WP3 EVALUATION

Deliverable 3.1

EVALUATION REPORT

WP 3 Evaluation

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Statement of originality

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Executive Summary

This document presents the evaluation framework and the evaluation outcomes of the SCIROCCO Exchange project. The project evaluation was performed as part of Work Package (WP) 3 on evaluation, which had three main objectives: 1) To verify that the project is being implemented as planned and reaches its objectives to high standards; 2) To evaluate the personalised knowledge transfer and capacity-building support facilitated by the SCIROCCO Exchange Knowledge Management Hub; 3) To validate the SCIROCCO tool.

First, in order to achieve the first objective, the performance of the project was assessed in terms of effectiveness (measurement of results) and quality (quality assurance). The results of this evaluation, to the extent that it has been possible to evaluate, showed that the project satisfactorily met the objectives embedded in each of the project WPs, even though that a slight delay was found for some of them. Moreover, the project outcomes (deliverables) were submitted following the quality standards.

Second, an evaluation of the experience of the stakeholders involved in the maturity assessment process and in the knowledge transfer programme was conducted. The results of these evaluations found that the use of the SCIROCCO Exchange tool is an enriching and a useful experience to reflect on integrated care. In regard to the knowledge transfer process, it was assessed as insightful both in terms of learning from other regions as well as for internal implications/changes. It was particularly useful to clarify or raise awareness on the changes to be done in a particular context or area.

Finally, the psychometric validation of the SCIROCCO Exchange tool showed that the tool presents a high internal consistency level and the factor analysis found a one-factor structure. However, further analysis should be conducted to confirm the one-factor structure.

In conclusion, from the evaluation performed it can be said that the use of the SCIROCCO Exchange tool and the knowledge transfer programme, supported by the Knowledge Management Hub, improved the capacity of the regions for integrated care.

Abbreviations

B3 Action Group B3 on Integrated Care
EIP-AHA European Innovation Partnership on Active and Healthy Ageing
MM Maturity Model
WP Work Package
EU European Union
SG Scottish Government
KT Knowledge Transfer
KE Knowledge Exchange
LHA Local Health Authority

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1. INTRODUCTION

1.1. Introduction to SCIROCCO Exchange project

SCIROCCO Exchange - "Personalised Knowledge Transfer and Access to Tailored Evidence-Based Assets on Integrated Care" - is a European Commission project funded under the Health Programme 2014-2020. The project builds upon the preliminary achievements of the B3 Action Group on Integrated Care of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) that first developed the concept of the B3 Maturity Model[1]. Through the activities of the EU Health Programme-funded project SCIROCCO, the Maturity Model has been further refined and is supported by a validated online self-assessment tool for integrated care.

The **ambition** of the SCIROCCO Exchange project is to maximise the value and impact of the SCIROCCO Maturity Model and Tool. The **main objective** of SCIROCCO Exchange project is to support the readiness and capacity of health and social care authorities for the adoption and scaling-up of integrated care by facilitating their access to tailored, evidence-based assets on integrated care and supporting personalised knowledge transfer and improvement planning. With this aim in mind, SCIROCCO Exchange will develop a Knowledge Management Hub to facilitate the process of "matching" the needs of 9 European regions with existing evidence on integrated care, good practices, tools and guidelines and thus facilitate the capacity-building support for integrated care. In particular, SCIROCCO Exchange **specific objectives** are:

1) To apply the SCIROCCO tool as a tool to assess the maturity of regions' local health and social care environment and readiness for integrated care.
2) To inform health and social care authorities about, and are able to utilise, the knowledge management hub to facilitate their access to personalised evidence and knowledge transfer on integrated care.
3) To identify assets to build the capacity of health and social care authorities for integrated care, and tailored them to their local needs.
4) To maximise the European regions capacity to design, implement and evaluate integrated care.
5) To co-design and tailor integrated care solutions to the regions' local needs and priorities in the health and social care provision.
6) To evaluate the knowledge transfer and capacity building process.

[1] Henderson, D., Pavlickova, A., & Lewis, L. (2016). Scalability and transferability of good practices in Europe: What does it take? Int J Integr Care, 16, 1–2.

7) To identify the scoping of added value of expanding the SCIROCCO Maturity Model to other areas of active and healthy ageing, such as health promotion, prevention and digital maturity.

1.2. Purpose of the document

The **purpose** of the present deliverable, according to what is referred to in WP3– Evaluation of the project, is to describe the evaluation outcomes of the SCIROCCO Exchange project in terms of its performance and implementation outcomes. (D3.1. Evaluation report).

Some of the activities implemented under the WP3 on Evaluation are linked with the WP1 (Coordination of the project) activities. In particular, UVEG has cooperated with the project coordinator (Scottish Government; SG) in the monitoring of timely achievement of the project activities and assessing the quality of the deliverables released. Furthermore, WP3 is aligned with WP7 activities in order to evaluate the process of personalised knowledge transfer and with WP8 for the evaluation of how the SCIROCCO Exchange Hub has facilitated the outcomes of the knowledge transfer. Moreover, WP3 will work closely together with the regions involved in SCIROCCO Exchange with the aim of capturing their experiences in the project.

The **content** of this deliverable comprises a description of the SCIROCCO Exchange Evaluation Framework, including the evaluation tools designed within the project, the evaluation process and the results of the evaluation.

1.3. The scope and objectives of the evaluation

Evaluation is an important part of project management. It measures the effects of the project and informs its better understanding and improvement. The objective of the SCIROCCO Exchange Evaluation Framework is to ensure that the SCIROCCO Exchange project's objectives are met to the highest standards.

SCIROCCO Exchange Work Package on Evaluation (WP3), has three main objectives:

1. To verify that the project is being implemented as planned and reaches its objectives to high standards.
2. To evaluate the personalised knowledge transfer and capacity-building support facilitated by the SCIROCCO Exchange Knowledge Management Hub.
3. To validate the SCIROCCO tool.

2. SCIROCCO EXCHANGE EVALUATION FRAMEWORK

Taking into account the goals outlined, the project evaluation strategy and the consequent methodology will be focus on: 1) the assessment of the project performance in terms of effectiveness (measurement of results) and quality (quality assurance), allowing to evaluate whether the project goals are met and to ensure that those are met to the highest standard; 2) the evaluation of the process of personalised knowledge transfer and how the SCIROCCO Exchange knowledge management hub has facilitated the outcomes of this process; 3) the statistical validation of the latest version of the SCIROCCO tool.

2.1. Project performance evaluation

To address the objectives of WP3, the project performance will be assessed in terms of **effectiveness** (measurement of results) and **quality** (quality assurance), enabling evaluation of whether the project' goals have been met to the highest standard.

The evaluation of the effectiveness and quality of the project outcomes follows is developed through the collaboration of project partners. In particular, the evaluation strategy uses an internal evaluation approach. An internal evaluation is an appraisal process performed by the institution or individuals responsible for the activities being evaluated[2]. Internal evaluators are distinct from external consultants and funding agency administrators in that:

- they are directly supervised by, and report to, individuals who are part of the internal management of the organisation.
- they have on-going responsibility for the evaluation.

Thus, the primary responsibility for undertaking an internal evaluation lies within the organisation itself; in this case, this approach is being extended to apply to this specific European project. And, therefore within SCIROCCO Exchange, the internal evaluators are project partners.

Internal evaluators support the project management's decision-making process in two ways: by providing information, and by influencing behaviour. In the case of SCIROCCO Exchange, the internal evaluation approach is mainly related to the monitoring of the effective implementation progress against the project's plan, with special reference to the project' milestones. Thus, the internal evaluation should be considered as a

[2] Owen, J.M., & Rogers, P.J. (1999). Program evaluation: forms and approaches. 2nd Ed, Allen & Unwin, St Leonards, NSW

continuous process generated in real time by each project partner. In particular, the evaluation process will be performed by:

- **Evaluation group** (members of Polibienestar - UVEG) that is in charge of the evaluation activities and, in particular, of the design of evaluation framework and tools; data collection; data analysis; and the development of evaluation reports.
- **Project coordinator** (members of SG) who validate the actions of the Evaluation group.
- **WP leaders** who provide information related to their tasks and expected results according to the Evaluation tools as detailed in the sections 2.1.1 and 2.1.2.

In practical terms, the project's performance evaluation was conducted in two steps, namely mid-term evaluation (around M18 of the project) and final evaluation (around the end of the project, M38). Apart from the *effectiveness*, also during the project, a *quality* evaluation of each deliverable before submission was performed in order to ensure that the proper quality standards are met.

- **Mid-term evaluation** (M18) conducted during the project cycle as part of the monitoring and quality assurance of partnership's performance. The purpose of the mid-term evaluation is to validate that the goals of the project are being achieved and advise on the improvement of the actions, if necessary, by means of identification and subsequent remediation of any problematic aspects.
- **Final project evaluation** (M38) focused on the evaluation of the overall objectives and outcomes of the project in order to determine its *effectiveness.* The final evaluation results are presented in section 3. SCIROCCO EXCHANGE EVALUATION PROCESS AND RESULTS of this deliverable: D3.1. SCIROCCO Exchange evaluation report.

The following two sub-sections on the project performance evaluation will define both the effectiveness evaluation (section 2.1.1.) and the quality evaluation (section 2.1.2.), adding a number of indicators, and describing the tools to be used, as well as the timing.

2.1.1. Effectiveness evaluation

Definition and indicators

Effectiveness evaluation measures the extent to which the activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criterion of effectiveness is the timeline of the response.

In particular, the project's performance will be measured in terms of achieving its objectives, milestones and deliverables, according to the three following indicators:

- Objectives / Outcomes (achievement %, means of verification, deviations, reasons for deviations, corrective actions)
- Milestones (achievement %, means of verification, delay, reasons for delay)
- Deliverables (achievement %, delay, reasons for delay)

Effectiveness evaluation tools and timing

The compliance and the extent to which the effectiveness criteria are accomplished will be measured through specific **Effectiveness Evaluation Checklist** for Objectives, Milestones and Deliverables. This Evaluation Checklist will be designed as shown in the following example from WP3 (Table 1):

Table 1. Effectiveness Evaluation Checklist (WP3 example)

WP3 – EVALUATION ***Leader:* Polibienestar – University of Valencia (UVEG)**				
Objectives Checklist				
Objectives (tasks)	**Planned Start; Planned end**	**Actual start; Actual end**	**% Achieved**	**Means of verification**
T3.1. Evaluation framework	M1; M38			
T3.2. Project performance evaluation	M1; M38			
T3.3. Evaluation of the knowledge transfer process	M7; M38			
Deviations and reasons for deviations (if any) and corrective actions				
Milestones Checklist				
Milestones	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
MS15 Availability of evaluation framework	M3			
MS16 Evaluation of the knowledge transfer is initiated	M7			
Deviations and reasons for deviations (if any) and corrective actions				

Deliverables Checklist				
Deliverables	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
D3.1 Evaluation report	M38			
Deviations and reasons for deviations (if any) and corrective actions				

The Evaluation Checklist will be informed by quarterly reports submitted by the Project Coordinator to the WP leaders. These quarterly reports will feed both the mid-term project evaluation and the final evaluation report (section 3).

2.1.2. Quality evaluation

Definition and indicators

The outputs (deliverables) of SCIROCCO Exchange will be reviewed against specific quality criteria (quality control) in order to ensure that the proper quality standards are met (quality assurance).

The quality standards used within the present evaluation framework are based on **the United Nations (UN) Evaluation Group Standards for Evaluation in the UN System**[3]. The project's deliverables will be reviewed against these four criteria (detailed below). They will be assessed as satisfactory when the criterion:

- provides a clear and complete assessment of the object of the evaluation;
- is based on evidence compiled and analysed in accordance with standards;
- generates conclusions and recommendations deemed to be credible and thus a sound basis for decision-making.

The SCIROCCO Exchange deliverables will be reviewed against these four criteria, which has been adapted to the project's environment, scope and goals:

1. **Well structured, logical and clear deliverable**. The deliverable is logically structured and written with clarity and coherence (e.g. background and objectives are presented before findings, and findings are presented before conclusions and recommendations). The document reads well and it is focused.

[3] United Nations Evaluation Group. (2016). Norms and Standards for Evaluation. New York: UNEG.

2. **The deliverable's purpose, objectives and scope are fully explained**. The purpose of the deliverable is clearly defined, including why it was needed at the specific point in time, who needed the information, what information is needed, and how the information will be used. The deliverable provides a clear explanation of the work package's objectives and scope, including the main and specific objectives and justifications of what the deliverable covers or not.

3. **Appropriate and sound methodology**. The deliverable presents a transparent description of the methodology applied, which clearly explains how the objectives are addressed. The deliverable presents a sufficiently detailed description of the methodology (in which the methodological choices are made explicit and justified and in which the limitations of applied methodology are included). The deliverable provides the elements to assess the appropriateness of the methodology. This criterion enables the assessment of the suitability of the methods selected for the specifics of the deliverable, i.e., if the methodology is suitable for the subject matter and if the information collected is sufficient to meet the deliverable's objectives.

4. **Findings, conclusions, recommendations and lessons learned are based on evidence and sound analysis**. Findings need to respond directly to the objectives detailed in the scope section of the deliverable. They are based on evidence derived from data collection and analysis methods described in the methodology section of the deliverable. Conclusions present reasonable judgements based on findings and substantiated by evidence, providing insights pertinent to the object and purpose of the deliverable. Recommendations are relevant to the object and purpose of the report, supported by evidence and conclusions, and are developed with involvement of relevant stakeholders. Recommendations clearly identify the target group for each recommendation, priorities for actions, and reflect an understanding of the commissioning organisation and potential constraints to follow up. Lessons learned are grounded in the evidence laid out in the deliverable, and they provide insights that are relevant for the project objectives. They highlight elements of preparation, planning, design or implementation that can be expected to have positive or negative effects on the performance, outcomes or impact of the project.

Quality evaluation tools and timing

In order to review the deliverables against the selected quality criteria, a **Quality Evaluation Questionnaire** will be designed by the Evaluation group (UVEG). It will include quantitative information (a four-point scale for rating quality indicators under each criterion) and qualitative feedback, such as remarks and lessons learned for future reports. The following table (Table 2) shows an example of one of the questions intended to be included in the Quality Evaluation Questionnaire:

Table 2. Quality Evaluation Questionnaire (example)

Criterion 2 - Purpose, objectives and scope		
Question	**Rating**	**Remarks**
Is the purpose of the deliverable clear?	**Satisfactory**	
	Minor changes needed	
	Major changes needed	
	N/A	
Lessons learned for future reports:		

Before submission, each deliverable will be peer reviewed by the members of the Evaluation group (UVEG) and the project coordinator through the Quality Evaluation Questionnaire.

2.2. Evaluation of knowledge transfer

The second objective of WP3 is the evaluation of the personalised **knowledge transfer** and capacity-building support facilitated by the SCIROCCO Exchange online self-assessment tool and the Knowledge Management Hub.

Knowledge transfer (KT) has been recognised as an effective enabler to access existing evidence and learning on integrated care. It encompasses a very broad range of activities to support mutually beneficial collaborations among interested stakeholders. The two-way exchange element of knowledge transfer is at the heart of successful and sustainable collaboration. Therefore, stakeholders from the 9 European regions that are seeking support in preparing their ground for the transition and scaling-up of integrated care and/or in improving their existing system and service design will be actively involved as part of the evaluation framework. In particular, the following stages of the SCIROCCO Exchange project will be evaluated in order to respond to WP3 second objective:

- An evaluation of the experience of the regions in the maturity assessment process.
- An evaluation of the experience with the knowledge transfer activities.

Figure 1. SCIROCCO Exchange project main stages.

Both evaluations, conducted in different stages of the project, will be based on a specific evaluation framework designed in the frame of the project. For the design of this framework, a literature review of the existing evaluation frameworks and tools for knowledge transfer was conducted. A particularly interesting study was found, a systematic scoping review of the key components of knowledge transfer and exchange in health services research (Prihodova et al., 2019), which have guided the design of the SCIROCCO Exchange knowledge transfer evaluation framework, as explained below. This evaluation framework is intended to help document and understand the process of

knowledge transfer, and even maximize the success of the SCIROCCO Exchange project[4].

SCIROCCO EXCHANGE KNOWLEDGE TRANSFER EVALUATION MODEL EXTRACTED FROM PRIHODOVA ET AL. (2019) SYSTEMATIC REVIEW

Prihodova et al. (2019)[5] conducted a systematic scoping review on the key components of knowledge transfer and exchange in health services research. From their review, six key components emerged: **knowledge transfer and exchange message, process, stakeholders, inner context and social, cultural and economic context, and evaluation.**

The **message component** represents the information to be shared. Several operational elements were found to be included within the message component. In particular, it was highlighted that the message must be needs-driven; it must be credible, actionable, and accessible; and multiple types of message are important. This reflects the use of different research methods to generate messages, and the potential for research to have different messages to transfer.

The **process component** represents the activities intended to implement the transfer of knowledge. The process of knowledge transfer must entail a bidirectional relationship between stakeholders (an interactive exchange). Moreover, the researchers also found that this process requires skilled facilitation, and it needs to draw on diverse knowledge transfer activities. Finally, the process of knowledge transfer is expected to be targeted and timely: targeted because it needs to target key groups such as policy makers and opinion leaders; and timely because it should take place at the right time.

The **stakeholders' component** represents the people involved in the knowledge transfer process. This component includes the following operational indicators: knowledge producers, representing the professionals transferring the knowledge; the knowledge users, representing the professionals using the transferred knowledge (e.g. practitioners and policy makers); knowledge beneficiaries, representing the people benefiting from the knowledge transfer (e.g. patients); and multiple stakeholders,

[4] Kramer, D. M., Wells, R. P., Carlan, N., Aversa, T., Bigelow, P. P., Dixon, S. M., & McMillan, K. (2013). Did You Have an Impact? A Theory-Based Method for Planning and Evaluating Knowledge-Transfer and Exchange Activities in Occupational Health and Safety. *International Journal of Occupational Safety and Ergonomics*, 19(1), 41-62. https://doi.org/10.1080/10803548.2013.11076965.

[5] Prihodova, L., Guerin, S., Tunney, C., Kernohan, W. G. (2019). Key components of knowledge transfer and exchange in health services research: Findings from a systematic scoping review. *J Adv Nurs*. 75, 313–326. https://doi.org/10.1111/jan.13836.

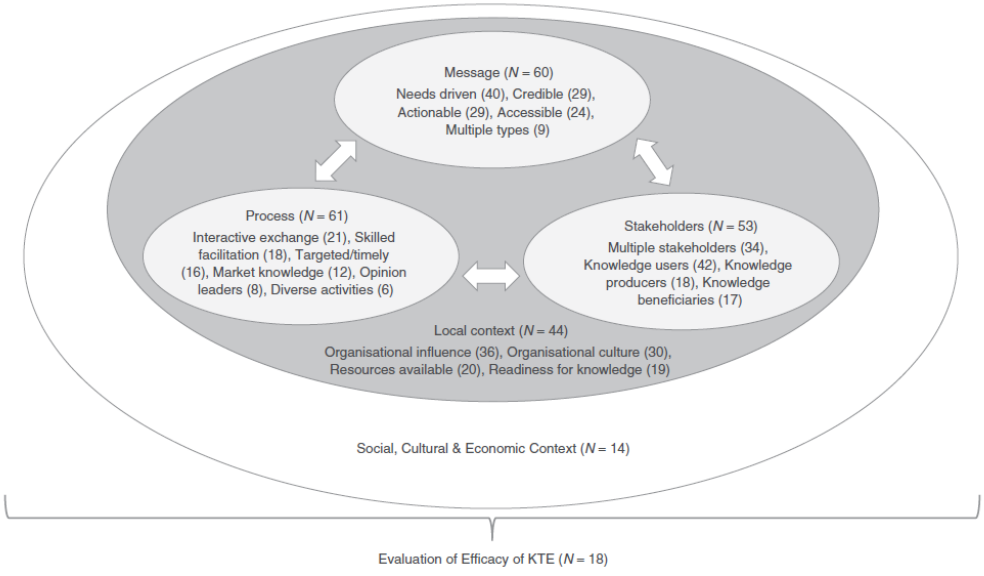
representing the stakeholders to be considered (e.g. patients' families and the general public) by those involved in knowledge transfer exchange.

The **context component** is divided into two important levels of context: local context (organisational), and social, economic and cultural context. On the one hand, the local context addresses the organisational environment where the knowledge transfer occurs.

This immediate context includes the following operational elements: organisational influence (representing the influence over the knowledge transfer process of organisations and their leaders/managers); organisational culture (including the attitudes, knowledge and values expressed within the organisation); the available resources (i.e., the dedicated resources for knowledge transfer activities); and readiness for knowledge (which represents the receptivity of the context). On the other hand, the social, cultural & economic context element includes the wider environmental factors, such as social, cultural and economic aspects, that may influence or have an impact on decision making with regard to the knowledge transferred.

Finally, the **evaluation component** emphasises the importance of evaluation, when conducting knowledge transfer, and it highlights the relevance of both outcome and process evaluation. In this regard, the authors of this systematic review of knowledge transfer highlighted that all these identified key components, and their specific operational elements, can offer guidance for knowledge transfer activities and can **serve as a framework within which to evaluate their impact.**

Figure 2. Key components of knowledge transfer identified through thematic analysis (with frequencies reported) from the systematic scoping review of Prihodova et al. (2019).

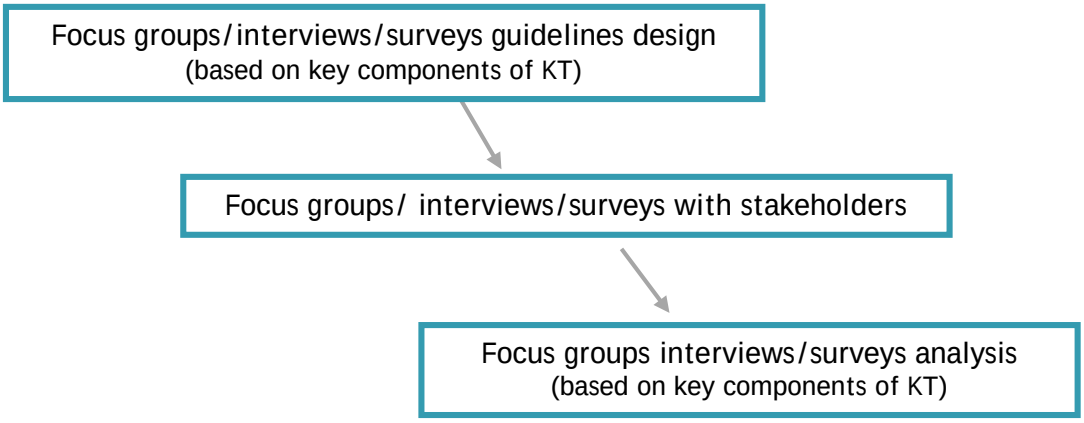


As a result of the revision of this study from Prihodova et al. (2019), **the evaluation of the knowledge transfer within SCIROCCO Exchange project is based on the key components of knowledge transfer identified in this study**.

The key components of knowledge transfer identified from the systematic scoping review of Prihodova et al. (2019) will be used to guide the evaluation by supporting the development of the data collection approach and as a guide for analysing, interpreting, and/or reporting findings.

In particular, a **qualitative approach** has been selected to perform the evaluation of knowledge transfer. This approach is based on focus group discussions/ interviews and surveys among stakeholders in each of the 9 regions participating in the project.

Figure 3. Evaluation process of knowledge transfer and capacity-building support.



1. The **focus group, interviews and surveys guidelines** will be designed based on the key components of knowledge transfer identified from the systematic scoping review of Prihodova et al. (2019). As a result, the questions to be posed in each focus group, and survey will be formulated according to these specific components of knowledge transfer selected for the different stages of project evaluation (see Annexes I, II and III).
2. **Key stakeholders** will be identified: on the one hand, they will include the researchers and professionals involved in the SCIROCCO Exchange project who conduct the knowledge transfer and capacity-building activities. On the other hand, they will include professionals, managers, and/or policy makers who are the recipients of the SCIROCCO Exchange activities. The stakeholders will be then invited to participate in to discuss the object of analysis (which will depend on the project stage: self-assessment process; co-designing personalised assistance, etc.).

3. Following these data collection phase, the **collected information will be organised** based on the key components of knowledge transfer. This organisation will provide a framework of the key mechanisms of knowledge transfer and capacity-building support, including associated measures of their quantity and quality.

Due to the COVID outbreak, the knowledge transfer activities planned to be conducted face-to-face within SCIROCCO Exchange project were adapted to be performed as online knowledge transfer events. Therefore, the knowledge transfer evaluation was also adjusted.

In particular, the evaluation of knowledge transfer was decided to be based on:

- A short survey to be completed by stakeholder participating in the knowledge transfer workshops/online sessions after the session (see Annex II).
- Individual interviews/surveys with regional leaders (project partners) towards the end of the project (see Annex III).

This evaluation of knowledge transfer and capacity-building within SCIROCCO Exchange is designed to answer the following key evaluation question: **Has the Knowledge Management Hub improved or not the capacity of the regions for integrated care?** With this aim in mind, the evaluation will be based on an identification and assessment of the factors (both positive and negative) and the mechanisms that contribute to the effective knowledge transfer and capacity-building support for integrated care, facilitated by the SCIROCCO Exchange Knowledge Management Hub.

The outcomes of this evaluation will provide knowledge on the process of knowledge transfer and capacity-building support, including a framework of the key mechanisms supporting this process, and the benefits on how to transfer the assets of integrated care (e.g. good practices, tools, guidelines). Moreover, this evaluation will feed into the development of Improvement Plans in the 9 SCIROCCO Exchange regions.

The ultimate goal of this evaluation is to optimise the potential of the SCIROCCO Exchange Knowledge Management Hub as a key facilitator and integrator of knowledge transfer and capacity-building support for integrated care.

2.3. Validation of the SCIROCCO tool

The SCIROCCO tool was derived from the B3 Maturity Model (B3-MM). The Model consists of 12 dimensions which are considered to be the activities that need to be managed in order to deliver integrated care. To further develop the Maturity Model, the earlier European project (SCIROCCO[6]) was created to develop, test and validate the B3-MM so that it would become a key tool in facilitating exchange of good practices and scaling-up of integrated care in Europe. The earliest versions of the tool were entirely paper-based rather than online.

The SCIROCCO tool displays the 12 dimensions of the B3-MM tool online. Using this online tool, a healthcare region can assess its maturity of integrated care delivery. It can consider each of the 12 dimensions and allocate a measure of progress or 'maturity' (on a 0-5 scale) to each specific dimension. After each of the 12 dimensions have been assessed, a simple radar diagram is derived for the maturity status of that (healthcare) region. The radar diagram provides a simple overview of the healthcare region's areas of strength, and those which need further attention and improvement.

Within the (earlier) SCIROCCO project, a first validation study was conducted of the SCIROCCO tool. The content-validity of the SCIROCCO tool was assessed by undertaking a literature review and a Delphi method. The Delphi study rounds resulted in various phrasing amendments of indicators and assessment scale. The Delphi findings showed satisfactory content-validity of the SCIROCCO tool. After the content-validity phase, the SCIROCCO tool was made available as an online tool. After several regions conducted an assessment of their maturity in the field of integrated care using the tool, a database was created, and the psychometric properties of the SCIROCCO tool were evaluated by examining structural validity and internal consistency[7]. The findings from this first validation study showed that the SCIROCCO tool demonstrates good performance with regard to psychometric properties. Regarding the structural validity, the tool presented a one-factor structure with high loadings of the items to the factor. The internal consistency of the tool suggested that the different items of the SCIROCCO tool were related. Therefore, the SCIROCCO tool can be considered as an appropriate instrument to measure the maturity of integrated care in the healthcare system context.

[6] https://www.scirocco-project.eu/

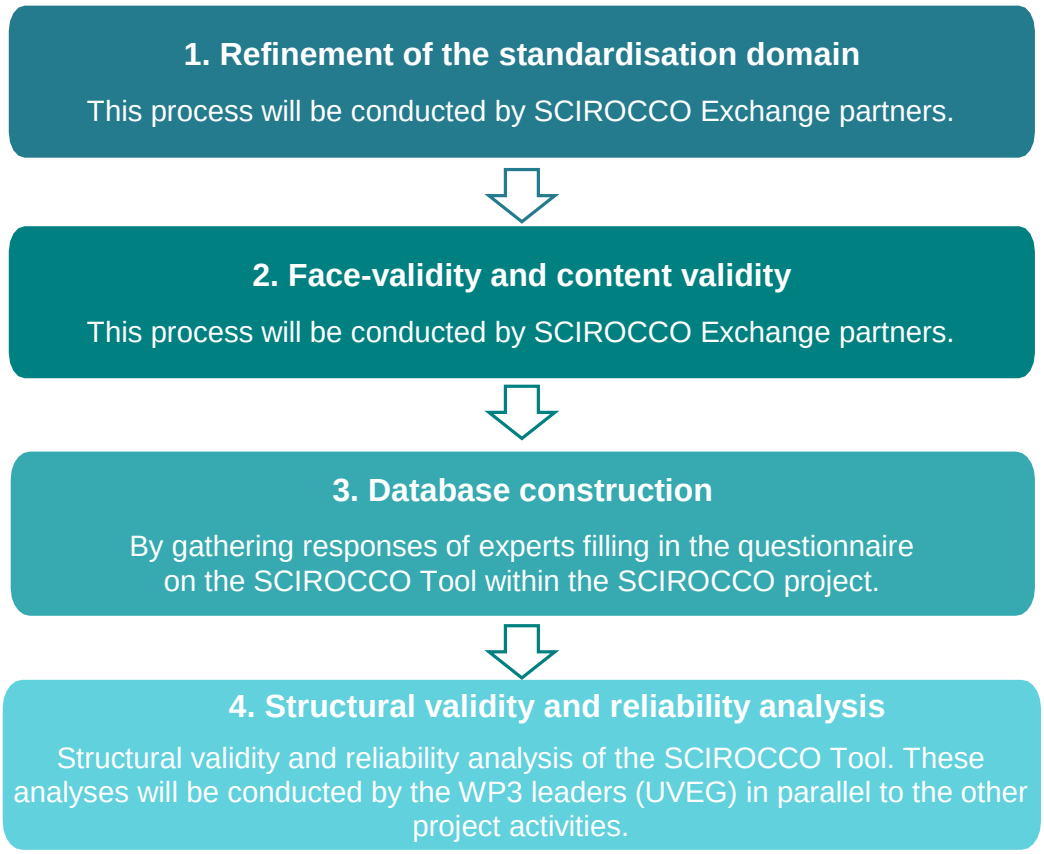
[7] Grooten, L., Vrijhoef, H.J.M., Calciolari, S., González Ortiz, L.G., Janečková, M., Minkman, M.N.M, & Devroey, D. (2019). Assessing the maturity of the healthcare system for integrated care: testing measurement properties of the SCIROCCO tool. *BMC Medical Research Methodology*, 19, 63

After pilot-testing of the SCIROCCO tool in the context of the SCIROCCO project, the tool underwent post-pilot modifications. In particular, these modifications took place on the standardisation dimension (where users of the SCIROCCO tool found duplications of the concepts with those included in the eHealth dimension and a lack of contextual features leading to process organisation and standardisation). Therefore, within SCIROCCO Exchange project, the standardisation dimension has been refined.

A new assessment of the Tool's psychometric properties is important so as to ensure that the SCIROCCO Exchange tool is a valid and reliable one for the assessment of the maturity level of the regional healthcare system. The refined version of the SCIROCCO tool will therefore be validated by exploring three elements: its face-validity, structural validity, and internal consistency.

After the refinement of the standardisation domain and face-validation of the SCIROCCO tool, the tool will be used by the 9 European regions participating in SCIROCCO Exchange project. The responses gathered from the experts who use the SCIROCCO tool in these 9 regions will be organised in a database from which structural validity and internal consistency (reliability) will be assessed. The validation process will follow the scheme below:

Figure 4. SCIROCCO tool validation process.



3. SCIROCCO EXCHANGE EVALUATION RESULTS

In this chapter, the process and results of the project evaluation are presented in terms of: 1) Project performance evaluation (effectiveness and quality); 2) Knowledge transfer evaluation (evaluation of the experiences with the maturity assessment and the experiences with the knowledge transfer activities); 3) Validation of the SCIROCCO tool.

3.1. PROJECT PERFORMANCE EVALUATION

The objective of this chapter is to present the evaluation of the SCIROCCO Exchange project performance in terms of the level of achievement of the outputs and milestones and the release of the due deliverables *(effectiveness*) and the quality assurance of the deliverables before its submission (quality).

On the one hand, the data on the project *effectiveness* were collected through Evaluation Checklists that were informed by quarterly reports submitted by WP leaders. These Evaluation Checklists were completed at M18 for the mid-term project evaluation and at M41 for the final evaluation report, presented in this deliverable. On the other hand, the quality evaluation of most deliverable before submission was conducted using the Quality Evaluation Questionnaire designed ad hoc within this WP3.

This section presents the results of the evaluation of the project performance for each WP from M1 (January 2019) to M41 (May 2022), with the exception of some WPs. The reason why some WPs were not evaluated at the end of the project is because the last quarterly reports were not received and thus, the evaluators were not able to perform the effectiveness evaluation. In addition, this section also describes the conclusions of the quality evaluation of most deliverables and additional information on each deliverable quality review can be found in Annex IV. Unfortunately, not all deliverables were evaluated against quality criteria because at the time this deliverable *D3.1 on project evaluation* was submitted some of the deliverables were still to be finished.

WP1 – Coordination (SG)

Overall, the project was managed as planned and the project activities were coordinated and monitored in a systematic manner through quarterly reports and periodic consortium and bilateral meetings. A revision of all reports and deliverables including financial claims was also performed by the coordinator.

Several delays in the achievement of WP1 milestones were identified. The reasons for these deviations are as follows:

- MS3 on the first project assembly was deliberately postponed to M10 to reflect the progress against the Work Packages, particularly WP5 (Maturity Assessment). Re-scheduling the dates also allowed linking the Assembly to the major local dissemination event in Slovakia.
- MS4 on the second project assembly was not achieved due to the COVID outbreak. Initially, this second project assembly was to be held in Poland in May 2020 (M17). Finally, this meeting was organised online in October 2020 (M22).
- MS5 on the acceptance of the interim report was not achieved before M18 because the report was not delivered on time due to some delays in the quarterly reports submission from partners.

As a corrective action to the delay of several project activities, mainly due to the COVID outbreak, the project coordinators requested a 6-months extension in February 2021 which was approved by the European Commission. Later on, in February 2022, a 4-months extension was requested and approved. So, the project was extended in total 10 additional months. All management and coordination activities, as the update of the project schedule according to the extension, were efficiently conducted by the project coordinators. In regard to the expected Tasks and Milestone(s) for this WP, the following table shows the performance evaluation:

Table 3. Effectiveness evaluation of WP1.

WP1 – COORDINATION ***Leader:* Scottish Government (SG)**				
Objectives Checklist				
Objectives (tasks)	**Planned Start; Planned end**	**Actual start; Actual end**	**% Achieved**	**Means of verification**
T1.1 Coordination Responsibilities	M1; M41	M1; M41	100%	Consolidated quarterly reports
T1.2 Establishment of Consortium bodies, planning, organisation and administration of consortium meetings	M1; M41	M1; M41	100%	Consolidated quarterly reports
T1.3. Management of the consolidation of technical and partner financial reports and communication with CHAFEA	M1; M41	M1; M41	100%	Consolidated quarterly reports
T1.4.Financial Management	M1; M41	M1; M41	100%	Consolidated quarterly reports

Milestones Checklist				
Milestones	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
MS1 Project Work Plan	M1 (Jan19)	M1 (Jan19)	100%	Report delivered to consortium
MS2 Project Kick-Off Meeting	M1 (Jan19)	M2 (Feb19)	100%	Kick-off meeting minutes (Luxemburg)
MS3 First Project Assembly	M7 (Jul19)	M10 (Oct19)	100%	Project assembly agenda and minutes (Slovakia)
MS4 Second Project Assembly	M14 (Feb20)	M22(Oct20)	100%	Project assembly agenda and minutes (online)
MS5 Acceptance of the interim report	M18 (Jul20)	M24 (Dec20)	100%	Report submitted and accepted
MS6 Third Project Assembly	M28 (Apr21)	M28 (Apr21)	100%	Project assembly agenda and minutes
MS7 Fourth Project Assembly	M34 (Oct21)	M34 (Oct21)	100%	Project assembly agenda and minutes (online)
MS8 Final Project Assembly	M41 (May22)	M41 (May22)	100%	Final Project conference agenda

WP2 – Dissemination (SG)

The dissemination activities were performed as planned during the project. In particular, it can be highlighted the dissemination Strategy and Action Plan for the project, which ensured that the SCIROCCO Exchange project was present in a wide variety of events and conferences. Moreover, the SCIROCCO Exchange project website was available from the beginning of the project and regularly updated.

Several delays in the achievement of WP2 milestones and deliverables were identified. In particular, the Dissemination Strategy and Action Plan was slightly delay (2months), as well as the delivery of D2.1 and D2.4. In regard to the expected Tasks, Milestone(s) and Deliverable(s) for this WP, the following table shows their effectiveness evaluation:

Table 4. Effectiveness evaluation of WP2.

WP2 – DISSEMINATION ***Leader:*** **Scottish Government (SG)**				
Objectives Checklist				
Objectives (tasks)	**Planned Start; Planned end**	**Actual start; Actual end**	**% Achieved**	**Means of verification**
T2.1. Project website and branding	M1; M41	M1; M41	100%	Project website: https://www.SCIROCCOexchange.com/
T2.2. Project leaflets	M1; M41	M1; M41	100%	Project leaflets (D2.1 and D2.2)
T2.3. Dissemination Strategy and Action Plan	M3; M41	M5; M41	100%	Final dissemination report (D2.5)
T2.4. Project presentations to conferences, workshops, webinars and other meetings	M6; M41	M2; M41	100%	Final dissemination report (D2.5)

T2.5. Final conference	M41	M41	100%	Final Project conference agenda
T2.6: Exploitation organisation	M30; M41	M8; M41	100%	Exploitation workshops

Milestones Checklist				
Milestones	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
MS10 Availability of the website	M3 (Mar19)	M6 (Jun19)	100%	Website available and regularly updated
MS11 Availability of dissemination materials	M3 (Mar19)	M3 (Mar19)	100%	Branding and dissemination materials available
MS12 Availability of Dissemination Strategy and Action Plan	M3 (Mar19)	M3 (Mar19)	100%	Dissemination strategy and local dissemination plans available
MS13 Mid-term workshop	M28 (Apr21)	M28 (Apr21)	100%	Mid-term workshop agenda
MS14 Final conference	M41 (May22)	M41 (May22)	100%	Final conference organised (agenda and dissemination outcomes)

Deliverables Checklist				
Deliverables	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
D2.1 Leaflet - 1st version	M3 (Mar19)	M7 (Jul19)	100%	Deliverable submitted
D2.2 Leaflet - 2nd version	M41 (May22)	-	-	*Not delivered at the time this report was submitted.*
D2.3 Layman version of the final report	M41 (May22)	-	-	*Not delivered at the time this report was submitted.*
D2.4 Web-site	M3 (Mar19)	M6 (Jun19)	100%	Deliverable submitted
D2.5 Dissemination report	M41 (May22)	-	-	*Not delivered at the time this report was submitted.*

Finally, the quality evaluation of the deliverables, except for D2.5, the WP2 deliverables were not reviewed due to the specific type of deliverables. These deliverables were not reports and therefore, the agreed quality criteria were not applicable. The quality evaluation of D2.5 Dissemination report was not evaluated against quality criteria because it was not completed at the time this report on project evaluation (D3.1) was submitted.

WP3 – Evaluation (UVEG)

The project workflow was monitored by the evaluation leaders (UVEG), together with the project coordinators (SG). With this aim in mind, an evaluation framework was developed and presented to all project partners during a project meeting, who agreed on its content. This evaluation framework not only included the guidelines for the project performance evaluation but also for the evaluation of the knowledge transfer. The knowledge transfer

evaluation was initiated before the mid-term evaluation with the tasks of evaluating the experience of the regions in the maturity assessment process. In particular, focus groups guidelines for capturing the experience of the regions in the maturity assessment process were developed in M7 (July19) and the first focus group was conducted in M9 (Sept19) and the last one in M15 (Mar20). Then, surveys to evaluate the experience of knowledge transfer among the stakeholders involved were developed (final version in M28; Apr21). The first survey was completed in May 2021 and the final one in April 2022. The evaluation framework and the evaluation results are the main objective of this deliverable. In regard to the expected Tasks, Milestone(s) and Deliverable(s) for this WP, the following table shows their effectiveness evaluation:

Table 5. Effectiveness evaluation of WP3.

WP3 – EVALUATION ***Leader:* Polibienestar – University of Valencia (UVEG)**				
Objectives Checklist				
Objectives (tasks)	**Planned Start; Planned end**	**Actual start; Actual end**	**% Achieved**	**Means of verification**
T3.1. Evaluation framework	M1; M41	M2; M41	100%	Evaluation framework delivered to partners; D3.1
T3.2. Project performance evaluation	M1; M41	M2; M41	100%	Monitoring of the WPs progress; D3.1
T3.3. Evaluation of the knowledge transfer process	M7; M38	M6; M40	100%	Surveys conducted; D3.1

Milestones Checklist				
Milestones	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
MS15 Availability of evaluation framework	M3 (Mar19)	M4 (Apr19)	100%	Evaluation framework developed and agreed with project partners
MS16 Evaluation of the knowledge transfer is initiated	M7 (Jul19)	M7(Jul19)	100%	Focus groups guidelines developed (M7). First focus group conducted in M9 (Sept19).
MS17 Completed evaluation of project performance and implementation	M40 (Jun22)	M41 (May22)	100%	D3.1 delivered

Deliverables Checklist				
Deliverables	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
D3.1 Evaluation report	M41 (May22)	M41 (May22)	**100%**	D3.1 delivered

Finally, the quality evaluation of the deliverable D3.1 Evaluation Report was performed before its submission (May 2022) using the Quality Questionnaire by Ascensión Doñate (leader of WP3 on evaluation) and Andrea Pavlickova (project coordinator). D3.1 was reviewed against the agreed specific quality criteria, presented in the Evaluation Framework, in order to ensure that the proper quality standards were met (quality assurance) before its submission. The results of this quality evaluation showed that this

document presented all the required sections in a well-structured way, and it described all the relevant information. A detailed description of the results of D5.1. quality evaluation is provided as part of Annex IV.

WP4 – Knowledge Management Hub (UEDIN)

During the first implementation period, from M1 to M18, the initial version of the Knowledge Management Hub (KMH) was developed. Some delays were found on the development of the KMH; however, those no affected the proper development of the project, particularly taking into consideration that the project was extended 10 additional months. Within WP4 also guidance on the use of SCIROCCO tool and the KMH was provided to all partners and stakeholders interested in their use during the project. In addition, as part of this WP, the SCIROCCO tool was translated into 9 languages.
As mentioned, several delays in the achievement of WP4 tasks and milestones were identified. The reasons for these deviations are as follows:

- T4.6. Delay in the start of the translation of the SCIROCCO tool (M5 instead of M1) due to development and enhancement of the KMH functionaries and content.
- MS18 Testing of the Knowledge Management Hub will be initiated: this milestone suffered a delay of 2 months due to the development of the KMH functionalities and content.
- MS19 Final v0 of the Knowledge Management Hub and MS20 Final v1 of the Knowledge Management Hub suffered a longer delay due to: full translation of KMH in 9 additional languages which took longer than expected; longer training period for the regions and their local stakeholders on how to use new version of v.0 KMH; and development and enhancement of the KMH functionalities and content.

In regard to the expected Tasks, Milestone(s) and Deliverable(s) for this WP, the following table shows their performance evaluation:

Table 6. Effectiveness evaluation of WP4.

WP4– KNOWLEDGE MANAGEMENT HUB ***Leader:* University of Edinburgh (UEDIN)**				
Objectives Checklist				
Objectives (tasks)	**Planned Start; Planned end**	**Actual start; Actual end**	**% Achieved**	**Means of verification**
T4.1 Knowledge Management Hub. V.0 Supporting maturity assessment	M1; M7	M1; M15	100%	v0 of KMH available

T4.2 Knowledge Management Hub. V.1 Integration of Capacity Building Assets	M2; M30	M30	100%	V1 of KMH available
T4.3. Knowledge Management Hub. V.2 Supporting personalised knowledge transfer	M7; M35	M13; M41	100%	V2 of KMH available
T4.4 Knowledge Management Hub v 3: Supporting Improvement Planning and Towards a Community Curated Sustainable Tool	M2; M41	M2; M41	100%	V3 of KMH available
T4.5 Guidance on the use of SCIROCCO Exchange	M1; M41	M1; M41	100%	Available on SE website under the section resources
T4.6 Translation of SCIROCCO tool	M1; M38	M5; M38	100%	Tool translated into the regions languages

Milestones Checklist				
Milestones	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
MS18 Testing of the Knowledge Management Hub will be initiated	M2 (Feb19)	M4 (Apr19)	100%	v0 of KMH available
MS19 Final v0 of the Knowledge Management Hub	M6 (Jun19)	M15 (Mar20)	100%	Final v0 of KMH available
MS20 Final v1 of the Knowledge Management Hub	M12 (Dec19)	M16 (Apr20)	100%	Final v1 of KMH available
MS21 Final v2 of the Knowledge Management Hub	M35 (Nov21)	M35 (Nov21)	100%	Final v2 of KMH available
MS23 Knowledge of healthcare authorities on how to access and use knowledge management hub	M41 (May22)	M41 (May22)	100%	KT workshops conducted with healthcare authorities

Deliverables Checklist				
Deliverables	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
D4.1 SCIROCCO Exchange knowledge management hub	M40	-	-	*Not delivered at the time this report was submitted*

Finally, the quality evaluation of the deliverable D4.1 SCIROCCO Exchange knowledge management hub was not conducted because the D4.1 was not delivered at the time this report (D3.1) was submitted.

WP5 – Maturity Assessment for Integrated Care (ARES PUGLIA)

The objectives and tasks of WP5 were planned to be achieved during the first implementation period, in particular from M2 to M7. Among WP5 objectives was the assessment of the maturity and readiness for the adoption of integrated care among nine European regions participant in the SCIROCCO Exchange project. From this assessment, strengths and weaknesses of each European region in terms of integrated

care should be provided and thus, local needs and priorities for integrated care should be extracted. All these tasks were 100% achieved but with serious delays.

Moreover, the delays found in all WP5 milestones and deliverable were due to the delay in the start of the self-assessment process in 9 European regions, which was due to:

- translations of SCIROCCO Exchange Maturity Model into 9 languages and upload of these translated versions on Knowledge Management Hub (KMH) took longer than expected.
- longer training period and development of training documents in all 9 languages both at the level of project and at the level of all partners.
- local engagement of local and regional stakeholders took longer than expected as many regions were keen this process fits strategically to the existing projects and policy.
- developments which in turn brought much more valuable outcomes and interest to use SCIROCCO Exchange tool as part of routine.

As a corrective action for these delays a project extension of 6 months was requested to the European Commission. This project extension was aimed to not delay the other project activities (mainly WP6, WP7 and WP8), due to the delay encountered in the organisation of the self-assessment process in the 9 regions. In regard to the expected Tasks, Milestone(s) and Deliverable for this WP, the following table shows their effectiveness evaluation:

Table 7. Effectiveness evaluation of WP5.

WP5– MATURITY ASSESSMENT FOR INTEGRATED CARE ***Leader:* ARES Puglia**				
Objectives Checklist				
Objectives (tasks)	**Planned Start; Planned end**	**Actual start; Actual end**	**% Achieved**	**Means of verification**
T5.1 Self-assessment process in 9 European regions	M2; M4	M7;M16	100%	D5.1 delivered including the self-assessment of each region
T5.2 Strengths and weaknesses of the European region in integrated care	M4; M7	M12; M17	100%	D5.1 delivered including the results of the self-assessment
Milestones Checklist				
Milestones	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
MS24 Initiation of the self-assessment process in 9 European regions	M2 (Feb19)	M16 (Apr20)	100%	The self-assessment process was conducted in all 9 regions
MS25 Availability of self-assessment data in 8 European regions	M4 (Apr19)	M16 (Apr20)	100%	Outcomes of the self-assessment process available (D5.1 and WP3 evaluation report)

MS26 Completed identification of maturity gaps in integrated care in 9 European regions	M7 (Jul19)	M17 (May20)	100%	Outcomes of the self-assessment process available (D5.1 and WP3 evaluation report)
Deliverables Checklist				
Deliverables	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
D5.1 Readiness of European Regions for Integrated Care	M7 (jul19)	M22 (Oct20)	100%	Deliverable submitted

Finally, the quality evaluation of D5.1. Readiness of European Regions for Integrated Care, this deliverable was reviewed against the agreed specific quality criteria, presented in the Evaluation Framework, in order to ensure that the proper quality standards were met (quality assurance) before its submission. In particular, D5.1 was reviewed by Tamara Alhambra (leader of WP3 on evaluation) and Andrea Pavlickova (project coordinator) using the Quality Questionnaire specifically designed for this purpose. The results of D5.1 quality evaluation showed that this deliverable was: well-structured, logical and clear, the deliverable's purpose, objectives and scope were fully explained, it presented an appropriate and sound methodology, and its findings, conclusions, recommendations and lessons learned were based on evidence and sound analysis. A detailed description of the results of D5.1. quality evaluation is provided as part of Annex IV.

WP6 – Capacity-building assets (KRONIKGUNE)

Due to the delay in achieving WP4 and WP5 objectives, WP6 tasks were delayed as well. However, this delay did not affect the achievement of most WP6 milestones and deliverable because after the project extension, the deadlines were adjusted. Only M29 was delayed because a throughout review of the capacity-building assets review and identification strategy was conducted. In regard to WP6 deliverables, the final draft of D6.1 was sent on 21th December 2021 for the quality check before submission but the quality evaluation took longer than expected which delayed the submission. In regard to the expected Tasks, Milestone(s) and Deliverable(s) for this WP, the following table shows their effectiveness evaluation:

Table 8. Effectiveness evaluation of WP6.

WP6– CAPACITY-BUILDING ASSETS *Leader:* Kronikgune				
Objectives Checklist				
Objectives (tasks)	**Planned Start; Planned end**	**Actual start; Actual end**	**% Achieved**	**Means of verification**
T6.1 Mapping existing capacity-building assets and evidence on integrated care	M2; M36	M2; M36	100%	KT activities
T6.2 Facilitate the connections with the capacity-building assets	M2; M35	M12; M35	100%	KT activities
T6.3 Facilitate the personalisation of capacity-building assets and evidence on integrated care to the maturity needs of 9 European regions	M7; M12	M15; M20	100%	Assets desktop search in each region

Milestones Checklist				
Milestones	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
MS27 Review of capacity-building assets and evidence on integrated care is initiated	M2 (Feb19)	M2 (Feb19)	100%	The identification and review of the capacity-building assets was initiated
MS28 Integration of capacity-building assets and evidence with the SCIROCCO Exchange knowledge management hub	M36	M36	100%	All the identified assets were integrated in the KMH
MS29 Personalisation of capacity-building assets and evidence on integrated care is initiated	M7	M22	100%	Between the 9 SCIROCCO Exchange regions they identified 385 assets

Deliverables Checklist				
Deliverables	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
D6.1 Capacity-building assets mapping	M36 (Dec2021)	M37 (Jan2022)	100%	Deliverable submitted

Finally, the quality evaluation of D6.1 Capacity-building assets mapping was performed before its submission (December 2021). This deliverable was reviewed using the Quality Questionnaire by Andrea Pavlickova (project coordinator) and Ascensión Doñate (leader of WP3 on evaluation). The results of this quality evaluation showed that this deliverable was: well-structured, including all the relevant sections. In terms of content, minor changes were suggested: to include the target audience, to update the executive summary including the conclusions, to present the limitations in the findings/conclusions section. In regard to the conclusions section in the deliverable, it was suggested to modify it in order to offer a more complete and comprehensive view of the work performed. A detailed description of the results of D6.1. quality evaluation is provided as part of Annex IV.

WP7 – Knowledge Transfer (ARE)

Within WP7 the following tasks were performed during the first half of the project (M1 – M18), the design of personalised assistance and knowledge transfer approach tailored to the local needs and priorities of the nine European regions and countries participating in the project, as informed by the maturity assessment (WP5). The Knowledge Transfer Programme was available from M16 (April 20) instead of on M7 (July 2019), as planned. In regard to the task facilitation of the personalised assistance and knowledge transfer, this was delayed due to delays in WP5 (Maturity Assessment) and the outbreak of COVID-19 in Europe.

The facilitation of the personalised assistance and knowledge transfer process was initiated in M16 (April 20) but its full implementation was postponed due to COVID-19. The approach for knowledge transfer was adjusted to the pandemic situation and most of the knowledge transfer activities were conducted online. Therefore, the personalised assistance and the facilitation of the knowledge transfer were activities that lasted until the end of the project. There were some delays in achieving MS30 and MS31 due to delays in the maturity assessment process (WP5), on which this WP7 was highly dependable. The knowledge transfer process was initiated in M16 (April 20) but its full implementation was postponed due to COVID-19. After few months, it was decided to adjust the knowledge transfer programme to an online programme.In regard to the expected Tasks, Milestone(s) and Deliverable(s) for this WP, the following table shows their effectiveness evaluation:

Table 9. Effectiveness evaluation of WP7.

WP7– KNOWLEDGE TRANSFER *Leader:* **ARE**				
Objectives Checklist				
Objectives (tasks)	**Planned Start; Planned end**	**Actual start; Actual end**	**% Achieved**	**Means of verification**
T7.1 Design of personalised assistance and knowledge transfer	M7; M9	M10; M40	100%	Knowledge transfer activities organised and conducted.
T7.2 Facilitate the personalised assistance and knowledge transfer	M9; M35	M16; M40	100%	Knowledge transfer activities organised and conducted.
Milestones Checklist				
Milestones	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
MS30 The design of personalised assistance and knowledge transfer process is initiated	M7 (Jul19)	M16 (Apr20)	100%	The SCIROCCO Exchange Knowledge Transfer Programme available
MS31 The knowledge transfer process is initiated	M9 (Sep19)	M16 (Apr20)	100%	Knowledge transfer activities initiated (first webinar held)
Deliverables Checklist				

Deliverables	Due date	Achievement date	% Achieved	Means of verification
D7.1 Knowledge transfer programme	M40 (Apr2022)	-	-	*Not delivered at the time this report was submitted*

Finally, the quality evaluation of D7.1 Knowledge transfer programme was not performed because the D7.1 was not finished at the time this report (D3.1) was submitted.

WP8 – Improvement Plans (OM)

As part of WP8, during the first implementation period, from M4 to M18, a mapping of the existing evidence and assets related to improvement planning for integrated care was conducted. Thus, a number of relevant evidence and assets related to improvement planning in the context of integrated care were reviewed and identified. However, this was an ongoing task throughout the duration of the project to ensure the regular update of the relevant resources.

A delay of four months was found in the submission of D8.1 *Improvement Programme.* The first draft of the deliverable was ready in October 2021 (M34); however, additional information on the results of outstanding logic model activities from regions was included in January 2022 (M37). After that, the quality review process was conducted delaying the submission to M39 (March 2022). In regard to the expected Tasks, Milestone and Deliverable(s) for this WP, the following table shows their effectiveness evaluation:

Table 10. Effectiveness evaluation of WP8.

WP8– IMPROVEMENT PLANS *Leader:* **OM**				
Objectives Checklist				
Objectives (tasks)	**Planned Start; Planned end**	**Actual start; Actual end**	**% Achieved**	**Means of verification**
T8.1. Mapping existing evidence and assets related to improvement planning for integrated care	M2; M29	M4; M36	100%	A number of relevant evidence and assets related to improvement planning in the context of integrated care were reviewed and identified
T8.2. Support regions to develop personalised Improvement Plans for integrated care	M19; M35	M21; M36	100%	Cocreation of a logic model with each of the implementing integrated care regions
T8.3. Methodologies for Stakeholder Management	M26; M35	M21; M36	100%	Logic models cocreated together with regions
Milestones Checklist				
Milestones	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**

MS32 Review of improvement planning evidence and assets related to integrated care is initiated	M2 (Feb19)	M2 (Feb19)	100%	Review of improvement planning methodologies initiated
MS33 Integration of improvement planning assets with the SCIROCCO Exchange knowledge management hub	M35 (Nov21)	M35 (Nov21)	100%	Improvement planning assets have been linked to the Hub
MS34 Personalisation of improvement planning methodology is initiated	M19 (Jul20)	M19 (Jul20)	100%	Improvement plans were personalised based on the needs of the regions
MS35 Methodologies for stakeholder management are initiated	M25 (Jan21)	M25 (Jan21)	100%	The search for methodologies for stakeholder management initiated

Deliverables Checklist				
Deliverables	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
D8.1 Improvement Programme	M35 (Nov2021)	M39 (March2022)	100%	Deliverable submitted

Finally, the quality evaluation of D8.1 Improvement Programme was conducted by Andrea Pavlickova (project coordinator) and Ascensión Doñate (leader of WP3 on evaluation) in January 2022. The responses to the Quality Questionnaire showed that this deliverable, even tough was well-structured, not was using the template for project deliverables. So the use of the template was encouraged as part of this evaluation. The final version was submitted to the EC using the project template. In regard to the deliverable content, no suggestions of improvement were provided as the deliverable presented a clear description of all the sections to be included. A detailed description of the results of D8.1. quality evaluation is provided as part of Annex IV.

WP9 – Scoping the expansion of SCIROCCO tool (UEDIN)

Within WP9, all tasks related to the expansion of the SCIROCCO tool were conducted until the end of the project (M41). In particular, T9.1 and T9.2 were initiated during the first half of the project: the scoping of the added value of expanding the SCIROCCO Maturity Model and its tool and the application of the SCIROCCO methodology for the development of the Maturity Model and self-assessment tool. For the first task, two new additional areas for expansion were identified: Demand-Driven Innovation and Digital Neighbourhood, and thus the application of the SCIROCCO methodology was applied to these two additional areas.

In regard to the milestones, slight delays were found for MS36 and MS37; nevertheless, MS38 and MS39 were initiated ahead of schedule due to:

- MS38 on the validation of the expanded version of the SCIROCCO model, this activity started almost two years ahead of schedule (M13 instead of M36) with the refinement of the SCIROCCO Maturity Model and its online self-assessment tool. However, this validation process was an ongoing task throughout the duration of the project to ensure the regular update and subsequent validation of the project outcomes.
- MS39 on the testing of the expanded SCIROCCO Maturity Model was also initiated ahead of schedule (M14 instead of M17) and this was due to the availability of the refined version of the model and tool before schedule (MS38).

In regard to the expected Tasks, Milestones and Deliverable for this WP, the following table shows their effectiveness evaluation:

Table 11. Effectiveness evaluation of WP9.

WP9– SCOPING THE EXPANSION OF SCIROCCO TOOL ***Leader:* UEDIN - EHTEL**				
Objectives Checklist				
Objectives (tasks)	**Planned Start; Planned end**	**Actual start; Actual end**	**% Achieved**	**Means of verification**
T9.1 Scoping the added value of expanding the SCIROCCO Maturity Model	M1; M36	M2; M41	100%	Scoping process initiated
T9.2 Application of SCIROCCO methodology for the development of Maturity Model and self-assessment tool	M9; M36	M12; M41	100%	Two refined versions of the model and its tool available and in use
T9.3 Guidance on the use of expanded SCIROCCO Maturity Model and its online self-assessment tool	M28; M38	M28; M41	100%	D9.1 Scoping the expansion of the Maturity Model and Tool

Milestones Checklist				
Milestones	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
MS36 Scoping of added value of expanded SCIROCCO Maturity Model is initiated	M1 (Jan19)	M2(Feb19)	100%	Scoping the added value of expanding SCIROCCO tool was initiated
MS37 Refinement of the expanded SCIROCCO Maturity Model is initiated	M9 (Sep19)	M13 (Jan20)	100%	Two refined online versions of SCIROCCO Maturity Model and its tool available
MS38 Validation of the expanded SCIROCCO Maturity Model is completed	M36 (Dec21)	M13 (Jan20)	100%	Two refined versions of Maturity Model and its online self-assessment tool validated
MS39 Testing of the expanded SCIROCCO Maturity Model is initiated	M17 (May20)	M14 (Feb20)	100%	The testing of expanded version of SCIROCCO Exchange Maturity Model and its online initiated

MS40 Final refinement of the Expanded SCIROCCO Maturity Model	M28 (Apr21)	M41 (May22)	100%	Final version of the tool presented at the project final conference (M41)
MS41 Knowledge of regions on how to use the expanded SCIROCCO Maturity Model	M30 (jun21)	M25 (Jan21)	100%	First knowledge transfer workshop

Deliverables Checklist				
Deliverables	**Due date**	**Achievement date**	**% Achieved**	**Means of verification**
D9.1 Scoping the expansion of the Maturity Model and Tool	M36	M37	100%	*Deliverable completed for its revision but not submitted at the time this report was submitted*

Finally, the quality evaluation of D9.1 Scoping the expansion of the Maturity Model and Tool was performed in February 2022 by Ascensión Doñate (leader of WP3 on evaluation) using the Quality Questionnaire. The results of this quality evaluation showed that this deliverable was well-structured, including all the relevant sections. Only a suggestion on using a larger font size was provided. In terms of content, suggestions of improvement were provided as follows: to clearly define the objectives of the deliverable; to provide a clear presentation of results, including details such as the number of stakeholders involved; and to present the limitations in the findings/conclusions section. A detailed description of the results of D6.1. quality evaluation is provided as part of Annex IV. Even though D9.1 was evaluated at M38 (February 2022), at the time this report (D3.1) was submitted the submission of D9.1 was still pending.

From the performance evaluation of each WP, **it can be concluded that the SCIROCCO Exchange project has satisfactorily met its specific objectives**:

1. SCIROCCO tool applied as a tool to assess the maturity of regions' local health and social care environment and readiness for integrated care. This specific objective was achieved as part of *WP5 on Maturity Assessment for Integrated Care.*
2. Health and social care authorities are informed about, and are able to utilise, the knowledge management hub to facilitate their access to personalised evidence and knowledge transfer on integrated care. This specific objective was met firstly thanks to *WP4* within which the knowledge management hub was designed nd guidelines provided. And also as part of the work conducted in *WP5 on Maturity Assessment for Integrated Care* and *WP7 on Knowledge Transfer*, in which the tool and hub were actively used by stakeholders.

3. Assets to build the capacity of health and social care authorities for integrated care are identified and tailored to their local needs. This specific objective was achieved as part of *WP6 Capacity-building assets* in which a pool of assets was identified and fed the knowledge management hub.

4. European regions capacity to design, implement and evaluate integrated care is maximized. This specific objective was achieved based on all the actions conducted within the project, but specially based on the work from *WP4 knowledge management hub,* that provided the tool to maximize these capacities across regions; *WP5 Maturity Assessment for Integrated Care,* which provided the opportunity to conduct self-assessment of readiness to implement integrated care across regions; *WP6 Capacity-building assets* which provided options/potential solutions to scaling up integrated care across regions; *WP7 on Knowledge Transfer* which provided the opportunity to share knowledge across regions, and finally *WP8 Improvement Plans* which provided tailored plans to each region to move closer to integrated care.

5. Integrated care solutions are co-designed and tailored to the regions' local needs and priorities in the health and social care provision. This specific objective was achieved from the work carried out in *WP7 on Knowledge Transfer* which provided the opportunity to learn from others, and *WP8 Improvement Plans* which provided tailored plans to each region.

6. Knowledge transfer and capacity building process is evaluated. This specific objective was achieved in *WP3 Evaluation* in which the experience of stakeholders in the knowledge transfer programme was evaluated.

7. The scoping of added value of expanding the SCIROCCO Maturity Model to other areas of active and healthy ageing, such as health promotion, prevention and digital maturity is identified. This last specific objective was achieved within *WP9 on Scoping the expansion of SCIROCCO tool.*

3.2. KNOWLEDGE TRANSFER EVALUATION

The second objective of WP3 is the evaluation of the personalised **knowledge transfer** facilitated by the SCIROCCO Exchange tool. With this aim in mind, the following evaluation tasks were conducted within the SCIROCCO Exchange project:

- An evaluation of the experience of the regions in the maturity assessment process.
- An evaluation of the experiences with the knowledge transfer activities.

Both evaluations were based on a qualitative approach designed in the frame of the project. This design of this qualitative approach was guided by a systematic scoping review of the key components of knowledge transfer and exchange in health services research (Prihodova et al., 2019), as explained in detail in the evaluation framework (chapter 2).

From Prihodova et al. (2019) work, six key components of knowledge transfer emerged: message, process, stakeholders, inner context and social, cultural and economic context, and evaluation. Thus, these key components were used to guide the evaluation by supporting the development of the data collection approach and as a guide for analysing, interpreting, and reporting findings.

Both evaluations were conducted in different stages of the project. On the one hand, the evaluation of the experience of the regions in the maturity assessment process was conducted from M9 (September 2019) to M15 (March 2020); and the evaluation of the experiences with the knowledge transfer activities from M28 (April 2021) to M40 (April 2022). The results of both evaluations are presented in the following sections.

3.2.1. EVALUATION OF THE EXPERIENCE OF THE REGIONS IN THE MATURITY ASSESSMENT PROCESS

The self-assessment of the maturity of context of each of the nine regions involved in the SCIROCCO Exchange project was conducted at the beginner of the project. The aim of the assessment process was to understand the maturity of regions/organisations' local environment and readiness for the adoption and scaling-up of integrated care. The intention was to better identify the needs and priorities of national and regional health and social care authorities in integrated care delivery. This process was informed by the real-life use of SCIROCCO Tool for Integrated Care. And the outcomes of the assessment process informed the local needs and priorities for the knowledge transfer and improvement. A more detailed explanation of the objectives and results of the maturity assessment conducted in each SCIROCCO Exchange region is provided in *D5.1. Readiness of European Regions for Integrated Care.*

Evaluation process

With the aim of evaluating the experience of the regions in the maturity assessment process, an evaluation process based on a qualitative approach was developed in M7 (July19). This approach was based on focus group discussions among stakeholders in each of the 9 regions participating in the project. These focus groups enabled the capturing of experiences from the SCIROCCO Exchange regions/countries in their use of the SCIROCCO tool for the maturity assessment of local context for integrated care.

A total of 13 focus groups were organised with the regional stakeholders involved in the self-assessment of each region's maturity context for integrated care. In particular, the Basque Country, Flanders, Germany, Lithuania, Scotland, Slovakia, and Slovenia organised one focus group with their selected stakeholders, and Puglia organised six focus groups in each Local Health Authority (LHA) participating to the project. In Poland, instead of focus groups interviews with stakeholders were conducted, and a total of 93 stakeholders were interviewed. The first focus group was conducted in M9 (September 2019) and the last one in M15 (Mar20). The following table shows the focus groups details (table 12).

Table 12. Focus groups background and attendees per region/country

COUNTRY/ REGION	Background (Date and duration)	Attendees (Number and profile of the attendees)
Basque Country	18th October 2019 Duration: 30 min	9 professionals from the healthcare system
Flanders	16th January 2020	12 attendees care and health sector
Germany	27th January 2020 Duration: 3h 30 min (self-assessment + consensus + FG)	9 attendees (health managers, GPs, pharmacists, physiotherapist, nutritionist, manager health insurance) members of GWMK
Lithuania	4th December 2019 Duration: 1h 30 min	10representatives from Primary Health Care Centres, Medical Doctors specialists, Ministry of Health and patients
Puglia	6 FG in different locations Sept 19 –Nov 19	5 to 7 attendees per FG from different background (medical director, IT specialist, nursing supervisor and citizen representative)
Scotland	14th January 2020	17 attendees: 4 from the Integration Joint Boards, 7 from Joint Management team, and 6 representatives from Strategic Planning Group
Slovakia	26th March 2020 Duration: 2h 30 min (online)	3 attendees from different backgrounds (social care, health care, municipality -Kosice self- Governing region)
Slovenia	27th November 2019	8 attendees from different backgrounds (social care, health care, municipality, associations)
Poland	Individual interviews	93 respondents from 39 healthcare centres at the primary level

The focus groups took place directly following the consensus-building meeting on the self-assessment and lasted around 45 min to one hour.

Each session followed a classic focus group approach in which a facilitator posed questions to the focus group attendees about their experience with the self-assessment process. A complete overview of the focus groups guidelines is presented in Annex I. The key issues covered in the focus groups, included questions related to:

- Experience with self-assessment process using the SCIROCCO tool.
- Insights and outcomes of the self-assessment process.
- Potential factors influencing the self-assessment process.

After the focus groups sessions in each of the nine regions/countries participating in the project, the discussion results were analyzed using a matrix that was designed to enable the analysis of focus group outcomes. From the analysis of each focus group matrix, several general findings were extracted on the experience of the regions/countries with the self-assessment process using the tool.

Evaluation results

From the focus groups conducted in the 9 regions/countries participating in SCIROCCO Exchange project, the following results were extracted on the experience of the regions/countries in their use of the SCIROCCO tool for the maturity assessment of local context for integrated care.

Experience with self-assessment process

Positive Aspects

- Individual assessments followed by a consensus meeting rated as the most positive aspect of the tool.
- SCIROCCO tool facilitates the reflection on integrated care. It supports both creative and critical thinking about integrated care.
- The self-assessment process facilitates discussion among different levels of stakeholder groups. It facilitates interdisciplinary discussion and it is very useful to synthesize different visions.
- These discussions help to align theoretical integrated care implementation process with current practice.

Improvement Aspects

- Language issues: a better translation considering the context was suggested.
- The web-tool is not easy to be used for everyone (support there is needed).
- Better description of the tool dimensions and scores. Difficulties in distinguishing the scoring level and some dimensions are described less clearly than others.
- The tool presents complex terms, and support and explanations need to be provided during the self-assessment.
- Questions and answers difficulties (too many information per question and difficulties distinguishing the answers correctly).
- Implementation of a FAQ system.

Insights and outcomes of the self-assessment process

- The self-assessment provides useful information; it enfolds blind spots.
- The final matrix reflects the system situation, it presents a clear picture of health and care systems for integrated care.
- The self-assessment is very important to analyse data and translate them in corrective action in a faster way. All further work must be focused on the

dimensions with the lowest scores in order to develop specific actions or programs to improve them.

- The conclusion extracted from the self-assessment must be shared with all key actors (the whole department, the general director, the municipality, at coordination and policy levels).
- Even though it's a subjective tool, it allows comparison between different systems.

Improvement Aspects

- A lack of clear constructive communication and dissemination of knowledge between all the 4 groups of stakeholders (government; specialists; PHCC; patients) was highlighted as a problem for the effective implementation of integrated care.
- Importance of hearing from the uninterested people (people who are not involved in the day-to-day management).
- Political support or financing mechanisms beyond model projects are limited.
- Working together across organisational boundaries to progress complex issues and co-ordination of plans in relation to specific areas.
- Consistent and sustainable action plans (strategy) and a simpler pathway of information for integrated care on health and care system were underlined as needed.

Potential factors influencing the self-assessment process

- Structural changes are needed in order to reach integrated care:
    - the integration of health and care competences between regional and federal.
    - better intersectional cooperation between healthcare system and social care system.
    - improved social & health information flow into the communities by means of health guides.
    - the integration of medium and long stay hospital.
    - facilitation of interdisciplinary communication through digital solutions.
    - face-to-face meeting opportunities.
    - better internet connection.

- The culture of the system affects integrated care in both positive and negative ways. Cure orientation is still strong.
- Not all employers can accept and understand the need for changes, not to mention contributing to change. Importance of working on the resistance to change and sense of belonging.
- All actors, at all levels will have to be and are committed to work on integrated care.
- A stronger leadership engagement is needed. Lack of political will and attitudes of national authorities.
- Not enough funding for integrated care.
- Lack of time, especially in primary health care.
- Technology issues influence the implementation of integrated care.
- Low level of awareness of the need for integrated care in different population groups.
- Citizens involvement can help the growth.
- Importance of implementing a process of mandatory monitoring of integrated care.

For the analysis of each focus group a matrix was design to organise and analysed the focus groups discussion. From these matrixes a common matrix was developed including general findings on the experience of the regions/countries with the self-assessment process using the tool. This common matrix is presented below in table 13.

The outcomes of the evaluation of the experience of the regions in the maturity assessment process fed directly into other stages of the project by providing inputs for personalised knowledge transfer and capacity-building activities with an objective to address the maturity gaps in nine European Regions.

Table 13. Matrix for the analysis of SCIROCCO Exchange focus groups on the maturity self-assessment process

COUNTRY/ REGION	Experience with self-assessment process	Insights and outcomes of the self-assessment process	Potential factors influencing the self-assessment process
Basque Country	- Language difficulties. - Questions and answers difficulties (too many information per question). - Most of dimensions are rated between 3 and 4. - The consensus meeting and the final results are very positive. - The final result in some cases is correct but in others is not completely real. - SCIROCCO tool facilitates the reflection on integrated care. - Individual assessments followed by a consensus meeting where professionals can discuss their vision is the most positive aspect of the tool.	- The final matrix reflects the system situation, mainly the improvements made so far. - Even though it's a subjective tool, it allows comparison between different systems. - "In terms of maturity, there is always something missing. We need to focus on inhibitors". - The self-assessment provides useful information and, according to this evaluation, the work must be focused on the dimensions with the lowest scores in order to develop specific actions or programmes to improve them. - The conclusion extracted from the self-assessment must be shared with the whole department, the general director, the municipality… at coordination and policy levels.	- "On the one hand, being a public healthcare system is an advantage in terms of integrated care. On the other hand, having at hospital level a rigid structure (organised by teams of specialists) makes the change and adaptation towards integrated care more difficult". - "Structural changes are needed in order to reach integrated care (for instance, the integration of medium and long stay hospital)". - "The culture of the system affects integrated care in both positive and negative ways".
Flanders	- Good but consensus is required. - 12 responding organisations: Some performed the assessment on their own, others with the team or the different disciplines represented in the organisation. - The outcomes were discussed in the Consensus Group and the Consensus outcome was presented and discussed for further improvement in Flanders with the Flemish researchers and other project partners on integrated care. - The web-tool is not easy to be used for everyone (support there is needed). - Need to give an introductory video in Dutch. - Impression that people did not like to use the tool but the comments about the opportunities that the tool offers were very good.	- Still a lot to do, but the assessment enfolds blind spots. - Further implementation and support at the local level; focus on communication, participation and cooperation. - No matter how many tools and regulations are available, people need to own the concept of person-centred care. - The tool is more adapted for the regional policy makers than it is for the use by local health and care providers. - It does stimulate the discussion.	- The state structure and the division of health and care competences between regional and federal level complicate full and fast implementation. - Cure orientation is still strong. - All actors, at all levels will have to be and are committed to work on IC. - Lot of expectations towards the new Institute of Primary Care VIVEL.
Germany	- The tool was used to get insight into the regional health care system. - Attendees filled out the questionnaire in the workshop. - The discussion in the workshop itself was fruitful though the main issues were known beforehand: missing digital infrastructure and persisting financial incentive schemes that hinder cooperation.	- The assessment reflects the observable situation and anecdotal evidence. - Q3 on digitalization scores too high. If the question is asking for one standardized region wide hard-/software platform that integrates the digital information flow between different professions and health care areas then the answer is: no, this platform does not exist. - GWMK has very limited influence on the main problems: digital infrastructure and the national financing system.	- GWMK is in early stages of development of integrated care and must coordinate with independent and sceptical service providers. - Structural changes at national level: better internet connection on the country site by politically forcing provider to cooperate, and new payment system to incentive hospitals not to increase volumes. - Structural changes at regional level: facilitation of interdisciplinary communication through digital solutions and

	- Results were used to update the strategy of GWMK. - Content needs to be in German; E.g. Webpage menu not translated = resistance, unwillingness to use tool. - The tool must be available in non-digital form to facilitate the discussions in person (preference for paper version).	- Political support or financing mechanisms beyond model projects are limited. - GWMK will focus its efforts on patient empowerment and process coordination between ambulatory and hospital professionals. - Ideally, in a future assessment we will have raise the maturity of integrated care.	regular face-to-face meeting opportunities, and improved social & health information flow into the communities by means of health guides. - When it comes to data sharing Germans are very reluctant and assume the worst.
Lithuania	- The tool was defined as valuable and positively evaluated. - The tool presents complex terms, and support and explanations were provided during the self-assessment. - Difficulties distinguishing the answers correctly. - A better translation considering the context was suggested. - The results of the self-assessment process before the consensus-building workshop and after vary quite strongly. - The self-assessment process helps to evaluate the situation and present rationales to policy makers or programme managers. - The self-assessment process facilitates discussion among different levels of stakeholder groups. These discussions help to align theoretical integrated care implementation process with current practice.	- The self-assessment process presents a clear picture of health and care systems for integrated care. - There is not a single dimension that could be recognised as has been reached enough maturity. - A lack of clear constructive communication and dissemination of knowledge between all the 4 groups of stakeholders (government; specialists; PHCC; patients) was highlighted as a problem for the effective implementation of integrated care. - Consistent and sustainable action plans (strategy) and a simpler pathway of information for integrated care on health and care system were underlined as needed.	Due all these factors, changes are being implemented slowly: - There are two separate systems: Health Care system and Social Care system. Better intersectional cooperation is needed. - Big difference in rural and urban area. - Many solutions have not yet been implemented, especially for coordinated home care. - Not enough funding for integrated care. - Government, Ministry of Health support is mainly based on the legal framework and there is already too much legislation. - Not all employers in PHCC can accept and understand the need for changes, not to mention contributing to change. - Lack of time, especially in primary health care.
Puglia	- Very positive experience with the tool as a key facilitator of the self-assessment process. - Tool supports both creative and critical thinking about the integrated care. - Tool as a very powerful instrument to synthesize different visions. - The added value of the tool lies in its strategic decisions support. - There is room for improvement in every dimension. - Better description of the tool dimensions and scores. - Complete translation of the tool tabs. - Implementation of a FAQ system.	- The result of the survey was compliant with the Health Authority's current situation. - Participants agreed that they have learned something thanks to the self-assessment process. - Dialog among different stakeholders was the most appreciated factor. - The assessment with the tool is very important to analyse data and translate them in corrective action in a faster way.	- Structural characteristics affects the implementation of integrated care (e.g. population ageing, lack of e-health services). - Information, training and a better staff involvement as relevant factors to improve the maturity of the context. - Importance of working on the resistance to change and sense of belonging. - A stronger leadership engagement is needed" "Leaders have to aim at a technological and Human resources improvement". - "Citizens involvement can help the growth". - Importance of implementing a process of mandatory monitoring of integrated care.
Scotland	-The Tool was reasonably easy to use. -The web app could be significantly improved.	- Majority of participants agreed that the self-assessment reflected the current situation/maturity in their health and care system for integrated care.	- The development of integrated care is at an early stage.

	-Some found the Tool confusing at times and thought that not all answers appear to be a progression one to the other. -Difficulty of interpretation of some of the dimensions, depending upon the role within the health and social care system. -Some questions felt woolly and not hierarchical making answering difficult. -Some parts of the Tool felt we had more local control over than others which might be more to do with national policy. -The consensus generated quite a bit of critical discussion but was a good conversation starter and a useful process to prompt. -The consensus was beneficial as it allowed them to iron out some of the differences and allowed them to reach a consensus.	- It was summarised that the point of the tool is not to provide an objective representation of where we are, it is an aid to thinking about ourselves and what we might need to work on in the future and prompt fruitful discussion. - Importance of hearing from the uninterested people (people who are not involved in the day-to-day management). - Further integration and connection of technology as an enabler of close and transformative working. - Working together across organisational boundaries to progress complex issues and co-ordination of plans in relation to specific areas.	- The factors mostly affecting the assessment process was the size of local Health and Social Care Partnership and culture within the team. - Crucial factors locally are: a pretty flat management structure, co-located management team with good relations, easy access to senior decision makers, an emphasis on innovation or doing things differently that is embraced across all professional groups. - The emerging theme seemed to be the need for co-ordinated change management and there is still an issue with interacting with secondary healthcare. - Regarding culture: "It was felt that Midlothian has a culture that supports innovation and testing change and people are generally committed and positive to make integrated care work". - It was felt that there was already good support although clearly funding is constrained. - Technology issues influence the implementation of integrated care and seems to be the biggest challenge at the moment.
Slovakia	- SCIROCCO Tool is very useful in identification of the main challenges related to health and social care integrating process. - In terms of the total quality management, the tool represents one of the important parts of the PDCA cycle. - SCIROCCO Tool helps to facilitate interdisciplinary discussion. - The use of Tool is one of the key steps for further continuous assessment of achieved improvements with regards to integrated care. - There were some difficulties in distinguishing the scoring level, e.g. in dimension no. 3 "Need is accepted", it is not clear by whom (accepted by health/social care professionals or by governmental authorities?) - More detailed definition of terms would help to answer more precisely. - More detailed description of dimensions is required as some of them are described less clearly - , e.g. dimension no. 10 "horizontal vs. vertical integration".	- The final consensus was based on an open and sensitive communication between stakeholders. - The overall dimension score was very poor. - There hasn´t been recognised one single dimension that could be identified as having reached an appropriate maturity level.	- Structural characteristics such as high average age of social care professionals and health care professionals may have negative effect on the integration process of health and social care. - In general, there is low level of awareness of the need for integrated care in different population groups; Consequently, people do not put pressure on the competent authorities. - Problems with funding and lack of political will of previous governments has been identified; however, there is an expectation for some positive change at national governance level - One of the key problems is lack of communication and coordination between The Ministry of Health and The Ministry of Labour, Social Affairs and Family. – New elected governmental authorities are aware of the lack of integration between health and social system or underdeveloped long-term care. - No efficient policy, or systematic actions were taken in the past. - Goal setting, results orientation and identification of further systematic actions needs to be taken. An expert working group that would be able to advise/propose measures for integration process at the regional level and/or municipality level in needed.

	- "Cultural bias" may appear, e.g. dimension no. 7 - Population approach - the reason is that there is no screening tool for identification of high-risk population groups in Slovakia; Consequently, stakeholders were not sure of the content of this domain.		The need for integrated care is accepted only in terms of individual values. Feasible vision or any planning is still lacking. The problem may be excessive conservatism bias and resistance to change; In general, this is our "national phenomenon ". Change is usually driven only by bottom-up initiatives and non-governmental organizations. Managers ignore/are not able to understand the complexity of patients´ needs. - They don´t have power of long-term thinking or abilities to take a broad and comprehensive view of the problem. - Only very few institutions can be considered as examples of good practice as they are able to inter-link services and act in line with the best interests of their clients.
Slovenia	- SCIROCCO tool targets the main challenges of implementation of integrated care (helpful when planning further actions). - SCIROCCO tool represents easy way of data analysis (spider diagram). - Insight into and comparison of the results. - Focus group was an opportunity to discuss and build a cooperation. - Complex terminology of the Tool. - Translation of all parts of assessment tool.	- Insight into readiness of the region at more specific areas. - Information and data gained from the local stakeholders are helpful to make a step further in developing and implementing integrated care. - There is no dimension that would show enough maturity for integrated care in the region. At every dimension improvement is needed.	- Some stakeholders pointed out that most of changes and actions depend on political will and attitudes of national authorities. - Authorities at the national level are fully aware of the problems in the field of long-term care, but they do not take any systematic action to solve the current situation.
Poland	- The language of the tool is too formal and hard to understand for some respondents. - Most respondents needed further explanation of questions. - Most of dimensions were rated 3 what implicates that the answers didn't reveal the real situation.	- The final consensus reflects the situation at the beginning of the pilot of integrated care implementation in primary healthcare centres. The second assessment is crucial for measuring any progress of implementation of integrated care in Poland. However, it gives the stakeholders an overview in which dimension the changes and improvements are necessary. -The self-assessment provides useful information and all further the work must be focused on the dimensions with the lowest scores in order to develop specific actions or programmes to improve them.	- The development of integrated is at an early stage. The scores around 3 do not reflect the real situation in the given dimension-some respondents seem to overstate their score. - On the other hand, the primary health centres chosen for the assessment do not represent the situation of the whole sector of healthcare in Poland. They 've been selected as those which can handle the new solutions of pilot programme of integrated care and are potentially advanced in digitalization.

3.2.2. EVALUATION OF THE EXPERIENCES WITH THE KNOWLEDGE TRANSFER ACTIVITIES

As presented in the evaluation framework below, the evaluation of the knowledge transfer within SCIROCCO Exchange project was based on the key components of knowledge transfer identified in the systematic scoping review of Prihodova et al. (2019). Concretely, the following key components were selected to evaluate the knowledge transfer process:

- MESSAGE: represents the information to be shared
- PROCESS: represents the activities intended to implement the transfer of knowledge
- STAKEHOLDERS: represent the people involved on either side of the exchange process
- CONTEXT: represents local/organisational context and the wider context

These key components were used to guide the knowledge transfer evaluation by supporting the development of the data collection approach and as a guide for analysing, interpreting, and reporting findings. In particular, the evaluation of knowledge transfer process was based on a qualitative approach in which surveys were completed by stakeholder participating in the knowledge transfer events and the leaders from the 9 regions involved in the project.

Evaluation process

Originally, the knowledge transfer activities within SCIROCCO Exchange project were planned to be conducted face-to-face. However, due to the COVID outbreak, these activities were adapted to be performed as online knowledge transfer events and, consequently, the knowledge transfer evaluation was also adjusted.

The adaptation of the evaluation implied the preparation of a shorter version of the questions to be posed in the surveys to the stakeholders participating in the knowledge transfer activities. Initially, from the key components of knowledge transfer and exchange (Prihodova et al., 2019), a total of 19 questions were developed for the design of the evaluation surveys. However, this extended version of the surveys/interviews (table 3) was reduced to 9 questions based on the same key components. This reduced version was easier to be completed online by stakeholders. The final version of the survey's questions is presented in table 4 in the Evaluation Framework chapter.

In addition, surveys were completed at the end of all knowledge transfer activities by the 9 regions/countries leaders. For these evaluation the original version of the survey/interview, including the 19 questions, was used and it is presented in table 3 in the Evaluation Framework chapter.

In regard to the online knowledge transfer events, knowledge transfer workshops were conducted within SCIROCCO Exchange project from January 2021 (M25) until the end of the project in April 2022 (M40). These activities were organised by the SCIROCCO Exchange team and they were based on a range of subjects of interest to the project partners. The purpose of each one of these activities was to facilitate the exchange of good practices and lessons learned.

Regarding the evaluation of these activities, as previously introduced, this was conducted in two different steps, which evaluation process and results are explained below:

- Surveys to stakeholders participating in the knowledge transfer activities (short survey).
- Surveys to leaders in each of the 9 regions/countries participating in the project (long survey).

Evaluation results of the experience of stakeholders participating in the knowledge transfer activities

A total of 34 stakeholders participated in the evaluation of the knowledge transfer process by filling in the short survey (9 questions survey). Of them, 16 were from Italy, 4 from Germany, 3 from Lithuania, 3 from Belgium, 3 from Spain, 3 from Slovenia, 1 from Scotland, 1 from Poland). These stakeholders, invited to complete the evaluation survey, were those who attended the online knowledge transfer activities organised within SCIROCCO Exchange project.

From the surveys and interviews conducted among participants attending the SCIROCCO Exchange knowledge transfer activities, the following results were extracted on the evaluation of the knowledge transfer process (short-survey):

MESSAGE *(What have you learned?)*

- KT activities provide a better understanding of where we need to go in order to assist the primary care boards with the use of data for their action plans.

- After KT, learnings on how to structure the personnel training within an institution and how to monitor the activities that are set in order to reach the goal.
- The planned KT activities were useful to help reaching the goal to professionalize the human resources within the health sector.
- In particular, KT activity on the population approach/risk stratification and digital services were extremely helpful to progress internal development of risk stratification approaches.
- Valuable learnings about approaches to goal-oriented care, and the structured way of standardizing processes and transferring knowledge/scaling up the change.

PROCESS *(How was the KT process?)*

- The KT process was assessed as timely, the activities take place at the right time and it was well targeted.
- It was inspiring and exploratory.
- It was well prepared, very straight forward with good ideas.
- It was oriented to solve weaknesses emerged from the analysis.
- The communication process was assessed as adequate to allow participants to incorporate ideas. Participants were able to ask specific questions that were well addressed by the stakeholders delivering the KT session.
- The facilitation provided as part of the knowledge transfer activities was assessed as skilled enough.
- KT activities included speakers with high level of expertise who shared their knowledge.

STAKEHOLDERS (*people involved on the KT process)*

- Different types of stakeholders, who are important in the field of integrated care, were involved (decision-makers, strategic planning leads, implementation leads, healthcare professionals, academic world and regional institutions…).
- Stakeholders from different regions were involved and that brought some new ideas, as they shared their different experiences.
- More stakeholders need to be involved in order to achieve substantial changes.
- In some KT activities, the following actors were missed: top managers, policy makers, patients, social care institutions.

CONTEXT *(how is the local / organizational context?)*

As part of the context dimension, it was assessed the point of view of stakeholders about the support from managers and co-workers. Support in terms of being committed to making the changes that that specific organisation should do in order to achieve its objectives. In regard to MANAGERS:

- Half of participants answered that their managers were committed to making the change a success.
- The other half responded that just some of them or it depends on: time, competing priorities, motivation, support…

In regard to CO-WORKERS:

- Most participants stated that their co-workers are committed or partially committed as it requires further communication effort. There is some natural resistance.
- Only a few respondents reported that their co-workers were absolutely committed to the change envisaged for the organization, or that their co-workers are not supportive when it comes to changes.

For the analysis of the responses to the surveys a matrix was design to organise and analysed the information gathered. This matrix is presented below in table 14.

Table 14. Matrix for the analysis of SCIROCCO Exchange evaluation of the knowledge transfer process: stakeholders participating in the KT activities (short-survey).

MESSAGE: represents the information to be shared
Regarding the learnings extracted from the KT process, which may help improving or resolving the needs of a system, respondents stated that: - KT activities were found particularly insightful both in terms of learning from other regions as well internal implications. In terms of learning from other regions, KT on the population approach/risk stratification and digital services were extremely helpful to progress internal development of risk stratification approaches. - The KT process was useful to clarify the changes to be done. - Coaching and better planning skills were gained from the KT activities. - After the KT, we learned how to optimize the processes while adapting the knowledge from the training. In addition, experience on how to correctly convey knowledge to employees for the purpose of training them was gained. - The planned KT activities were useful to help reaching the goal to professionalize the health sector' human resources. - Learnings on how to structure the training within an institution personnel and how to monitor the activities that are set in order to reach the goal. - KT activities provide a better understanding of where we need to go in order to assist the primary care boards with the use of data for their action plans. - Some participants have learned that the complex challenge of implementing health is to improve care integration, it requires substantial investment and political support as well as frontline engagement to make it work. - Several participants stated that from the KT activities they learned about approaches to goal-oriented care, and on the structured way of standardizing processes and transferring knowledge/scaling up the change. - Some participants also stated that the practice of involving residents in planning solutions has been very well presented. The important message was the necessity and importance of doing needs assessments with the co-creation approach. - Some learned that eHR introduction and uptake are two separate issues. While it was assumed that an eHR introduction in 2020/2021 would support the projects, they were dishearten to learn from others that uptake is an issue that needs broad education efforts to interest people in new digital solutions. They also learned, that neoliberal marked illusions left a health system that is choking on market failure in the dimension of personal and interoperability of it systems. - In regard to the SE Tool, it was highlighted as an instrument to assess the health context and organizations. The KT activities also teach participants to be more confident in the future use of the SE Tool. Regarding whether the resulting shared knowledge may be used to achieve something you have wanted to do for a while or to influence decision-making, participants stated that: - The knowledge will fill in gaps that we had to test by ourselves; now we learn and move on. - Knowledge and tools receive will help to support process' improvement - Many good practices have been identified, usually failing at a scale up process. - KT is a good way to raise awareness on different topics. It should be a systematic action since the systems evolve rapidly. - The stakeholders (especially municipalities) might learn how to involve the citizens in planning solutions. - It confirms what is a logical assumption, but it is good to hear it first hand from others, also to be able to refer to this practical experience is useful to convince our stakeholders. - As an organization we realized the need to get to know the technical details of the eHR and that there is an information advantage and therefore potential for a health network. Nevertheless, no internal effort has been taken to build human capacity drive the eHR potential. - The information and knowledge should be transferred in a continuous way, not one-off, to influence decision-making. A more structural knowledge transfer program was suggested. Also an assessment in the long period and after involving more stakeholders, in order to monitoring the transformation of the system, before, during and after the Knowledge Transfer. - Initiating the process of knowledge transfer allowed to start building one place where to look for this knowledge in the future, this could be a reliable source for health decision makers.

- The development of risk stratification approaches and digitalisation of care provision have been long-term agenda for Midlothian. These approaches are very well established at national level but lacking the proper implementation at local level. The learning on these two dimensions of SCIROCCO Exchange Maturity Model were incorporated in the two yearly Action Plan so KT indeed have impacted.

PROCESS: represents the activities intended to implement the transfer of knowledge

Regarding whether the KT process was well targeted / well oriented towards its precise objectives, respondents stated:

- The KT process was assessed as timely, the activities take place at the right time and it was well targeted.
- It was well prepared and we were able to propose specific questions that were well addressed by our partners delivering the KT session
- It was inspiring and exploratory. KT process meet the expectations.
- It was oriented to solve weaknesses emerged from the analysis.
- Real life targets were discussed. This could be applicable for many HCP.
- In particular, several objectives such as 'identify key learning – successful approaches and common challenges in empowering citizens to actively participate and co-create the delivery of health and social care services' - were well followed in the knowledge transfer and we received relevant information in this field.
- One participant stated that the support from the SCIROCCO Exchange consortium for the organization is a success factor that it is undervalued. Like physicians have a change management orthodox in the form of "no time for patients = no time for change", organizations, especially when international exchange is used a yard stick, have also a change orthodox ""enough own ideas for change and limited time for on the ground change = limited intrinsic motivation (e.g. practical view: a person is given time by the organization for this exchange) for change regarding international best practices"". However, this might be biased view, as we were a young region with enough ideas, issues and known challenges before the exchange. Old established and therefore internal process blind organizations might profit relatively more form the SCIROCCO exchange. Bottom line: The SCIROCCO Exchange profits a lot from a moderator/coordinator/management role. Without this role I see limited survivability for the intertwining approach.

Regarding whether the facilitation provided as part of the KT activities was skilled enough, respondents agreed on:

- The facilitation provided as part of the knowledge transfer activities was assessed as skilled enough.
- Various speakers with high level of expertise shared their knowledge.
- It was very straight forward with good ideas and quick.
- The amount and type of facilitation was evaluated as enough to ensure an efficient KT process.
- The communication process was assessed as adequate to allow outside stakeholders to incorporate the ideas of the KT process.
- One participant stated that the knowledge transfer was done very well. Practical examples from some other areas are certainly very valuable when planning solutions in the local area. Perhaps only a workshops in the future could be upgraded with more example of good practice, as this kind of experience is really valuable.

STAKEHOLDERS: represent the people involved on either side of the exchange process

Regarding the kinds of stakeholders that were involved and if those were the appropriate ones, respondents stated:

- The target group of stakeholders was successfully reached. Different types of stakeholders, who are important in the field of integrated care, were involved (decision-makers, strategic planning leads, implementation leads, healthcare professionals, academic world and regional institutions, representatives of municipalities…).
- Stakeholders from different regions were involved and that brought some new ideas, as they shared their different experiences.
- Stakeholder involvement needs to be enlarged.
- More stakeholders need to be involved in order to achieve substantial changes.

Whether the presence of an important type of stakeholder in the KT process was missed, in some KT activities participants missed the following actors:

- Top managers didn't attend the KT program but their absence was due to the pandemic. However, they were evaluated as very committed by some respondents.
- Policy makers.
- Decision-makers at regional and national level.
- Main stakeholders from maturity assessment at local environment.
- Patients and health professionals.

- The IT staff responsible for capacity building of the eHR data repository.
- The involvement of social care institutions could be an advantage

Regarding whether the managers in each system (supervisors) are committed to making this change a success, participants stated:
- Yes, but everyone has competing priorities, integrated care is a long-term target that sometimes gets forgetting when addressing daily critical issues.
- It depends on the scale, but the motivated ones are definitely committed.
- Some are committed and encourage their employees, others do not want or do not have time.
- In some contexts, the managers, especially the Districts managers were evaluated as very committed.
- On the contrary, other respondents said that not yet. Awareness raising is needed.
- Several participants stated that efforts have been underway for years to regulate the field of long-term care, but the legal regulation of the field - has not yet been realized. The citizens are also involved in planning changes - an example of this are the pilot projects where users, their informal careers and project employees play an important role in the evaluation with their feedback.
- One participants said: "I think there is a difference between projects (to something (maybe different) for a limited time) and change (do something a different way as a new standard). I feel the receiving organization thinks in projects. So no, I don't think the strategic relevance of the eHR for personalized care of people is realized by management.
- In Scotland, " Yes there is a high commitment in place which can be also demonstrated by the presence of these decision makers in implementing SCIROCCO Exchange Knowledge Transfer Programme".

CONTEXT: represents local /organizational context and the wider context

In regard to participants' opinions on their co-workers supporting the change effort (that's the changes that the organization should do in order to achieve its objectives), participants stated different opinions:

- On the one hand, several said that their co-workers are not supportive when it comes to changes.
- On the other hand, other participants stated that their co-workers are committed or partially committed as it requires further communication effort. There is some natural resistance, but most of them are supportive. In particular, a respondent highlighted that sometimes the strategic goal (and how to get there) could be communicated better, because integrated care projects are complex and it is worthwhile repeating the current activities, objectives and long term goals not just to external stakeholders, but also to the internal team.
- Finally, some respondents reported that their co-workers were absolutely committed to the change envisaged for the organization. One participant stated that they are all working towards the implementation and testing of the acquired knowledge later this year. In addition, some stated that in their organization all strive to achieve changes and regulation in the field of integrated care.

Regarding the planned changes in the organization based on the shared knowledge, respondents reported the following opinions on the usefulness of the knowledge gathered from the KT activities:
- "No changes were made so far but there is a positive thinking that KT and networking can help the change."
- "The knowledge gathered will be at least considered as an option."
- "It is planned to create a working group including the stakeholders participating in the KT"
- "We aim to optimize the processes and test the integrated care model"
- "The teaching methodology will be used for sure"
- "A decision was made to build a knowledge sharing platform"
- "change management is a longer term goal. For the time being there will be no changes in our organisation. The views have reinforced the existing plans."
- "That is difficult to assess but the knowledge gathered will be used. However, currently there are no direct changes to existing activities or strategies required after the KT session."
- "We do not plan any major changes after the knowledge transfer, but we will certainly continue to use the methods that have been presented and may be supplemented on the basis of the acquired knowledge. We will try to implement it as part of the of strategic planning in a municipality (where we previously did the analysis of needs assessment). Of course, new knowledge is also important for other stakeholders who have participated in the knowledge transfer and also those to whom we will provide the recording."

Evaluation results of the experience of leaders in each of the 9 regions/countries participating in the knowledge transfer activities

The surveys to leaders in each of the 9 regions/countries participating in the project were filled in by 9 project partners, one per region/country involved in SCIROCCO Exchange. Project partners involved in the knowledge transfer activities were invited to complete the long evaluation survey. From the surveys responses, the following results were extracted on the evaluation of the knowledge transfer process (long-survey):

MESSAGE *(What have you learned?)*

Regarding the learnings extracted from the knowledge transfer (KT) process, which may help improving or resolving the needs of a system:

- All regions agreed that after the KT process they have more information and knowledge. In particular, Belgium (Flanders) state that they were enriched with information and Slovakia said that the shared knowledge/information provided relevant base for achieving their aim. Germany stated that the learnings from the KT activities were eye opening.
- Scotland (Midlothian), Spain (Basque Country), Ital, Poland, Lithuania and Slovakia stated that the shared knowledge received within the KT process met their needs.

Regarding whether the resulting shared knowledge may be used to achieve something you have wanted to do for a while or to influence decision-making:

- Scotland (Midlothian) and Germany pointed out achievements in their contexts that were influenced by the SCIROCCO Exchange KT activities. In particular, Scotland said that the knowledge gathered has been reflected in the newly prepared two yearly Action Plan to improve the integrated care services provision in Midlothian. In the case of Germany, the KT activities influenced the decision to not to use the German electronic health record for the EU project ADLIFE.
- Other regions/countries, namely Poland, Lithuania, Slovakia and Slovenia stated that from the KT transfer process, learning from other countries, they raised awareness about different topics of interest.

- In regard to influencing decision-making, for Scotland and its Action Plan, the shared knowledge has clearly influenced decision-making process. However, in most of the regions/countries it was pointed out that the shared knowledge and capacity building support could influence decision-making to some extent but it will depend on other aspects, such as having also an intervention plan, as Spain (Basque Country) mentioned, or knowing who you need to involve, who can make the difference and who has influence on the policy makers, as highlighted by Belgium (Flanders).

Regarding whether the resulting learnings are enough to adjust the shared knowledge/information in your context, and or the resulting learning might help to improve and resolve the needs of your system, project partners said that:

- Most regions/countries agreed that the key aspect of the KT programme was that it has helped them to raise awareness about several domains, for which it might be particularly helpful. However, they also stated that even though the resulting learnings were sufficient, a learning process never ends and that not all learning/practices can be easily transferred.
- Slovakia stated that the KT activities inspired them to use new approaches, which might be efficient for further improvement, and Poland mentioned that the resulting learnings were useful to provide arguments for responsible persons.
- Spain (Basque Country) and Slovakia highlighted that the preparation of the Logic model to implement improvements in the system based on the learnings from the KT process was an additional enrichment.

PROCESS *(How was the KT process?)*

All regions/countries participated in several KT activities in the frame of the SCIROCCO Exchange KT programme. From this experiences project partners stated:

- The KT process was well oriented towards its precise objectives and it was targeted based on the identified priorities.
- All agreed that the selection of stakeholders was well targeted. In particular, Scotland (Midlothian) said that the process was very user centric, making sure each stakeholder has the right to influence the way KT activities were designed and implemented. Lithuania mentioned that they clearly defined the target group

and the topic relevant to all stakeholders where their intervention would bring most value.

- Respondents agreed that at local level there was enough support to implement SCIROCCO Exchange Knowledge Transfer Programme and that the facilitation provided as part of the KT activities was skilled enough.
- Some countries (Slovakia, Lithuania and Poland) mentioned that due to the pandemic situation, there were some limitations for knowledge exchange (such as conducting the activities online or missing the involvement of some stakeholders due to workload).

STAKEHOLDERS (*people involved on the KT process)*

Regarding the kinds of stakeholders that were involved and if those were the appropriate ones:

- All regions/countries agreed that the right kind of stakeholders were involved. In particular, Scotland (Midlothian) and Slovakia stated that all the layers of stakeholders reflecting different roles and decision-making power were involved in KT activities.
- According to most of the regions/countries the presence of any important type of stakeholder in the KT process was missed. Only Belgium (Flanders) and Poland mentioned that staff member off the Flemish government and Service providers, respectively, were not involved as initially planned.

Regarding whether the managers in each system (supervisors) are committed to making this change a success:

- All regions/countries, except for Lithuania, Slovenia, and Slovakia, stated that changes will be happening because their stakeholders are committed. In particular, Scotland (Midlothian) is incorporating the KT learnings to the new Action Plan for 2022-2024; Belgium (Flanders) mentioned that the learning is aligned with the philosophy of the Flemish Institute for primary care; the Basque Country is ready to at least to test the “change” in a pilot project to then scale up if the results are positive; and Poland said that the National Health Fund has planned to continue the knowledge-sharing activities for the next 3 years.

CONTEXT ***(how is the local / organizational context?)***

- All regions/countries were positive about the support perceived from their co-workers towards the change effort (that's the changes that the organization should do in order to achieve its objectives) and that most of them are committed to this change. In particular, Slovakia mentioned that one of the outcomes of the KT process is that their co-workers are increasingly interested in topics related to integrated care.
- Most regions/countries have planned changes in the organization based on knowledge gathered from the KT activities, and those who have not planned those changes yet are moving toward it (e.g. transferring the gathered knowledge to pilot studies which may be scale up to the organization).
- In the case of Slovakia, they stated that they are not in the stage of exerting changes within the concrete organizations but they efforts were related to a wider context, in particular influencing policy makers and raising general awareness via the KT activities.
- All agree on the positive influence of the KT activities on their knowledge and awareness about several domains.

More detailed information on the responses of each region/country to each of these domains is presented in table 15, which provides the matrix designed to organise and analysed the information gathered from the responses to the surveys.

Table 15. Matrix for the analysis of SCIROCCO Exchange evaluation of the knowledge transfer process: project leaders participating in the KT activities (long-survey).

MESSAGE: represents the information to be shared
Regarding the learnings extracted from the KT process, which may help improving or resolving the needs of a system, respondents stated that: - Scotland (Midlothian): The shared knowledge met their needs as defined at the outset of SCIROCCO Exchange Knowledge Transfer Programme. - Belgium (Flanders): we were enriched with information. Especially about data knowledge. - Spain (Basque Country): Yes. Mainly from a content perspective, but sufficient from a methodological perspective. - Germany: Yes, over time I got to appreciate the SCIROCCO self-assessment results for the German pilot site more. My observation is still that the result did not surprise me as expert. However, to trigger change in the region it was useful to show that a group of professionals of the network also sees the same issues at hand. In addition, the learnings from the KT activities were eye opening about how far Germany is lagging behind in basic digital infrastructure. - Italy: Yes, we have more info and knowledge of the topic. It met our goals to offer a qualified KT to our stakeholders starting from the result of wp5. - Poland: Generally, it can be said that the shared knowledge met our needs. Knowledge sharing took place in two of the twelve areas of the SCIROCCO Maturity model, so continuation in other areas is necessary. Due to the pandemic situation, there have been some limitations related to the formula of knowledge exchange and in other circumstances it would be advisable to use various forms of learning to deepen this knowledge. - Lithuania: Yes, shared knowledge covered the basic spectrum of the needs. And showed the areas of improvement and additional knowledge needs. After the KT process, the understanding of the shared information has increased as well as the importance of the sharing and exchange. - Slovenia: Certainly the experience presented was very useful for understanding how things work in other countries. We have a better understanding on shared knowledge. - Slovakia: The aim of all knowledge transfer and knowledge exchange activities was to raise awareness about the importance of the concept of integrated care (IC) in Kosice self-governing region and/or in Slovakia. The shared knowledge/information received within the knowledge transfer (KT) process met our needs to a sufficient extent and provided relevant base for achieving this aim. Regarding whether the resulting shared knowledge may be used to achieve something you have wanted to do for a while or to influence decision-making, participants stated that: - Scotland (Midlothian): The knowledge gathered has been reflected in the newly prepared two yearly Action Plan with priorities for health and social care partnership in the area of integrated care. Thus, the shared knowledge has clearly influenced decision-making process as the learning was embedded in our key strategic and implementation document to improve the integrated care services provision in Midlothian (Action Plan). - Belgium (Flanders): We were inspired by Scotland. Though our pad is still very long it gives energy. Also that through de KT we can follow for instance events etc. In regard to influencing decision-making, I'm very sure of that. But to reach this, you have to think who you need to involve; Who can make the difference and who has influence on the policy makers. - Spain (Basque Country): In regard to influencing decision making, not just the shared knowledge, but together with the intervention plan (logic model, action plan, etc.). - Germany: Yes, the exchange underlined our pilot site decision to not to use the German electronic health record (her) for the EU project ADLIFE. The German eHR development timeline is too slow to use it as a database for the integrated care project intervention in 2022. So, the exchange influenced internal decisions. - Italy: In terms of influencing decision-making, no because it was based on technical topics. - Poland: Yes, organizing activities, defining needs and creating a knowledge transfer plan helped to understand the whole process and better assimilate the information presented. I think there is still some room for improvement and continuous learning with emerging innovations. - Lithuania: we learned how to optimize the processes while adapting the knowledge from the training. By implementing and sharing knowledge, awareness will increase through the organization. In regard to decision-making, it might be in the organization, but there is no clear answer yet regarding the region. - Slovenia: The integration of services is certainly something we want in Slovenia, and knowledge from other countries will help raise awareness about it. - Slovakia: We hope that the carried out KT activities already helped to raise awareness about the importance of the IC concept among the stakeholders. Some of our activities, e.g. Slovak web-based IC platform have the potential to support networking and information sharing continuously. Also our involvement in the expert advisory groups and committees, e.g. regarding to evidence-based guidelines, and other governmental initiatives were helpful in raising awareness and incorporating principles of IC to the strategic policy documents. In terms of decision-making, the shared knowledge and capacity building support could influence decision-making to some extent, as the governmental authorities are aware of the lack of integration between the health and

social care system and the need to speed up the implementation process. Also shared examples of good practices from other countries and regions may also influence the decision-making process.

Regarding whether the resulting learnings are enough to adjust the shared knowledge/information in your context, and or the resulting learning might help to improve and resolve the needs of your system, project partners said that:

- Scotland (Midlothian): SCIROCCO Exchange Knowledge Transfer Programme has helped us to raise awareness about the importance of improving our public engagement, population approach and implementation of digital services. Thus, it might be helpful particularly in these domains. Even though the resulting learning were sufficient; a number of additional knowledge exchange workshops are being planned to follow up on relevant learning much more in depth.
- Belgium (Flanders): A learning process never ends, but with the things we've learned we can adjust our own processes. The learning about data knowledge was especially relevant for us. For instance, we learnt that data can be used to predict for instance the risk of falling for people with care and support needs. Nevertheless, for data knowledge we are also dependent of the governments.
- Spain (Basque Country): Yes, we have been able to create the logic model to implement improvements in the system based on the learnings and are working to finalise the action plan.
- Italy: Yes, the knowledge acquired will help me at work. The followed path will help the context, but it need effort at several levels to move from the KT to results.
- Poland: The most important thing is that I can use the shared knowledge to further disseminate it. Identify my experience and start building a community interested in similar issues and problems. The key was to diagnose problems in individual areas of knowledge, involve all stakeholders in the planning process and ways of sharing knowledge. Thanks to participation in the project, it was possible to have a wider access to international experience and to conduct a literature review and good practices. In regard to decision-making, decision makers need a structured document that analyzes the current situation, identifies needs and identifies solutions. The use of a validated tool enriched with experience from the knowledge sharing process carried out can certainly prove helpful and provide arguments for responsible persons.
- Lithuania: After the KT process, the basic knowledge was gained that can help to adapt the information in our context. We gained coaching and better planning and teaching skills. We gained experience on how to correctly convey knowledge to employees for the purpose of training them. All this knowledge has a direct correlation to overall aim, as general changes in the system, but first small steps towards the desired change are needed.
- Slovenia: The information we have obtained will help, but to introduce changes in the local context, the circumstances and possibilities that the municipality (as well as the state) can offer are also crucial, so not all practices can be easily transferred. However, the information is very useful. In particular, we gained insight into good practice, as well as what challenges we could face. 1) Regarding the knowledge transfer from Scotland, it was very interesting and useful for us to see how to involve citizens in planning and implementing changes, and we gained some information on the implementation of the evaluation which confirmed that we are doing it right. 2) Regarding the knowledge transfer from the Basque Country, there was important information on how social and health services are intertwined and services are integrated. In regard to decision making, influencing decision makers depends on many factors, so it is difficult to be sure if and especially when it will happen.
- Slovakia: The activities within the KT process provided us with better understanding of the current state of stakeholders' readiness for implementation of IC and inspired us to use new approaches, which might be efficient for further improvement. The KT process enhanced our understanding of the shared knowledge/information mostly via reviewing and sorting identified assets and other resources about the concept of IC and its benefits. Additional enrichment was the preparation of the Logic model for planning to improve the implementation of integrated health and social care in Slovakia, and related discussions with the key stakeholders. Information about the Logic model and involvement in the preparation of the country tailored model for improvement, and structured discussions with the relevant stakeholders was a new experience learnt. This approach seems to be very suitable for strengthening the capacity building process among stakeholders at regional and national level as well as for resolving other future identified needs of IC system in Slovakia.

PROCESS: represents the activities intended to implement the transfer of knowledge

Regarding the kind of KT activities conducted:

- Scotland (Midlothian): Online knowledge exchange workshops and awareness raising activities about the importance of integrated care. All envisaged KT activities were implemented as planned with some follow up activities beyond the duration of the project
- Belgium (Flanders): Data and population management and Goal oriented care
- Spain (Basque Country): We participated mainly in 3 online workshops: 2 as originators, and 1 as receivers.

- Germany: The conducted knowledge exchange activity was a web exchange including impulse presentations with subsequent question and discussion rounds. If possible, a physical meeting would have been conducted in order to strengthen ties between OM and Kronikgune.
- Italy: A certified Master in European Project Planning and Management
- Poland: Meetings, conferences, webinars, sharing training materials, sharing applications, educational content, surveying, sharing results, service provider beanchmarking, assessment of the degree of coordination, development of knowledge transfer plans, consultation workshops.
- Lithuania: We run several meetings and webinars to identify the most important issue and a target group of patients to whom the integrated care improvements would bring most value. When we have identified appropriate local stakeholders, online workshops with stakeholders (PHCC) took place. The objective of the workshop was to discuss and commonly agree what are the needs which could be addressed in the knowledge transfer process. At the last step three training sessions were organized with clear next steps and planned follow up.
- Slovenia: Two online events: knowledge transfer from Scotland and the Basque Country. And we are planning knowledge transfer about e-care with our Scotland partner.
- Slovakia: a) Slovak web-based IC platform with objectives: to raise awareness about the importance of the concept of IC among stakeholders; to prepare or create a knowledge base on IC principles and its implementation in practice; to provide a database of good practice examples from other countries and regions including Slovakia; to build up a database of key stakeholders; and to support networking and information sharing about ongoing activities in the field of IC. (https://integratedcare.mc3.sk/); b) The national online workshop focused on the Logic model and stakeholders' engagement with objectives: to build capacity among stakeholders on integrated care; to raise awareness about the importance of the concept; and to increase understanding of the need for IC implementation at the regional and national level; c) Presentations of the project and principles of IC among current and future stakeholders at national conferences/workshops/seminars, formal university education, and life-long learning program/training with the objective to raise awareness about the importance of the concept of IC among current and future health and social care professionals; d) KT activities for health and social care policies aimed at incorporating principles of IC to the strategic documents, evidence-based guidelines, and other governmental initiatives; e) New research projects aimed at creating and broadening the research knowledge base for successful implementation of IC in Slovakia.

Regarding whether the KT process was well targeted / well oriented towards its precise objectives, respondents stated:
- Scotland (Midlothian): The process was very user centric, making sure each stakeholder has the right to influence the way KT activities were designed and implemented.
- Belgium (Flanders): We involved stakeholder who are working on f.e. data or goal oriented care; So they also got inspired.
- Spain (Basque Country): The involvement of the stakeholders was decided by the region's representatives, so I wonder it was adequate.
- Germany: The target group was well targeted. Since we focused on a very technical support topic it was fruitful to focus intrinsically and professionally interested people into the exchange. And the exchange came to the right time regarding ADLIFE decisions.
- Italy: It was held in perfect time: just after the assessment, when the stakeholders still had a good awareness of the project and its goals.
- Poland: Yes, actually. During the project implementation, there was only one group of facilities in Poland that implemented the integrated care pilot - primary healthcare providers POZ PLUS. We examined almost all service providers from this group. The assessment according to the SCIROCCO model was performed at the beginning of their activity and they were successively informed about the results and participated in further discussions and knowledge sharing process.
- Lithuania: Stakeholders representing PHCC were participating. We have clearly defined the target group and the topic relevant to all stakeholders where our intervention would bring most value. Stakeholders from different regions were involved to reach wider community.
- Slovenia: There were representatives of the municipality and representatives in the field of health and social care.
- The topic was well coordinated with all stakeholders in the municipality. We also took into account their wishes and suggestions.
- Slovakia: The KT process was targeted based on the identified priorities. KT process was timely as the IC agenda is among the priorities of the governments at all levels (national, regional and local). However, the KT activities have been influenced by the negative impact of the current COVID-19 pandemic in terms of stakeholders' workload. Due to the COVID-19 restrictions, it was not possible to hold face-to-face meetings that would facilitate discussion even more and increase their engagement. Therefore, as a result of these restrictions and the inability to organise face-to-face meetings and to travel abroad (exchange visits), we had to concentrate our attention to other KT activities, e.g. the development of the Slovak web-based IC platform.

Regarding whether the facilitation provided as part of the KT activities was skilled enough, respondents agreed on:
- Scotland (Midlothian): At local level, enough support to implement SCIROCCO Exchange Knowledge Transfer Programme was received.
- Belgium (Flanders): we got support and there was enough explanation. The contact was made by the facilitator, also the meeting itself and the facilitator helped us to make an agenda.
- Spain (Basque Country): It was skilled, but I missed good templates for planning and reporting, and some more guidance on the process from the WP leader.

- Germany: I have to give a lot of thanks to the facilitators! It was very useful (skilled enough) and to be given a broad range of options was very welcome. I want to highlight, that I see a facilitation process as a very needed structural communication component for a long-term exchange. My unfortunate observation is that an organizational internal disconnect between top-management and middle-management is remedied by an external facilitation process. To illustrate, middle management will not go out of its way to attract optimization projects on top of regular work.
- Italy: the facilitation was great and the communication was effective.
- Poland: Yes, although the pandemic situation limited some forms of communication, which in other circumstances could have an even better effect.
- Lithuania: Yes, the process went smoothly. However, due to the pandemic situation, some unforeseen situations and uncertainty appeared, but we have handled it successfully and adapted the changes smoothly.
- Slovenia: We should be happy that we managed to carry out the events, because due to the COVID-19 it would be difficult to say that any time in 2020 and 2021 was appropriate. We were constantly faced with many challenges in stakeholder involvement, as they also had many other urgent tasks due to the COVID-19.
- Slovakia: Yes, the facilitation provided was skilled enough. It was also enough to ensure an efficient KT process.

STAKEHOLDERS: represent the people involved on either side of the exchange process

Regarding the kinds of stakeholders that were involved and if those were the appropriate ones, respondents stated:

- Scotland (Midlothian): All our key layers of stakeholders; decision-makers, strategic planning leads, implementation leads and healthcare professionals were involved. All the layers of stakeholders reflecting different roles and decision-making power were involved in KT activities.
- Belgium (Flanders): The right kind of stakeholders were involved. In particular, our own staff members concerning data, and people of the university of Gent for Goal Oriented Care.
- Spain (Basque Country): In our case, when we were originators, the people in charge of the planning, implementation and management of the activities that we were sharing. When we were receivers, mainly decision makers and experts in the field of the transfer. In both we act as facilitators, as region's representatives.
- Germany: Yes, GWMK Managers.
- Italy: Stakeholders were selected from regional LHAs among human resources motivated to attend the KT. In particular, 14 stakeholders were involved: 8 from the health sector, 6 from the social sector.
- Poland: Primary care providers participating in the pilot project of coordinated care, National Health Fund, Ministry of Health, evaluators, experts from medical universities, evaluators.
- Lithuania: For each KE activity, there was a different number of stakeholders representing the PHCC from different sites.
- Slovenia: Representatives of the municipality and representatives in the field of health and social care. And they were the right ones.
- Slovakia: Some stakeholders were involved based on the previous collaboration and existing partnerships and some were involved as newly identified key players in the field. The stakeholders involved in the KT activities represented various organisations from governmental, regional and local level, and were from the different areas of expertise in the field of IC. In particular, the Ministry of Health of the SR; the Ministry of Social Affairs, Labour & Family of the SR; the Ministry of Investments, Regional Development & Informatization of the SR; health and social service providers; universities; patients' NGOs and other non-profit organizations. We are convinced that the right kinds of stakeholders were involved as they were from different areas of expertise and various organisations active or related to the IC.

Whether the presence of an important type of stakeholder in the KT process was missed, in some KT activities participants missed the following actors:

- Scotland (Midlothian): No.
- Belgium (Flanders): For data we tried to involve the staff member off the Flemish government, but he was no able to join us at that time.
- Spain (Basque Country): No
- Germany: No.
- Italy: No
- Poland: Service providers, despite the great interest in the subject, had to resign from meetings due to the high workload. Many of them emphasized that they would like to return to the topic once again and with greater commitment, when the epidemiological situation returns to normal.
- Lithuania: No, we didn't miss it. The coverage of stakeholders was adequate.
- Slovenia: All stakeholders were involved in the planning process. A particular shortcoming was that the representative of the municipality of Trbovlje could not participate in the event of knowledge transfer from the Basque Country, but we will send them a recording of the workshop.

- Slovakia: Stakeholders from different organisations and areas of expertise participated in the KT activities. The originally identified stakeholders for the KT process did not change. We assume that it was due to the overall changes in the society towards more patient-centred and more effective and efficient health and social care services (e.g. strategic documents, national action plans, funding opportunities for the implementation of IC; as well as pressure from the service users toward better care quality, availability, and variety of services).

Regarding whether the managers in each system (supervisors) are committed to making this change a success, participants stated:
- Scotland (Midlothian): all participating stakeholders in KT activities were tasked to incorporate the learning to the new Action Plan for 2022-2024
- Belgium (Flanders): Yes, our director and the principal of VIVEL are convinced of this. This is the philosophy of the Flemish Institute for primary care.
- Spain (Basque Country): Yes, at least to test the "change" in a pilot project to then scale up if the results are positive.
- Germany: Yes.
- Italy: Yes
- Poland: Yes, the National Health Fund has planned to continue the knowledge-sharing activities for the next 3 years. Additionally, he proposed to include the SCIROCCO Model in the assessment of the maturity of successive providers for integrated care.
- Lithuania: The discussions about the commitments cannot take part/make no sense in this situation; rather, the perception of the importance of changes and self-awareness should be highlighted.
- Slovenia: Recommendations and experience will be taken into account when planning future actions.
- Slovakia: This is currently not applicable for Slovakia as we are not in the stage of exerting changes within the concrete organisations. However, the strategic persons with power to make changes (e.g. policy makers) were very positive about the advised changes and consider the Slovak SCIROCCO Exchange team as experts in the field.

CONTEXT: represents local /organizational context and the wider context

In regard to participants' opinions on their co-workers supporting the change effort (that's the changes that the organization should do in order to achieve its objectives), participants stated different opinions:
- Scotland (Midlothian): Yes, they are highly committed to the change.
- Belgium (Flanders): Absolutely. Our colleagues are very enthusiastic about it. We hope that we can keep exchanging also when SCIROCCO stops.
- Spain (Basque Country): Yes, absolutely.
- Germany: Yes, co-workers appreciated the exchange. Those participating learned a lot is open for future exchanges.
- Italy: I think yes
- Poland: Yes, everyone is positive about the knowledge sharing process. It was much easier when there was a dedicated team on the project that could reserve time for these activities, now it may be harder and at a slower pace, but I hope continuously.
- Lithuania: Yes, as much as they can.
- Slovenia: We all have a very positive attitude about knowledge transfer, as we are aware of how important this is for introducing good solutions. Knowledge transfers were very well assessed and stakeholders expressed a desire for additional ones to be organized.
- Slovakia: Yes, our co-workers are identified with the vision for change and the related efforts. One of the outcomes of the KT process is that our co-workers are increasingly interested in IC related topics reflected also in a number of newly submitted (and carried out) research projects dedicated to person-centred integrated models of care.

Regarding the planned changes in the organization based on the shared knowledge, respondents reported the following opinions on the usefulness of the knowledge gathered from the KT activities:
- Scotland (Midlothian): The learning from the KT activities were particularly useful and those are reflected in new Action Plan (2022-2024).
- Belgium (Flanders): Our action plan involves a lot of actions considering Data knowledge, population Health Management and goal oriented care. As we are an organisation who has to advise the government, this certainly will have result in terms of influencing decision-making.
- Spain (Basque Country): Our change is just related to influence the design of processes and pathways. We plan to implement the action plan resultant after the logic model in the system.
- Germany: Yes, use of eHR substituting data base in ADLIFE project.
- Italy: The KT will help the collaborative culture in the Region related to projects in health sector.

- Poland: Yes, the National Health Fund recommends the process carried out during the implementation of the SCIROCCO Exchange project for further use and implementation. It is planned to strengthen the providers involved in coordinated care and to launch the Knowledge Transfer HUB of the National Health Fund. Moreover, in the future, we would like to obtain additional funds to not only share the acquired knowledge, but also to create it, engage experts from various fields in order to organize training courses to raise the knowledge of service providers from other areas than those we carried out during the project. We hope that the international group that was a member of the SCIROCCO project in some formula will be available to our national healthcare providers.
- Lithuania: First tries have already been done by sharing and adapting the knowledge in some procedures of several organizations, but still there are just the first steps towards the desired changes.
- Slovenia: Changes have not yet been introduced, but we have taken into account suggestions and solutions when planning changes in the local areas where we participate in the preparation of changes concerning older adults. The acquired knowledge will be transferred to pilot projects, where pilot sites test integrated long-term care solutions, and in the cases of Domžale and Trbovlje we will transfer knowledge to the representatives of the municipality.
- Slovakia: We are not in the stage of exerting changes within the concrete organisations. Our efforts were related to a wider context, in particular influencing policy makers and raising general awareness about the importance and relevance of IC. In particular, we influenced policies and procedures via the KT activities aimed at incorporating principles of IC to the strategic documents, evidence-based guidelines, and other governmental initiatives:
    - The KT at governmental level – connection to existing and currently implemented activities of the Ministry of Health of the SR (e.g. community hospitals, COVID-19 Intervention team, OECD workshop);
    - Membership in the Evaluation Committee of the Slovak Ministry of Health on Standard diagnostic and therapeutic procedures;
    - Membership in experts' advisory group on the elaboration of the "Program of economic development and social development of the urban functional area of Kosice 2022+" in the field of social services and healthcare;
    - Membership in experts' working group on preparation of three standard diagnostic and therapeutic procedures for the long-term care: (1) Management of timely provision of follow-up and long-term social and health care - Multidisciplinary standard; (2) Meeting clients' complex needs in follow-up and long-term care; and (3) Risk of destabilization management in the context of developing the quality of care.
    - Commenting on legislative documents and strategies related to IC.

We also influenced practices via incorporating the principles of IC to undergraduate courses at the Faculty of Medicine (PJ Safarik Unversity), e.g. Social medicine, Healthcare management, Behavioural medicine. Furthermore, we aimed to use the shared knowledge to influence policies, procedures, or practices via our currently running research projects:

- IMMERSE: The Implementation of Digital Mobile Mental Health in Clinical Care Pathways (EC H2020, No. 945263);
- VEGA: Utilizing Eco-social and Behavioural Interventions in Preventing the Burden of Caregivers for People with Alzheimer's Disease (VEGA 1/0372/20); and
- INHEAL: Innovation in Health Literacy (IVF, No. 22130093).

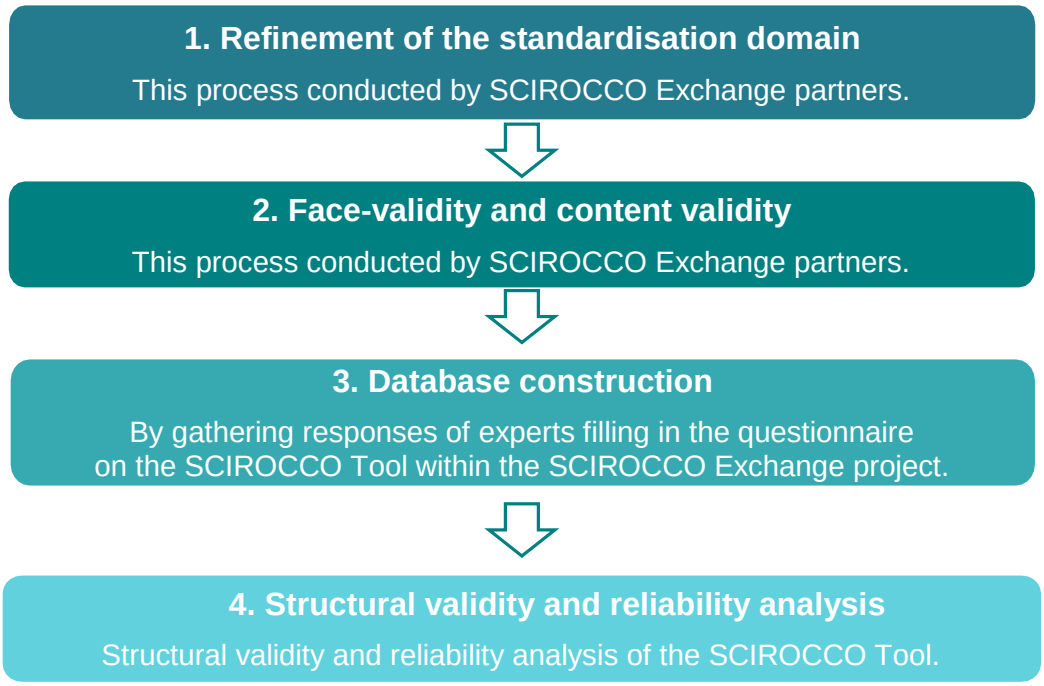
3.3. VALIDATION OF THE SCIROCCO TOOL

As presented in the Evaluation Framework description, a validation of the current version of the SCIROCCO Exchange tool was planned to be performed as part of WP3.

The SCIROCCO tool was already validated in the frame of the previous SCIROCCO project[8] showing good psychometric proprieties; however, the tool was refined at the end of the previous SCIROCCO project. Therefore, a new assessment of the tool's psychometric proprieties is needed in order to ensure that the SCIROCCO Exchange tool is a valid and reliable one for the assessment of the maturity level of the regional healthcare system.

The refined version of the SCIROCCO tool has been used by the 9 European regions participating in SCIROCCO Exchange project and the responses gathered from the experts who use the SCIROCCO tool in these and other regions/countries were organised in a database. This database provided the data to perform the validation analysis; in particular: structural validity and internal consistency (reliability) analysis.

The validation process followed the scheme below:



[8] Grooten, L., Vrijhoef, H.J.M., Calciolari, S., González Ortiz, L.G., Janečková, M., Minkman, M.N.M, & Devroey, D. (2019). Assessing the maturity of the healthcare system for integrated care: testing measurement properties of the SCIROCCO tool. *BMC Medical Research Methodology, 19*, 63

In this section, a summary of the results obtained at step 3 – *Database construction* and step 4 - *Structural validity and reliability analysis* are presented.

First, the database was created from the responses gathered from the experts/professionals who used the SCIROCCO tool within the SCIROCCO Exchange project. A total of 993 experts/professionals used the SCIROCCO tool, and these responses were collected from 16 different countries, as showed in the table 16.

Table 16. Demographics of the responses used for the validation analyses

COUNTRY/ REGION	N	%
Australia	19	1.9
Basque Country, Spain*	14	1.4
Estonia	68	6.8
Flanders, Belgium*	14	1.4
Germany*	7	0.7
Greece	2	0.2
Iceland	1	0.1
Lithuania*	65	6.5
New Zealand	1	0.1
Poland*	89	9.0
Puglia, Italy*	38	3.8
Romania	1	0.1
Scotland*	29	2.9
Slovakia*	12	1.2
Slovenia*	28	2.8
Switzerland	563	56.7
Other	42	4.2

*SCIROCCO Exchange regions/countries

Then, quantitative data analyses were performed to assess the structural validity and the internal consistency (reliability) of the SCIROCCO tool using IBM SPSS Statistics software (SPSS) version 26.0. These analyses were performed by the WP3 leaders (UVEG) in parallel to the other evaluation activities.

Structural validity is defined as 'the degree to which the scores of a measurement instrument are an adequate reflection of the dimensionality of the construct to be

measured'[9]. And reliability or internal consistency is a measure of the homogeneity of a scale and indicates the extent to which items in a scale are intercorrelated.

First, structural validity was explored by examining the tool's factor structure using factor analysis. To examine whether the data set was appropriate for factor analysis, the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity were computed. The result of these statistics demonstrated a good sampling adequacy and that a factor analysis may be useful with our data.

Thus, an exploratory factor analysis (EFA) was conducted using the Principal Axis Factoring technique and a Varimax rotation. Varimax is an oblique rotation that allows a degree of correlation between the factors in order to improve the intercorrelation between the items within the factors.

The results of this analysis showed a one factor structure with all items with loadings > 0.4, meaning that these scores. are considered acceptable and stable[10]. The proportion of the total variance explained by the factor was not acceptable, as the value was lower than 60%[11]. If the variance explained is less than 60%, there are most likely chances of more factors showing up than the expected factor in a model.

Finally, the internal consistency of the SCIROCCO tool was assessed by calculating the Cronbach's alpha. The result showed a Cronbach's alpha higher than 0.70, which means that the 12 items composing the tool showed a high internal consistency level.

[9] Mokkink, L.B., et al. (2010). The COSMIN checklist for evaluating the methodological quality of studies on measurement properties: a clarification of its content. B*MC Med Res Methodol,* 10, 22.
[10] Field, A. (2013). *Discovering Statistics using SPSS*, 4th Ed. London: SAGE.
[11] Hair, J.F., Black, W.C., Babin, B.J., & Anderson, R.E. (2010). *Multivariate data analysis* (7th Ed.). Englewood Cliffs, NJ: Prentice Hall.

4. CONCLUSIONS

As presented in this deliverable *D3.1 Evaluation Report,* the three main objectives of WP3 on Evaluation have been achieved: 1) to verify that the project was implemented as planned and reached its objectives to high standards; 2) to evaluate the personalised knowledge transfer and capacity-building support facilitated by the SCIROCCO Exchange Knowledge Management Hub; 3) to validate the SCIROCCO tool.

In regard to the first objective, the project performance evaluation has showed that the **SCIROCCO Exchange project has met the objectives** embedded in each of the project WPs by achieving each WP tasks, milestones and deliverables. Even though that a slight delay was found for some of the objectives, these were satisfactorily achieved. Mitigation measures, such as two project extensions, were put in place in order to guarantee the effective implementation of the project plan. Moreover, most project outcomes (deliverables) were submitted following the quality standards, as ensure by the quality evaluation.

Regarding the second objective, an evaluation of the experience of the stakeholders involved in the maturity assessment process and in the knowledge transfer programme was conducted. One the one hand, **the use of the SCIROCCO Exchange tool to conduct the self-assessment of readiness for integrated care, it was found to be an enriching and a useful experience to reflect on integrated care.** In particular, the consensus meeting was rated as the most positive aspect of the tool, because it facilitates interdisciplinary and multi-level discussion. On the other hand, the evaluation of the knowledge transfer process showed that this was particularly useful to clarify or raise awareness on the changes to be done in a particular context or area. All stakeholders attending the knowledge transfer programme agreed the knowledge transfer activities were particularly insightful both in terms of learning from other regions as well as for internal implications/changes. Therefore, it can be said that the **knowledge transfer programme,** supported somehow by the Knowledge Management Hub, **improved the capacity of the regions for integrated care.**

Finally, the **psychometric validation of the SCIROCCO Exchange tool showed that the tool presents a high internal consistency level,** indicating that the 12 items measure the same construct. The factor analysis found one-factor structure; however, the proportion of the total variance explained by the factor was not acceptable. So, further analysis with a bigger sample should be conducted to confirm the one factor structure.

ANNEX I

OVERVIEW OF KEY QUESTIONS AND PROMPTS FOR USE IN THE SCIROCCO EXCHANGE FOCUS GROUPS

Experience with self-assessment process

The following questions are about your experience of using the SCIROCCO tool to assess the maturity requirements of your health and social care system for integrated care.

Key question: **What is your experience with the SCIROCCO tool as a key facilitator of the self-assessment process? (Describe the experience briefly)**

Questions to facilitate the discussion:

- How did you use the Tool (with whom? in a group or on your own? type of practice/site?)
- What kind of stakeholders (if any) have participated in the self-assessment process? [Stakeholders]
- As a participant in the self-assessment process, have you consulted other stakeholders regarding the process? Or have you discussed the results of the self-assessment with other stakeholders? [Stakeholders; Process]
- What do you think of the self-assessment process? Is there anything about it that can be improved? [Process; Evaluation]

Insights and outcomes of the self-assessment process

The following questions are about the results of the self-assessment process regarding the maturity of your health and social care system.

Key question: **Can you tell us about any specific insights (outcomes) of self-assessment process for your health and social care system?** / Does the self-assessment reflect the current situation/maturity in your health and care system for integrated care?

Questions to facilitate the discussion:

- After the self-assessment, have you received/learned any new information or evidence on the maturity of your region's health and care systems for integrated care? [Inner context; Message; Evaluation]
- What kinds of actions do you think your region will need to take to increase its maturity to adopt and scale-up integrated care? [Message; Process]
- Are there any dimensions of the SCIROCCO tool where your health and social care system is sufficiently mature that there is no longer needs to take further action on the issue? Did you reached enough maturity which don't require any further actions? [Process; Inner context; Social cultural and economic context]

- For what sort of decision(s) do you think the self-assessment process provides useful support? (e.g. to present sound reasons to policy-makers or programme managers, to facilitate discussions among different stakeholders, etc.) [Message; Evaluation]

Potential factors influencing the self-assessment process

The following questions are about the particularities of your health and social care system in terms of structural characteristics, culture and leadership with regard to integrated care in your region.

Structural characteristics

- How does the structure of your system (social architecture, age, maturity, size, or physical layout) affect the implementation of integrated care? [Inner context; Social cultural and economic context]
- What kinds of structural changes will need to be made to enhance integrated care in your system? [Process; Inner context; Social cultural and economic context]

Culture

- How does the culture of your system (general beliefs, values, assumptions that people embrace) affect the implementation of integrated care? [Inner context; Social cultural and economic context]

Leadership

- What level of endorsement, support and/or actions can you expect from leaders in your organisation to adopt integrated care successfully? [Process; Inner context; Social cultural and economic context]
- Are there any other factors that may influence the implementation of integrated care in your organisation/region and/or your country? [Inner context; Social cultural and economic context]

ANNEX II

SCIROCCO Exchange Evaluation of Knowledge Transfer: short SURVEY for stakeholder participating in the KT workshops/online sessions

https://www.smartsurvey.co.uk/s/LGGSUP/

MESSAGE: represents the information to be shared

- After the KT process, have you learned something that might help you improve or resolve the needs of your system? If so, what have you learned?
- Could your resulting shared knowledge be used to achieve something you have wanted to do for a while or to influence decision-making?

PROCESS: represents the activities intended to implement the transfer of knowledge

- Was the KT process well targeted / well oriented towards its precise objectives?
- Was the facilitation provided as part of the KT activities was skilled enough?

STAKEHOLDERS: represent the people involved on either side of the exchange process

- What kinds of stakeholders were involved? Were the appropriate kinds of stakeholders involved?
- Have you missed the presence of an important type of stakeholder in the KT process?
- Do you think that the managers in your system (supervisors) are committed to making this change a success?

CONTEXT: represents local/organisational context and the wider context

- Do your co-workers support the change effort (that's the changes that your organisation should do in order to achieve its objectives?
- Will be any changes made, or planned to be made, in your organisation based on the shared knowledge?

ANNEX III

SCIROCCO Exchange Evaluation of Knowledge Transfer: long SURVEY for regional leaders

MESSAGE: represents the information to be shared

- Were the KT activities instrumental in achieving/reaching the objective?
- After the KT process, do you have a better understanding of your situation and the changes that need to be made to reach your objective(s)?
- After the KT process, have you learned enough to adjust the shared knowledge/information in your context?
- Is it possible to use the shared knowledge to achieve something you have wanted to do for a while (or at least to raise awareness about it)? Could your resulting shared knowledge be used to influence decision-making?
- Have you learned something from SCIROCCO Exchange project that might help you improve or resolve the needs of your system? If so, what have you learned?

PROCESS: represents the activities intended to implement the transfer of knowledge

- Were the KT activities instrumental in achieving/reaching the objective?
- After the KT process, do you have a better understanding of your situation and the changes that need to be made to reach your objective(s)?
- After the KT process, have you learned enough to adjust the shared knowledge/information in your context?
- Is it possible to use the shared knowledge to achieve something you have wanted to do for a while (or at least to raise awareness about it)? Could your resulting shared knowledge be used to influence decision-making?
- Have you learned something from SCIROCCO Exchange project that might help you improve or resolve the needs of your system? If so, what have you learned?

STAKEHOLDERS: represent the people involved on either side of the exchange process

- What kinds of stakeholders were involved? Were the appropriate kinds of stakeholders involved?
- Have you missed the presence of an important type of stakeholder in the KT process?
- Are the managers in your system (supervisors) committed to making this change a success?
- Has anyone in your organisation used the shared knowledge to influence policies, procedures, or practices?

CONTEXT: represents local/organisational context and the wider context

- After the KT process, are your co-workers talking about the shared knowledge?
- Do your co-workers have a positive attitude towards the shared knowledge?
- Do your co-workers support the change effort (that's the changes that your organisation should do in order to achieve its objectives?
- Are any changes made, or are planned to be made, in your organisation based on the shared knowledge?

ANNEX IV

Quality evaluation of deliverables

SCIROCCO EXCHANGE
EVALUATION QUESTIONNAIRE

Title of Deliverable	WP	Month of delivery	Partners responsible for the quality evaluation
Evaluation Report	3	May 2022	UVEG

Evaluation questionnaire completed	
Date	By (name and position)
30-05-2022	Ascension Doñate (UVEG)

SCIROCCO EXCHANGE EVALUATION QUESTIONNAIRE

Section 1 - Well structured, logical and clear report

EQ1. The title page and opening pages provide key basic information?	
Name of deliverable	Yes
WP related to the deliverable	No
Subject of deliverable	Yes
Name and organization(s) of deliverable author(s)	Yes
The date	Yes
Table of contents	Yes
List of acronyms	Yes

EQ2. Executive Summary		
Question	**Rating**	**Remarks**
(a) Is an executive summary included as part of the deliverable? If the answer is No, question (b) to (d) should be N/A	Yes	
(b) Does the executive summary contain all the necessary elements? Necessary elements include all of: Overview of the object; objectives and intended audience; methodology; Most important findings and conclusions; Main recommendations.	Yes	

EQ2. Executive Summary			
Question	**Rating**	**Remarks**	
(c) Can the executive summary stand alone? It should not require reference to the rest of the deliverable documents and should not introduce new information or arguments	Yes		
(d) Can the executive summary inform decision making? It should be short (ideally 2-3 pages), and increase the utility for decision makers by highlight key priorities.	Yes		
Lessons learned on Section 1 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*			

Section 2: Object of the analysis

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ3. Is the object of the analysis well described? This needs to include a clear description of the object of the analysis; in WP1 and WP2 deliverables question EQ3 to EQ6 should be N/A.	Yes	The purpose and scope of the deliverable are well explained. Additionally, there is a very relevant section specifically focused on the evaluation framework used during the project.

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ4. Is the context explained and related to the object that is to be analysed? The context includes factors that have a direct bearing on the object of the analysis: social, political, economic, demographic, and institutional.	Yes	
EQ5. Does this illuminate findings? The context should ideally be linked to the findings so that it is clear how the wider situation may have influenced the outcomes observe.	Select	
EQ6. Is the results chain or logic well-articulated? The deliverable should identify how the designers of the reported action thought that it would address the problem that they had identified. This can include a results chain or other logic models. It can include inputs, outputs and outcomes, it may also include impacts. The models need to be clearly described and explained.	Yes	The deliverable is structured and the different aspects that were evaluated are very well presented. It is easy to understand and follow.
EQ7. Are key stakeholders clearly identified? These may include national and regional health systems, health centers, research organizations and other organizations, patients, etc.	Select	

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ8. Are key stakeholders' contributions described?	Yes	Yes, different participants have been participating in the evaluation of the project depending on its purpose. For instance, regional stakeholders have been involved in the KT activities and their evaluation.
Lessons learned on Section 2 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 3: Purpose, Objectives and Scope

3/Are the deliverable's purpose, objectives and scope sufficiently clear?		
Question	**Rating**	**Remarks**
EQ9. Is the purpose of the deliverable clear? This includes why the reported action is needed at this time, who needs the information, what information is needed, how the information will be used.	Yes	The different objectives and sections are clearly stated.

3/Are the deliverable's purpose, objectives and scope sufficiently clear?		
Question	**Rating**	**Remarks**
EQ10. Are the objectives and scope of the deliverable clear and realistic? This includes: Objectives should be clear and explain what the reported action is seeking to achieve; Scope should clearly describe and justify what the reported action will and will not cover.	Yes	A lot.
EQ11. Do the objective and scope relate to the purpose? The reasons for holding the action at this time in the project cycle (purpose) should link logically with the specific objectives the action seeks to achieve and the boundaries chosen for the action (scope).	Yes	Absolutely.
Lessons learned on Section 3 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 4: Appropriate and sound methodology

4/ Is the methodology appropriate & sound?		
Question	**Rating**	**Remarks**
EQ12. Does the deliverable specify data collection methods, analysis methods, sampling methods and benchmarks? This should include the rationale for selecting methods and their limitations based on commonly accepted best practice.	Yes	As mentioned, this document gathers different types of evaluations related to the project tasks. For each of them, the methodology is well explained.
EQ13. Does the deliverable specify data sources, the rationale for their selection, and their limitations? This should include a discussion of how the mix of data sources was used to obtain a diversity of perspectives, ensure accuracy and overcome data limits.	Yes	Most of the information sources are attached to the deliverable as annexes.
EQ14. Are the levels and activities of stakeholder consultation described? This goes beyond just using stakeholders as sources of information and includes the degree of participation in the assessment itself. The deliverable should include the rationale for selecting this level of participation. Please consider the soundness of the description and rationale for the degree of participation rather than the level of participation itself.	Yes	Yes, especially under the KT activities sections.

4/ Is the methodology appropriate & sound?		
Question	**Rating**	**Remarks**
EQ15. Does the methodology answer the reported action questions in the context of the reported action? The methodology should link back to the Purpose and be capable of providing answers to the reported action questions.	Yes	
Lessons learned on Section 4 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 5: Findings and conclusions

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ16. Are findings clearly presented and based on the objective use of the reported evidence? Findings on results should clearly distinguish outputs, outcomes and impacts (where appropriate). Findings must demonstrate full marshalling and objective use of the evidence generated by the data collection. Findings should also tell the 'whole story' of the evidence and avoid bias.	Yes	However, some results are still pending to be included as UVEG has not received them on time.

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ17. Do the findings address all of the reported action's stated criteria and questions? The findings should seek to systematically address all of the stated questions according to the planned framework articulated in the deliverable.	Yes	
EQ18. Do findings demonstrate the progression to results based on the evidence reported? There should be a logical chain developed by the findings, which show the progression (or lack of) from implementation to results.	Yes	
EQ19. Are gaps and limitations discussed? The data may be inadequate to answer all the reported action questions as satisfactorily as intended, in this case the limitations should be clearly presented and discussed. Caveats should be included to guide the reader on how to interpret the findings. Any gaps in the action or unintended effects should also be addressed	Yes	
EQ20. Are unexpected findings discussed? If the data reveals (or suggests) unusual or unexpected issues, these should be highlighted and discussed in terms of their implications	Not applicable	

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ21. Do the conclusions present both the strengths and weaknesses of the results? Conclusions should give a balanced view of both the stronger aspects and weaker aspects of the results with reference to the purpose.	Yes	
EQ22. Do the conclusions represent actual insights into important issues that add value to the findings? Conclusions should go beyond findings and identify important underlying problems and/or priority issues. Simple conclusions that are already well known do not add value and should be avoided.	Yes	
EQ23. Are the conclusions pitched at a level that is relevant to the end users? Conclusions should speak to the project participants, stakeholders and users. These may cover a wide range of groups and conclusions should thus be stated clearly and accessibly: adding value and understanding to the deliverable.	Not applicable	
Lessons learned on Section 5 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

SCIROCCO EXCHANGE
EVALUATION QUESTIONNAIRE

Title of Deliverable	WP	Month of delivery	Partners responsible for the quality evaluation
D5.1Readiness of European Regions for Integrated Care	WP5	JUNE 20	Tamara Alhambra (UVEG) Andrea Pavlickova (SG)

Evaluation questionnaire completed	
Date	**By (name and position)**
23/06/2020	Tamara Alhambra (UVEG)

SCIROCCO EXCHANGE EVALUATION QUESTIONNAIRE

Section 1 - Well structured, logical and clear report

EQ1. The title page and opening pages provide key basic information?	
Name of deliverable	Yes
WP related to the deliverable	Yes
Subject of deliverable	Yes
Name and organization(s) of deliverable author(s)	Yes
The date	Yes
Table of contents	Yes
List of acronyms	Yes

EQ2. Executive Summary		
Question	**Rating**	**Remarks**
(a) Is an executive summary included as part of the deliverable? If the answer is No, question (b) to (d) should be N/A	Yes	
(b) Does the executive summary contain all the necessary elements? Necessary elements include all of: Overview of the object; objectives and intended audience; methodology; Most important findings and conclusions; Main recommendations.	Yes	

EQ2. Executive Summary		
Question	**Rating**	**Remarks**
(c) Can the executive summary stand alone? It should not require reference to the rest of the deliverable documents and should not introduce new information or arguments	Minor changes needed	No conclusions from the deliverable are presented in the executive summary, only a description of the content. A final paragraph with conclusions should be included as part of the executive summary.
(d) Can the executive summary inform decision making? It should be short (ideally 2-3 pages), and increase the utility for decision makers by highlight key priorities.	Minor changes needed	It provides a description of the deliverable content and a short Scirocco introduction
Lessons learned on Section 1 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 2: Object of the analysis

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ3. Is the object of the analysis well described? This needs to include a clear description of the object of the analysis; in WP1 and WP2 deliverables question EQ3 to EQ6 should be N/A.	Yes	

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ4. Is the context explained and related to the object that is to be analysed? The context includes factors that have a direct bearing on the object of the analysis: social, political, economic, demographic, and institutional.	Yes	
EQ5. Does this illuminate findings? The context should ideally be linked to the findings so that it is clear how the wider situation may have influenced the outcomes observe.	Yes	
EQ6. Is the results chain or logic well-articulated? The deliverable should identify how the designers of the reported action thought that it would address the problem that they had identified. This can include a results chain or other logic models. It can include inputs, outputs and outcomes, it may also include impacts. The models need to be clearly described and explained.	Yes	
EQ7. Are key stakeholders clearly identified? These may include national and regional health systems, health centers, research organizations and other organizations, patients, etc.	Yes	Stakeholders have been clearly identified for each of the SCIROCCO Exchange regions.

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ8. Are key stakeholders' contributions described?	Yes	
<u>Lessons learned on Section 2 for future reports</u> *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 3: Purpose, Objectives and Scope

3/Are the deliverable's purpose, objectives and scope sufficiently clear?		
Question	**Rating**	**Remarks**
EQ9. Is the purpose of the deliverable clear? This includes why the reported action is needed at this time, who needs the information, what information is needed, how the information will be used.	Yes	A specific section on the deliverable's purpose has been included in the deliverable.

3/Are the deliverable's purpose, objectives and scope sufficiently clear?		
Question	**Rating**	**Remarks**
EQ10. Are the objectives and scope of the deliverable clear and realistic? This includes: Objectives should be clear and explain what the reported action is seeking to achieve; Scope should clearly describe and justify what the reported action will and will not cover.	Yes	
EQ11. Do the objective and scope relate to the purpose? The reasons for holding the action at this time in the project cycle (purpose) should link logically with the specific objectives the action seeks to achieve and the boundaries chosen for the action (scope).	Yes	
Lessons learned on Section 3 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 4: Appropriate and sound methodology

4/ Is the methodology appropriate & sound?		
Question	**Rating**	**Remarks**
EQ12. Does the deliverable specify data collection methods, analysis methods, sampling methods and benchmarks? This should include the rationale for selecting methods and their limitations based on commonly accepted best practice.	Yes	
EQ13. Does the deliverable specify data sources, the rationale for their selection, and their limitations? This should include a discussion of how the mix of data sources was used to obtain a diversity of perspectives, ensure accuracy and overcome data limits.	Yes	
EQ14. Are the levels and activities of stakeholder consultation described? This goes beyond just using stakeholders as sources of information and includes the degree of participation in the assessment itself. The deliverable should include the rationale for selecting this level of participation. Please consider the soundness of the description and rationale for the degree of participation rather than the level of participation itself.	Yes	

4/ Is the methodology appropriate & sound?		
Question	**Rating**	**Remarks**
EQ15. Does the methodology answer the reported action questions in the context of the reported action? The methodology should link back to the Purpose and be capable of providing answers to the reported action questions.	Yes	
Lessons learned on Section 4 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 5: Findings and conclusions

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ16. Are findings clearly presented and based on the objective use of the reported evidence? Findings on results should clearly distinguish outputs, outcomes and impacts (where appropriate). Findings must demonstrate full marshalling and objective use of the evidence generated by the data collection. Findings should also tell the 'whole story' of the evidence and avoid bias.	Yes	Specific sections on conclusions and key messages have been included in the deliverable.

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ17. Do the findings address all of the reported action's stated criteria and questions? The findings should seek to systematically address all of the stated questions according to the planned framework articulated in the deliverable.	Yes	
EQ18. Do findings demonstrate the progression to results based on the evidence reported? There should be a logical chain developed by the findings, which show the progression (or lack of) from implementation to results.	Yes	
EQ19. Are gaps and limitations discussed? The data may be inadequate to answer all the reported action questions as satisfactorily as intended, in this case the limitations should be clearly presented and discussed. Caveats should be included to guide the reader on how to interpret the findings. Any gaps in the action or unintended effects should also be addressed	Yes	A specific section on recommendations and limitations has been included in the deliverable.
EQ20. Are unexpected findings discussed? If the data reveals (or suggests) unusual or unexpected issues, these should be highlighted and discussed in terms of their implications	Yes	A specific section related to COVID-19 has been included.

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ21. Do the conclusions present both the strengths and weaknesses of the results? Conclusions should give a balanced view of both the stronger aspects and weaker aspects of the results with reference to the purpose.	Yes	
EQ22. Do the conclusions represent actual insights into important issues that add value to the findings? Conclusions should go beyond findings and identify important underlying problems and/or priority issues. Simple conclusions that are already well known do not add value and should be avoided.	Yes	
EQ23. Are the conclusions pitched at a level that is relevant to the end users? Conclusions should speak to the project participants, stakeholders and users. These may cover a wide range of groups and conclusions should thus be stated clearly and accessibly: adding value and understanding to the deliverable.	Yes	
Lessons learned on Section 5 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

SCIROCCO EXCHANGE
EVALUATION QUESTIONNAIRE

Title of Deliverable	WP	Month of delivery	Partners responsible for the quality evaluation
D6.1 Capacity-building assets mapping	6	M36 (December 2021)	Ascensión Doñate (UVEG) Andrea Pavlickova (SG)

Evaluation questionnaire completed	
Date	By (name and position)
22/12/2021	Ascensión Doñate (UVEG)

SCIROCCO EXCHANGE EVALUATION QUESTIONNAIRE

Section 1 - Well structured, logical and clear report

EQ1. The title page and opening pages provide key basic information?	
Name of deliverable	Yes
WP related to the deliverable	Yes
Subject of deliverable	Yes
Name and organization(s) of deliverable author(s)	Yes
The date	Yes
Table of contents	Yes
List of acronyms	Yes

EQ2. Executive Summary		
Question	**Rating**	**Remarks**
(a) Is an executive summary included as part of the deliverable? If the answer is No, question (b) to (d) should be N/A	Yes	
(b) Does the executive summary contain all the necessary elements? Necessary elements include all of: Overview of the object; objectives and intended audience; methodology; Most important findings and conclusions; Main recommendations.	Minor changes needed	The target audience could be stated.

EQ2. Executive Summary		
Question	**Rating**	**Remarks**
(c) Can the executive summary stand alone? It should not require reference to the rest of the deliverable documents and should not introduce new information or arguments	Minor changes needed	The executive summary does not present conclusions from the whole deliverable. Thus, it is recommended to include a paragraph at the end of summary highlighting the main conclusions.
(d) Can the executive summary inform decision making? It should be short (ideally 2-3 pages), and increase the utility for decision makers by highlight key priorities.	Not applicable	
Lessons learned on Section 1 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 2: Object of the analysis

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ3. Is the object of the analysis well described? This needs to include a clear description of the object of the analysis; in WP1 and WP2 deliverables question EQ3 to EQ6 should be N/A.	Yes	Both the mapping of capacity-building assets and the analysis of the capacity-building asset mapping results are well described.

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ4. Is the context explained and related to the object that is to be analysed? The context includes factors that have a direct bearing on the object of the analysis: social, political, economic, demographic, and institutional.	Yes	The context is properly explained at the Introduction.
EQ5. Does this illuminate findings? The context should ideally be linked to the findings so that it is clear how the wider situation may have influenced the outcomes observe.	Yes	Results of this work are completed linked and integrated within the project outputs.
EQ6. Is the results chain or logic well-articulated? The deliverable should identify how the designers of the reported action thought that it would address the problem that they had identified. This can include a results chain or other logic models. It can include inputs, outputs and outcomes, it may also include impacts. The models need to be clearly described and explained.	Yes	
EQ7. Are key stakeholders clearly identified? These may include national and regional health systems, health centers, research organizations and other organizations, patients, etc.	Yes	Stakeholder participation has been included as key work for the search strategies followed.

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ8. Are key stakeholders' contributions described?	Yes	
<u>Lessons learned on Section 2 for future reports</u> *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 3: Purpose, Objectives and Scope

3/Are the deliverable's purpose, objectives and scope sufficiently clear?		
Question	**Rating**	**Remarks**
EQ9. Is the purpose of the deliverable clear? This includes why the reported action is needed at this time, who needs the information, what information is needed, how the information will be used.	Yes	The main aim of the deliverable is clearly stated (*to map existing international, European, national and regional capacity-building assets and evidence on integrated care to then incorporate them with the SCIROCCO Exchange Knowledge Management Hub*).

3/Are the deliverable's purpose, objectives and scope sufficiently clear?		
Question	**Rating**	**Remarks**
EQ10. Are the objectives and scope of the deliverable clear and realistic? This includes: Objectives should be clear and explain what the reported action is seeking to achieve; Scope should clearly describe and justify what the reported action will and will not cover.	Yes	Besides the identification of the objective of the deliverable, the tasks to be performed for its accomplishment are clearly defined.
EQ11. Do the objective and scope relate to the purpose? The reasons for holding the action at this time in the project cycle (purpose) should link logically with the specific objectives the action seeks to achieve and the boundaries chosen for the action (scope).	Yes	
Lessons learned on Section 3 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 4: Appropriate and sound methodology

4/ Is the methodology appropriate & sound?		
Question	**Rating**	**Remarks**
EQ12. Does the deliverable specify data collection methods, analysis methods, sampling methods and benchmarks? This should include the rationale for selecting methods and their limitations based on commonly accepted best practice.	Yes	The methodology performed is very well described, such as the sources of search, the inclusion/exclusion criteria to select the assets or search terms.
EQ13. Does the deliverable specify data sources, the rationale for their selection, and their limitations? This should include a discussion of how the mix of data sources was used to obtain a diversity of perspectives, ensure accuracy and overcome data limits.	Minor changes needed	Limitations are not clearly stated.
EQ14. Are the levels and activities of stakeholder consultation described? This goes beyond just using stakeholders as sources of information and includes the degree of participation in the assessment itself. The deliverable should include the rationale for selecting this level of participation. Please consider the soundness of the description and rationale for the degree of participation rather than the level of participation itself.	Yes	

4/ Is the methodology appropriate & sound?		
Question	**Rating**	**Remarks**
EQ15. Does the methodology answer the reported action questions in the context of the reported action? The methodology should link back to the Purpose and be capable of providing answers to the reported action questions.	Yes	
Lessons learned on Section 4 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 5: Findings and conclusions

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ16. Are findings clearly presented and based on the objective use of the reported evidence? Findings on results should clearly distinguish outputs, outcomes and impacts (where appropriate). Findings must demonstrate full marshalling and objective use of the evidence generated by the data collection. Findings should also tell the 'whole story' of the evidence and avoid bias.	Yes	Results are described in a very detailed manner. Figures and tables are very useful to better process the huge amount of information identified.

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ17. Do the findings address all of the reported action's stated criteria and questions? The findings should seek to systematically address all of the stated questions according to the planned framework articulated in the deliverable.	Yes	
EQ18. Do findings demonstrate the progression to results based on the evidence reported? There should be a logical chain developed by the findings, which show the progression (or lack of) from implementation to results.	Yes	
EQ19. Are gaps and limitations discussed? The data may be inadequate to answer all the reported action questions as satisfactorily as intended, in this case the limitations should be clearly presented and discussed. Caveats should be included to guide the reader on how to interpret the findings. Any gaps in the action or unintended effects should also be addressed	Minor changes needed	Limitations should be better approached.
EQ20. Are unexpected findings discussed? If the data reveals (or suggests) unusual or unexpected issues, these should be highlighted and discussed in terms of their implications	Not applicable	

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ21. Do the conclusions present both the strengths and weaknesses of the results? Conclusions should give a balanced view of both the stronger aspects and weaker aspects of the results with reference to the purpose.	Major changes needed	The conclusions sections offered a summary of the work performed. However, it should be focused more on the main highlights detected under this work as well as some limitations.
EQ22. Do the conclusions represent actual insights into important issues that add value to the findings? Conclusions should go beyond findings and identify important underlying problems and/or priority issues. Simple conclusions that are already well known do not add value and should be avoided.	Major changes needed	As in my previous comment: conclusions section should go a bit deeper.
EQ23. Are the conclusions pitched at a level that is relevant to the end users? Conclusions should speak to the project participants, stakeholders and users. These may cover a wide range of groups and conclusions should thus be stated clearly and accessibly: adding value and understanding to the deliverable.	Major changes needed	Same comments than above.
Lessons learned on Section 5 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*	This section of the deliverables should offer a more complete and comprehensive view of the work performed: what is the value for the project? what have been the main results? what limitations at methodological level/or data synthesis have been found? etc.	

SCIROCCO EXCHANGE
EVALUATION QUESTIONNAIRE

Title of Deliverable	WP	Month of delivery	Partners responsible for the quality evaluation
D8.1 Improvement Programme	8	M37 (January 2022)	Ascensión Doñate (UVEG) Andrea Pavlickova (SG)

Evaluation questionnaire completed	
Date	By (name and position)
24/01/2022	Ascensión Doñate (UVEG)

SCIROCCO EXCHANGE EVALUATION QUESTIONNAIRE

Section 1 - Well structured, logical and clear report

EQ1. The title page and opening pages provide key basic information?	
Name of deliverable	Yes
WP related to the deliverable	No
Subject of deliverable	Yes
Name and organization(s) of deliverable author(s)	Yes
The date	No
Table of contents	Yes
List of acronyms	No

EQ2. Executive Summary		
Question	**Rating**	**Remarks**
(a) Is an executive summary included as part of the deliverable? If the answer is No, question (b) to (d) should be N/A	Yes	
(b) Does the executive summary contain all the necessary elements? Necessary elements include all of: Overview of the object; objectives and intended audience; methodology; Most important findings and conclusions; Main recommendations.	Yes	

EQ2. Executive Summary		
Question	**Rating**	**Remarks**
(c) Can the executive summary stand alone? It should not require reference to the rest of the deliverable documents and should not introduce new information or arguments	Yes	A clear introduction, methodology, and results are described.
(d) Can the executive summary inform decision making? It should be short (ideally 2-3 pages), and increase the utility for decision makers by highlight key priorities.	Yes	
Lessons learned on Section 1 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*	Authors must use the project template designed for the deliverables and reports.	

Section 2: Object of the analysis

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ3. Is the object of the analysis well described? This needs to include a clear description of the object of the analysis; in WP1 and WP2 deliverables question EQ3 to EQ6 should be N/A.	Yes	The objectives and scope of the deliverable are clearly stated.

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ4. Is the context explained and related to the object that is to be analysed? The context includes factors that have a direct bearing on the object of the analysis: social, political, economic, demographic, and institutional.	Yes	The deliverable offers a clear description of the framework (conceptual model).
EQ5. Does this illuminate findings? The context should ideally be linked to the findings so that it is clear how the wider situation may have influenced the outcomes observe.	Yes	
EQ6. Is the results chain or logic well-articulated? The deliverable should identify how the designers of the reported action thought that it would address the problem that they had identified. This can include a results chain or other logic models. It can include inputs, outputs and outcomes, it may also include impacts. The models need to be clearly described and explained.	Yes	Highlights of logic models are provided by region and also in a synthesized way.
EQ7. Are key stakeholders clearly identified? These may include national and regional health systems, health centers, research organizations and other organizations, patients, etc.	Yes	Stakeholders' involvement is clearly described throughout the deliverable and also detailed by each regional partner in table 4.

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ8. Are key stakeholders' contributions described?	Yes	
<u>Lessons learned on Section 2 for future reports</u> *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 3: Purpose, Objectives and Scope

3/Are the deliverable's purpose, objectives and scope sufficiently clear?		
Question	**Rating**	**Remarks**
EQ9. Is the purpose of the deliverable clear? This includes why the reported action is needed at this time, who needs the information, what information is needed, how the information will be used.	Yes	The main aim of the deliverable is clearly stated (*to review and analyse the knowledge accumulated in the implementation of integrated care, including the strengths and challenges, and report on our work with each of the region in applying the logic model as a tool to implement improvements in regional integrated care*).

3/Are the deliverable's purpose, objectives and scope sufficiently clear?		
Question	**Rating**	**Remarks**
EQ10. Are the objectives and scope of the deliverable clear and realistic? This includes: Objectives should be clear and explain what the reported action is seeking to achieve; Scope should clearly describe and justify what the reported action will and will not cover.	Yes	
EQ11. Do the objective and scope relate to the purpose? The reasons for holding the action at this time in the project cycle (purpose) should link logically with the specific objectives the action seeks to achieve and the boundaries chosen for the action (scope).	Yes	
Lessons learned on Section 3 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 4: Appropriate and sound methodology

4/ Is the methodology appropriate & sound?		
Question	**Rating**	**Remarks**
EQ12. Does the deliverable specify data collection methods, analysis methods, sampling methods and benchmarks? This should include the rationale for selecting methods and their limitations based on commonly accepted best practice.	Yes	The methodology performed is well described.
EQ13. Does the deliverable specify data sources, the rationale for their selection, and their limitations? This should include a discussion of how the mix of data sources was used to obtain a diversity of perspectives, ensure accuracy and overcome data limits.	Yes	Some limitations have been highlighted, such as the time limitation.
EQ14. Are the levels and activities of stakeholder consultation described? This goes beyond just using stakeholders as sources of information and includes the degree of participation in the assessment itself. The deliverable should include the rationale for selecting this level of participation. Please consider the soundness of the description and rationale for the degree of participation rather than the level of participation itself.	Yes	

4/ Is the methodology appropriate & sound?		
Question	**Rating**	**Remarks**
EQ15. Does the methodology answer the reported action questions in the context of the reported action? The methodology should link back to the Purpose and be capable of providing answers to the reported action questions.	Yes	
Lessons learned on Section 4 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 5: Findings and conclusions

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ16. Are findings clearly presented and based on the objective use of the reported evidence? Findings on results should clearly distinguish outputs, outcomes and impacts (where appropriate). Findings must demonstrate full marshalling and objective use of the evidence generated by the data collection. Findings should also tell the 'whole story' of the evidence and avoid bias.	Yes	Results are described in a very detailed manner. Synthesis tables per region are useful.

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ17. Do the findings address all of the reported action's stated criteria and questions? The findings should seek to systematically address all of the stated questions according to the planned framework articulated in the deliverable.	Yes	
EQ18. Do findings demonstrate the progression to results based on the evidence reported? There should be a logical chain developed by the findings, which show the progression (or lack of) from implementation to results.	Yes	
EQ19. Are gaps and limitations discussed? The data may be inadequate to answer all the reported action questions as satisfactorily as intended, in this case the limitations should be clearly presented and discussed. Caveats should be included to guide the reader on how to interpret the findings. Any gaps in the action or unintended effects should also be addressed	Yes	
EQ20. Are unexpected findings discussed? If the data reveals (or suggests) unusual or unexpected issues, these should be highlighted and discussed in terms of their implications	Not applicable	

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ21. Do the conclusions present both the strengths and weaknesses of the results? Conclusions should give a balanced view of both the stronger aspects and weaker aspects of the results with reference to the purpose.	Yes	
EQ22. Do the conclusions represent actual insights into important issues that add value to the findings? Conclusions should go beyond findings and identify important underlying problems and/or priority issues. Simple conclusions that are already well known do not add value and should be avoided.	Yes	
EQ23. Are the conclusions pitched at a level that is relevant to the end users? Conclusions should speak to the project participants, stakeholders and users. These may cover a wide range of groups and conclusions should thus be stated clearly and accessibly: adding value and understanding to the deliverable.	Yes	
Lessons learned on Section 5 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

SCIROCCO EXCHANGE
EVALUATION QUESTIONNAIRE

Title of Deliverable	WP	Month of delivery	Partners responsible for the quality evaluation
D9.1 Scoping the expansion of the Maturity Model and Tool	9	M37 (January 2022)	Ascensión Doñate (UVEG) Andrea Pavlickova (SG)

Evaluation questionnaire completed	
Date	By (name and position)
03/02/2022	Ascensión Doñate (UVEG)

SCIROCCO EXCHANGE EVALUATION QUESTIONNAIRE

Section 1 - Well structured, logical and clear report

EQ1. The title page and opening pages provide key basic information?	
Name of deliverable	Yes
WP related to the deliverable	Yes
Subject of deliverable	Yes
Name and organization(s) of deliverable author(s)	Yes
The date	Yes
Table of contents	Yes
List of acronyms	Yes

EQ2. Executive Summary		
Question	**Rating**	**Remarks**
(a) Is an executive summary included as part of the deliverable? If the answer is No, question (b) to (d) should be N/A	Yes	
(b) Does the executive summary contain all the necessary elements? Necessary elements include all of: Overview of the object; objectives and intended audience; methodology; Most important findings and conclusions; Main recommendations.	Yes	

EQ2. Executive Summary		
Question	**Rating**	**Remarks**
(c) Can the executive summary stand alone? It should not require reference to the rest of the deliverable documents and should not introduce new information or arguments	Yes	
(d) Can the executive summary inform decision making? It should be short (ideally 2-3 pages), and increase the utility for decision makers by highlight key priorities.	Yes	
Lessons learned on Section 1 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*	Font size used throughout the deliverable should be higher: 11 points instead of 9	

Section 2: Object of the analysis

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ3. Is the object of the analysis well described? This needs to include a clear description of the object of the analysis; in WP1 and WP2 deliverables question EQ3 to EQ6 should be N/A.	Minor changes needed	The objectives of the deliverable could be more clearly stated.

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ4. Is the context explained and related to the object that is to be analysed? The context includes factors that have a direct bearing on the object of the analysis: social, political, economic, demographic, and institutional.	Yes	The deliverable offers a clear description of assets and conceptualization for expanding the Scirocco model.
EQ5. Does this illuminate findings? The context should ideally be linked to the findings so that it is clear how the wider situation may have influenced the outcomes observe.	Yes	
EQ6. Is the results chain or logic well-articulated? The deliverable should identify how the designers of the reported action thought that it would address the problem that they had identified. This can include a results chain or other logic models. It can include inputs, outputs and outcomes, it may also include impacts. The models need to be clearly described and explained.	Yes	
EQ7. Are key stakeholders clearly identified? These may include national and regional health systems, health centers, research organizations and other organizations, patients, etc.	Yes	Different stakeholders participated in the assessment process, such as: local authorities, academic institutions, living labs, innovation agencies, SMEs, and user representatives, health and care providers and managers.

2/ Does the deliverable presents a clear & full description of the 'object' of the analysis?		
Question	**Rating**	**Remarks**
EQ8. Are key stakeholders' contributions described?	Yes	
<u>Lessons learned on Section 2 for future reports</u> *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 3: Purpose, Objectives and Scope

3/Are the deliverable's purpose, objectives and scope sufficiently clear?		
Question	**Rating**	**Remarks**
EQ9. Is the purpose of the deliverable clear? This includes why the reported action is needed at this time, who needs the information, what information is needed, how the information will be used.	Minor changes needed	The main aim of the deliverable could be better stated.

3/Are the deliverable's purpose, objectives and scope sufficiently clear?		
Question	**Rating**	**Remarks**
EQ10. Are the objectives and scope of the deliverable clear and realistic? This includes: Objectives should be clear and explain what the reported action is seeking to achieve; Scope should clearly describe and justify what the reported action will and will not cover.	Yes	
EQ11. Do the objective and scope relate to the purpose? The reasons for holding the action at this time in the project cycle (purpose) should link logically with the specific objectives the action seeks to achieve and the boundaries chosen for the action (scope).	Yes	
Lessons learned on Section 3 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 4: Appropriate and sound methodology

4/ Is the methodology appropriate & sound?		
Question	**Rating**	**Remarks**
EQ12. Does the deliverable specify data collection methods, analysis methods, sampling methods and benchmarks? This should include the rationale for selecting methods and their limitations based on commonly accepted best practice.	Yes	
EQ13. Does the deliverable specify data sources, the rationale for their selection, and their limitations? This should include a discussion of how the mix of data sources was used to obtain a diversity of perspectives, ensure accuracy and overcome data limits.	Major changes needed	I do not see that limitations on the work performed have been highlighted.
EQ14. Are the levels and activities of stakeholder consultation described? This goes beyond just using stakeholders as sources of information and includes the degree of participation in the assessment itself. The deliverable should include the rationale for selecting this level of participation. Please consider the soundness of the description and rationale for the degree of participation rather than the level of participation itself.	Yes	

4/ Is the methodology appropriate & sound?		
Question	**Rating**	**Remarks**
EQ15. Does the methodology answer the reported action questions in the context of the reported action? The methodology should link back to the Purpose and be capable of providing answers to the reported action questions.	Yes	
Lessons learned on Section 4 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		

Section 5: Findings and conclusions

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ16. Are findings clearly presented and based on the objective use of the reported evidence? Findings on results should clearly distinguish outputs, outcomes and impacts (where appropriate). Findings must demonstrate full marshalling and objective use of the evidence generated by the data collection. Findings should also tell the 'whole story' of the evidence and avoid bias.	Major changes needed	A clearer presentation of results may be needed. Stating details such as the number of stakeholders involved.

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ17. Do the findings address all of the reported action's stated criteria and questions? The findings should seek to systematically address all of the stated questions according to the planned framework articulated in the deliverable.	Yes	
EQ18. Do findings demonstrate the progression to results based on the evidence reported? There should be a logical chain developed by the findings, which show the progression (or lack of) from implementation to results.	Yes	
EQ19. Are gaps and limitations discussed? The data may be inadequate to answer all the reported action questions as satisfactorily as intended, in this case the limitations should be clearly presented and discussed. Caveats should be included to guide the reader on how to interpret the findings. Any gaps in the action or unintended effects should also be addressed	Yes	
EQ20. Are unexpected findings discussed? If the data reveals (or suggests) unusual or unexpected issues, these should be highlighted and discussed in terms of their implications	Not applicable	The only thing, in this regard, that has been reported is that <<*the user base could be extended to new stakeholders that had not previously been involved in the process, like policymakers, technical staff, and citizens*.>>

5/ Are the findings and conclusions, clearly presented, relevant and based on evidence & sound analysis?		
Question	**Rating**	**Remarks**
EQ21. Do the conclusions present both the strengths and weaknesses of the results? Conclusions should give a balanced view of both the stronger aspects and weaker aspects of the results with reference to the purpose.	Yes	
EQ22. Do the conclusions represent actual insights into important issues that add value to the findings? Conclusions should go beyond findings and identify important underlying problems and/or priority issues. Simple conclusions that are already well known do not add value and should be avoided.	Yes	
EQ23. Are the conclusions pitched at a level that is relevant to the end users? Conclusions should speak to the project participants, stakeholders and users. These may cover a wide range of groups and conclusions should thus be stated clearly and accessibly: adding value and understanding to the deliverable.	Yes	
Lessons learned on Section 5 for future reports *Issues for this section relevant for feedback (positives & negatives), & justify rating. Up to two sentences*		