calls on how best to contact the person discharged from the service.
- There was an increase in 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.

[Staff member]

”



Sustaining and spreading Always Events

Always Events should be achievable and sustainable without substantial renovations or financial resources. Once the process for carrying out the Always Event activities was refined, the implementation had minimal impact on the individual workload of staff members. A key part of the success of Lancashire Care's Always Event was that it was easily incorporated into staff member's everyday work and has not incurred a lot of additional time.

The people who use services who were involved in co-designing the Always Event were **involved in sharing the work** by co-presenting at some conferences, such as the 2015 Health and Care Innovation Expo. Their views and experiences of co-designing were also incorporated into a short film which has been shown at a number of conferences to bring the co-design team into the room and ensure their voices were heard.



I think because it's been ... 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.

[Staff member]



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 Always Events.

There are a number of different Always Events being piloted across the Trust which are at various stages in the co-design process, such as:

- Lancaster Learning Disability Team -
"We will always let you know about us and how we can support you."
- Guild, Medium Secure Mental Health -
"My voice always matters." Hearing feedback from people using the service.
- Children's Integrated Therapy and Nursing Team -
"We will always be included, involved and communicated with, in partnership with the Child Development Team on our journey through services, to meet our child's needs."
- Community Mental Health Team -
"My care plan is always about me and what matters to me, is timely/up to date and promotes my recovery and health and well-being."
- Community Mental Health Team - an Always Event is in early development, relating to understanding what matters to younger people diagnosed with dementia.
- Criminal Justice Liaison and Diversion Service - an Always Event is in early development, relating to keeping people connected with support services and networks.



Further information

If you would like more information about Lancashire Care's Always Event journeys, please email:
Helen.Lee@lancashirecare.nhs.uk

For more information about the Always Events programme, please visit:
<https://www.england.nhs.uk/always-events/>

The importance of engaging staff and patients in Always Events[®]

In 2016, Blackpool Teaching Hospitals NHS Foundation Trust started on a journey to improve how carers are welcomed on to their wards using the Always Event framework. This case study focuses on the challenges and solutions the team experienced with engaging staff and patients.

How the journey started

The John's Campaign was the inspiration behind the launch of the Always Event at Blackpool Teaching Hospitals NHS Foundation Trust. John's Campaign was founded in 2014 with the aim to welcome carers of people with dementia in hospital settings (<http://johnscampaign.org.uk/#/>). A survey carried out by trust volunteers on the wards across the organisation showed that 79% of patients said they would like their carer present and 97% of staff felt that having carers present on the ward would make the patient feel safe and relaxed.



A consultation was held in May 2017 which included members of the public, staff, patients and their carers. The discussion focused on flexible visiting for carers of people with dementia including the barriers and potential solutions. It was agreed that welcoming carers of people with dementia, through the use of a 'carers pack' would be piloted in four wards: two Care of the Older Person wards (25 & 26) and two Trauma Orthopaedic wards (34 & 35).



Challenges with engaging staff

The engagement of frontline staff on the pilot wards with the Always Event was the biggest challenge at the start of the journey. The wards were experiencing staffing pressures and staff found it difficult to be pulled away from their day-to-day work to join meetings about the Always Event work. To move the project forward, the project team's day-to-day leader visited staff on the wards to understand their concerns and identify the barriers to implementation.

From talking with staff on a one-to-one basis it was evident the carers packs were not being used. Some aspects of the pack, such as the charter, were not felt to be useful for welcoming carers and/or other elements required updating. This was felt to be too time consuming and not clear whose responsibility it was to do such updates. Although the packs were not being handed out, all carers that were interviewed in the pilot wards during October 2017 had felt welcomed by staff: they had been offered flexible visiting, felt part of the extended ward team and supported by the staff on the ward to care for their relatives. As the packs were a barrier to staff engagement with the work, and were not seen to add value to welcoming carers, the packs were removed from the wards. It was recognised by Blackpool that when testing change ideas it is important to abandon those which are not reliably implemented by staff.

The importance of building up a good relationship with frontline staff was key to maintaining staff engagement in the Always Event. The carers pack was an idea that originated in the public consultation event and staff felt that these were not necessary in practice and were a hindrance on the ward.



A key learning was that frontline staff need to be involved from the start of an Always Event to ensure that they take ownership of the work alongside patients involved in the co-design.

Listening to staff concerns showed that another barrier to their engagement with the Always Event was that they could not offer flexible visiting to all carers; they did not understand why the changes were only for carers of people living with dementia and not for all carers and felt this was discriminatory. In response, the project team expanded the scope of the Always Event to include all carers of patients admitted to the pilot wards.



Achieving staff engagement

A mix of approaches were used to gather feedback from staff in the pilot wards and to help with their engagement:

- **Informally talking to staff on a one-to-one basis** on the ward so that they were not pulled away from their day-to-day work. In talking with staff, some of the Healthcare Assistants did not feel they had a voice and did not think the project team would listen to their concerns. By showing staff that the project team were keen to listen and act on their feedback, such as removing the carer packs, helped to get their support and engagement with the Always Event.
- **Surveys of staff** were carried out towards the start of the project. The project team asked how staff would prefer to be sent the survey and this was by the trust's intranet. A link to the survey was also made available via a staff Facebook group.
- **A post-it board** was set up in ward 34 and a **white board** in ward 35 to allow staff to add any comments, concerns or suggestions over a six week period. Allowing staff plenty of time to provide feedback was important.
- **A WhatsApp group** was set up to allow staff to contact the team and to provide any feedback.



Key tips for staff engagement

- **Involve** frontline staff at the start of the journey
- Build up a relationship with staff and **listen** to any concerns and suggestions
- Show staff that changes being tested/adopted are based on what really **matters to patients**
- Use **different ways to gather feedback** from staff and tailor the approach to the pilot unit/ward e.g. informal 1:1 feedback, using white boards in staff areas, using social networking (such as WhatsApp or the trust's intranet), using social media such as Facebook
- **Allow time:** understand that it can take some time for staff to engage with the changes being tested
- **Act on staff feedback** where possible: show you are listening and value their views
- **Abandon or adapt ideas** which are not being reliably implemented by staff
- When spreading the Always Event to other areas, **use feedback from staff** in the pilot unit to show how it can work. Filming staff can be a powerful tool.





Engaging patients: the importance of co-design

A key distinction of an Always Event is that it is co-designed with patients, service users and family members. The team found it difficult to engage the carers of existing patients staying on the pilot wards with the Always Event: the carers did not want to leave the ward and in some instances they were not able to return to the workshops due to their caring responsibilities. The team therefore made use of an existing group, called the Influence Panel, to assist with co-designing changes. This group includes patients, carers and members of the public and meets monthly to help ensure the patient voice is at the centre of the organisation's service improvements. One member of this group is an advocate for the Always Event and is part of the project team.

The importance of co-designing changes with patients and carers was evident when designing the poster to promote the flexible visiting being offered to carers as part of the Always Event. The changes made by the group ensured that the wording used was appropriate and met the needs of carers. For instance, the group highlighted that it is not suitable for a carer to be called a 'loved one' or 'family carer'. Changes were also made to ensure the poster was quick and easy to read.

The patients and carers also simplified the wording of their Always Event vision statement:

"If my loved one is admitted to hospital they will always have the comfort and support of my presence whenever they wish."



"My carer will always be welcomed whenever I come to or am admitted to the hospital."

Carers Welcome
 A Guide for all Carers

To support you in visiting this ward outside of normal hours, we have developed the Carers Guide to explain what is expected of you and what you can expect from us whilst on this ward.

How we can work together to help the patient

We will support you in doing what you would do for the patient at home.

This might include:

- Helping with eating and drinking if needed
- Helping with their daily routine such as washing and/or shaving and dressing
- Please fill in the "Paint me a Picture" leaflet to help us to get to know the patient and their likes and dislikes
- If necessary, we may be able to support you to stay overnight with the patient
- We will always include you in discussions about the patient's care

To protect the wellbeing of all our patients we will expect you to:

- Comply with the hospital's hand washing policy
- If you have diarrhoea or vomiting please do not visit for 48 hours
- Please do not visit if you have cold or fever
- Use chairs and do not sit on the bed
- Limit visitors to two at any one time
- Be aware that there may be times when you are asked to leave the room for a short while
- Keep noise to a minimum so as not to disturb other patients
- Unless there is an emergency please do not interrupt staff when they are with another patient
- If a staff member is wearing a red tabard, they are distributing medication and must not be disturbed to prevent errors

People Centred Positive Together we care Compassion Excellence

While the Influence Panel includes a mix of people, it was noted by the project team that it's important to be mindful that those involved in the co-design need to understand the needs of the patient group that is the focus of the Always Event.



Patients involved in the co-design need to understand the needs of the patient group that is the focus of the Always Event.



Sustaining and spreading

The project team are now looking to spread the Always Event across the whole trust so that carers are welcomed in all wards. Given the challenges with engaging staff in the pilot wards, the team are undertaking the following steps to help with a successful spread to other areas:

- Holding an official launch event (co-designed by the Influence Panel) and offering exciting competitions for wards to create their own promotions for the Always Event
- Using social media to showcase the change and spark excitement within the staff
- Educating staff via a 'Grand Round' to help them understand where the change has come from, why it's needed, to highlight the successful implementation on the pilot wards and to give staff the opportunity to ask questions
- Showing staff a film that was made in the pilot wards which focused on why staff like the John's Campaign and why they think it should be implemented across the organisation. This helps to ensure reliable implementation
- Meeting with Matrons, ward managers and senior managers across the organisation to inform them of the change and to secure their engagement to help with the implementation.



The sustainability of the Always Event is based on the foundations that have been laid in the beginning: building relationships with staff to truly understand what matters to them and the patients in their areas, actively listening, understanding their priorities, and putting them at the heart of their Always Event

[Project team leader]



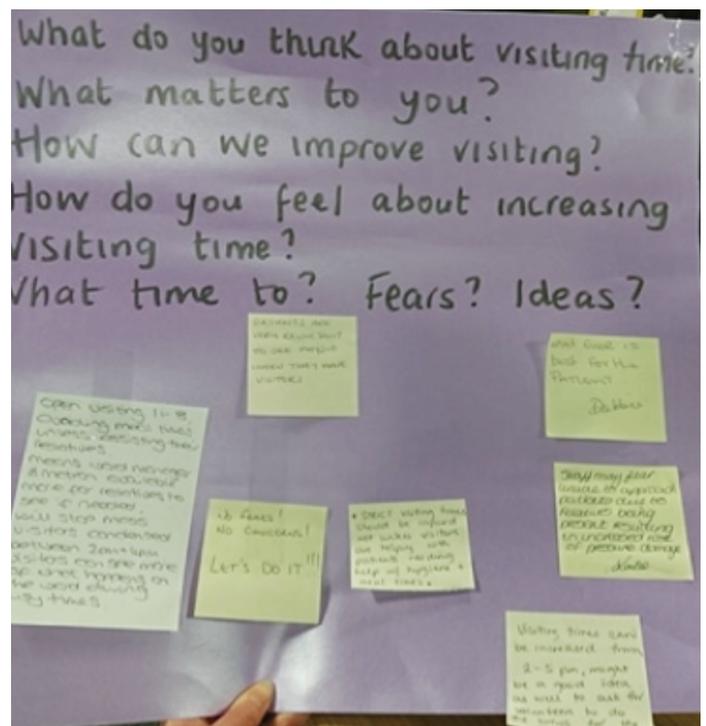
Next steps

A second, but related, Always Event is now being piloted on wards 34 and 35 to allow **flexible visiting for all visitors** and not just for carers of patients on the ward. Staff on these wards felt they did not need to restrict visiting for any patient due to the positive impact of the first Always Event.

The project team asked for feedback from the staff using the 'post it board' and white board and interviewed patients and their visitors on the wards.

After 6 weeks the feedback was analysed. This showed that staff, patients and their visitors would all like to increase the flexibility of visiting hours, although not in the morning. It was decided that the most appropriate visiting time was 2-8pm.

The project team are starting the plan-do-study-act cycles again to understand what the barriers are for staff being able to implement flexible visiting for all.



Further information

If you would like more information about Blackpool's Always Event journeys, please email: Leanne.Macefield@bfwhospitals.nhs.uk

For more information about the Always Events programme, please visit: <https://www.england.nhs.uk/always-events/>

Supporting patients to be involved in the planning of their care

In 2017, Central London Community Healthcare (CLCH) NHS Trust set out on a journey to improve the experiences of their patients using the Always Events[®] framework. This case study details the key stages of their journey.



Understanding what matters most to patients

Understanding what matters most to patients is at the heart of Always Events. CLCH NHS Trust carried out the following steps to ensure their Always Event was focused on what really mattered to their patients, carers and relatives:

Annual General Meeting (AGM)

At the Trust's AGM an engagement style event took place involving patients, the public and staff. Members were asked to identify potential areas for improvement based on patient feedback received from Patient Reported Experience Measures themes.



Patient Experience Coordinating Council (PECC)

A summary of the feedback was discussed at the trust PECC where it was decided that the focus should be around 'involvement in care'.



Surveys and filmed interviews

Patients being seen by community nursing teams were invited to complete a survey and/or have a filmed in-depth interview to understand in more detail what 'involvement in their care' meant to them. Carers and relatives were also invited to take part through an advert supported by the carers network.



Co-design Event

An event was held to discuss what matters most to patients and carers, to review the feedback from the survey and interviews and to agree ideas for improvement. Having staff and patients come together to discuss the feedback was important.



How improvements were co-designed

During the co-design meeting, survey feedback and footage of the filmed interviews were reviewed by patients, relatives, carers and staff. A collaborative decision was made to focus improvements on **better informing patients** by developing a process for contacting patients about their initial and follow-up visits and **providing clearer information** about the roles of members of staff and how they can be contacted.



A learning for CLCH was that having an experienced facilitator at the co-design event ensured a balanced discussion and inclusion of all attendees.

Following the co-design event, an 'Involvement in care' working group was established which included patients, relatives/carers and members of staff in a range of roles. The group discussed what changes could be tested in order to better inform, and in turn, involve patients in the planning of their care.

Key challenge and solution to co-design

One of the challenges to co-designing an Always Event for CLCH was learning to work in a different way. Historically, quality improvement efforts were led by a senior member of staff rather than enabling patients, relatives and carers to co-design the project.

To help with this shift, frontline staff were given more information about the Always Event methodology and shown examples of the successful use of co-design in other trusts. Another solution was to highlight to staff the importance of the co-design event for showing what matters most to patients can differ to what staff think matters to their patients. The filmed patient interviews were a powerful tool for highlighting to staff what matters to patients.

CLCH recommend engaging with patients and staff as early as possible in order to ensure genuine co-design.



Implementing and testing change

The ideas developed by the Involvement in Care working group included:



A guidance 'script' for nurses to use when making the initial telephone call to newly referred patients



A guidance 'script' for the introduction that nurses give when making the first home visit to a patient



A service leaflet to be given at the end of the first visit with a new patient that gives an overview of what the service does and how/when the team can be contacted.

These ideas were tested through a series of Plan-Do-Study-Act (PDSA) cycles in three pilot teams; two community nursing teams and one community diabetes team. During the testing, feedback was collected from both patients and staff. Patients who had been newly referred to the service, and who should have experienced the new three stage process, were contacted by telephone and asked about their experience. Their responses were recorded in a spreadsheet which was used to inform any further actions required. Staff were also asked about their experiences of introducing the new process.

Based on the patient and staff feedback, the ideas were tweaked and re-tested until agreement was reached that the changes were achieving what mattered most to patients – that they were feeling informed and more involved in the planning of their care. All three change ideas were adopted.

As a result of the PDSA cycles, the font used in the leaflet was increased and a contact number for the team was highlighted. Additionally, the guidance script for nurses was amended to include, where possible, the name of the nurse that would be visiting the patients' home.



CLCH learned it is important to make the team aware early on that many changes will be needed during the testing phase and that this should be seen positively rather than an indication of failure. This helped to ensure the team's continued engagement.



Achievements

Reliable implementation

It is important that an Always Event is implemented reliably for every patient, every time so that you can be sure that all patients are getting the same standard of care. The telephone calls to the newly referred patients also allowed the team to check that the three stage process was being implemented reliably. All patients contacted by the team had received an initial call from a nurse and were able to provide feedback on their experiences of the first introductory home visit and the usefulness of the leaflet.

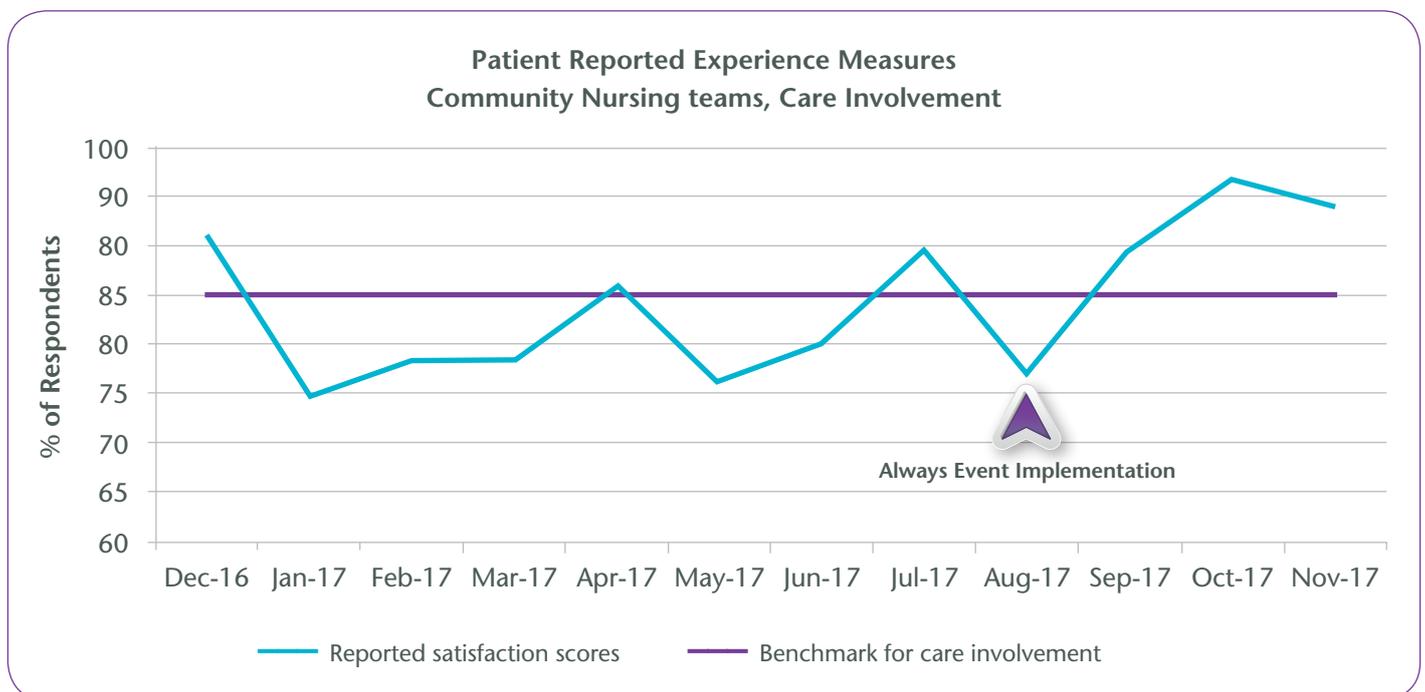
To make sure that the changes are embedded and continue to be reliably implemented for all newly referred patients, the new process has been incorporated into the existing community nursing competency document. This ensures that staff are assessed on their knowledge and ability to demonstrate the introductory telephone and face to face visits in practice.

Positive impact on patients

The aim statement for this Always Event was:

At least 85% of patients being seen in community nursing services will report feeling involved in their care

To measure success in achieving this aim, CLCH used an **existing routine data collection method** to examine the percentage of patients that felt involved in decisions about their care. A trust-wide patient reported experience measure (PREM) is used to gather feedback from patients receiving community nursing services from the trust on a monthly basis. The results from the PREM show that since the adoption of the new changes in August 2017, the percentage of patients who reported feeling involved in decisions about their care has improved and is now above the target set in the aim statement.



Qualitative feedback collected during the telephone calls with patients in the testing phase was also used to measure the success of the new process. Patients said that the introductory call provided a good level of information, that it was understandable and provided them with an idea of what to expect. Patients further commented that it offered an element of choice with regards to appointment times. The feedback also highlighted that at the introductory visit, information was provided in a thorough way, making clear what the service was/was not and patients felt that the reiteration of the information given on the phone again within the visit made them feel informed. In terms of the leaflet, patients reported that it was easy to follow and useful, particularly the contact numbers.

Feedback from staff

To assess the impact of the Always Event on the system, staff in the Community Nursing teams were asked to provide informal feedback on their feelings about being asked to start using the process. Initially, staff said they felt everything in the three stage process was already being done and the implication was that they were not communicating effectively with patients.

To help staff understand the purpose of the Always Event and to help ensure progress with implementation, the project team showed some of the staff the filmed patient interviews and/or gave examples from patients of times when things had not been done as well as hoped. This helped staff to understand why the process needs to be reliably implemented for all patients and why changes that can be implemented easily at a local level work well. This resulted in an improved level of engagement and less defensiveness.

The project team received positive feedback at a meeting with the organisation's Case Management team who felt that having a standardised guide around communicating with newly referred patients was helpful and felt supportive.



Sustaining and spreading

Following the successful implementation of the Always Event in the pilot teams, it was spread to all Community Nursing teams carrying out home visits within the Trust. When rolled out to other teams, a key person (*usually the team lead*) was allocated the role of owner for that team. Support was offered from the project lead and other team members throughout the roll out phase.



Having a structured communication plan from the start of the project, which took into account all relevant internal and external stakeholders, was key for sustaining and spreading Always Events at CLCH.

Internally the Always Event work has been communicated through the trust's intranet, a monthly quality newsletter ('Spotlight on Quality'), as a standing agenda item at monthly PECC meetings and at the trust's Quality Committee and Quality Stakeholder Reference Groups. Externally, the Always Events work has been communicated through GP newsletters, via social media sites, through the carers network and to commissioners through monthly patient experience reports presented at Clinical Quality Groups.

Always Events are embedded within the trust's Quality Strategy. The trust has committed to scoping out further areas where an Always Event may be suitable as an approach to driving improvements in the quality of care for patients and carers.



The Always Events approach has shown that working in collaboration with our patients to co-design improvements is key for ensuring changes make a difference and are focused on what really matters to patients. We are excited to see what else can be achieved using this approach in our trust.

[Dominic Mundy, Head of Communications and Patient Experience]



Further information

If you would like more information about CLCH's Always Event journey, please email: Xanthe.Gunn@nhs.net

For more information about the Always Events programme, please visit: <https://www.england.nhs.uk/always-events/>

Improving patients' experiences of using the call button



The Mid Yorkshire Hospitals NHS Trust is using the Always Events® framework to improve their patients' experiences of maternity services, the acute respiratory ward (G45) and surgical gynaecology services (G34).

This case study focuses on their journey to improve the experiences of those patients on the acute respiratory ward, G45.



Understanding what matters most to patients

The Trust introduced a new quality strategy for 2015-19 and one of the key expected outcomes was that 'people who use our services are at the heart of everything we do'.

To help understand the priority areas for improving patient experience, the Mid Yorkshire Hospitals NHS Trust work with Picker every year to triangulate data from the national surveys, the Friends and Family Test (FFT), NHS Choices and complaints. The 2016 review highlighted the need to improve care on the trust's acute respiratory ward as survey data and complaints indicated that some patients were receiving a poor experience of care.

A key element of the Always Events approach is to deeply understand what is important to patients. The point of care team undertook a review of complaints received in the previous six months. This highlighted a need to improve communication in order for patients to feel safe and cared for.

During March-May 2017 a number of interviews were carried out with patients and their relatives on ward G45 in order to better understand what matters most to patients and to seek ideas on how to improve care. The interviews were carried out by ward staff, members of the trust's patient experience team, the palliative care team and volunteers. One of the main suggestions for improvement from the interviews was a need for staff to respond quicker to call buzzers. Other key themes included more timely medications and improved communication.

“

When I press the call button sometimes I have to wait what sometimes seems an awful long time. It's stressing for patients. Once I was really breathless and I admit I was panicking cos I'd taken my inhaler and it didn't seem to be working so I rang the bell and it seemed an awful long time before anyone came.” [Patient]

”

Following discussion by the team, which includes two patient representatives, it was felt that patients on an acute respiratory ward could suffer significant distress if they had to wait an unreasonable length of time for a response from staff to a call buzzer. Some observational work was carried out on the ward by staff to explore the common reasons that patients use their call buzzer. These included a need for help with toileting, clinical reasons (*e.g. non-invasive ventilation mask on and off*) and for requests for help with undressing, completing food menu, opening a bottle and changing bed/table position.

Implementing changes

To improve the time it takes staff to respond to call buzzers, the following change ideas were tested on G45:



Allocating a member of staff to answer buzzers at mealtimes

Staff recognised that if all available staff were involved in giving out meals and supporting those who needed help to eat their meals, patients could be waiting a long time for buzzers to be answered at mealtimes. A staff member is now allocated each mealtime to answer call buzzers.



Controlled medications given prior to the medicine round

Some patients were pressing their buzzers due to waiting for their pain medications. In order to reduce delays and the need for patients to use their buzzer, controlled medications were given prior to starting the general medicines round (*these are mainly pain relief medications which are administered on a regular basis throughout the day*).



Splitting the ward in two

G45 had 54 beds managed by a large number of staff. The length of the ward was very long due to many of the rooms being single occupancy with en-suite facilities. The majority of nursing staff do 12-hour shifts making it difficult to communicate with each other when there is only a short handover period and meetings are cancelled due to low staffing levels.

A decision was made by senior management and frontline staff to split the ward into two wards, each with a separate ward manager and nursing teams. This made it easier to allocate staff into teams with the aim of improving communication and more timely handovers and medications rounds.



Releasing time to care by organising ward areas

It became apparent that staff were struggling to answer call buzzers in a timely manner due to staffing shortages and the need to have extra capacity beds open during winter pressures. A decision was taken by the point of care team and senior management to temporarily postpone Always Events meetings and testing further changes so that adequate focus could be given to providing patient care. The patient experience team had observed that poorly organised documentation drawers resulted in both medical and nursing staff taking longer to search for the relevant information. It was agreed that the patient experience team would support staff by sorting and organising ward areas such as documentation drawers and store cupboards in order to release time to care.

Observations were carried out before and after the changes were made to the drawers to record the length of time it took staff to find the information. This showed that for almost all drawers, the number of seconds it took to find the information had been noticeably reduced. For example, the time it took for staff to find the 'End of life care plan' reduced from 24 to 4 seconds.



End of life care items

At this time the ward also became a pilot site for trialling new items to support better care for those patients at the end of life. The ward tested a number of products and established a drawer system for quickly identifying these products.

This initiative was a finalist in the Patient Experience National Network Awards (PENNA).



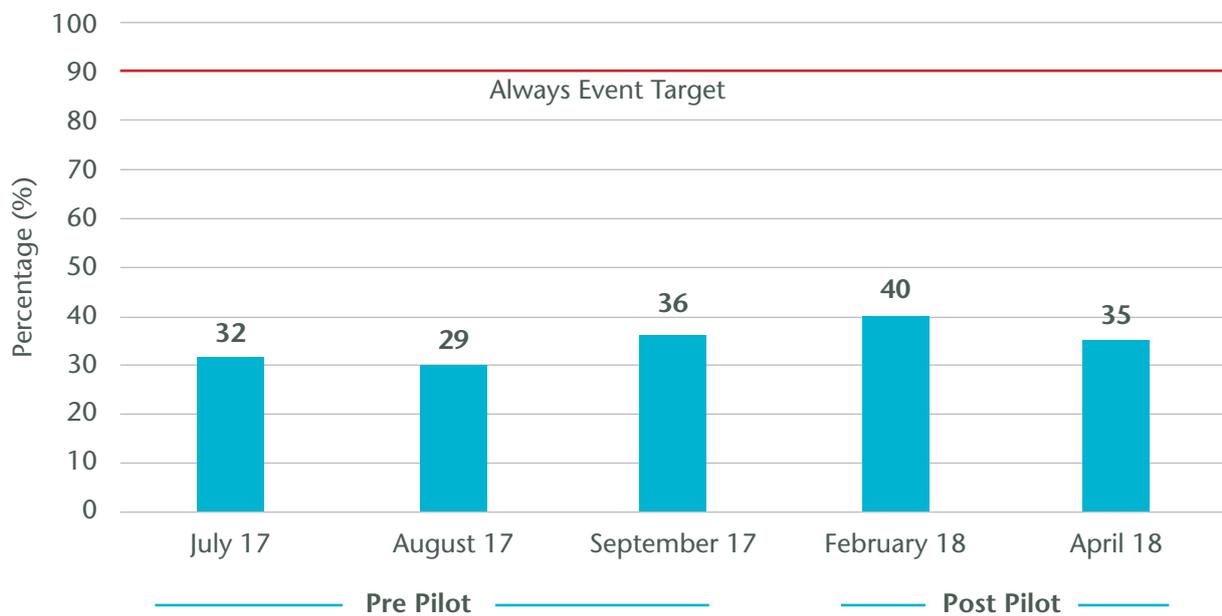
Measuring impact

The aim statement for this Always Event was:

By 31st March 2018, 90% of patients will state that when they used the call button it was answered within one minute

To measure if this target had been met, the project team downloaded screenshots of the electronic call panel data for G45 on various dates across five months. This outcome measure showed there had been an increase in the percentage of buzzers being answered within one minute after the Always Event activities had been implemented, from 32% to 38%. However, the percentage was still considerably lower than the target of 90% of buzzers being answered within one minute. Furthermore, a breakdown of the data by month of data collection showed the improvement had not been sustained; only 35% of buzzers had been answered in April 2018 compared with 40% in February 2018.

The percentage of buzzers answered within one minute before and after implementation of the Always Event pilot



Why did the change ideas not lead to a sustained improvement?

At the time when key ideas for testing change were agreed, the ward was suffering from low staffing levels and winter pressures. This hampered their ability to run team meetings and engage with staff in order to communicate fully about the initiative. The changes tested did not alter staff behaviour enough, or overcome the workload of additional patient numbers and a high acuity of patients in winter months. Whilst the initial changes were maintained, and have been received positively by staff, there is a need to understand more about what the barriers are to answering call buzzers promptly in order to know what change ideas might have more of an impact on patient experience.

Although the target set in the aim statement was not achieved, there have been other positive impacts of the initiative:

- improved staff experience due to ward split and organisation of documentation
- raised awareness of the difficulties staff are experiencing
- raised profile of the ward by being involved in a national initiative
- staff more aware of the Always Event approach to support improvements in patient experiences



Key learnings

The key learnings for the team from piloting an Always Event on G45 are:

- **The target set in the aim statement needs to reflect what is important to patients.** The aim for call buzzers to be answered within 'one minute' emerged from an interview with a member of staff; the interviews with patients showed that while some mentioned the importance of staff being responsive to buzzers, most did not specify a time period for buzzers to be answered.
- **The change ideas need to be co-designed with patients** and not just reflect what staff think are the 'solutions'. It requires a shift from 'doing for' to 'doing with' patients which can be challenging.
- The change ideas need to be focused on **changing approaches and practices** which reflect the Always Event vision and aim statements rather than on one-off transactional changes. During the Always Event, new mouth products, syringe driver and ring/property bags for patients were trialled on G45. Radios and clocks were also purchased to better entertain patients. Whilst these improved patient experiences the impact was not evidenced in the main outcome measure (*i.e. call buzzer data*).
- It is important to **test the change ideas** before implementation through a series of Plan-Do-Study-Act cycles. **Process measures** need to be used to understand the reliability of implementing the changes.
- **Project support is required.** It is difficult to progress the Always Event approach without the support of additional staff/expertise for engaging with patients and staff, data analysis and presentation, administrative tasks, and communication.
- **Consider what other priorities and pressures ward staff are facing.** There was a need to seek further support from senior management to postpone progress on the project due to significant additional pressures that the ward faced.
- **Consider all available sources of patient experience feedback.** There is a wealth of information already available at ward level (*e.g. Friends and Family Test, complaints, NHS choices, PALS, CQC*) which can be used to identify key themes for improvement.
- Ensure that all staff in the pilot unit are **involved and agree** that the changes can be achieved. Although staff agreed that the aim was worthy of achieving, it became apparent that most health care support workers felt it was unachievable due to staffing pressures.
- **Agree a communication plan.** Waiting to share information at team meetings can mean delays in the project and staff feeling disillusioned and that changes are 'being done to them' if they are left out of the communication loop.



Further information

If you would like more information about The Mid Yorkshire Hospitals NHS Trust Always Event journey, please email: Ann.Wathall@midyorks.nhs.uk

For more information about the Always Events programme, please visit: <https://www.england.nhs.uk/always-events/>

Evaluation of the Shared Learning Event

Introduction

The Always Events Sharing the Learning Conference was held in Birmingham on the 14th November 2017. The day provided attendees with a chance to hear from the management team and organisations implementing Always Events on topics such as the importance of co-design, tips on engaging with staff and measurement. The agenda for the conference can be found in Appendix 2.

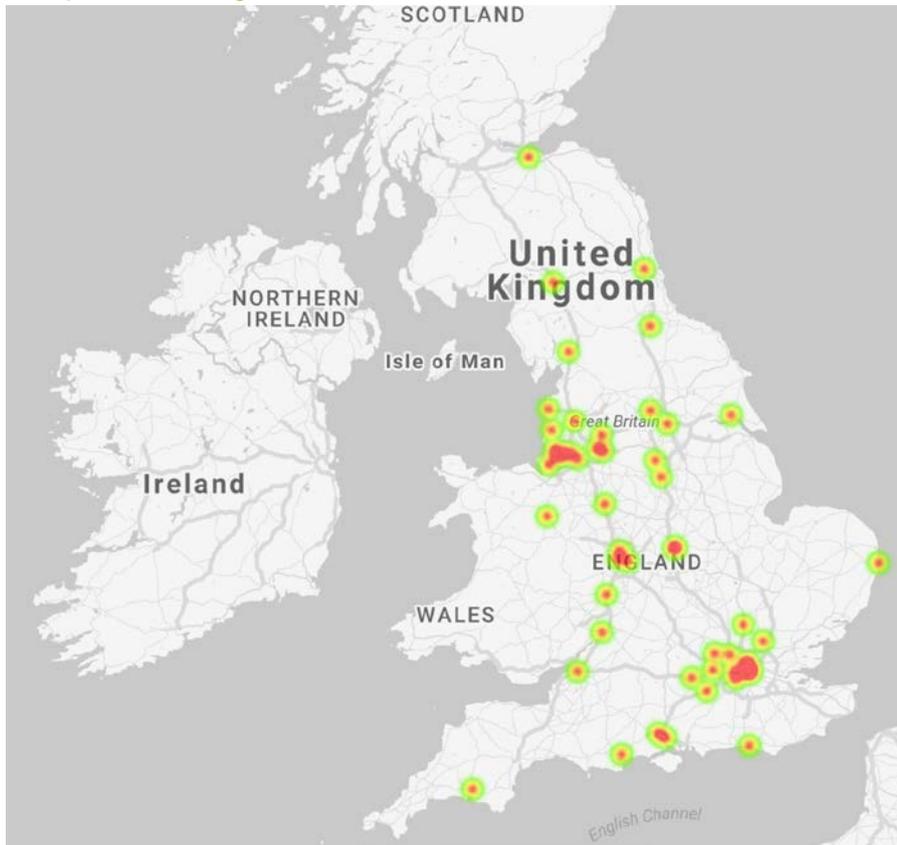
This report provides an evaluation of the day covering the attendee profile, twitter activity and findings from the attendee evaluation forms.

Attendee profile

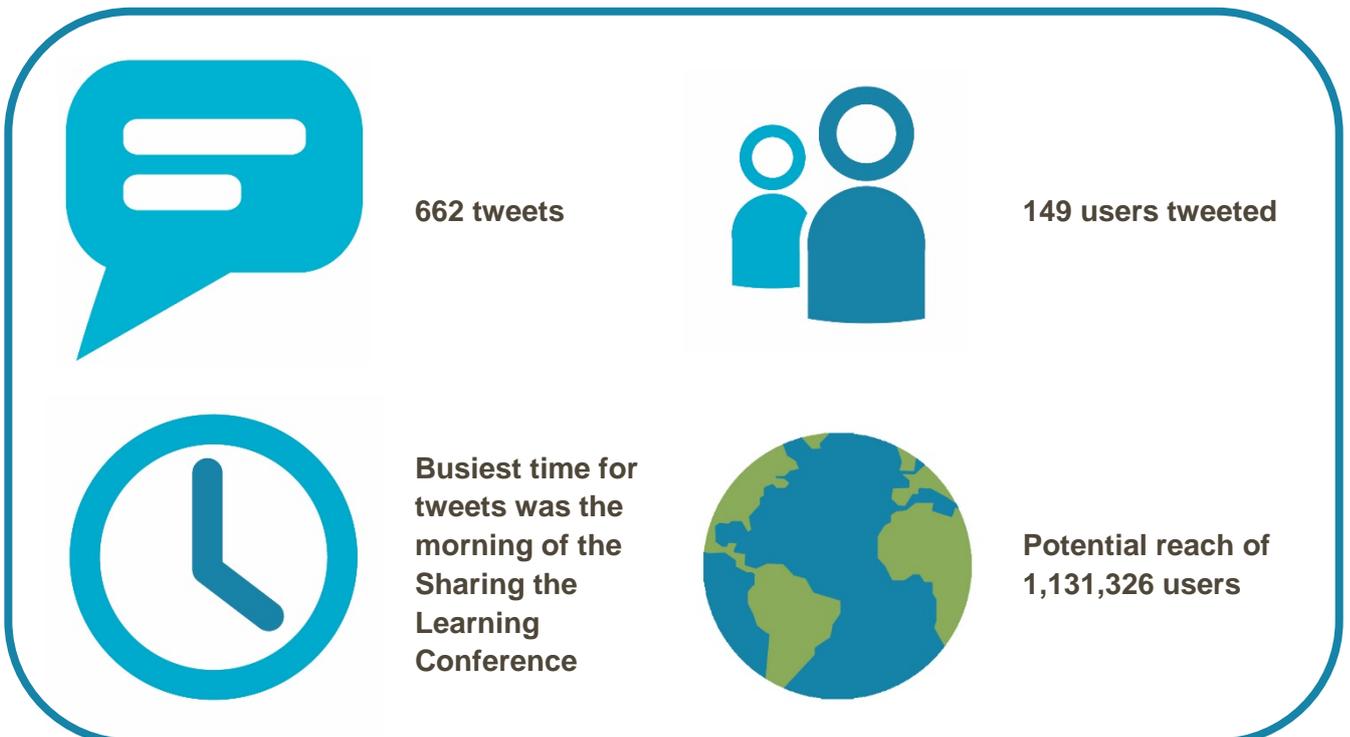
Fifty three organisations were represented at the conference (excluding NHS England, Picker and NHS Improvement). For the most part organisations represented provided NHS services with a mix of trust types present (including acute trusts, community trusts, specialist trusts and ambulance trusts). Attendees from Highgate Private Hospital, Pancreatic Cancer UK and Healthcare Improvement Scotland were also present.

All but one of the organisations represented are based in England. The organisation not based in England was Healthcare Improvement Scotland. The image below shows the distribution of represented organisations across the UK. Appendix 3 provides a full list of organisations.

Distribution of represented organisations across the UK



#AlwaysEvents twitter analytics



To understand how people were communicating about the Sharing the Learning Conference we explored Twitter analytics. Tweets containing the hashtag '#AlwaysEvents' were analysed for the time period 12th November to 12pm on the 15th November. This covered tweets on the two days leading up to the Sharing the Learning Conference, tweets on the day and finally those posted on the morning of the day following the event.

Tweet activity and reach

During this time period, 149 users posted a tweet containing the hashtag '#AlwaysEvents' and in total 662 tweets were sent containing the hashtag '#AlwaysEvents'. This provided a potential reach² of 1,131,326 users.

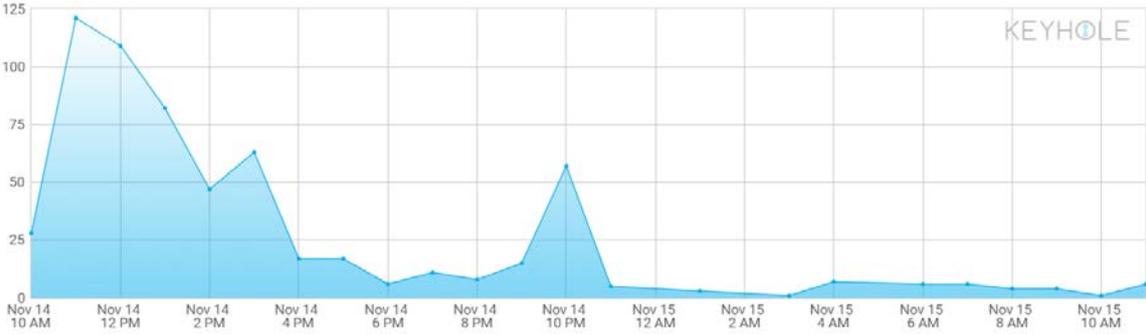
As can be seen in the charts below, a peak in the number of '#AlwaysEvents' tweets can be seen on the day of the conference with a lot of twitter activity throughout the day. A large proportion of tweets were sent between 10am and 12pm, the time of the plenary sessions and first break-out sessions. A second rise in tweets was seen in the afternoon at approximately 3pm, the time at which the session from the key note speaker Martine Wright MBE was held.

Number of tweets on the run up to the Sharing the Learning Event through to the morning of the 15th November



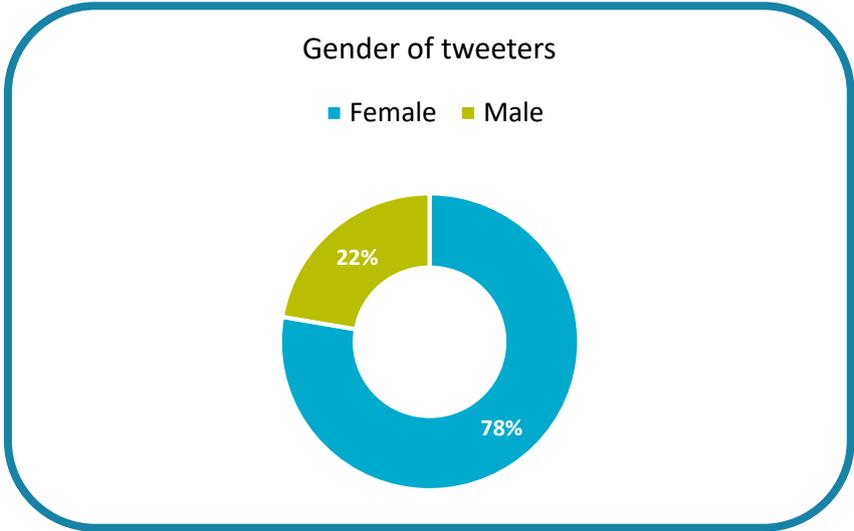
² Potential reach metric allows you to quantify not only the users you engaged with, but also the followers of those users who may have seen the #AlwaysEvents tweets. It is calculated from the sum of all users mentioning #AlwaysEvents + the sum of those users' followers.

Number of tweets made on the day of the Sharing the Learning Event and morning of the 15th November



The tweeters

Of the 149 users to send a '#AlwaysEvents' tweet 78% were female and 22% were male.



The most influential tweeters based on number of likes and shares they earned from posts containing the hashtag '#AlwaysEvents' can be seen in the image below. Users include delegates, members of the management team and the organisations of the management team.



We can also see who the top twenty tweeters were based on a count of tweets and retweets during the period 12th~15th November. The table below shows that much like the top influential tweeters the top twenty tweeters include a mix of delegates and the management team.

Top twenty tweeters

Name	Tweet count	Name	Tweet count
Claire Marshall	116	Paula Evans	13
David Ross	49	SCoR Members	13
Helen Lee	34	Kirsty Louise Morgan	12
Louise Harding	28	lorraine wolfenden	12
Neil Churchill	28	Gail A Nielsen	8
Jenny King	20	veronica emlyn	8
Diane Graham	17	Amira Chaudhry	7
hellomynameis Paul	17	Lisa Anderton	7
Sarwar	17	Person-Centred Scot	7
Patient Experience	15	#hellomynameisSheila	6

Tweet content

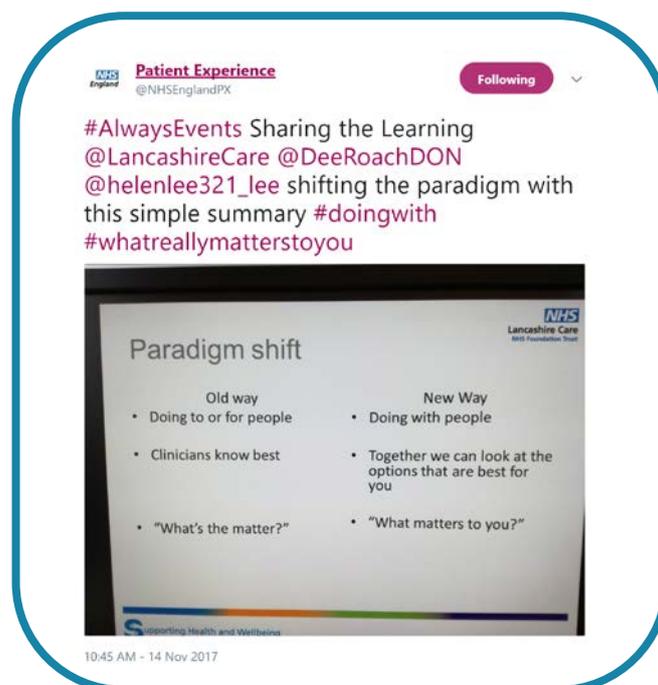
A word cloud was produced based on key words seen in '#AlwaysEvents' tweets (during 12th~15th November). The word cloud gives greater prominence to words that appear more frequently in the tweets. Perhaps unsurprisingly, the words 'patients', 'sharing', 'learning' and 'staff' appeared the most times in tweets. Other words related to the concept of Always Events and associated activities were seen in tweets such as 'experience', 'engage', 'improve', 'measuring' and 'production'.

Word cloud of key words



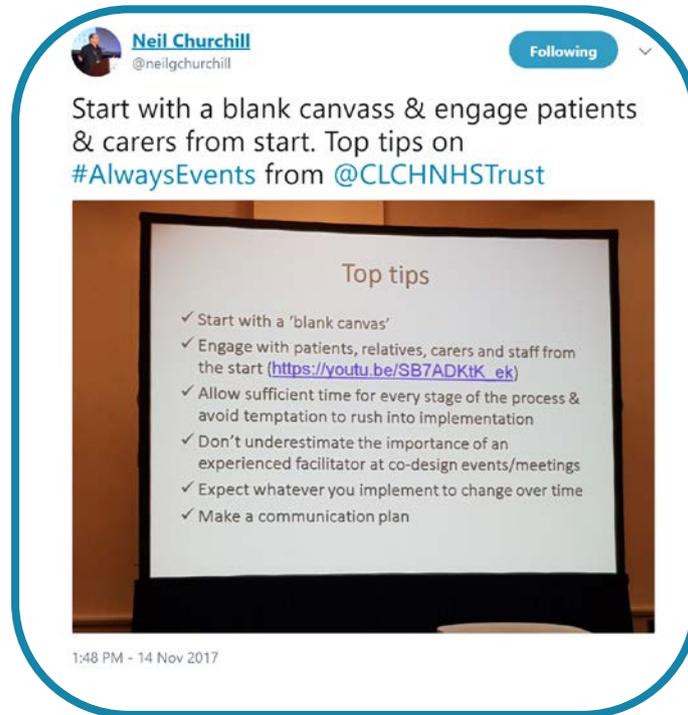
Top tweets with photos were explored. The tweet with a photo that received the most re-tweets was posted by the NHS England Patient Experience account. The post achieved 18 re-tweets and featured a presentation slide from Lancashire Care NHSFT's session.

Tweet (with a photo) with the highest number of re-tweets



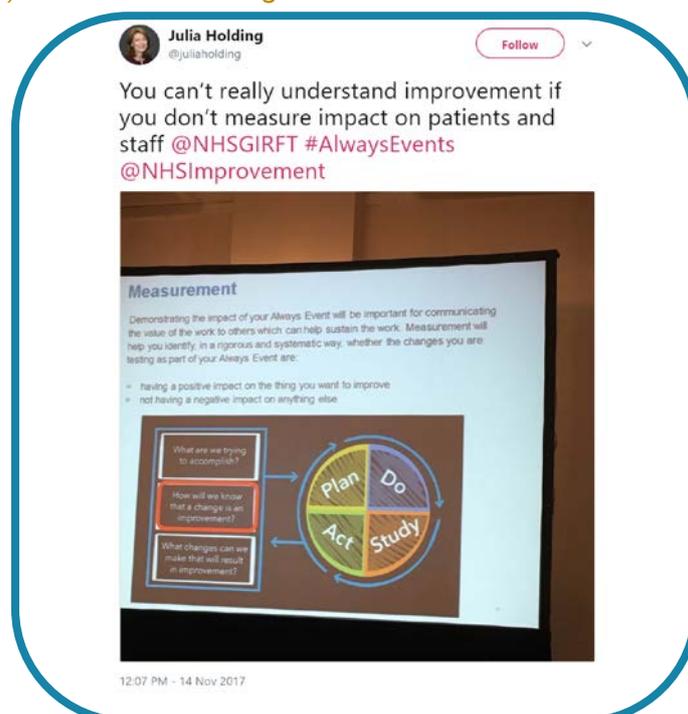
The tweets with a photo that received the second highest number of re-tweets (n=13 respectively) were posted by Neil Churchill and Julia Holding. Neil's tweet featured a slide from Central London Community Healthcare NHS Trust's presentation.

Tweet (with a photo) with the second highest number of re-tweets



And Julia's tweet featured a slide from Picker's presentation.

Tweet (with a photo) with the second highest number of re-tweets



Appendix 4 provides an overview of the rest of the top twenty '#AlwaysEvents' tweets with photos.

Top tweets without photos were also explored. The tweet, without a photo, that achieved the most re-tweets (n=13) was posted by Paula Evans a Clinical Lead Radiographer. It referenced the importance of the patient voice.

Tweet (without a photo) with the highest number of re-tweets



The tweets without a photo that received the second and third highest number of re-tweets (n=11 and n=10) were posted by Neil Churchill. They referenced how Always Events help the NHS to act on the voices of all patients including those that are potentially harder to reach and the importance of co-production.

Tweet (without a photo) with the second highest number of re-tweets



Tweet (without a photo) with the third highest number of re-tweets



Findings from the attendee feedback survey

Following the conference, attendees were emailed a link to a short feedback survey. The survey asked for feedback about the day but also attendee views on different aspects of Always Events. Questions asked can be seen below.

Twenty-nine people filled in the survey (although not all questions were answered by everyone).

About the day

- What part of the day did you find most useful or interesting?
- What part of the day did you find least useful or uninteresting?
- If we were to hold a similar event next year, what could we do to improve it?

About Always Events

- What excites you most about Always Events?
- What have you achieved so far and what are you looking forward to achieving?
- Co-design with service users: what benefits or challenges have you experienced or expect to see?
- Engaging staff: what benefits or challenges have you experienced or expect to see?

About the day

What part of the day did you find most useful or interesting?

Respondents to the survey were first asked their views on the most useful or interesting parts of the Sharing the Learning Conference. Overall the feedback received about the day was very positive. For many, the most interesting parts of the day were hearing about the experiences of others including practical things such as where to start with an Always Event, how to approach co-design and how to overcome barriers along the way.

The inspirational session by the key note speaker Martine Wright MBE was also mentioned as being a highlight of the day. Other highlights mentioned by respondents included hearing from patients, tips on measurement and being able to network with others.

What part of the day did you find least useful or uninteresting?

Respondents were asked what part of the day they found to be the least useful or uninteresting. Many answered this question stating that there were no parts which were not useful:

A few respondents noted that they had heard some of the stories and presentations before which highlights the importance of making sure that the management team continue to

generate and disseminate the stories and experiences of different sites rolling out Always Events. Two respondents made comments related to the technical aspects of Always Events. One respondent felt they would have liked to hear more about *“the process and the way you do it”* and another would have liked to know more about how Always Events differ *“to other co-production/ service improvement tools”*.

Further feedback included wanting to hear more from patients and the difficulty of choosing which sessions to go to.

If we were to hold a similar event next year, what could we do to improve it?

Respondents were asked how we could improve the day if we were to hold a similar conference again. A few respondents provided ideas for improvement related to the practicalities of the day such as the venue and location. Comments relating to the content of the day included respondents wanting to hear more about the process of developing and implementing an Always Event including troubleshooting.

A few respondents also noted that it would be good to hear more examples of Always Events being implemented in different settings and with different groups of patients/service users. Comments were also provided about the format of the day with respondents noting that more opportunity for small group discussions and networking would be beneficial.

About Always Events

What excites you most about Always Events?

Respondents were asked what excites them most about Always Events. Themes to come out of the responses to this question included listening to patients, engaging staff, the improvement methodology and how small things can make a difference.

The theme of making improvements and a difference based on listening and working with patients was mentioned by many respondents. In addition, the structure that Always Events provide for engaging staff was also seen as a positive.

Three respondents noted that they like how simple it can be, with the small things also having the potential to make a difference. One respondent noted that there was very little that excited them about Always Events based on what they already do at their trust, seeing it as *“more paperwork/people to include”*. And another respondent commented that they *“used to believe in the concept – but realise there is no such thing as an Always Event”*.

What have you achieved so far and what are you looking forward to achieving?

Respondents were asked what they have achieved so far and what are they looking forward to achieving. Many respondents noted that they are at the start of their Always Events journey so are yet to make any progress, have just started engaging staff and patients or are exploring existing data. Looking at what respondents are excited about achieving, these cover learning new skills, encouraging co-design, changing approaches to involvement and achieving better outcomes for patients and staff.

Co-design with service users: what benefits or challenges have you experienced or expect to see?

When asked what benefits have been experienced or are hoped for when co-designing with service users respondents spoke about improving and focussing on quality, empowering patients, and identifying improvements that can make a real difference.

Challenges to co-design highlighted by respondents included having enough time and resource, competing priorities, reaching patients and getting staff on board.

Engaging staff: what benefits or challenges have you experienced or expect to see?

Respondents were asked what benefits or challenges they have experienced or expect to see when engaging with staff. Benefits to engaging with staff through Always Events, as identified from respondents, included improved motivation and enthusiasm, staff feeling listened to and increased morale.

Similar challenges to those identified with co-design were also noted from respondents with regards to engaging with staff, such as time and resource, getting staff on board and changing how they may have traditionally carried out work.

Evaluation of the cohort launch events

Introduction

To support trusts who are starting on their Always Events journey NHS England have held a number of cohort launch events. The purpose of the event is to provide trusts the opportunity to:

- meet the Always Events team face to face
- network with other organisations who are at similar stages to them
- discuss expectations, challenges/fears, find some solutions and plan next steps
- hear from one or two case studies of how they have implemented Always Events in their organisation
- get support, information and knowledge that will help them be successful
- provide a space to do some thinking about their Always Event.

To date 8 cohort launch events have been held. This report pulls together the evaluation feedback received from the attendees at five cohort launch events held between October 2017 and March 2018 (i.e. cohorts 4-8). The table below shows the number of attendees at each cohort event, and the number of people who completed an evaluation form. In total 156 people (70%) who had attended a launch event completed an evaluation form.

Cohort	Date	Location	Number of attendees	Number (%) that completed an evaluation form
4	5th October 2017	Manchester	31	24 (77%)
5	25th January 2018	London	48	34 (71%)
6	1st February 2018	Leeds	45	37 (82%)
7	13th March 2018	London	52	36 (69%)
8	21st March 2018	Birmingham	46	25 (54%)

The questions included on the evaluation feedback form are shown below.

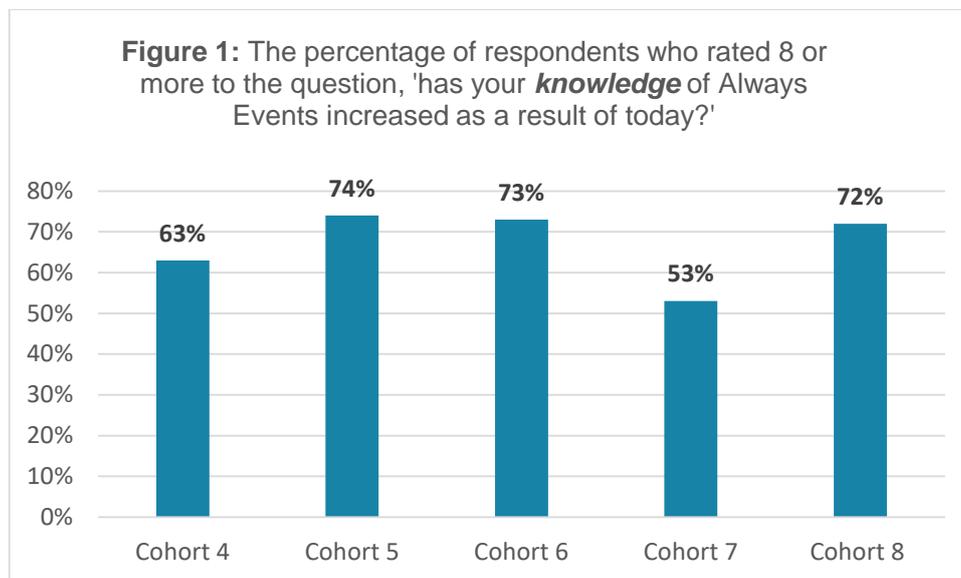
- Q1. On a scale of 1 – 10, 0 being not at all to 10 being massively how much has your knowledge of Always Events increased as a result of today?
- Q2. On a scale of 1-10, 0 being not at all 10 being massively how much has your **confidence** in leading/being part of the co-design team increased as a result of today?
- Q3. On a scale of 1 – 10, 0 being not at all 10 being all met how much did the workshop meet your learning expectations?
- Q4. What was the **most** useful thing you have learned today?
- Q5. What was the **least** useful thing you have learned today?
- Q6. Is there anything you would have liked to see covered today that was omitted?

Appendix 5 provides the percentage results to the closed questions (Q1-Q3) for each cohort.

Knowledge of Always Events

On a scale of 0–10, 0 being not at all to 10 being massively how much has your knowledge of Always Events increased as a result of today?

Analysis of the evaluation forms showed that most people who had responded felt the launch event had increased their knowledge of Always Events, with 67% of people overall rating 8 or higher at this question. Only 6 respondents (4%) overall gave a rating of 5 or less to this question (Table 1, Appendix 5). The percentage of respondents rating 8 or more at this question varied between 53% and 74% across cohorts 4-8 (Figure 1).



It is not clear why the proportion of people who answered 8 or more at this question was lower for cohort 7 when compared with the other cohort launch events; from looking at the freetext comments, there was no clear message about what could have been improved, apart from a request for more case studies and practical tips.

As detailed in the other sections of this report, the evaluations provided by attendees at cohort 7 (and to some extent cohort 8) are less positive than for the earlier cohorts. Some potential reasons for the apparent 'drop' in the proportion of people rating very highly (i.e. 8 or more) to Q1-Q3 are:

- The proportion of attendees that completed an evaluation form in cohorts 7 and 8 was lower than for the other cohorts (69% and 54% respectively compared with an average of 77% for cohorts 4-6). It is possible that those who might have responded more positively did not complete an evaluation form.
- As these are later cohorts it's possible that there was a greater awareness and knowledge of Always Events amongst attendees before the launch event and so expectations may have been higher in terms of improving knowledge, increasing confidence and meeting expectations.

- The types of people attending the event – in terms of their roles within their organisation – may have differed across cohorts which might have impacted the results. It is also possible that different people attended the event to those that had been in contact with the team at NHS England during the sign up process.
- It's worth noting that the percentage figures for those rating 8+ at Q1-Q3 are based on relatively small numbers; a couple of people ticking '7' rather than 8+ can make quite a big difference to the percentage figures. For instance, in cohort 8, 40% of people (n=10) ticked '7' at Q3 (how much did the workshop meet your learning expectations?). If 4 of these people had ticked 8 (rather than 7), the percentage of those ticking 8 or more would be 64% rather than 48%. The proportion of respondents rating 7+ at Q1-Q3 does not vary as much between cohorts when compared with those rating 8+ (see Tables 1-3 in Appendix 5). For example, the proportion of respondents ticking 8+ at Q3 varied by 37 percentage points across cohorts (i.e. 48%-85%) compared with just 16 percentage points across cohorts for those that rated 7 or higher (i.e. 78%-94% across cohorts)
- It is also possible that people were influenced by the other delegates (and the general atmosphere of the event) in how they responded to the evaluation questions. In the earlier cohorts (such as cohort 5), there may have been some individuals who were very vocal about having a positive experience which could have influenced others. Or vice versa, there may have been fewer positive remarks made during the day by delegates attending the cohort 7 launch event. It's possible the delegates did not gel together as well when doing group work in this cohort so people didn't get quite as much out of the day as they had hoped.

The free text comments on what people found to be **most useful** thing to have learned at the launch events focused on these areas:

- Allowing people time to think, and discuss with colleagues, about Always Events
- Understanding the concept of Always Events, such as the importance of working with patients and starting small
- Discussions of the methodology (including measurement), the toolkit and knowing how to get started
- Case studies and examples from other organisations, including shared experiences and challenges
- Tips and advice for success, such as for staff and patient engagement and tools/resources (e.g. Ideas Trees).

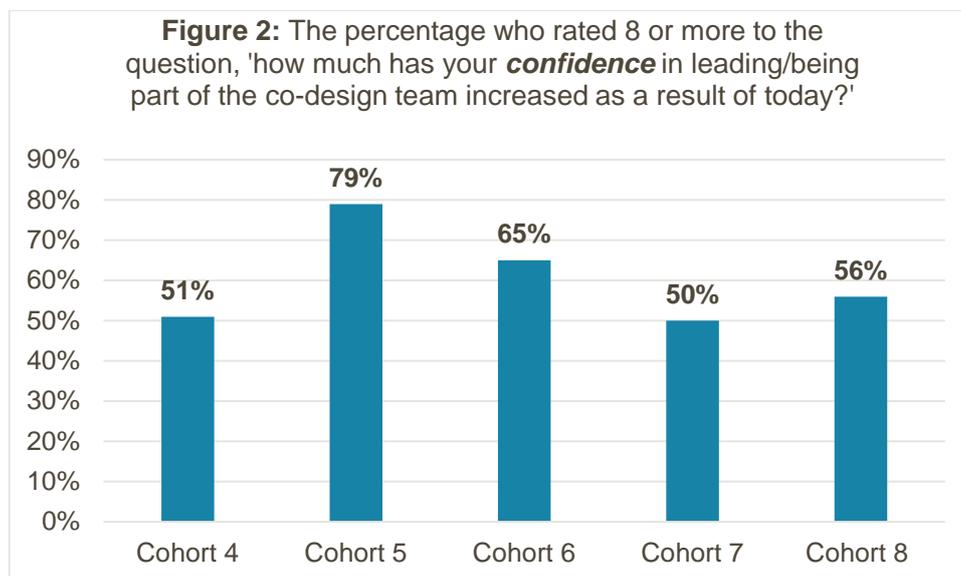
In the evaluation form, attendees were also asked what the **least useful** thing was they learnt from the day. A number of people (n=24) said they did not feel there was anything that was not useful and responded along the lines of 'Nothing' or 'It was all useful'. A further 111 respondents (71%) left it blank which could indicate that there was nothing that came to mind that was of limited use.

Of those delegates that had responded to this question, these were the main themes in the comments about what they found to be **least useful** at the event:

- Not having more case studies or examples of success
- Plan-Do-Study-Act (PDSA) cycle
- Going through the toolkit
- Some repetition of information

Confidence in leading/being part of the co-design team

*On a scale of 1-10, 0 being not at all 10 being massively how much has your **confidence** in leading/being part of the co-design team increased as a result of today?*



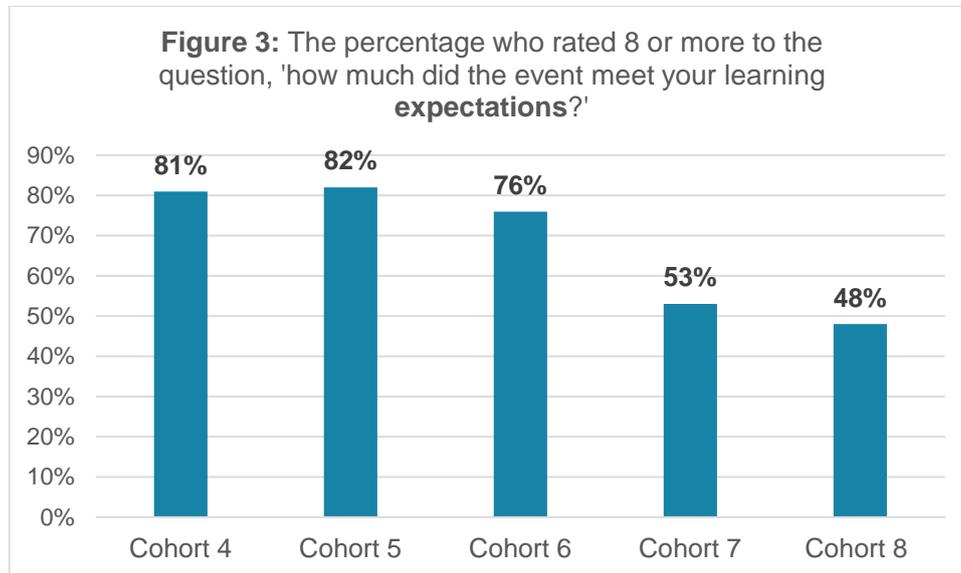
The majority of people who had completed an evaluation form felt their confidence in leading/being part of the co-design team had increased as a result of the day, with 60% of people overall rating 8 or higher at this question (Figure 2).

Eleven people across the five cohorts (7%) gave a rating of 5 or lower at this question, which although is slightly higher than at Q1 is still low and indicates an overall satisfaction with the launch event for increasing people's confidence in leading or being part of a co-design team (Table 2, Appendix 5).

The percentage of respondents rating 8 or more at this question varied between 50% and 79% across cohorts 4-8 (Figure 2). There was considerable improvement between cohort 4 and 5 with regards to the proportion of people who felt the event had improved their confidence in leading/being part of a co-design team, with those rating 8 or higher increasing by 28 percent. However, as with Q1, the proportion of people who answered 8 or more at this question was considerably lower for cohort 7 when compared with the other cohort launch events.

Meeting expectations

On a scale of 1 – 10, 0 being not at all 10 being all met how much did the workshop meet your learning expectations?



In the early cohorts, around four out of five respondents felt the launch event met most of their expectations, with about 80% of people rating 8 or higher at this question (Figure 3). The proportion who rated 8 or higher was lower for cohorts 7 and 8, although still around half of all respondents gave this high rating indicating that the event had met most of their expectations. As can be seen in Table 3 (Appendix 5), there was far less variation in the proportion of respondents who rated 7 or higher at this question across cohorts (78%-94%).

Only nine people across the five cohorts (6%) gave a rating of 5 or lower at this question, which indicates an overall satisfaction with the launch event for meeting people's expectations (Table 3, Appendix 5).

Other comments

The evaluation form asked delegates if there was anything else they would have liked the event to have covered.

In the first cohort that forms part of this analysis (i.e. cohort 4), the comments were largely focused on respondents wanting to have seen the toolkit, more detail on the Always Events framework and tips/examples.

In cohort 5 some of the main themes that came out of the comments were centred on people wanting more examples of Always Events implemented by other organisations, tips on how to overcome challenges, and information about how to involve people. Three delegates also commented that they would have liked to have seen a patient/service user who had been involved in co-design to present about their experiences.

The desire for more case studies/ examples from other areas was again the main theme within the cohort 6 comments. One delegate thought it would be helpful to have clearer guidance before the event in terms of who would be best to attend, and another felt that more information about potential challenges (such as consent, ethical approval) would have been useful.

The comments from the cohort 7 delegates were centred on the desire for more case studies and examples from other organisations, including ambulance services. It was suggested that more examples of what the final achieved outcome is in terms of what it looks like now would have been useful. One delegate suggested that a measurement tool would be useful and another felt that knowing what could be expected at certain points was not covered during the day. One delegate suggested a list of sites engaged in Always Events so that they can connect. A Yammer online social networking group was set up for organisations implementing an Always Event for this purpose. NHS England has recently 'relaunched' the Yammer group which should address this suggestion and there is a WhatsApp group which has received positive feedback from those sites attending the Celebration Event in April 2018.

There were very few comments on anything that was omitted during the event from the cohort 8 delegates which suggests that the most important things are already covered. A few people suggested more patient stories and/or having a patient there to share their experiences. Again, there were some comments around the need for more examples from previous cohorts and data on improvements. One delegate felt that information on information governance challenges for contacting patients following discharge was missing from the event and another person suggested more detail of engagement with staff and patients.

Recommendations

Based on the responses to the evaluation forms, these are our recommendations for future launch events:

- Share further examples and case studies of Always Events that have been carried out.

This has been difficult to date due to the lack of organisations getting to the point in which their Always Event can be recognised as meeting the Always Events criteria. This should improve over time as the recognition form is now shared with organisations at the start of their journey so there should be greater awareness of what is required
- Show the impacts of Always Events, such as data on improvements and the achieved outcomes
- Include patient/carer stories to illustrate their involvement in the co-design process and/or involve patients/carers in the event
- Provide further information on potential challenges, such as staff engagement and information governance issues (contacting patients, consent and ethical approval)

Appendix 1: Approaches to Quality Improvement

Appendix 2: Sharing the Learning Conference Agenda

Time	Item
0930	Registration
1000	Welcome – Chair – Paul Henry, Patient Leader
1010	Plenary Session 1: The difference Always Events have made to our Trust Dee Roach, Director of Nursing and Quality, Lancashire Healthcare NHS FT
	Plenary Session 2: Case Study of Exemplar Trust – our journey Helen Lee, Head of Quality Improvement and Experience, Lancashire Healthcare NHS FT
1100	Refreshments /comfort break time before going into Breakout Session A
1115	Breakout Session A
1200	Breakout Session B
1245	Lunch
1330	Breakout Session C
1400	Coffee and go into next session
1415	Q&A Panel
1445	Key Note Speaker Martine Wright MBE will remind us “What really matters to Patients” from her perspective
1545	Closing Remarks and Commitment to Action Dr Neil Churchill, Director of Patient Experience and Insight, NHS England
1600	Close

Appendix 3: Organisations represented at the Sharing the Learning Conference

Organisations represented at the Sharing the Learning Conference	
2gether NHS Foundation Trust	Norfolk and Suffolk NHS Foundation Trust
Alder Hey Children's NHS Foundation Trust	North Cumbria University Hospital Trust
Aintree University Hospitals NHS Foundation Trust	North Staffs Combined Healthcare Trust
Birmingham Community Healthcare NHS Foundation Trust	Northern Care Alliance - Salford Royal NHS Foundation Trust/Pennine Acute
Black Country NHS Foundation Trust	Northumberland Tyne & Wear NHS Foundation Trust
Blackpool Teaching Hospitals NHS Foundation Trust	Pancreatic Cancer UK
Buckinghamshire Healthcare NHS Trust	Plymouth Hospitals NHS Trust
Chesterfield Royal Hospital NHS Foundation Trust	Robert Jones and Agnes Hunt Orthopaedic Hospital
County Durham and Darlington NHS Foundation Trust	Royal Berkshire Hospital
Dorset Health Care	Sheffield Teaching Hospitals NHS Foundation Trust
East Midlands Ambulance Trust	Solent NHS Trust
Frimley Health NHS Foundation Trust	Southport and Ormskirk Hospital NHS Trust
Healthcare Improvement Scotland	Sussex Community NHS Foundation Trust
Hertfordshire Partnership University NHS Foundation Trust	St Helens and Knowsley Teaching Hospitals NHS Trust
Highgate Hospital, London	The Clatterbridge Cancer Centre NHS Foundation Trust
Hounslow and Richmond Community Healthcare Trust	The Huntercombe Group
Humber NHS Foundation Trust	The Princess Alexandra Hospital NHS Trust
Imperial College healthcare NHS Trust	The Pennine Acute Hospitals NHS Trust
Leeds Teaching Hospital NHS Trust	University College Hospitals London
Leicestershire Partnership Trust	Southampton General Hospital
London Ambulance Service	University Hospitals of Morecambe Bay NHS Foundation Trust
London North West Healthcare NHS Trust	Walsall Healthcare NHS Trust
Manchester University NHS Foundation Trust	Warrington & Halton Hospitals NHS Foundation Trust
Merseycare NHS FT	West Hertfordshire Hospitals NHS Trust
Mid Yorkshire Hospitals NHS Trust	Whittington Health
North Bristol NHS Trust	Worcestershire Acute Hospitals NHS Trust
	Lancashire Care

Appendix 4: Overview of the top twenty '#AlwaysEvents' tweets with photos

The grid displays 20 tweets related to '#AlwaysEvents'. Each tweet includes a photo of an event, a text box with the tweet content, and a small icon indicating the number of replies. The tweets are arranged in a grid format, with each tweet occupying a rectangular space. The photos show various presentations, speakers, and event environments. The text boxes provide the full text of the tweets, including the user's name, the date and time of the tweet, and any links or mentions.

Appendix 5 Evaluation of cohort launch events: results to the closed questions

Overall

Table 1: Results to Q1 (On a scale of 1 – 10, 0 being not at all to 10 being massively how much has your knowledge of Always Events increased as a result of today?)

Rating Scale	0	1	2	3	4	5	6	7	8	9	10	N/A or missing	Total	<= 5 (%)	>=7 (%)	>= 8 (%)
Cohort 4	0	0	0	0	0	2	2	5	4	7	4	0	24	2 (8%)	20 (83%)	15 (63%)
Cohort 5	0	0	0	1	1	0	3	4	12	7	6	0	34	2 (6%)	29 (85%)	25 (74%)
Cohort 6	0	0	0	0	0	0	2	8	10	5	12	0	37	0 (0%)	35 (95%)	27 (73%)
Cohort 7	0	0	0	0	0	1	8	8	10	4	5	0	36	1 (3%)	27 (75%)	19 (53%)
Cohort 8	0	0	0	1	0	0	2	4	11	4	3	0	25	1 (4%)	22 (88%)	18 (72%)

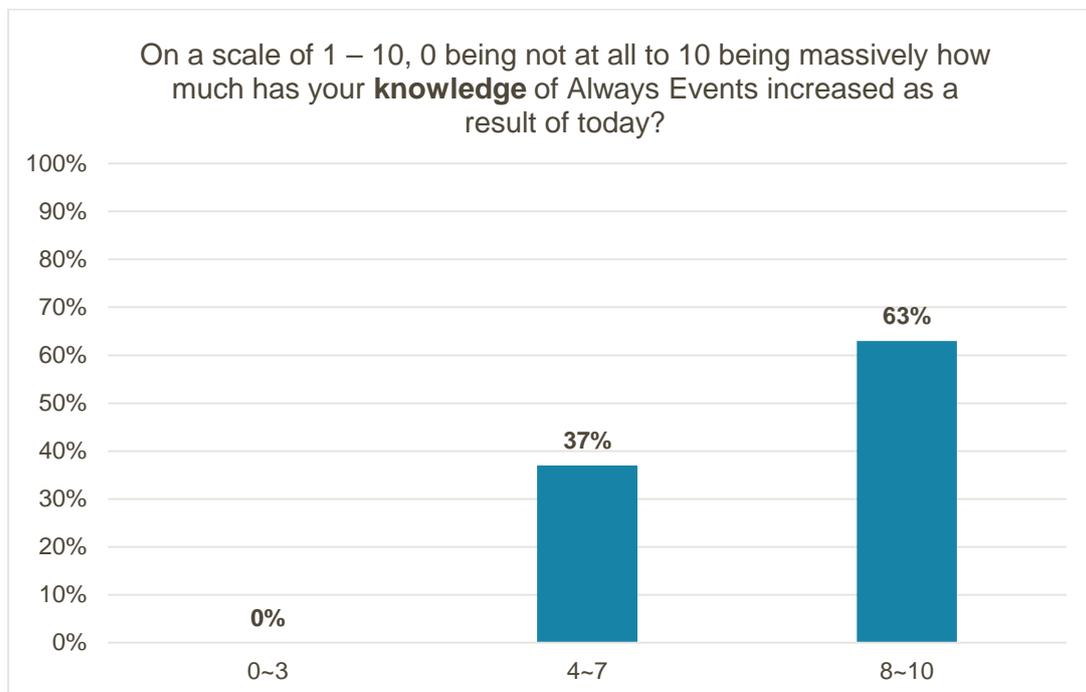
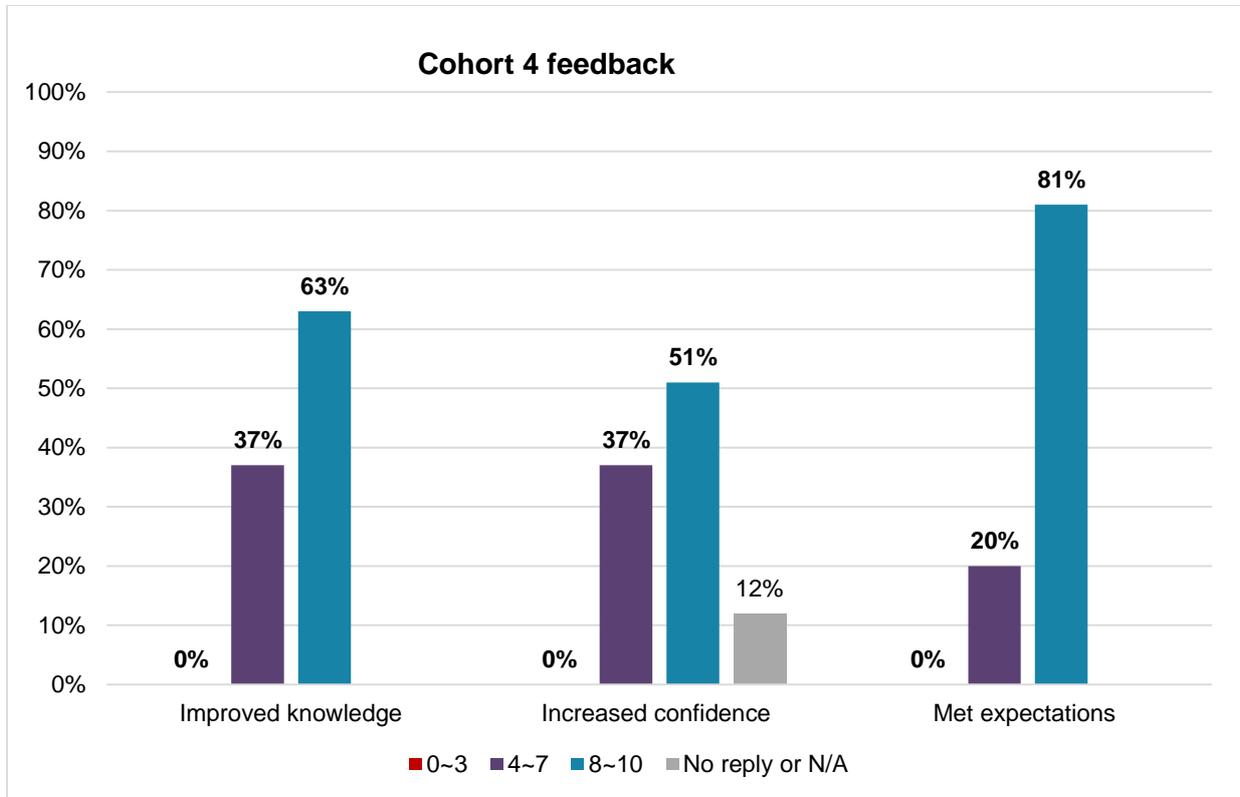
Table 2: Results to Q2 (On a scale of 1-10, 0 being not at all 10 being massively how much has your confidence in leading/being part of the co-design team increased as a result of today?)

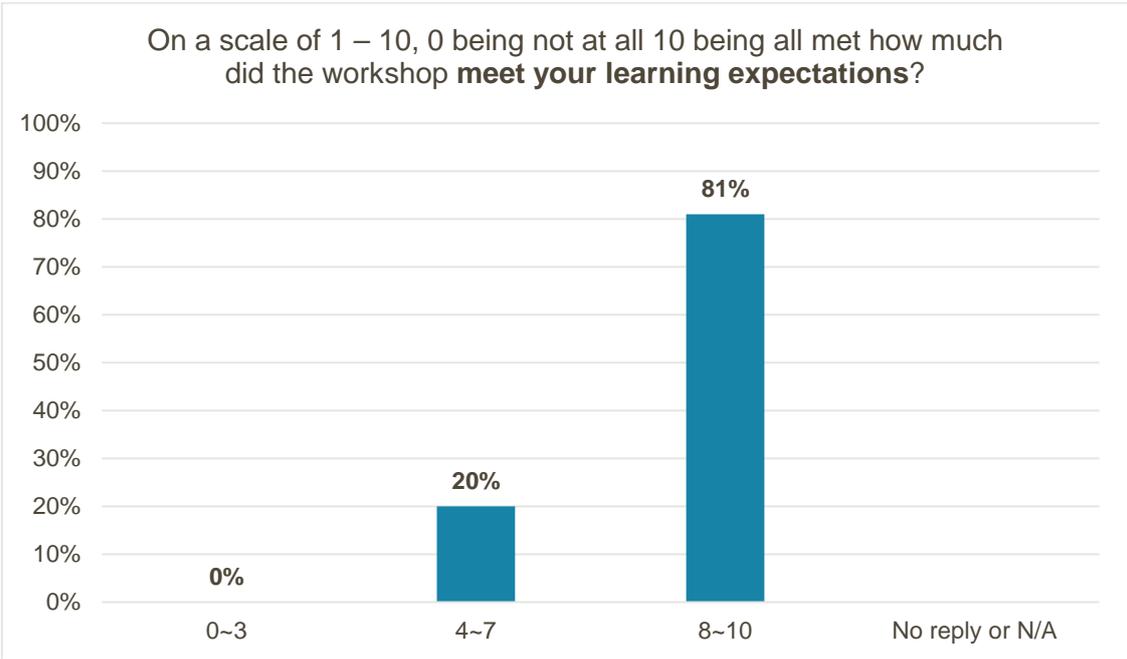
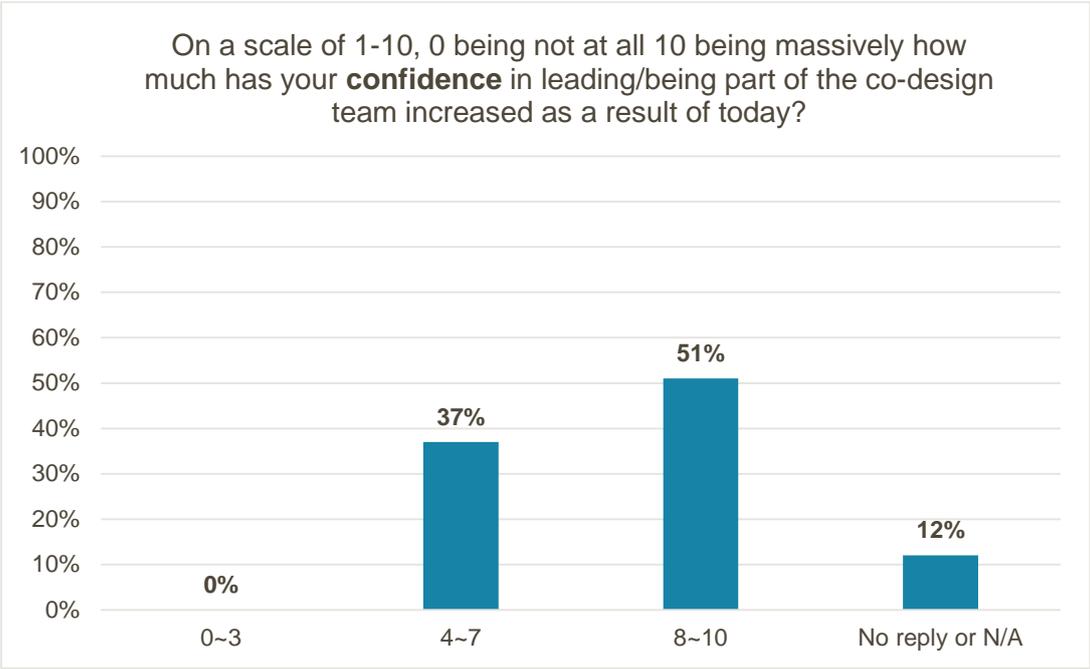
Rating Scale	0	1	2	3	4	5	6	7	8	9	10	N/A or missing	Total	<= 5 (%)	>=7 (%)	>= 8 (%)
Cohort 4	0	0	0	0	0	2	2	5	3	1	8	3	24	2 (8%)	17 (71%)	12 (50%)
Cohort 5	0	0	0	0	1	2	1	2	12	10	5	1	34	3 (9%)	29 (85%)	27 (79%)
Cohort 6	0	0	0	0	0	0	6	7	12	5	7	0	37	0 (0%)	31 (84%)	24 (65%)
Cohort 7	0	0	0	0	1	2	5	10	12	4	2	0	36	3 (8%)	28 (78%)	18 (50%)
Cohort 8	0	0	0	1	0	2	2	6	7	5	2	0	25	3 (12%)	20 (80%)	14 (56%)

Table 3: Results to Q3 (On a scale of 1 – 10, 0 being not at all 10 being all met how much did the workshop meet your learning expectations?)

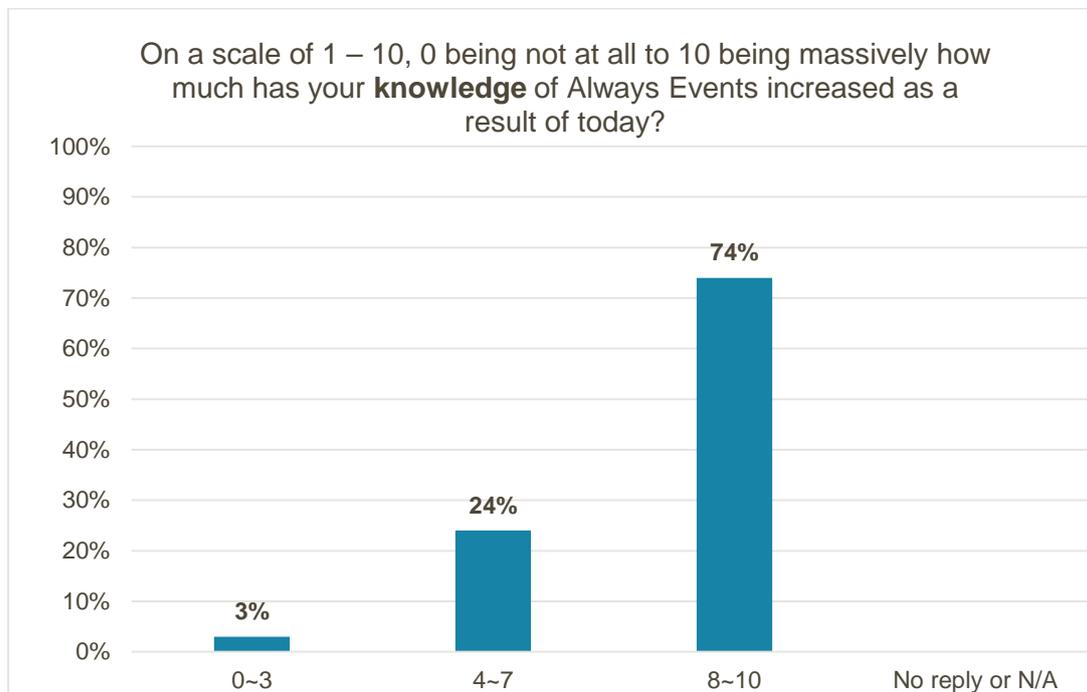
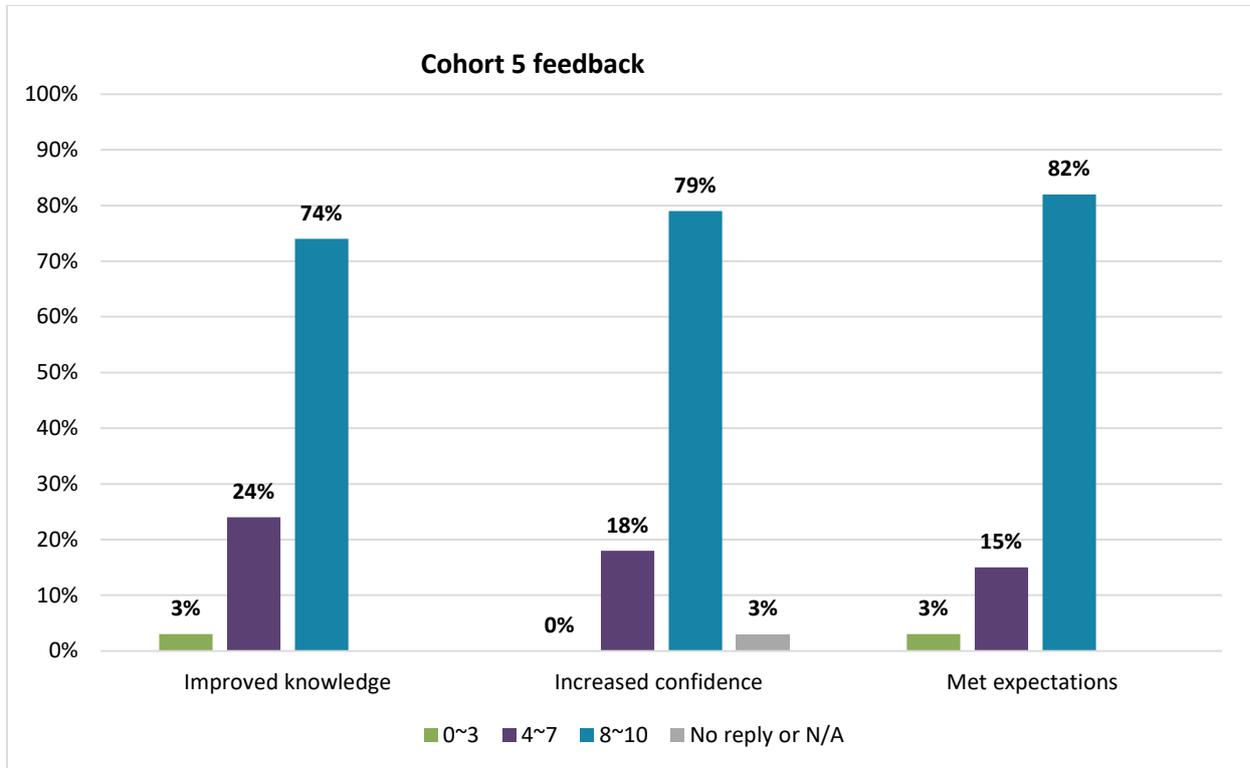
Rating Scale	0	1	2	3	4	5	6	7	8	9	10	N/A or missing	Total	<= 5 (%)	>=7 (%)	>= 8 (%)
Cohort 4	0	0	0	0	0	2	2	1	7	3	9	0	24	2 (8%)	20 (83%)	19 (79%)
Cohort 5	0	0	0	0	1	0	1	3	12	5	11	0	33	1 (3%)	31 (94%)	28 (85%)
Cohort 6	0	0	0	0	0	2	2	5	8	13	7	0	37	2 (5%)	33 (89%)	28 (76%)
Cohort 7	0	0	0	1	0	2	3	9	9	3	7	2	36	3 (8%)	28 (78%)	19 (53%)
Cohort 8	0	0	0	0	0	1	2	10	6	4	2	0	25	1 (4%)	22 (88%)	12 (48%)

Cohort 4

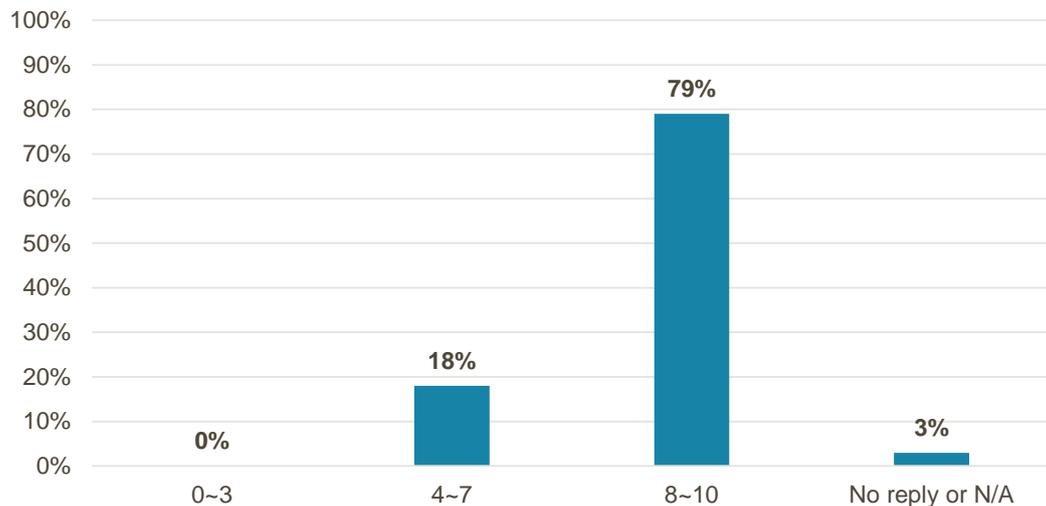




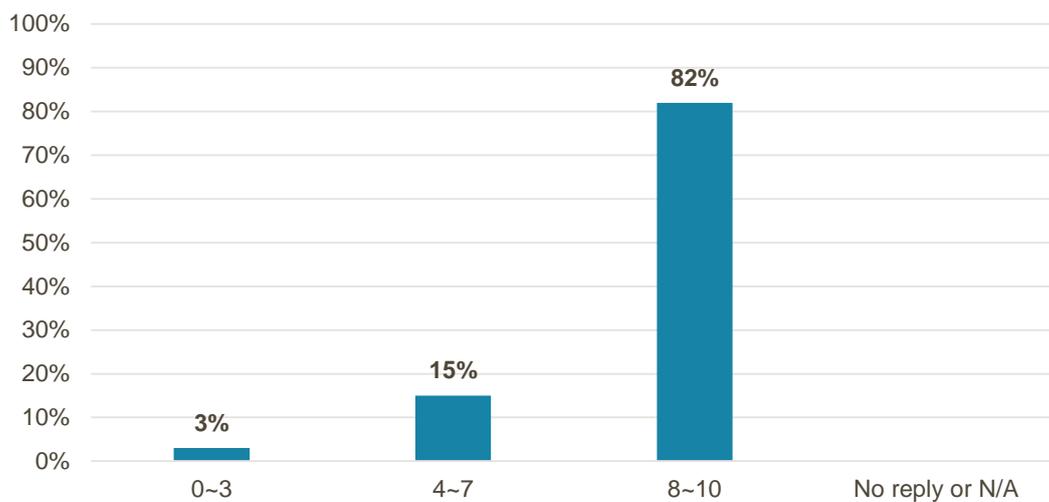
Cohort 5



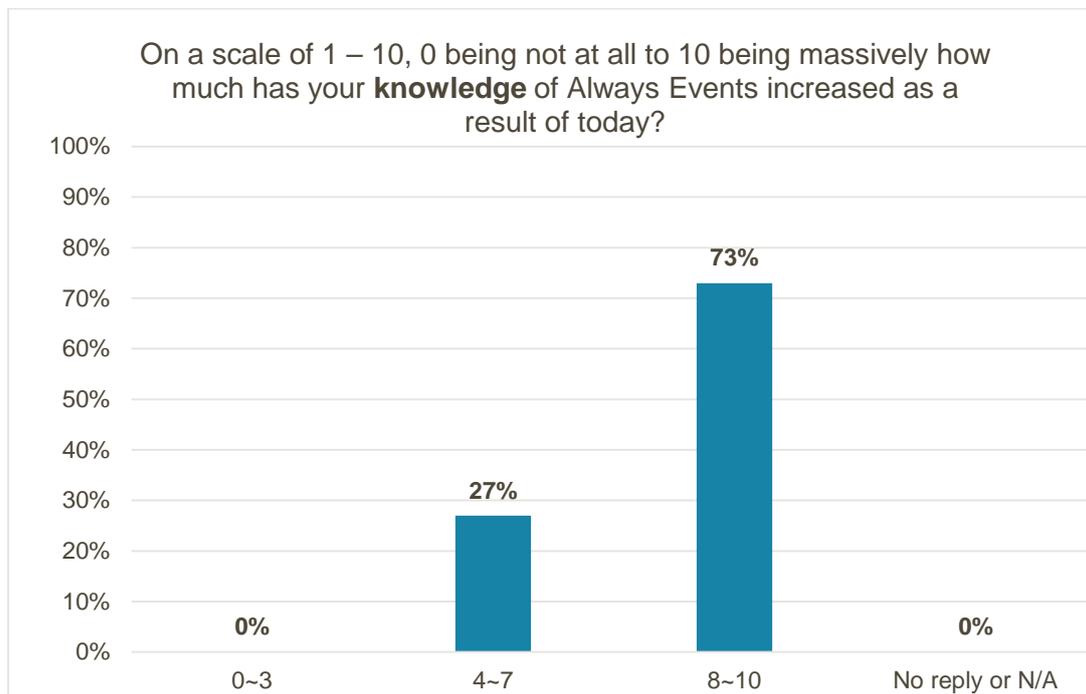
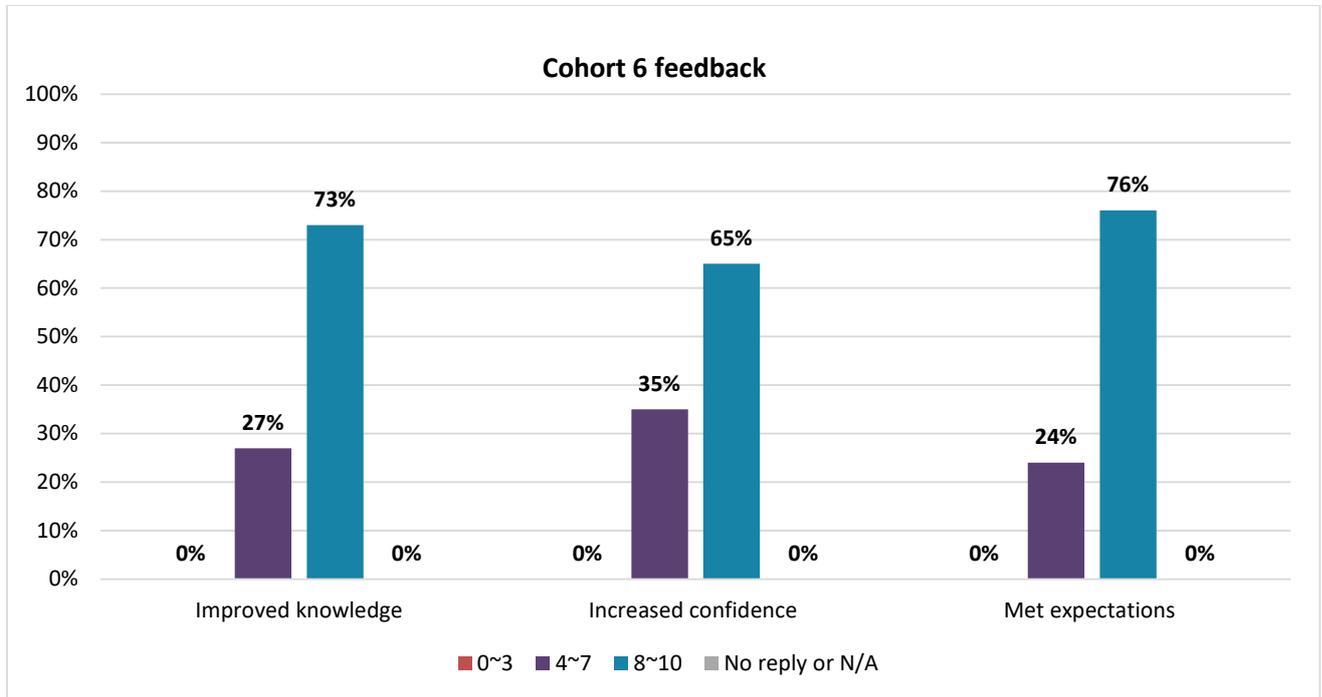
On a scale of 1-10, 0 being not at all 10 being massively how much has your **confidence** in leading/being part of the co-design team increased as a result of today?

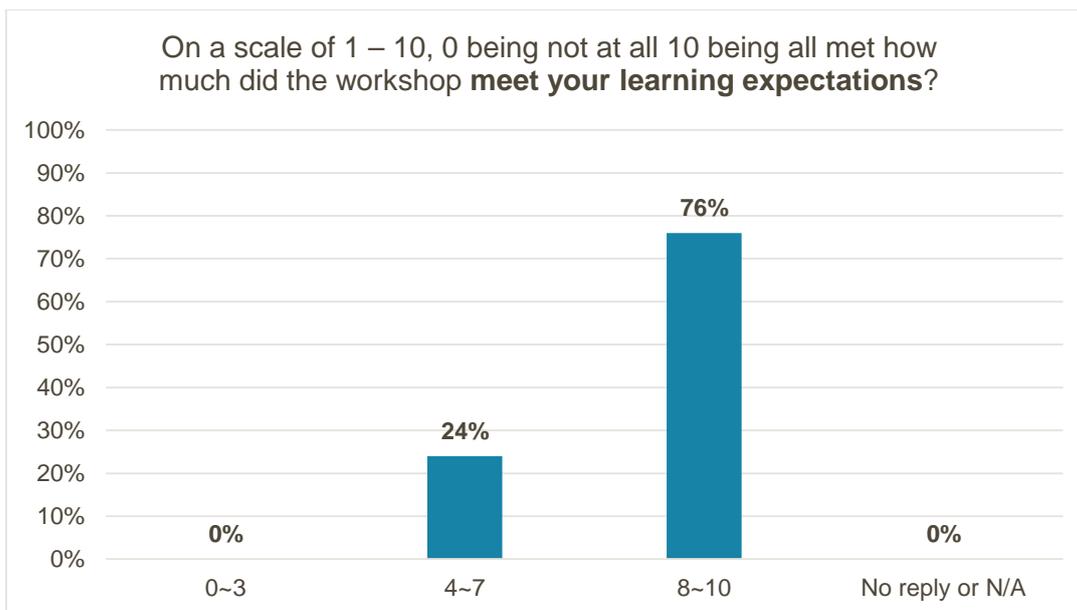
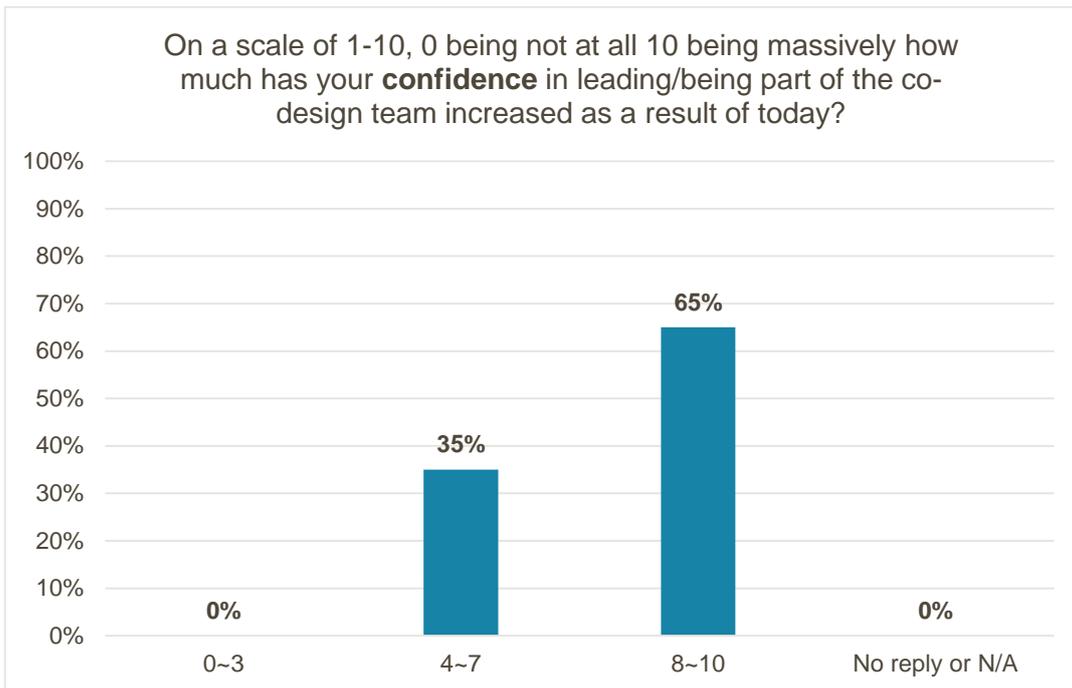


On a scale of 1 – 10, 0 being not at all 10 being all met how much did the workshop **meet your learning expectations**?

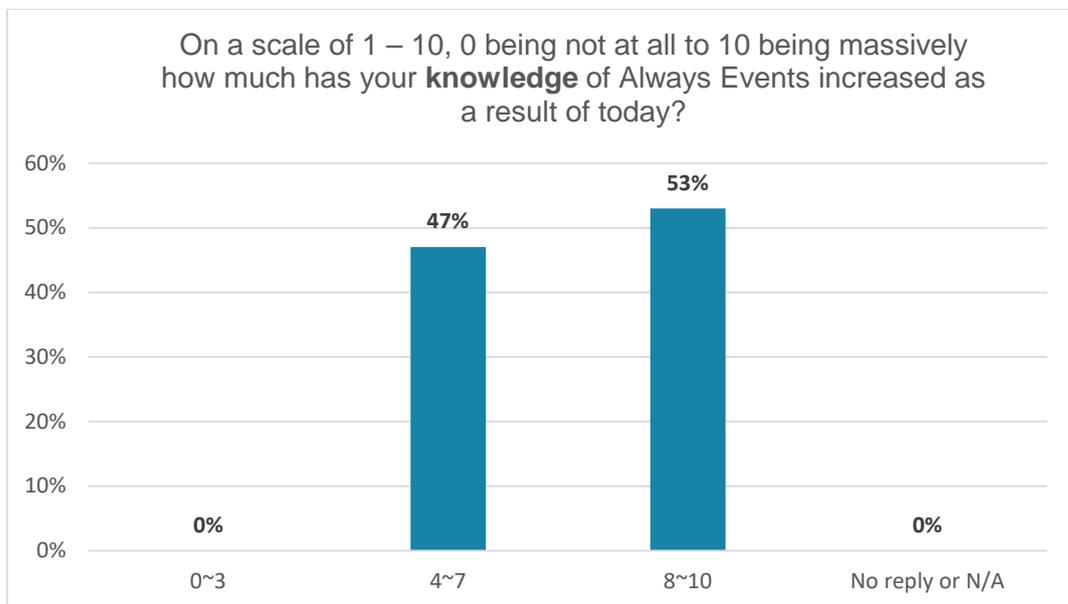
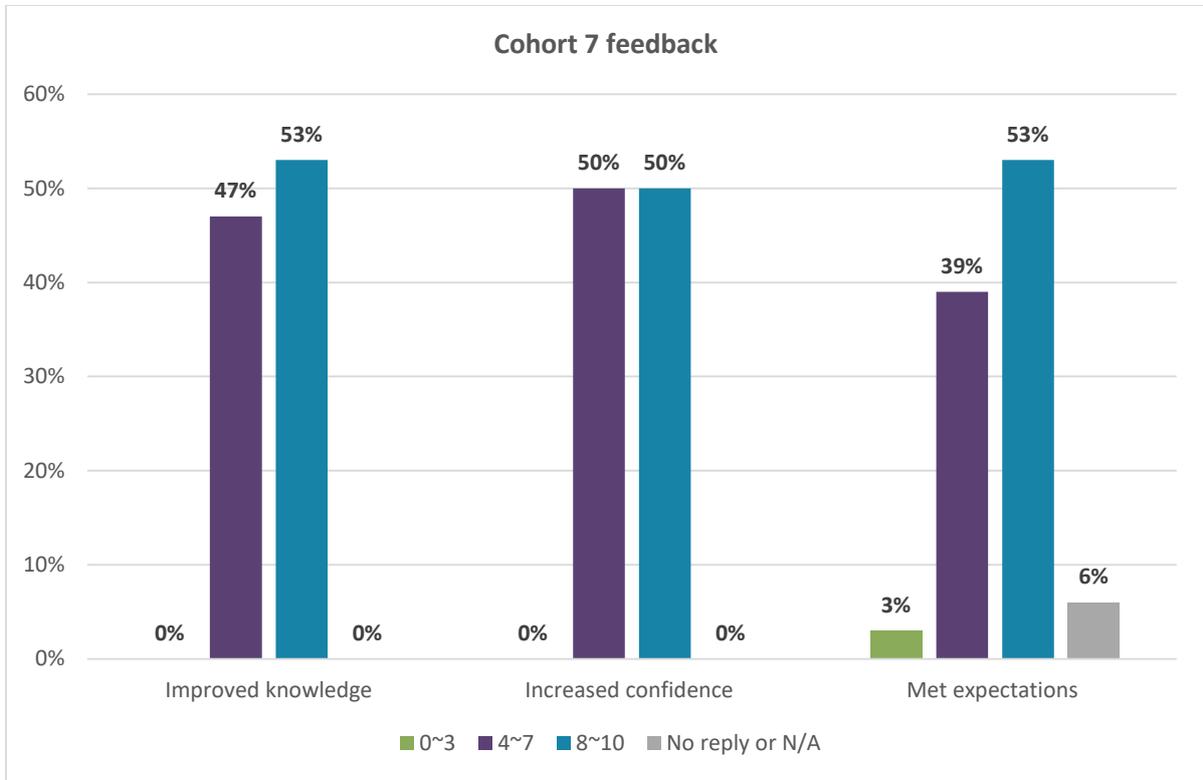


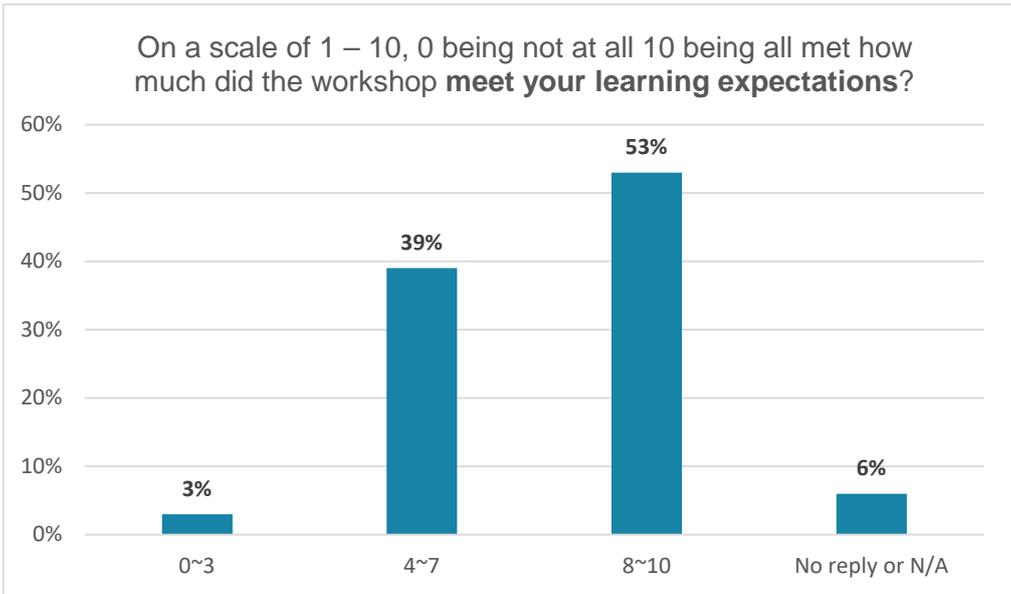
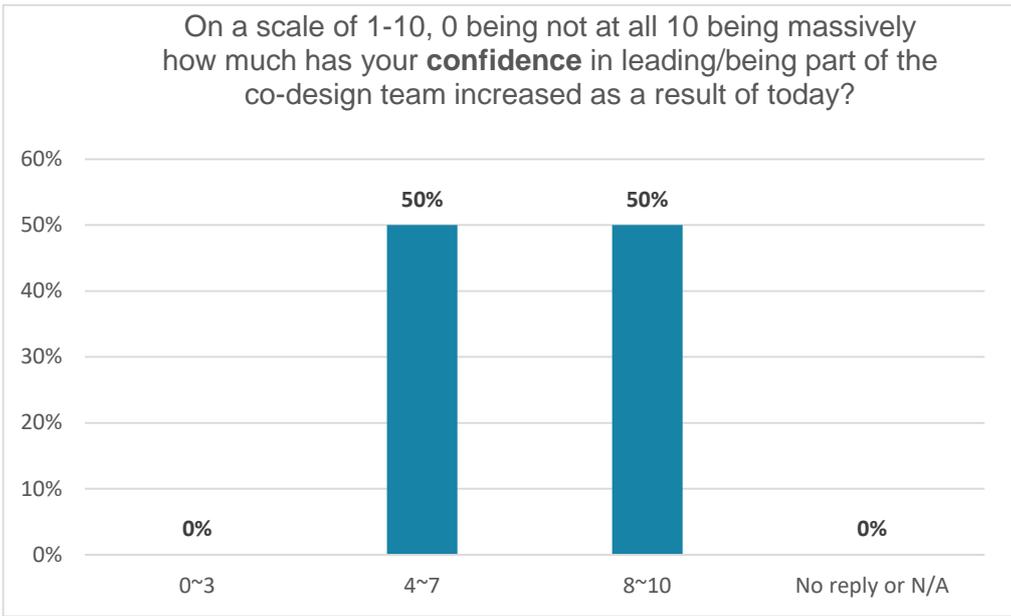
Cohort 6



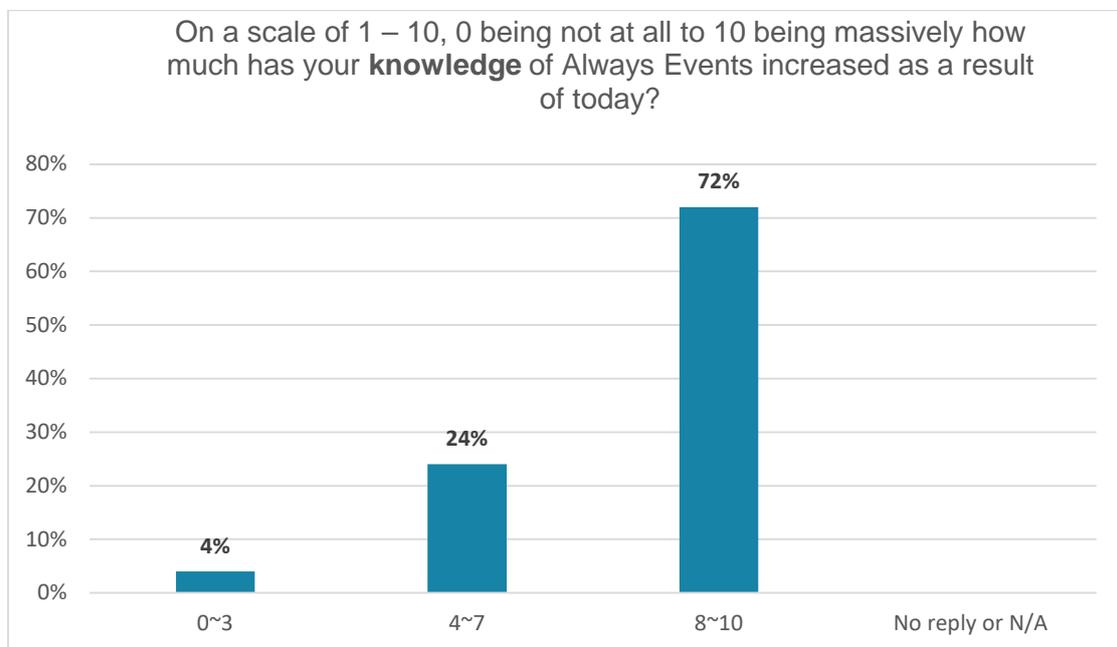
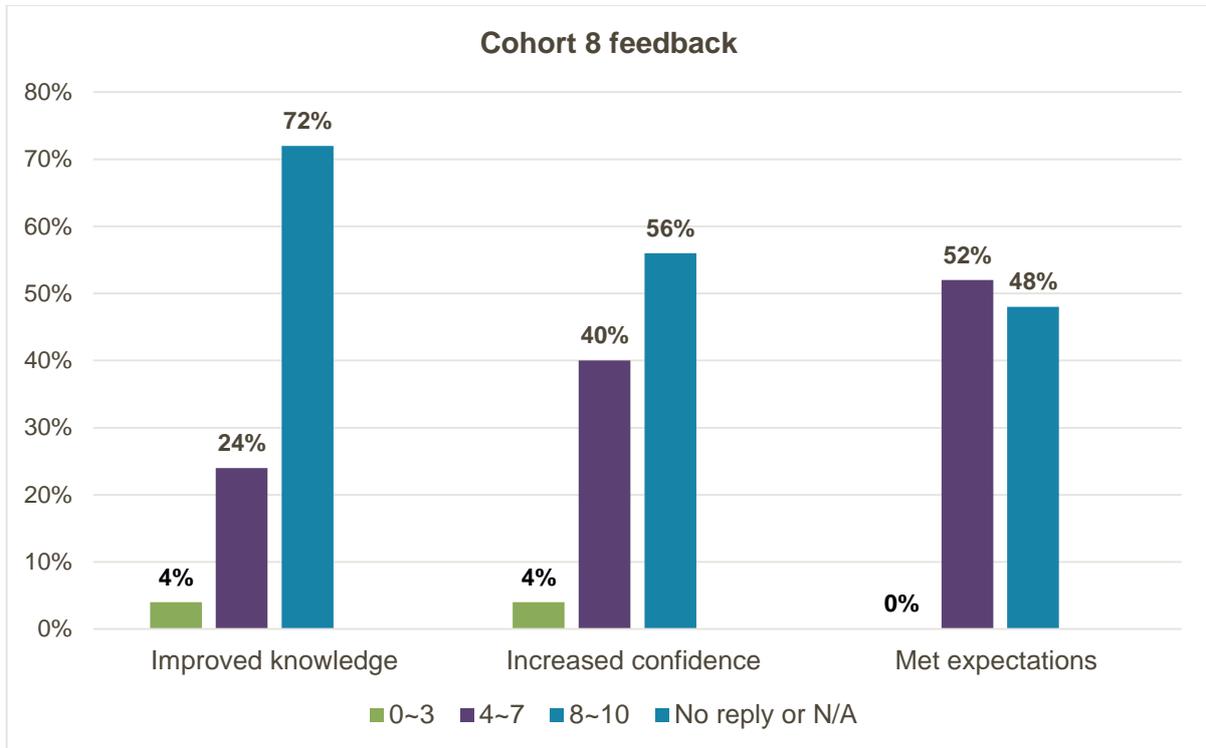


Cohort 7

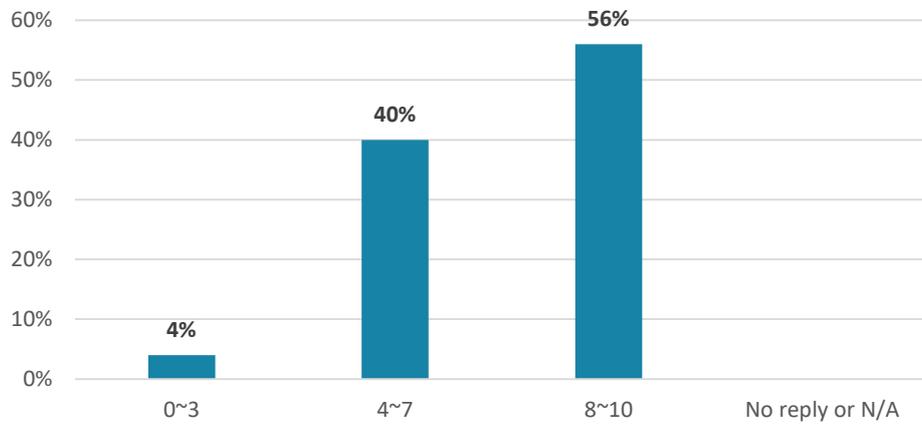




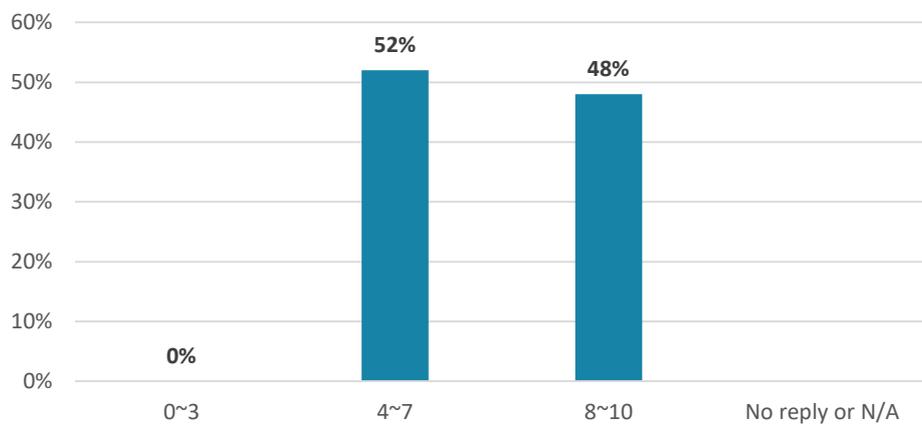
Cohort 8



On a scale of 1-10, 0 being not at all 10 being massively how much has your **confidence** in leading/being part of the co-design team increased as a result of today?



On a scale of 1 – 10, 0 being not at all 10 being all met how much did the workshop **meet your learning expectations?**



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