**Supplementary File 12: WS1B Themes from interviews with healthcare professionals** **professionals from four case study hospitals regarding barriers and enablers to responding to feedback and implementing change in light of feedback (Table 3 from Gould et al. 2018).1 Presented according to corresponding domains from the Theoretical Domains Framework.2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Theme** | **Frequency of participants** | | | | | **Theoretical Domain** |
|  | **Case 1**  **(n=7)** | **Case 2**  **(n=6)** | **Case 3**  **(n=7)** | **Case 4**  **(n=5)** | **Total**  **(n=25)** |  |
| Feedback is (not) shared and discussed with the relevant staff a | 7\*  (2+/5=) | 6\*  (3+/1-/2=) | 7  (2+/5=) | 5\*  (2+/3=) | 25  (9+/1-/15=) | Social influences |
| Feedback should come from someone whom staff know or respect, to influence change | 5 | 4 | 5\* | 4 | 18 |
| I (do not) have influence over practice change a | 7  (3+/1-/3=) | 6  (+) | 7  (6+/1-) | 4  (+) | 24  (19+/2-/3=) |
| Comparing our performance against national performance is (not) useful for identifying areas for improvement a | 6  (3-/3=) | 6\*  (1+/2-/3=) | 7\*  (4+/1-/2=) | 4\*  (3+/1=) | 23  (8+/6-/9=) |
| We have to amend the feedback to make it relevant to our hospital | 5 | 4 | 6 | 4\* | 19 | Behavioural regulation |
| We try to monitor practice by re-auditing, re-feeding back and following up | 6\* | 5 | 7\* | 4 | 22 |
| We (do not) set goals or make action plans as a team a | 6\*  (3+/1-/2=) | 6  (4+/2=) | 6  (3+/1-/2=) | 4\*  (+) | 22  (14+/2-/6=) |
| Support materials could be useful for some staff | 6 | 6 | 7 | 5 | 24 |
| We need or use strategies to remind staff of actions and recommendations | 6\* | 4\* | 6 | 4 | 20 |
| It is clear who is responsible for audit and feedback | 6 | 6 | 6 | 4 | 22 | Social/professional role & identity |
| Staff (do not) know about NCA audits a | 7  (4+/3-) | 5  (2+/3-) | 7  (6+/1-) | 5  (4+/1-) | 24  (16+/8-) | Knowledge |
| Other demands take priority over responding to audit and feedback | 6 | 6 | 7\* | 4 | 23 | Motivation & goals |
| We require sufficient staff to conduct audits and/or respond to feedback | 6 | 5 | 6\* | 5\* | 22 | Environmental context & resources |
| Audit and feedback does (not) influence practice change a | 6  (5+/1-) | 6  (4+/2-) | 7  (4+/3=) | 4  (2+/1-/1=) | 23  (15+/4-/4=) | Beliefs about consequences |
| I (do not) remember feedback materials a | 5  (3-/2=) | 4  (3+/1-) | 5  (3+/2=) | 4  (2+/2=) | 18  (8+/4-/6=) | Memory, attention & decision processes |
| I notice only information that is new, ‘leaps out’ as different or is clinically relevant to me | 6 | 6 | 7 | 3 | 22 |

a (‘not’ or ‘do not’) indicates participants expressed differing views in the same theme: positive (+), negative (-), both positive and negative (=); \* denotes expressed importance by one or more participant

1Gould NJ, Lorencatto F, During C, Rowley M, Glidewell L, Walwyn R, Michie S, Foy R, Stanworth SJ, Grimshaw JM, Francis JJ. How do hospitals respond to feedback about blood transfusion practice? A multiple case study investigation. PloS one. 2018 Nov 1;13(11):e0206676.

2Michie S, Johnston M, Abraham C, Lawton R, Parker D, Walker A. Making psychological theory useful for implementing evidence based practice: a consensus approach. BMJ Quality & Safety. 2005 Feb 1;14(1):26-33