**Supplementary File 16**. **Intervention 2- Enhanced Follow-on: Summary results from piloting and feasibility interviews**

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| **Overarching theme** | **Sub-theme** | **Frequency (n=26 max)** | **Example quote** | **Decision for refinement** | **Justification for refinement decision** |
| **Comprehensibility** | The formatting of the toolkit is (not) appropriate | 11 (4 not appropriate, 8 appropriate as one participant had conflicting views) | It’s fairly clear, but I think you could use, probably the formatting could be a little bit more user friendly; a little bit…easier on the eye. (  | Addressed | High frequency, maximising accessibility, feasible to change in online version |
| Table of contents is (not) clear | 7 (3 not clear, 4 clear) | Good that there’s a contents page, telling you what it’s about, how to use it. I’m not really sure why there are two different parts to this. So part one is engaging clinical staff and part two is improving patient care  | Addressed  | Maximising accessibility, feasible to change in online version |
| The toolkit is too complicated in places/the tools are easy to understand | 14 (6 complicated, 9 easy with conflicting view from audit facilitator) | Just felt a bit, it felt overly complex for some reason. I don’t know why ‘cos I don’t think it is overly complex. But the actual simplicity of it is great  | Addressed | Maximising accessibility |
| The instructions on how to complete each tool are (not) clear | 9 (6 clear, 3 unclear) | There’s one for me to fill in here, about disseminating the transfusion data. I’m not sure what that page is representing. It looks like that’s another example on the back of the blank page.  | Addressed  | Maximising accessibility, feasible to change in online version |
| The graphics are unclear | 3 | This is the part 2 bit. Identifying your overall goal . . . Some of the text is missing from some of these boxes. It’s not quite set out. | Addressed | Maximising accessibility, feasible to change in online version |
| Support would help if struggling with the toolkit/ The toolkit is self-explanatory and would not require further support | 9 (3 support, 7 no support, conflicting view from consultant haematologist) | Yeah, just somebody to check in with if you’re struggling with something, more just even advice, “I want to do this but I can’t. I want it to look like this but I can’t” | Addressed | Maximising accessibility, key target individuals, if feasible to offer telephone support to increase engagement |
| Toolkit is clearly structured | 5 | It’s very clear and it sets out what needs to be done, how you can do it. You’re being given the tools to do the job essentially. So that in itself is an advantage.  | Not action needed | Positive feedback  |
| The introduction to the toolkit good; clear and informative | 4 | yeah, very clear information about what the toolkit is going to provide  | Not action needed | Positive feedback  |
| **Preference** | I do (not) like the graphics | 3 (2 do not like, 1 does like) | I just think if you’re gonna spend the money and resource, you know, let’s just do it on a bit of visual graphics as well  | Addressed | Feasible to address this on the online version |
| RCP quality improvement spiral does not reflect the continuous; iterative nature of A&F | 1 | Just having had some input into quality improvement cycles before, I know you probably go with the Royal College of Physicians ones, but I just wonder if there’s something that’s actually more about, you know, a constant cycle rather than a spiral, and I don’t get that feeling with that; that it’s a constantly evolving process.  | Addressed | Maximise accessibility (make description clearer) |
| The toolkit should emphasise why the standards are important | 1 | And you’ve got your standards, but it’s why the standard is important that you have to emphasise, and I know you’ve got it in some of the other documents  | Not addressed | Not feasible for trial but will be addressed in the feedback documents |
| The toolkit would not be everyone's cup of tea as people work in different ways | 5 | Fishbone . . . I have to say, I’m not a fan of fishbones. I always find them a little bit confusing to follow, but that’s just me, but I know they are a really useful tool that a lot of other people use  | Not addressed | Part of the trial exploring whether staff choose to use the toolkit or which tools they use and will explore reasons why or why not (process evaluation) |
| I do not like all of the theory | 1 | I think that would be -- I don’t like all this theory. | Not addressed | Low frequency, not key target individual, want to keep faithful to the theory |
| The main goal should be improving patient care | 1 | And the main goal has got to be to improve patient care and have better outcomes, for your patients, because they’re the ones who really matter  | No action needed | n/a |
| I like the self-regulation loop | 1 | I personally like the flows (self-regulation loop)  | Not action needed | Positive feedback  |
| I like the guidance on effective posters | 6 | And ideas about posters summarise the lessons learned from the literature. That’s a good idea, I like that.  | Not action needed | Positive feedback  |
| I like that there are examples of the tools | 6 | It’s quite nice that there’s a cascade example, and you can put names in, of people  | Not action needed | Positive feedback  |
| I like the QuickAudit tool | 2 | And quick audit, yeah, I’m a fan of quick audit.  | Not action needed | Positive feedback  |
| People like tools that are locally applicable | 1 | People like things that are very applicable to where they work, don’t they  | Not action needed | Positive feedback  |
| I like the fishbone tool | 2 | I did actually, well, I liked the idea  | Not action needed | Positive feedback  |
| I like the SMART goals template | 2 | There’s information on a smart approach to planning a template and how you’re going to achieve your aims which is a new take on smart, now that’s nice, I like that.  | Not action needed | Positive feedback  |
| The toolkit is an improvement on current practice | 4 | This would be an improvement on what we’re doing at the moment.  | Not action needed | Positive feedback  |
| I like the toolkit | 4 | A toolkit, okay. I like that, that’s given you tips... fishbone analysis, okay. And I like what’s in the content. Oh, you’ve got posters in there as well! Wow, that’s quite impressive  | Not action needed | Positive feedback  |
| The toolkit is good | 11 | So I think the toolkit is good in itself, I think there are some very good ideas in it  | Not action needed | Positive feedback  |
| **Usefulness** | Unnecessary repetition of some content (e.g. fishbone) | 10 | this fishbone analysis got a bit carried away and there seemed to be fish bones everywhere which I was a little thrown by and they repeated again smart. Again, I think the whole smart thing they did that twice. I think, again, it was probably just a bit too over the top. | Addressed | High frequency, feasible to address on online version |
| Size of document is appropriate/ there is too much information to wade through to find what is relevant | 5 (1 appropriate, 4 too much) | I think it’s a bit over the top. I’m sure it could be made into a much smaller document…I think there’s too much in there, it’s just too detailed. It’s too rambling for me. | Addressed | Feasible to address in online version |
| It would be helpful if there was scope to amend/ adapt some of the tools as necessary | 5 | should there be some space for you to add other things that you may want to include that you see as a barrier that aren’t actually noted in this.  | Addressed | Key target individuals, feasible to address in online version |
| It would (not) be helpful if the toolkit was available to complete electronically or online | 14 (11 helpful, 5 not helpful with conflicting views from audit manager and a transfusion practitioner) | you’d want them to be able to fill this in online not just by hand. The problem with it being web-based is then that sharing of that information. The only way you could do it if it was web-based is that everyone would have to be able to log in to the same screen to be able to see it.  | Addressed | High frequency, target individuals |
| It would be useful to have additional tools (e.g. poster examples, tools other than identifying barriers/solutions) | 3 | an example of a poster that does work as opposed to we see posters in and around the trust and everything else  | Addressed | Feasible to deliver in online version, key target individuals |
| The toolkit needs to be completed as a team | 3 | So you’ll probably need this tool for maybe more than one people unless it’s just... if it’s just the clinical staff you want to engage... it depends on the audit, I guess  | Addressed | Maximising accessibility, key target individuals |
| It would be necessary to invest quite a bit of time and effort to complete the toolkit/it wouldn’t take a lot of effort | 13 (12 take a lot of effort, 1 not) | So it wouldn’t take a huge amount of effort. but you’d hope that if the hospital had put the effort in to collect the data in the first place that then they would then put the effort in to fill this in but it will be quite a new way of doing things for them  | Addressed | Maximising accessibility,  |
| QuickAudit is useful/has limited usefulness | 7 (5 useful, 2 not) | I do like the little audits. Something that you can do, feedback quickly, it's fresh in people's minds, it doesn’t take a huge amount of effort So we didn’t find the quickaudit quite so easy with that kind of data because it wasn't a yes no  | Addressed | Key target individuals, feasible to address in online version |
| It would (not) be helpful if the tools were specific to each audit rather than generic | 4 (1 specific, 3 generic) | might be helpful if the tool kits were more specific to each particular audit, rather than just like a generic thing I don’t think you necessarily need to produce one for everything, I think just an overarching toolkit is quite a nice thing just as an aid really  | Addressed | Remain as generic – feasibility for trial |
| The face-to-face presentation was (not) useful | 8 (6 useful, 2 not) | So, yes, I found that useful and it just supported that whole, “We’ve got lots to do but actually this will make it a bit easier”  | Addressed | Mainly positive reinforcing statement, if feasible to offer support to those who want it |
| We wouldn’t use the action planning template as we have to use our Trust template | 1 | The action plan I used the trust one so I didn’t use that  | Not addressed | Need to keep consistent with Control Theory and have an action planning template |
| The toolkit may offer new ideas that have been successfully implemented in other hospitals | 3 | You know, something slightly different that may have been tried elsewhere that they haven’t actually thought of  | Not action needed | Positive feedback  |
| There are helpful examples for each of the tools | 7 | and actually giving examples is good. So I think people are busy and they need a bit of guidance and I think . . . I like that  | Not action needed | Positive feedback  |
| Useful templates to complete are provided with each tool | 4 | gives you a template for you to fill in, who should receive it in your hospital which is also very good.  | Not action needed | Positive feedback  |
| The toolkit looks like it will be relevant; of some use | 10 | Okay, so this instantly is looking like a more . . . a useful document as opposed to just a report,  | Not action needed | Positive feedback  |
| The tools can be applied locally | 6 | And actually the toolkit doesn’t just work for the national comparative audits, the toolkit works for any feedback on anything so actually you could feed it into your audit department, you could feed it into all sorts of departments just as a toolkit that is available for use to aid people with the feedback  | Not action needed | Positive feedback  |
| The relevance of the toolkit or certain tools will depend upon your role or experience | 6 | I can imagine it being really useful for actually newer folk who have come into a role of this nature, so somebody who has come into a transfusion practitioner role or a VT practitioner or something where they’ve got to start doing audit and monitoring and they clearly haven’t got a clue where to start.  | No action needed | n/a |
| The toolkit helps me to use tools I am already familiar with in a different way/ in the context of A&F | 4 | fishbone analysis is probably one that most people are familiar with, I would think, so not too frightening but a different way, perhaps, of them using that tool than they’ve used it in the past.  | Not action needed | Positive feedback  |
| The self-regulation loop is useful | 1 | the diagram about the healthcare improvement and quality improvement spiral. That’s quite useful, the self-regulation loop  | Not action needed | Positive feedback  |
| The guidance on effective posters was useful | 2 | Ideas about posters summarise the lessons learned from the literature. That’s a good idea, I like that  | Not action needed | Positive feedback  |
| Action planning template is useful | 1 | Action planning and setting goal . . . identifying your goal so there’s a form to fill out about what steps you (inaudible) so breaking everything down into small steps, achievable steps  | Not action needed | Positive feedback  |
| Dissemination cascade is useful | 6 | Just setting a framework about how to effectively send information around. So I think it makes you think about it because I think some people would just say, “Right, we’ll take it to the next blood transfusion meeting and we’ll send an email out. Job done. And we’ll take it to a junior doctor teaching session. Job done.  | Not action needed | Positive feedback  |
| Fishbone tool is useful | 9 | Fishbone analysis; it’s good to identify what are the barriers, because sometimes I think if you can identify them, then you can think about possible solutions, as to how to overcome them.  | Not action needed | Positive feedback  |
| The toolkit compliments what we already do or tools we already use | 8 | does is it reflects what we try and do anyway so in a way it will fit quite nicely into what we’d like to do and bolster what we want to try and do  | Not action needed | Positive feedback  |
| The toolkit acts as a useful prompt or reminder | 6 | actually as a general reminder or something that’s easy to grab and keep you on track or just to give ideas it’s extremely good  | Not action needed | Positive feedback  |
| The toolkit is a useful resource to dip into | 4 | I think it’s good to have it as a toolkit, as something to be able to dip into and to pull information out of depending on the type of feedback you want to give  | Not action needed | Positive feedback  |
| **Engagement/ attention** | Repeated content is disengaging and confusing | 2 | And another fishbone. So what’s the difference between this fishbone and the previous fishbone? Not sure. So, more fishbones, so . . . I guess again, if I was somebody who was just flicking through this, I’m a bit confused straight away as to why there’s lots of tools that are very similar being repeated  | Addressed | Feasible in online version, maximising accessibility |
| Some of the tools are simplistic/ patronising | 5 | sometimes little bits of it felt a bit patronising because we’ve done it all before and it just felt a bit like Noddy, you know?  | Addressed  | Key target individuals |
| Lacking the authority of the source (logos) | 1 | so the one thing on this one is it hasn’t got the same authority of where it’s come from. Whereas on the other reports you’ve got “The Royal College of Physicians and NHS Blood and Transplant”, that’s not on the front page of this, so it’s an Affinitie Resource but what’s Affinitie? I know what it is but a lot of people possibly wouldn’t.  | Addressed | Feasible for online version |
| Management/ corporate feel | 5 | Actually, I think, to be honest, reading too much management speak will just turn off most clinicians, you know, everything there is like, you know, just move onto the next thing because everyone is doing this all the time | Addressed | Maximising accessibility |
| The length of the document would put people off | 1 | However, it still is a lengthy document again, and that will immediately turn people off of it  | Addressed | Feasible for online version |
| QuickAudit needs to feel part of the toolkit | 3 | as a quick audit, I think that . . . It doesn’t jump out at me in the way that it should  | Addressed | Feasible for online tool, maximising accessibility |
| Support for the toolkit would engage people | 6 | somebody ringing you up and saying, “Where are you up to with filling in…, I’m sure that would be effective  | Addressed | Maximising accessibility |
| The face-to-face session helped engage me with the toolkit | 5 | I would have looked at it but I don’t know whether it would have meant as much if I hadn’t had somebody to just talk through it with me  | Addressed | Key target individuals, if feasible to offer telephone support to increase engagement |
| The work that would need to be put into the toolkit would put people off | 2 | In a sense my personal response was one of despair, actually, that it’s more stuff to fill in, more counterfactual ways of solving problems to think of  | Addressed | Maximising accessibility |
| The toolkit grabs my attention/the toolkit offers nothing new | 10 (4 grabs attention, 6 nothing new) | It already looks interesting because that’s just what we do now, isn’t it, and that is boring, so this already has got my attention I don’t… this doesn’t look very new to me, this isn’t anything different to what is around for a lot of things.  | Addressed | High frequency, key target individuals |
| You would need to be engaged to use the toolkit | 8 | I don’t think the toolkit in itself without the motivation and the drive and the enthusiasm of the people delivering it will make any difference. | Addressed | Key target individuals |
| Using familiar tools in a new context engages people | 3 | it’s using familiar tools and I think that’s going to work if you introduce something I think people are so overloaded with information and they need it to sit in a familiar pattern. So I think that was a bonus for me, thinking -- and not in a derogative way just saying, “We’ve seen it all before”, but actually, no, this is great because we know how to implement this across different pieces so”  | Not action needed | Positive feedback  |
| It is good to identify/specify your SMART goal | 5 | I think it’s really good that you’ve actually included things about smart, because I think that’s something that’s often not identified, in terms of being measurable and achievable, in hospitals.  | Not action needed | Positive feedback  |
| Engagement with the tool will vary depending on role and experience | 3 | Well for somebody that isn't already aware of some of the information in there then it's aiding their development and how concisely they are able to feed the results back  | No action needed | n/a |
| Using familiar tools in a new context engages people | 3 | So it’s going to engage you a little bit more because it’s a tool kit, it’s working . . . it’s engaging you to how to try and use it  | Not action needed | Positive feedback  |
| **Intention** | I would read the toolkit | 2 | I’d take this away and read it  | Not action needed | Positive feedback  |
| I would (not)/have(n't) use(d) the toolkit | 11 (5 yes, 7 no, with 2 TPs with conflicting views but more because there were some aspects they wouldn’t use rather than toolkit as a whole) | but that was what really stuck in my mind. You know, you’ve got the cascade and various other things here but actually that’s the format that I would work in, the smart goals page  Me personally? No  | No action needed | n/a |
| **Likely effectiveness** | Additional tools are needed to encourage action | 2 | Here, there, before that, I might have liked some tools on, you know, action, so it might well be, “Here’s some template PowerPoints you can access and add, here’s this,” and stuff like that, because at the moment these are tools for engaging and stuff like that.  | Addressed | Feasible for online version; inclusion of poster template |
| Being prompted to consider how we will monitor our progress important | 4 | I think it’s really important that once they’ve got this action plan in place and there’s something in here to remind them to go back to it, to make sure that the goals are being achieved,  | Not action needed | Positive feedback  |
| The toolkit is a structured way to implement change and could be incorporated into protocol | 12 | It set out a kind of framework around how to go about thinking about how to tell the relevant people what the problem is or what the results of the audit are  | Not action needed | Positive feedback  |
| The toolkit could be used to record how we responded or intend to respond to feedback and what worked | 6 | So if I had one of these it would be perfect because I’d be able to say, “Well, actually we have fed it back and on this site it was here, here and here” and I can have a complete picture at my fingertips so for me, yeah, this was great”  | Not action needed | Positive feedback  |
| The toolkit could aid dissemination of recommendations | 2 | Yes, in that you could use the poster.  | Not action needed | Positive feedback  |