Advancing Care Coordination
and Telehealth Deployment

ACT Programme

Annex E to Deliverable 3 :

WP6: STAFF ENGAGEMENT LANDSCAPING EXERCISE

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1. Summary

Aims and objectives

This element of the ACT project aimed to provide an insight into the current landscape of staff engagement activities in telehealth and coordinated care programmes. There was particular interest in programmes' perceptions of the importance of staff engagement and in the different activities that they carried out in this area of business change.

Methods

Managers from all 17 of the ACT programmes were sent a staff engagement survey comprising Likert-Scale items and prompts for free-text responses. The survey covered issues such as the strategic place of staff engagement, the involvement of clinicians in programme implementation, and workforce development activities.

Outcome

There was a generally positive response to the Likert-type items exploring broad areas of staff engagement: for example, two-thirds of respondents felt that they involved frontline staff in project design and implementation "a great deal".

Analysis of free-text responses provided a much more mixed picture. Some programmes reported the involvement of clinical staff in the development of project plans from an early stage and acknowledged the need to give stakeholders ownership in any change process.

A number of programmes appeared to have engaged clinicians less in the development of programmes, focusing instead on ensuring that staff understood operational aspects of programme delivery (e.g. patient enrolment procedures).

This distinction between project development and operational activities became apparent in relation to other areas explored within the survey. For example, some programmes provided training that related to all aspects of the programme, including pathway redesign. More commonly though, workforce development appeared to focus on day-to-day activities and functions such as patient referral and monitoring.

Conclusion

The landscaping survey has identified that most programmes report a high level of staff engagement. However, the analysis has shown that in many cases, this is limited to purely operational aspects of programmes such as patient recruitment and operation of IT systems.

These findings have underpinned the development of an assessment matrix for staff engagement, providing a tool for the identification of best practice in this important area of project development.

2. Assessment approach

2.1 Purpose and objectives

The Faculty of Health and Social Care at the University of Hull was tasked specifically with developing domains for staff engagement activities linked to co-ordinated care and telehealth, identifying key indicators of activity in this area and carrying out a landscaping exercise within the ACT regions. This short paper summarises the progress as of early-February 2014, summarises findings from a survey of regions and programmes, and provides a plan for next steps.

2.2 Implementation

2.2.1: Domain and indicator development

The first activity – completed in the summer of 2013 – was to agree on the domains for staff engagement activities and then develop a list of key indicators. These domains and indicators would provide the foundation upon which the landscaping exercise would take place. The domains identified in relation to staff engagement are summarised in figure 1 below. They include a range of factors linked to broad organisational characteristics, through to specific workforce development activities.

Figure 1: Staff engagement domains

Once domain titles and scope had been agreed, a range of specific indicators for each domain was developed (table 1, below), providing detail on how to establish progress towards enhancing staff engagement.

Domain: Leadership
1. Does the initiative have high level support from senior government or health system leaders?
2. Are local clinical leaders formally recruited in order to raise awareness and encourage involvement?
3. Are project leaders skilled in implementing staff engagement strategies?

Domain: Awareness
1. What methods are used to raise staff members' awareness of the need for change or new policies affecting their organisation?
2. Are potential benefits of the innovation communicated clearly to staff?
3. Is awareness amongst staff evaluated regularly and findings acted upon appropriately?

Domain: Motivation
1. Are the organisational incentives for change (financial or otherwise) publicised to staff members?
2. Do staff members feel empowered to influence the process of change?
3. Is there a strategy to capture and share examples of benefits or helpful working practices?

Domain: Workforce Development
1. Have formal training programmes been introduced to equip staff with the knowledge and skills they require to deliver the CC or Telehealth service?
2. Are the content and methods tailored to the needs of different professional groups and grades?
3. What proportions of staff in each relevant category have received training related to the innovation?
4. Is completion of training associated with a formal academic award?

Domain: Creating Psychological Ownership
1. Have staff affected by the change been actively involved in developing the change strategy or co-designing the intervention?
2. What opportunities to offer feedback on the changes are given to staff members? How is the feedback managed by implementation managers (or technology developers)?
3. Are staff members involved in training or supporting their colleagues?

Domain: Organizational change
1. Are robust methods used to identify and address organisational barriers, such as workflow structure?
2. Are cultural barriers to new ways of working addressed (organisational or professional)
3. Has the process of change management been evaluated formally?

Table 1: Domain indicators

2.2.2: Questionnaire development and deployment

The indicators outlined in table 1 served as the foundations for the development of surveys that would inform the landscaping exercise across Regions. Initially, surveys were developed for deployment to regional leads (appendix two). Following a disappointing response to the first deployment of the survey, a second tranche of surveys were circulated to individual Regions with the same questions but with steps taken to personalise the content to specific programmes. The findings described below summarise feedback from both tranches of surveys. Of the 17 programmes approached for information, 15 (88%) returned surveys.

It was also identified that the broader survey of regions and programmes developed as part of Work Package 4 contained a number of items related to staff engagement. It was therefore agreed that findings from these questions would be – at some stage - integrated into the staff engagement landscaping exercise. The specific items from WP4 are summarised in appendix three and will be evaluated and reported upon at a later date.

Regions and Programmes have been identified throughout the report through the use of a simple code (P1, P2, P3, etc.). An index of regions and programmes, with their associated codes, can be found in Appendix one.

3. Outcome

Four of the five regions approached (Lombardy, Catalonia, Groningen and Scotland) provided detailed, programme level information. Though the fifth region - the Basque Country – did provide a region-wide overview, there was limited information provided with regards to individual programmes. Responses to each individual question are summarised below, with charts summarising the numbers of responses and examples of accompanying free-text feedback[1].

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[1] Please note that some free-text comments relate to more than one programme – these are identified by the inclusion of multiple programme codes at the end of a quote.

Strategic status of staff engagement (Question 1)

Q1. How much does staff engagement feature within your telehealth/co-ordinated care project plan or service specifications? (n=15)
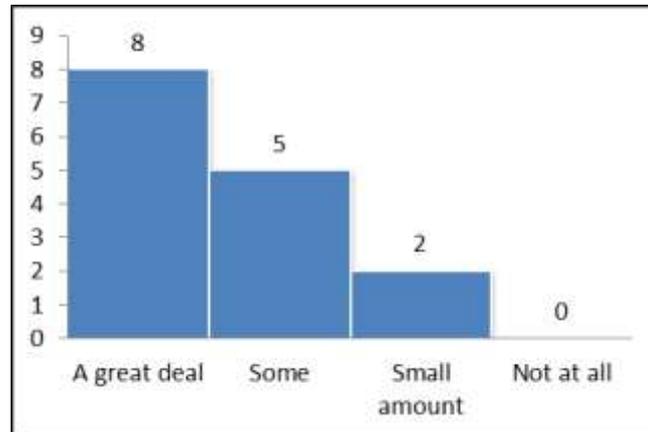
In terms of the general status of staff engagement in project plans and service specifications, the feedback suggested a fairly high level of priority. Of fifteen surveys in which an answer was given to question 1, eight (53%) reported that staff engagement featured 'a great deal' in the project plan or service specifications. Five (33%) reported that staff engagement featured 'somewhat' and only two (13%) reported that it featured only a small amount.

Though this a positive sign, some of the feedback suggested that staff engagement was linked strategically more to operational service delivery than it was to planning, development and enhancement;

"GPs have voluntarily participated to the TLM pilot study and have been adequately informed and trained. They review the list of eligible chronic patients… they inform patients and enroll them…" (P3)

"At the moment, the specialist nurse...manages all...patients by himself." (P21)

In some cases however, the examples of staff engagement do demonstrate a commitment to helping frontline staff shape service development;

"Regular meetings are organised to exchange ideas and knowledge between…professionals and project leaders." (P11)

"...professionals participate in the services and maintenance of the services. e.g....design new workflow to deliver questionnaires and [educational] material to patients..." (P14)

"... [staff are given] opportunities to feed back on service" (P18, P19, P20)

*"Staff members involved in current review"* (P18, P19, P20)

Though many programmes portrayed positive messages of strategic staff engagement, there were some glimpses of the tensions that can become apparent during the implementation of change;

"Clinicians from both levels, primary care and hospital care, are involved in the design of the clinical contents of the ......project plan. We weren't able to make a consensus with the chief ...about the pathway itself. He wanted to focus the program on one specialist at the hospital." (P5, P7)

High-level support for project delivery (Question 2)

Q2. How much high level support has there been for your project (e.g. governmental or health system leaders)? (n=15)
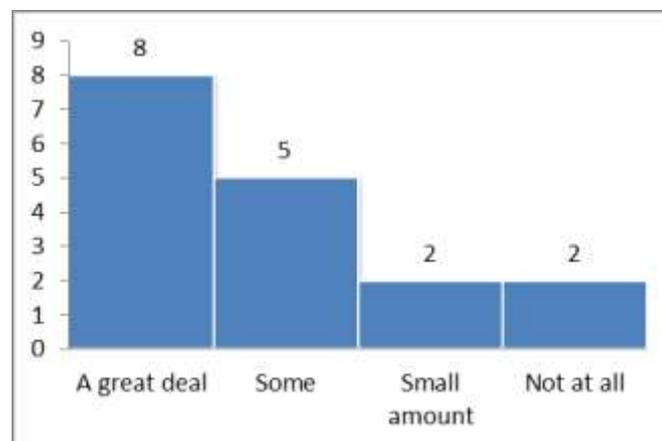

Eight respondents (53%) reported a great deal of high level support for their project. There were three responses (20%) reporting 'some', and two each (13%) both reporting 'a small amount' or 'no' high-level support. Again, even where high-level support was reported, the examples given did not always demonstrate this. In two cases, the programmes appeared to be started by – or on behalf of – individual clinicians (P12,P21). Though this type of bottom-up, clinically-led development is laudable (and discussed more in subsequent sections) it is not clear whether there was also support from high-level bodies. Only in three cases was broad, multi-sector support cited (P10,P18,P20) with two projects specifically describing governmental and health authority input (P11,P19).

Staff engagement in awareness-raising and project planning (Questions 3 and 9)

Q3. Did you involve frontline clinical staff (e.g. doctors; nurses; other healthcare professionals) to raise awareness and encourage involvement in the telehealth/co-ordinated care project? (n=15)
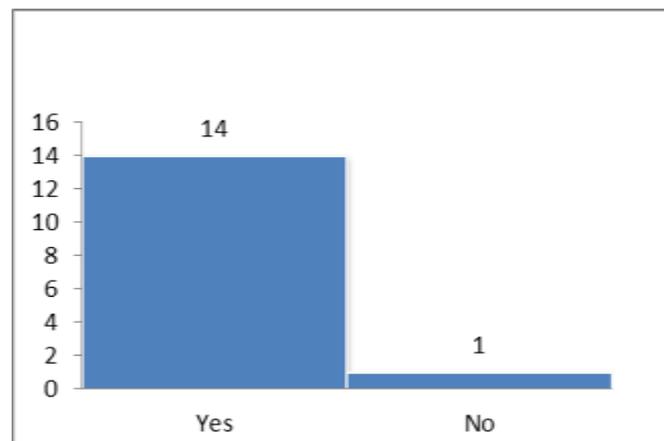
Q9. How much have frontline staff been involved in the design and implementation of the project? (n=15)
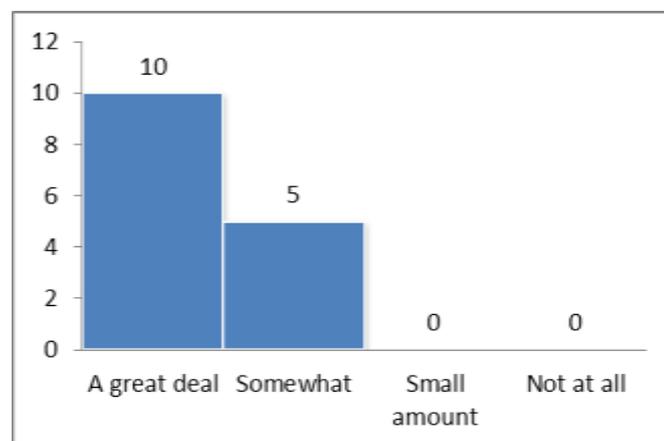
All but one of the respondents reported using frontline clinical staff to raise awareness and encourage involvement with the programme (i.e. the 'clinical champion' model). As with question 1, some of the examples given by respondents suggested this linked more with operational service delivery than with project development;

"GPs were involved in the enrolment of the patients, proposing the service directly to them" (P2, P3)

"Medical specialists (pulmonologists) are called for a consult when necessary." (P12)

However, one respondent described a more strategic and development role for their clinical champions;

"Clinical champions take the key user role in order to spread the engagement of the rest of the professionals as they serve as an example. The trick is [to] engage those clinical champions since the beginning of the project in order they feel as it was also part of them. Here is where the change management begins in real" (P14)

Frontline staff seem to have been involved to some extent in the design and implementation of all projects. Ten programmes (67%) reported that staff were involved 'a great deal' in design and implementation, with some evidence provided for this in free-text comments;

"GPs helped to shape how the program was implemented" (P3)

"…medical and nurse staff have been involved in the design of the…processes and procedures and in the revision for improvement."(P2)

"For a matter of change management they have been engaged since the beginning of the project in order to make them feel as it being part of their own also. If you don't do so, you have great risk to fail" (P14)

Project manager development (Question 4)

Q4. To what extent do your project managers have the right training, skills and experience to effectively implement staff engagement strategies? (n=15)
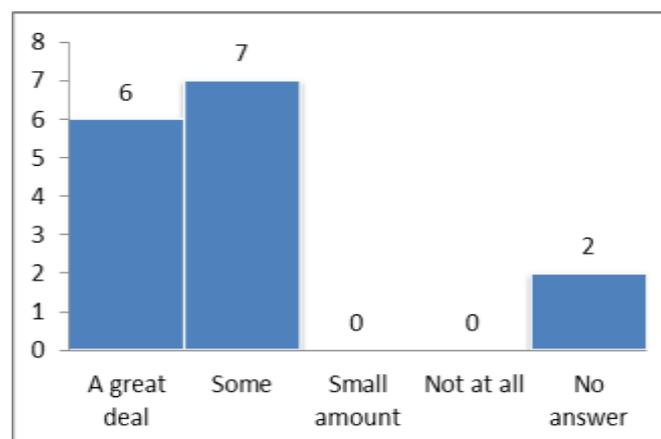
There was evidence that project managers had at least some of the skills, training and experience necessary to implement staff engagement strategies. Interestingly, one programme responded that

this question was 'not applicable' as the project was managed by the lead clinician. This clear differentiation between clinician and project manager is an interesting one and is worthy of further exploration.

The free-text responses demonstrated that some of the programmes recognised the importance of generic project management skills and valued previous expertise and experience in the specific area of practice;

"The project managers and leaders showed the skills needed to interact with all the different institutional and non-institutional actors." (P3)

"...good communicators. Show integrity, commitment with the organisation's strategies, they have and inspire vision, empathy, enthusiasm, team building skills, ability to delegate task, ability to identify clinical champions and problem solving skills." (P14)

"The project leader has extensive experience and expertise with telehealth application within healthcare organisations" (P10)

"The project leader has extensive experience and expertise on the subject of telehealth programs for patients..." (P12)

Some of the free-text responses suggested that programme management skills are developed during the management of the project;

"NHS /Social Policy professional leadership & development opportunities...... Experience in Team Management development....Face to face training and bite size training opportunities arranged regularly throughout the year.....eLearning programmes" (P18,P19,P20)
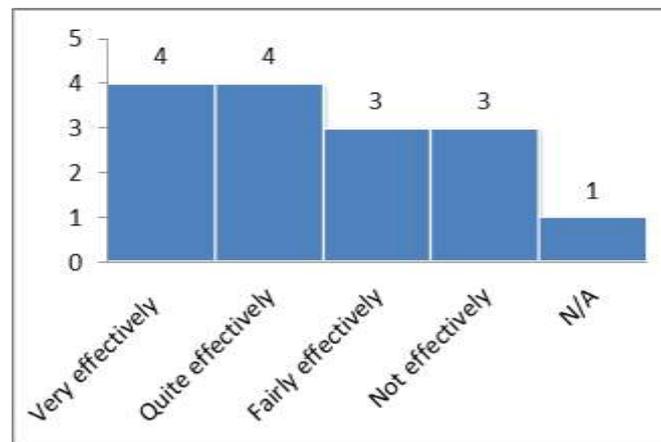***Organizational communication (Questions 5 and 7)***

Q5. How effectively do you think your organisation has communicated the aims, benefits (organisational and patient) and progress of your project to frontline clinical staff?(n=15)
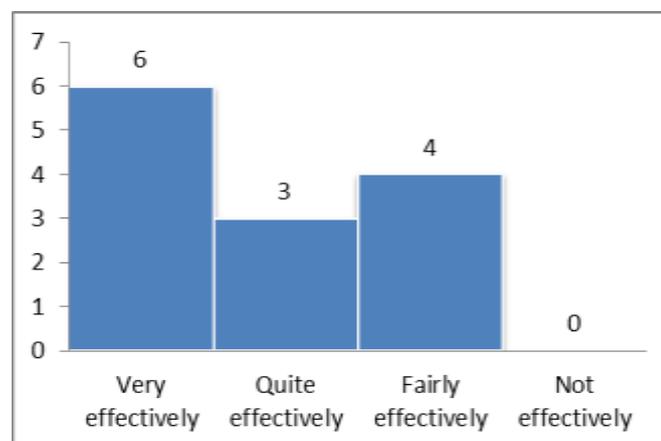
Q7. How effectively do you think you communicate project successes and examples of good practice?(n=15)

There was confidence from many of the programmes that the aims, benefits and progress of the project were communicated fairly well to frontline staff. Six (40%) respondents reported that they communicated 'very effectively' with staff, three (20%) 'quite effectively', four (27%) reporting that communication was 'fairly effective' and two (13%) felt that it was 'not effective'. One programme reporting that communication is 'not effective' is the same one delivered purely by one clinician at present (P21); the second programme has been relying on one individual from each of 17 health care units for dissemination with "no implications" if not carried out (P7).

There was a fairly even spread of responses in relation to communication of project successes and good practice – four respondents (27%%) report doing this 'very effectively', four (26%) 'quite effectively', three (20%) 'fairly effectively' and three (20%) 'not effectively' . One programme reported that the question was not applicable as the programme had not yet started (P10).

Programmes provided a range of free-text responses linked to the types and methods of communication. Within these, there was some evidence of individual programmes focusing more on the communication of operational issues rather than that of broader project aspirations and progress;

"Both nurses and doctors were provided with a platform to manage telemonitoring and with proper training to use it" (P2)

Other programmes focused on communicating broader project aims and identified the rationale for doing so;

"Project aims and progress are spread by the responsible [person for] each service during weekly meetings with staff...If you have everyone on board you can guarantee the maximum user buy-in process" (P14)

"Primary and secondary care providers cooperated at the very start of the project…to investigate the need for an…integrated care service, to create ownership of the project and to receive suggestions for improvement" (P12)

Reported mechanisms for communication varied, but relied mostly on face-to-face meetings, clinical sessions and online resources (e.g. project websites; social media). In relation to communication of successes and good practice, there was more focus on external dissemination than there was on passing information onto frontline practitioners;

"The project is well known in [home] and abroad... thanks to the participation in international programs and committees" (P3)

"The success of the project has been explained to regional authorities and in public congress" (P14)

"The project has been presented at (inter)national congresses, and educational meetings between professionals." (P21)

Evaluation of staff engagement (Question 6)

Q6. How often do you evaluate and act upon levels of staff awareness, engagement and satisfaction with the project/service? (n=15)
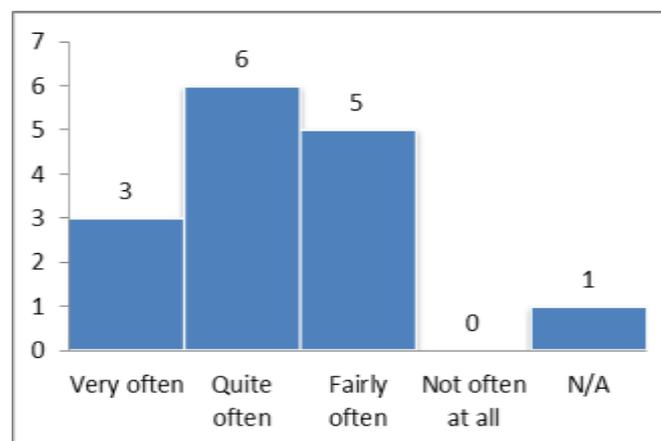
Regions were asked to report the frequency with which they evaluated staff engagement with programmes. Again there did seem to be some conflation of *general* evaluation with specific evaluation of staff engagement. For example, one programme responded that *"Outcomes of the telehealth program are evaluated daily" (*P21), suggesting no specific focus on staff engagement issues. However, other programmes did report more focused interventions – such as surveys and meetings - to monitor the experiences and feedback of staff;

"There are customer satisfaction questionnaires periodically provided to GPs" (P3)

"[the] department has frequent proactive phone calls with the participant GPs." (P2)

"Evaluation is performed monthly during the monthly [care team] meetings and during regular meetings between [care team] professionals and project leaders" (P11)

One programme also recognized that more work was required in relation to evaluation of staff engagement and had plans in place to address this;

"There's no satisfaction survey yet but it's under development and planned to start the first quarter of 2014" (P14)

Staff training (Question 8)

Q8. Do staff have access to training and education that supports the delivery of the project? (n=15)
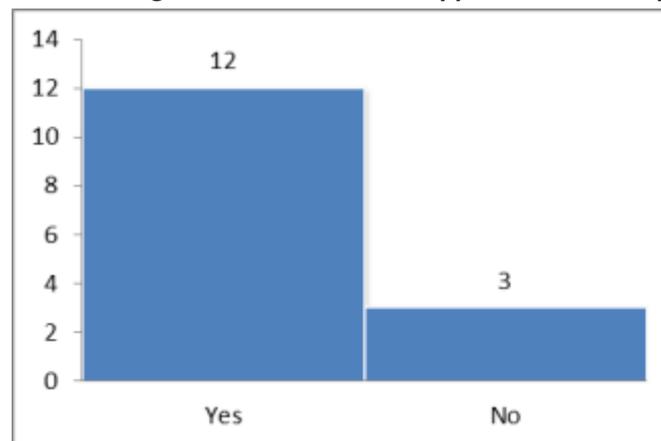
Twelve respondents (80%) reported that some element of staff training was in place for the project. Of those that did not, two gave no further detail and one reported starting training imminently. Some useful detail was provided regarding the types and methods of education given. Education and training appeared to be focused on operational issues such as familiarity with new system of working, technologies and software;

"[Training was] about the chronic care model, about use of IT within the project, specific training for case managers, specific training for IT crew, specific training for clinical staff, Specific training for the administrative body" (P14)

"[Training was about] how to identify patients who can join the programme, how to implement [telehealth] in the current care process" (P10)

"[Training was about] the assessment procedure of patients" (P12)

"Home health care professionals were trained and educated in the use of telemonitoring and the optimal care for patients "

However, some programmes demonstrated a more developmental approach to staff education and training, incorporating elements above and beyond purely functional tasks;

"[Training includes] pro-active teamwork… case managers will be trained to perform individual and group self-management interventions. GPs will be trained as how to manage their teams in the most effective manner…" (P11)

Training seems to be provided in a number of traditional ways, including face-to-face teaching and shadowing of experienced staff;

"…frontal lessons and demonstrations…" (P3)

"A 9 hours training course was provided to nurses in the Services Center (3h theory in group lessons, and 6h individual training on software)" (P2)

"The first shift for telemonitoring work of a new nurse is done together with a skilled nurse." (P2)

"Regular training programme established .....On the job training provided for new members of staff" (P18,P19,P20)

In addition to mentoring, frontline staff had roles or responsibilities in training their colleagues in some programmes;

"[We]...train key users to mentor their colleagues." (P14)

"This is the responsibility of advanced nurses..." (P13)

Six programmes reported training that was linked or 'may be linked' to formal continuing professional development – one in the form of credits for Continuous Medical Education (P2) another as part of MSc in Nurse Practitioner Modules (P20). Two programmes stated "Where possible, training is accredited towards Social Policy specific qualifications" (P18,P19); two others indicated they could be linked but with an undefined 'accreditation' (P6,P11).

Identifying and overcoming barriers (Question 10)

Q10. How effectively did the project planning process identify and address organisational and cultural barriers to change? (n=15)
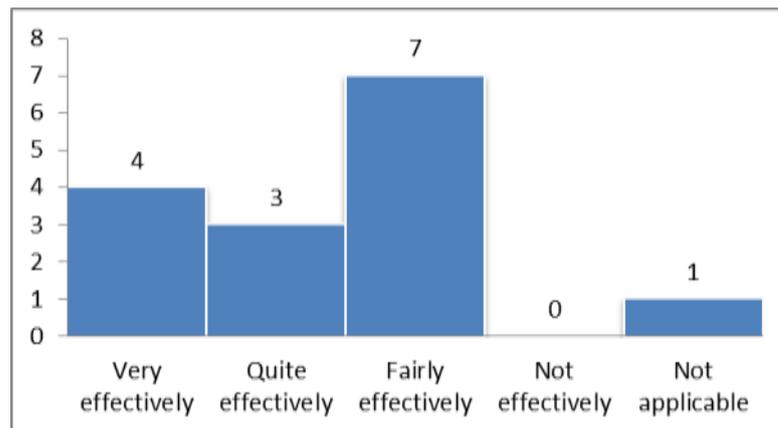
Four programmes (27%) reported dealing with this issue 'very effectively', three programmes (20%) quite effectively and seven programmes (47%) 'fairly effectively'. One programme felt that this question was not applicable to them as *"there were no barriers..."* to implementation of the programme.

Helpfully, some respondents provided detail on the types of barriers identified and the steps taken to overcome them;

"Main barriers were related to IT skills of medical staff. Software interfaces were designed and continuously validated with end users (especially GPs)" (P3)

"Those barriers were even bigger than we thought when trying to reach full integration and commitment from primary and secondary care within the project" (P14)

*"The main challenge of this project was to overcome preconceived opinions of [clinicians] who in fact have to work together for optimal patient management."* (P12)

"An open discussion in various meetings with both parties at the very start of the project resulted in clear agreements about the collaboration between general practitioners and pulmonologists thus preventing suspicion and opposition." (P12)

Evaluation of the process of change (question 11);

Q11. Has the process of change been evaluated formally? (n=15)
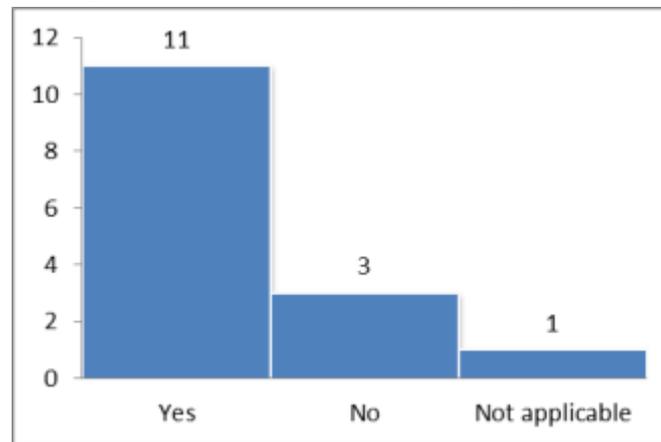
Many respondents (n=11; 73%) reported that there had been formal evaluation of the process of change. The purpose of the reported evaluations appears to be focused more on the *outcomes* of the change, rather than the *process*;

*"The...program evaluates a whole range of outcomes" (*P11)

"...we have the evaluation of the pilot study" (P13)

"These results are currently in the review process at different international scientific journals." (P12)

"[We] evaluate the effects of the...program. And establish what it adds to the current healthcare program." (P21)

"Patient experience questionnaires issued..........external assessment due to take place after 12 months" (P5)

4. Conclusions and next steps

4.1. Conclusions

The staff engagement survey has presented a mixed picture across the regions and programme. Some programmes report a high level of staff engagement, involving a range of staff in the development of project plans from an early stage. These programmes have identified the importance of staff engagement and the need to give stakeholders ownership in any change process. There did appear to be some correlation between those programmes reporting project-wide staff engagement and those describing project managers with generic change-support experience and expertise.

A number of programmes appear to have engaged staff less in the development and planning of programmes, but have ensured that there is a high level of support and feedback mechanisms available for operational aspects of programme delivery (e.g. enrolment procedures)

This distinction between project development and operational activities became apparent in relation to a number of other areas explored within the survey. For example, some programmes provided training and education that related to all aspects of the service, including team management and development new processes. More commonly though, training and education appeared to focus on day-to-day activities and functions such as using new software.

Strategies for evaluating the change management process itself seemed limited. Even in those areas that reported carrying out formal evaluations, the focus appeared to be on programme outcomes, rather than the process of change itself. It therefore seems that more work may be required within Regions to evaluate how staff feel about programmes and the way in which they were developed and implemented.

The initial landscaping exercise has therefore provided the information necessary to develop the first iterations of a template for assessing the level of staff engagement within telehealth and integrated care programmes (table 2; page 22). As more information is gathered and feedback received, this template can be modified and enhanced to reflect actual and aspirational practice.

4.2. Next steps

A number of next steps are proposed in relation to the staff engagement element of work package 6;

1. Integrating findings from WP4 that are linked with staff engagement activities into the next version of this report,
2. Development of a joint WP4/WP6 survey for frontline staff that includes questions on staff engagement as part of the wider scope. This survey has been circulated in draft form.
3. Consultation and feedback on the second iteration of the staff engagement assessment grid
4. Development on an agreed staff engagement assessment tool that can be used to evaluate the level of practice in existing ACT programmes and can be used to guide future developments.

Level of SE	Project planning and management	Communication and feedback	Workforce development	Project evaluation	Staff perceptions
High	• SE strategy included in project plan • Project lead has expertise in change management and SE • Plans for SE beyond original pilot stage and into mainstream practice included in plan	• Feedback provided regularly to staff on all aspects of project development and delivery • Continuous, open feedback mechanisms available to staff	• Innovative approaches to training and education • Education includes broad project issues (e.g. evidence base) • Education linked to staff's professional development • Peer involvement in training	• Evaluation explores process of change in addition to project outcomes • Evaluation includes gathering of staff views on change process • Lessons from change process learnt and fed into future projects	• Staff report a clear understanding of the rationale and aims of the project • Staff report feeling properly prepared to work within the new system • Staff perceive the new system of working as beneficial in the long-term
Medium	• SE not explicit in project plan but evident in implementation • Project lead demonstrates ability to engage with key staff • Plans for SE focused largely on pilot stage only	• Feedback provided to staff on operational issues and outcomes • Controlled and periodic opportunities for staff feedback	• Training and education based on traditional methods (e.g. classroom) • Education focused on operational issues • No links to broader professional development • Limited peer involvement	• Evaluation focused purely on outcomes of programme; not process of change • Staff input limited to evaluation of outcomes or new processes • Limited transfer of findings to other programmes	• Staff recognize in broad terms the aims of the project • Staff have received some education on the new system, but gaps in knowledge remain • Staff perceive the project as a short-term development
Low	• Little evidence of SE in change process • Project lead does not demonstrate insight into SE	• Little or no feedback provided to staff • Little or no opportunities for staff feedback	• Little or no training and education for staff • Any training linked purely to day-to-day operational issues	• Little or no evaluation of project outcomes • No frontline staff involvement in any evaluation work	• Staff lacking any real understanding of the project aims • Staff report feeling unprepared for working within the new system • Staff voice general antagonism towards the new system

Table 2: Second iteration of staff engagement (SE) assessment grid

5. Appendices

Appendix one;

Identification of regions and their individual programmes aligned to WP4

P2. Lombardy- Telemedicine in GP practice

P3. Lombardy- Chronic Related Group (CreG) Telbois

P5. Basque- Population interventions plan: Heart failure

P6. Basque- Population interventions plan: Diabetes

P7. Basque- Population interventions plan: COPD (PIP COPD)

P8. Basque- Population interventions plan: Multi-morbidity

P10. Groningen- eHealth: Diabetes

P11. Groningen- Co-ordinated care

P14. Catalonia- Badalona Servis Assistencials

P12. Groningen- COPD

P13. Catalonia- AISBE

P18. Scotland- Reablement and Crisis care

P19. Scotland- Home Safely Service

P20. Scotland- Rapid Elderly Assessment Care team (REACT)

P21. Groningen- eHealth: Heart Failure

Appendix Two: Staff engagement survey

By *staff engagement* we are referring to areas such as involvement of frontline clinical staff in project/service planning and development, training and education, and the opportunity for staff to provide feedback on project progress and service effectiveness.

1. How much does staff engagement feature within your telehealth/co-ordinated care project plan or service specifications? (please tick the appropriate option)

A great deal	Somewhat	A small amount	Not at all

If applicable, please provide an example of how staff engagement features within your project plan;

2. How much high level support has there been for your project (e.g. governmental or health system leaders)?

A great deal	Some	A small amount	None at all

If applicable, please provide an example of how your project has received high-level support;

3. Did you involve frontline clinical staff (e.g. doctors; nurses; other healthcare professionals) to raise awareness and encourage involvement in the telehealth/co-ordinated care project?

Yes	No

If applicable, please provide an example of how you have used clinical champions to enhance staff engagement;

4. To what extent do your project managers have the right training, skills and experience to effectively implement staff engagement strategies?

A great deal	Some	A small amount	None at all

If applicable, please describe some of the skills and training that the project leaders have in relation to implementing staff engagement strategies;

5. How effectively do you think your organisation has communicated the aims, benefits (organisational and patient) and progress of your project to frontline clinical staff?

Very effectively	Quite effectively	Fairly effectively	Not effectively

Please provide some examples of how you have communicated project aims and progress with clinical staff;

6. How often do you evaluate and act upon levels of staff awareness, engagement and satisfaction with the project/service?

Very often	Quite often	Fairly often	Not often at all

If applicable, please give an example of how (and how often) staff feedback is collected and acted upon;

7. How effectively do you think you communicate project successes and examples of good practice?

Very effectively	Quite effectively	Fairly effectively	Not effectively

If applicable, please give an example of how successes and good practice have been disseminated (e.g. local intranet. Social media, notice boards, educational meetings);

8. Do staff have access to training and education that supports the delivery of the project?

Yes	No

If the answer to Q8 is **yes**, please give details of the training and education available;

Please describe the types of training available	
How are the contents and teaching methods tailored to the needs of staff?	
What proportions of staff within different categories have accessed training and education)?	
Is sufficient staff time available to support the training and education necessary to enable delivery of telehealth or coordinated care projects?	
Is the training and education linked to a formal academic award? If so, what type of award?	
Are frontline staff involved in training or supporting (e.g. through mentorship) their colleagues in relation to the project?	

9. How much have frontline staff been involved in the design and implementation of the project?

A great deal	Somewhat	A small amount	Not at all

If applicable, please give an example of how frontline staff have been involved in the design and implementation of the project;

10. How effectively did the project planning process identify and address organisational and cultural barriers to change?

Very effectively	Quite effectively	Fairly effectively	Not effectively

If applicable, please give an example of how barriers to change were identified and addressed during project planning and implementation;

11. Has the process of change been evaluated formally?

Yes	No

If the answer to Q11 is **yes**, please describe the methods and key findings from the evaluation. If possible, please send a copy of the output to the ACT project team along with this survey;

Appendix Three: WP4 survey items with direct links to the staff engagement landscaping exercise.

Q9a. Has there been support for your Programme?

11. How is this care programme co-ordinated (tick all that apply)?

- o Formal written description of care pathway

- o Regular staff meetings?

- o A manager overseeing service?

- o Internal audit?

- o Other (please describe below)?

19. Is there training to equip staff with the knowledge and skills they require to deliver the CC or TH Programme?

If YES;

19a) How much training do staff receive?

19b) How often does training happen?

19c) What is covered in the training?

19d) Which staff receive training?

19e) Is the content and methods tailored to the needs of different professional groups and staff grades i.e. senior/junior medical staff?
19f) Do staff have the opportunity to feedback on the effectiveness of training at a later date?

20. Are staff members involved in training or supporting their colleagues?

21. Is staff awareness of the Programme evaluated regularly?

If YES;

21a) Are evaluation findings acted upon ?

22. Is staff satisfaction of the Programme evaluated regularly?

23. Were there any barriers to implementing the Programme (i.e. organisational, cultural)?

If YES;

23a) what barriers were there (please describe below)?

24. Are there organisational incentives to change practice (financial benefits or otherwise) publicised to staff members?

25. Is there a strategy to capture and share examples of benefits or helpful working practices?

30. Is staff performance assessed?

If YES;

30a) how is performance assessed?

31. How frequently do you evaluate staff outcomes?

- o Daily?

- o Weekly?

- o Monthly?

- o Other (please specify below)?

34. Are their financial consequences for poor performance? If YES, please describe below:

35. Are rewards given for good service?

If YES;

 35a) what rewards are given?

35b) Which outcomes are rewarded?

68. Who trains health care professionals in TH?

94. Are there financial incentives to use TH?

If YES;

94a) what are the financial incentives?

94b) Who receives financial incentives?

109. Are there financial incentives for co-ordinated care?

If YES

109a) what are the financial incentives?

109b) who receives financial incentives?