

Qualitative Evaluation Questions

Contract Name:

Managing Sickness Absence in Small and Medium Enterprises Phase 3

Supplier Name: Kingston University Enterprise Limited

Qualitative Questions

1. Management Plan

Please describe how you plan to deliver the specified requirements within the specified timescales and how you have, or will ensure you have, the specified competencies in order to show that you are able to deliver the specified requirements.

Your response should include:

- A clear Management Plan which should contain:
 - a time-bound programme of all the activities to be delivered, in line with the specified requirements;
 - details of how the enhanced online toolkit will be tested and evaluated, including recommended QAG approval points; and
 - timescales, deliverables, contractual milestones and resource requirements including key staff
- Your supporting justification of your Management Plan, which must clearly demonstrate how delivery will be managed and show how the specified requirements will be delivered within the specified timescales.
- A description of the competencies your staff resources will possess which clearly justifies how the competencies show that you are able to deliver the specified requirements.

Insert your response in the pre-set, shaded space of the following pages.
Your response MUST be limited to 3 sides of A4 in Arial font size 12.

The Authority will consider the following questions in evaluating your response:

- Does the Management Plan clearly set out and contain timescales, deliverables, contractual milestones and resource requirements including key staff and are they in line with the specified requirement?
- Does the Management Plan include details of how the enhanced online toolkit will be tested and evaluated, including recommended QAG approval points?
- Does the Bidder's justification of the management plan clearly demonstrate how delivery will be managed and show how the specified requirements will be delivered within the specified timescales?
- Does the response detail the competencies the Bidder's staff resources will possess (including as a minimum those within the Specification) and clearly justify how the competencies show that the Bidder is able to deliver the specified requirements?

This project will enhance the return to work toolkit for mental health developed by Kingston University, in collaboration with Affinity Health at Work and Loughborough University for the Authority. In Phase 3, we will refresh existing content and develop further content across five further physical health conditions and disabilities including musculoskeletal conditions; respiratory & cardiovascular conditions; visual & hearing impairment; cancer; and physical injuries caused by workplace accidents.

The timescales, deliverables, contractual milestones and resource requirements will be outlined in detail in the **Project Management Plan** to be agreed with the Authority and the Quality Assurance Group within the first 10 days of the commencement of Phase 3. Throughout the project the research team will note **Intellectual Property Rights (IPR)** used and maintain the “IPR Activity Log”, submitting the updated log on a monthly basis along with the Management Information relating to costs and project process. We propose that the requirements of the IPR Activity Log are clarified at the setup meeting and reviewed at month 1 to ensure shared understanding of requirements. Details of the project team, expert input, resources, deliverables and contractual milestones are summarised below.

The project team:

The Phase 1 and 2 project team will be retained. Led by [REDACTED], who brings expertise in mental health in the workplace and return to work, the team will include: [REDACTED], a psychologist specialising in evidence-based practice and health at work; Professor [REDACTED], a specialist in Small and medium sized businesses; [REDACTED] a health psychologist specialising in the management of chronic conditions at work; and [REDACTED], an occupational psychologist specialising in the role of line managers and their role in supporting employee health, all of whom will provide advice on the design and content development and facilitate recruitment for members of the steering group and user-testing group. We have retained [REDACTED], the research associate who supported the design, user-engagement and evaluation of the toolkit in Phase 1 and 2. We will also draw on additional research associate resource in the first three months of the project to support the academic and practitioner reviews to underpin the development of the enhanced toolkit materials. For continuity, the web team who designed and developed the return to work toolkit for mental ill-health will support Phase 3.

Expert and user input into the design and development:

To oversee the development and evaluation of the enhanced toolkit, we will draw from three groups, each providing a different perspective. We will consult with each of these groups at regular intervals to ensure the final design is fit for purpose.

1. The newly established **Quality Assurance Group (QAG)**, incorporating WHU policy and communications representatives, focused on employer policy areas. We propose that the QAG are consulted at each stage of development and request regular meetings to discuss the resources as they are developed. QAG will contribute to decisions made at key milestones to shape the final product, including but not limited to: at the start of the project to agree scope, at the end of the focused research to discuss findings and agree the overarching framework of the enhanced toolkit, to review preliminary materials once developed, and to review the toolkit once it has been translated into a web format.

2. A **steering group** will be established. Drawing on expertise of those who contributed to Phase 2 and new members with expertise in the new target conditions. Many of the members in Phase 2 contributed due to their expertise and advocacy in mental ill-health. To ensure that the enhanced toolkit is informed by those with relevant expertise, additional steering group members will be approached to represent each of the five new content areas.

Third, a **user-testing group** will be established to support the development and evaluation of the enhanced toolkit. This group will include employees, employers and allied health professionals. In line with the Authorities request to keep the site secure, the project team will approach employee and employer contacts who contributed to Phase 2 to seek participation in Phase 3. Where appropriate, the project team will invite employees and employers who have experience of other conditions to ensure that the enhanced toolkit is developed to meet their needs. Allied health professionals will also be consulted. For example, physiotherapists and oncologists who did not take part in the Phase 2 consultation but will provide valuable insights into the needs of those returning to work following musculoskeletal pain or cancer.

To ensure the contribution of occupational health in supporting return to work is reflected in the toolkit, the team will ensure that occupational health nurses and physicians are included in the steering group and user group(s).

Phase 3 is comprised of five stages, some of which will run in parallel:

1.Maintaining and refreshing the current mental health toolkit (process to run between 02.09.19 – 28.02.20). The team will review resources published since July 2019 alongside recommendations for toolkit development outlined in the Phase 2 learning report to develop recommendations for refreshing the current mental health toolkit. These recommendations will be presented and discussed with the QAG. Following agreement, the team will refresh the existing content and the refreshed content will be considered in the user-testing stage of Phase 3 to ensure accuracy of information and links, throughout the contract period.

2.Focused research for the enhanced toolkit (process to run between 01.08.19 – 16.11.19). The enhanced toolkit will include the following conditions: musculoskeletal conditions; respiratory & cardiovascular conditions; visual & hearing impairment; cancer; and physical injuries caused by workplace accidents.

The research team will conduct focused research to examine common and unique factors influencing return to work across the five conditions using desk-based and interviews. At this early stage, it is not clear whether one large group (n=120), or smaller user-testing groups specific to each condition will provide the most fruitful engagement however this early focused research (to examine the disparity between the experiences) and consultation with the steering group and QAG will guide this decision. A short summary report will be provided to QAG containing findings from the focused research, alongside the considerations necessary for each of the six steps of return, the resources available in the public domain and potential new resources to be developed. Together, the research team and QAG

will identify the most appropriate design solution for the enhanced toolkit and the final evaluation strategy.

3. Development of the enhanced toolkit (copy developed between 01.10.19-29.11.19; web development team translating copy into web format between 29.11.19-30.01.20). The toolkit content, most likely for each of the five new health conditions and possibly one new generic/ non-specific toolkit, will be developed. The team will map the new content into the existing six step framework. The animation video to encourage employees and employers to use the guidance will also be refreshed to cover all content. Resources for each condition will include:

- Examples for employers, showing what to say, and what not to say, for each of the six steps;
- One-page quick-view guide to the six steps;
- Employee guide to managing conversations and taking action;
- Employer guide to managing conversations and taking action; helping employers understand the benefits of early intervention; and
- Video case studies which reflect the needs of employees and employers for each of the conditions and disabilities

The resources will be shared with the user-testing group(s), the steering group and the QAG for comment before the final versions are uploaded into the new enhanced web-based toolkit. The web team will then develop the online web toolkit in partnership with the research team, and in accordance to accessibility standards.

4. Testing of the enhanced toolkit (process to run between 31.01.20-21.03.20). The web team will conduct an initial technical usability review to ensure functionality. Members of the research team will then conduct a full review to ensure completeness, user-friendly design and readability (Eysenback et al, 2002); that the resources support behaviour change (McMillian et al, 2012); and the online toolkit is clear in scope, clarity, and presentation (Cluzeau et al, 2003).

The steering group members, QAG and the user-testing group(s) will be invited to review the materials and asked to provide feedback using a structured form aiming to capture information relating to engagement, usability and effectiveness. This will include recommendations of resources not yet included, usability of the toolkit and suggestions for hosting and dissemination. This process follows that established in Phase 2 and in line with developments and testing in the field of e-health literacy (see Eysenback et al., 2012). The questions to include in the user-testing process will be agreed with QAG before testing starts. Thematic and frequency analysis will be used to analyse findings. Findings will be discussed with QAG and refinements agreed. The web team will make final refinements to produce the enhanced toolkit product.

5. Final delivery of product, including handover to the Authority; and Provision of a brief summary report (process to run between 06.02.20-31.03.20)

Feedback from the user-testing stages will be synthesised into a short final report for the Authority. The final product will be handed over to the Authority by the web team and a meeting to discuss technical aspects will be arranged between the Kingston and Authority web teams to ensure a smooth transition of the enhanced toolkit to the new site.

2. Maintaining and refreshing the current mental health online toolkit

Please describe how you will maintain and refresh the current mental health online toolkit in line with the specified requirements.

Your response should include:

- A description of how you will ensure that the current mental health online toolkit continues to be hosted using the specified URL;
- A description of how you will ensure compliance with the specified IT accessibility standards;
- A description of how you will periodically review and refresh the current mental health online toolkit in line with the specified requirement; and
- How you will continue to restrict access to those organisations involved in the trial (from Phase 2)

Insert your response in the pre-set, shaded space of the following pages.
Your response **MUST** be limited to 2 sides of A4 in Arial font size 12.

The Authority will consider the following questions in evaluating your response:

- Does the response show that the current mental health online toolkit will continue to be hosted on the URL: <https://returntoworkmh.co.uk>?
- Does the response clearly describe how the Bidder will ensure compliance with the specified IT accessibility standards and show how they will be met?
- Does the response clearly describe how the existing content of the current mental health online toolkit will be reviewed and refreshed throughout the contract period and is the periodicity reasonable?
- Restrict access?

The www.returntoworkmh URL was purchased by KUEL for the purpose of hosting the return to work toolkit developed in Phase 2. The current mental health toolkit can continue to be hosted on this URL for the duration of Phase 3 and if required transferred to the Authority on completion of Phase 3. It may be that following Focused Research, we find that stakeholders, employees and employers suggest a different URL to host the enhanced toolkit with additional conditions. At this point the research team will discuss and agree appropriate next steps for hosting and purchasing a further domain name with the QAG.

It is proposed that the research team prioritise the focused research in each of the five new conditions in August and September so that the materials for the enhanced content can be handed over to the web team to configure during December. The return to work toolkit for mental ill-health will be reviewed and refreshed in September and October.

The following steps will be taken:

- Review of new resources to support mental health and return to work (i.e. Those developed post-July 2018, including ACAS, HSE, Samaritans) through both online searches and consultation with the steering group and QAG. New resources will be noted and reviewed for credibility and added value.
- Review of existing content in light of new resources and findings from the Phase 2 report to identify gaps and areas for enhancement.
- Recommendations for refresh will be compiled and shared with QAG
- Recommendations for refresh will be discussed and agreed with QAG
- The new content will be developed by the research team, and where required the web team, and shared with QAG.
- User testing will be conducted by five employees and managers to identify any further developments required.
- Once integrated the final version of the toolkit will be ready to transfer to the authority.

The toolkit www.returntoworkmh URL will not be shared widely in this phase. We will aim to contain access to those organisations involved in the trial from phase 2. Currently, when first accessing the toolkit, users are asked to insert their details to allow the research team to monitor use and reach however a decision was made in Phase 2 not to make the site password protected as research indicated that this discouraged employees and employers from accessing the information and contributing to the trial. All data is gathered in compliance with GDPR.

It is important to note that many of the organisations that participated in Phase 2 did so due to a keen interest in mental ill-health. Where appropriate, the project team will invite employees and employers who have experience of other conditions to ensure that the enhanced toolkit is developed to meet their needs and their voice is represented. While these users may not be directly reviewing the content on the mental health conditions, if it is decided that an overarching platform is developed, those who are reviewing content for return following cardiovascular or other conditions may also wish to explore the content in other areas and there will not be a function in place to stop this. The key point is that the link to the site will not be

distributed widely as part of Phase 3 but rather users will be specifically invited to take part in a controlled way.

To safeguard content, a conditions of use document will be shared with those involved in user-testing including the notification of IPR. The wording of the IPR documentation will be agreed with the QAG before user testing commences.

All of the websites developed by KUEL comply with W3C, WAI and WCAG accessibility guidelines as a standard policy and practice. This also covers the relevant requirements within the IT and EN 301 549 accessibility standards.

To help us ensure that these requirements are met, the web team will run W3C validation tools as well as other online checkers to identify any accessibility issues, which can then be rectified before the website goes live.

3. Enhancement of existing Mental Health Online Toolkit – Focused Research

Please describe how you will undertake focused research to inform the design of the enhanced Mental Health Online Toolkit in line with the specified requirements.

Your response should include:

- A description of the focused research to be undertaken, including subject matter experts to be engaged and the value they will add, and the research methods and sources you will utilise;
- An explanation of how you will ensure that the research to be undertaken is appropriately targeted as a minimum to the specified physical health conditions and disabilities and how this will support your planned development and testing activities;
- Details of any other physical health conditions and disabilities you would recommend are incorporated in to the online toolkit and why; and
- Details of all physical health conditions and disabilities to be researched and why they are appropriate.

Insert your response in the pre-set, shaded space of the following pages.
Your response MUST be limited to 3 sides of A4 in Arial font size 12.

The Authority will consider the following questions in evaluating your response:

- Does the response clearly detail the research to be undertaken, including subject matter experts to be engaged, the value they will add, and the research methods and sources you will utilise?
- Does the response clearly explain how the Bidder will ensure that the research undertaken will be appropriately targeted as a minimum to the specified physical health conditions and disabilities and how this will support the Bidder's planned development and testing activities?
- Does the response clearly detail any other physical health conditions and disabilities the Bidder recommends should be incorporated in to the online toolkit and justifications as to why?
- Does the response clearly identify all physical health conditions and disabilities to be researched, include those detailed within the Specification and clearly justify why they are appropriate?

The enhanced toolkit will be developed to include information and resources to support return to work following musculoskeletal conditions; respiratory & cardiovascular conditions; visual & hearing impairment; cancer; and physical injuries caused by workplace accidents. These physical conditions have been identified as common causes of absence and have many shared and unique characteristics. It is important to note that research and practical resources to support working with, and returning to work following sickness absence due to the above conditions varies greatly. For example, there are limited resources available for those with visual impairments but there is a large body of research and a number of guidance notes and toolkits to support cancer survivors return to work (e.g. Macmillian's Essential work and cancer toolkit developed by members of our research team in collaboration with the Institute of Occupational Medicine). No other physical health conditions will be considered at this point as further focused research and development is beyond the financial scope of this Phase. However, should the focused research highlight the need for additional or alternative physical conditions to be considered in the enhanced design, the research team and QAG will discuss and agree the implications of any identified needs.

The research team will conduct focused research to examine common and unique factors influencing return to work across the conditions. This focused review will also provide valuable information relating to the terms and language relevant to each of the conditions. Members of QAG and the steering group will also be asked to contribute to the focused research by sharing key research resources or practical resources that are relevant to the new conditions.

The focused research will include:

- A rapid evidence review of the available research relating to return to work following absence from each of the new conditions. The research literature will be examined using a rapid systematic approach, guided by the systematic literature approach proposed by Briner and Denyer (2012). While a series of five full systematic reviews is beyond the scope of this project, aligning to this approach will enable us to identify the academic literature in a systematic way to ensure that key evidence is not overlooked. This review will enable the research team to identify the factors associated with return to work relevant for each of the five conditions.
- A review of the practical resources available to support return to work following absence from each of the new conditions will be conducted using an online search. This search will enable the research team to identify the available resources across each of the five areas. The team will review the resources and compile a list of those relevant for inclusion in the enhanced return to work toolkit.
- Interviews with 10 relevant subject matter experts (including physiotherapists, medical consultants, relevant charities and representative bodies among others) will provide valuable information about the timeframes of absence, diversity of experience, common recommendations, common concerns and barriers to return to work across the five new conditions. Subject matter experts will also be asked to provide information

relating to the most frequently used resources across each of the five conditions.

- Interviews with 10 employees and employers working in small and medium sized businesses solely in England who have been off work, or have managed employees who have been absent from work due to one of the conditions will be conducted. These interviews will provide the user experience and give insights into the resources accessed, the adequacy of the resources available, the timeframes for return to work and common concerns, barriers and facilitators to return to work. Interviewees will be invited to contribute to case studies, providing examples of what to say and what not to say or recording video stories to bring the experience of return to work to life.

Recruitment of steering group and user-testing group members

The steering group members and those who participated in Phase 2 (line managers, company owners and allied health professionals) will be invited to take part in the focused research. Additional contributions will be sought to reflect the experience of those working to support, or returning to work following, the five other conditions. To ensure representation on both the steering group and in the user-testing group, the research team will leverage existing contacts, seek suggestions from QAG, approach relevant charities and support groups and use social media. Working across a range of chronic conditions and workplace health, the research team between them have a diverse contact base who will be approached.

To more firmly position the potential contribution of occupational health, the research team will ensure that occupational health nurses and physicians are included in the steering group and are represented in the subject matter expert interviews. The team will approach the Society of Occupational Medicine to support occupational health engagement.

Analysis and synthesis

The information gathered during the interviews will be recorded using note taking rather than full transcription and information will be analyzed using thematic analysis.

The project team and research associate will examine the information gathered from all four sources, in each of the five conditions. Common and unique themes will be documented and evidence sources recorded. These themes and resources will be mapped onto the six steps of return as identified in the mental health toolkit.

Reporting

A short summary report will be provided to outline the shared and unique experiences of employees returning to work following the different conditions, alongside the considerations necessary for each of the six steps of return, the resources available and potential new resources or toolkit resources to be

developed for each new condition. The research team will share these learnings with the QAG who will together with the research team identify the most appropriate design solution for the enhanced toolkit and the final evaluation strategy.

Agreeing a final design solution for the enhanced toolkit

It is important to note that it is at the point of considering the output of the Focused Research that the research team will be in a position to decide upon the overarching structure of the enhanced toolkit. For example, it may be that interviewees and steering group members are clearly in favour of separate toolkits. The information from the focused research, together with an understanding of the design implications from the web team, will be discussed in full with the QAG to identify the best way forward. The research team will however discuss any early indications of preferred formats with QAG to ensure that the framework for the enhanced toolkit is designed to meet the diverse stakeholder needs.

4. Enhancement of existing Mental Health Online Toolkit – Production and Testing

Please explain how you will produce and test the enhanced Mental Health Online Toolkit to ensure that it is fit for purpose, specifically for use by SME employers and their employees.

Your response should include:

- An explanation of how you will engage with employer and employee representative bodies to ensure you have sufficient insight in order to complete user testing;
- An explanation of how you will ensure that the enhanced online toolkit is fit for purpose for use by SME employers and their employees;
- A description of how you will ensure that insight and feedback from employers and employees will be addressed and incorporated into the enhanced online toolkit;
- A description of how you will ensure that the online toolkit is fit for purpose, in line with the specified requirements, at the point of handover to the Authority.
- A description of any anticipated risks associated with the design, production and testing of the enhanced online toolkit and mitigation activity you will undertake to manage those risks.

Insert your response in the pre-set, shaded space of the following pages.
Your response MUST be limited to 3 sides of A4 in Arial font size 12.

The Authority will consider the following questions in evaluating your response:

- Does the response clearly detail how the Bidder will engage with employer and employee representative bodies to ensure the Bidder has sufficient insight in order to complete user testing successfully?
- Does the response clearly explain how the Bidder will ensure that the enhanced online toolkit is fit for purpose for use by SMEs and their employees?
- Does the response clearly describe how the Bidder will ensure that insight and feedback from employers and employees will be addressed and incorporated into the enhanced online toolkit?
- Does the response clearly describe how the Bidder will ensure that the online toolkit will be fit for purpose at the point of handover to the Authority and is this in line with the specified requirements?
- Does the response clearly identify risks associated with the design, production and testing of the enhanced online toolkit and associated mitigation activity that the Bidder will undertake to manage those risks?

Production of the enhanced toolkit

Learnings will be drawn from the development of the Return to Work Toolkit for Mental Ill-health. The research team will review the summary of the Focused Research, available resources and new requirements and develop resources to map in to the existing framework where appropriate. The resources for each of the five new health conditions, and possibly one new generic/ non-specific resource, will be developed. The inclusion of a generic toolkit will depend on recommendations drawn from the focused research and discussions with the QAG.

The toolkit resources for each of the five new conditions (and if appropriate a generic resource) will include the following:

- Examples for employers, showing what to say, and what not to say, for each of the six steps;
- One-page quick-view guide to the six steps;
- Employee guide to managing conversations and taking action;
- Employer guide to managing conversations and taking action; helping employers understand the benefits of early intervention;
- Video case studies which reflect the needs of SME employers and employees;
- An animation video to encourage employees and employers to use the guidance on communication which is provided to them as part of the online toolkit.

Stages of development

The resources will be developed in an iterative way across five stages:

1. The research team will use the return to work toolkit for mental health as a template on which to map the information for the five new conditions. Drawing from the focused research (involving desk based research, contributions from the QAG, steering group and employee and employer interviews), the research team will take each new condition in turn to adapt the resources. A particular focus will be placed on tailoring the:
 - terminology to reflect the needs of the condition,
 - starting point information outlining signs and symptoms, and common experiences,
 - recommended resources to better fit with the needs of the target group (e.g. rather than suggesting the five ways to wellbeing, it may be more appropriate to recommend gentle movement (Musculoskeletal pain) or exercise and nutrition (Cancer), and
 - sign posting existing good practice and support available in England (e.g. charities, voluntary groups, NHS etc).
2. The research team will share the draft versions of the resources with members of QAG, the steering group and the user-testing group who will be invited to review the documentation to ensure sense-making, appropriateness and completeness of resources for each of the five new conditions. The

resources will be shared in word form to allow for comments and track changes to be inserted.

3. The research team will integrate the feedback from the QAG, steering group and user-testing group to produce a near final version of each of the five (or six) toolkits.
4. The near final versions of the materials will be reviewed for readability to ensure that the materials are appropriate for a reading age of 15 years or below.
5. The near final copy will be reviewed by the research team and QAG for a final time before copy is provided to the web team to identify any inconsistencies or inaccuracies.
6. The research team will then provide the final agreed copy to the web team who will upload the content in line with the design recommendations gathered and agreed with QAG at the end of the focused research period, and the IT accessibility standards.

4. Testing of the enhanced toolkit

The following steps will be taken to test the enhanced toolkit:

1. The web team will conduct an initial usability review to ensure functionality.
2. Members of the research team will then conduct a full review to ensure completeness, user-friendly design and readability (Eysenck et al, 2002); that the resources support behaviour change (McMillian et al, 2012); and the online toolkit is clear in scope, clarity, and presentation (Cousteau et al, 2003).
3. Following the preliminary testing, the steering group members, QAG and the user group (s) will be invited to review the materials and asked to give feedback using a structured form aiming to capture completeness of information, any recommended resources not yet included, usability of the toolkit and suggestions for hosting and dissemination. This process follows that established in Phase 2 and in line with developments and testing in the field of e-health literacy (see Eysenck et al., 2012). The questions included in this phase of user-testing will be guided by evaluation frameworks and include opportunities for open text. The questions will be finalised in consultation with QAG.

For each condition, the research team will aim to recruit 20 users to provide detailed feedback regarding user-experience, what worked and why, and what does not work and why. As noted in section 1. to ensure representation on both the steering group and in the user-testing group, the research team will leverage existing contacts, seek suggestions from QAG, approach relevant charities and support groups and use social media. Working across a range of chronic conditions and workplace health, the research team between them have a diverse contact base who will be approached. In addition to existing

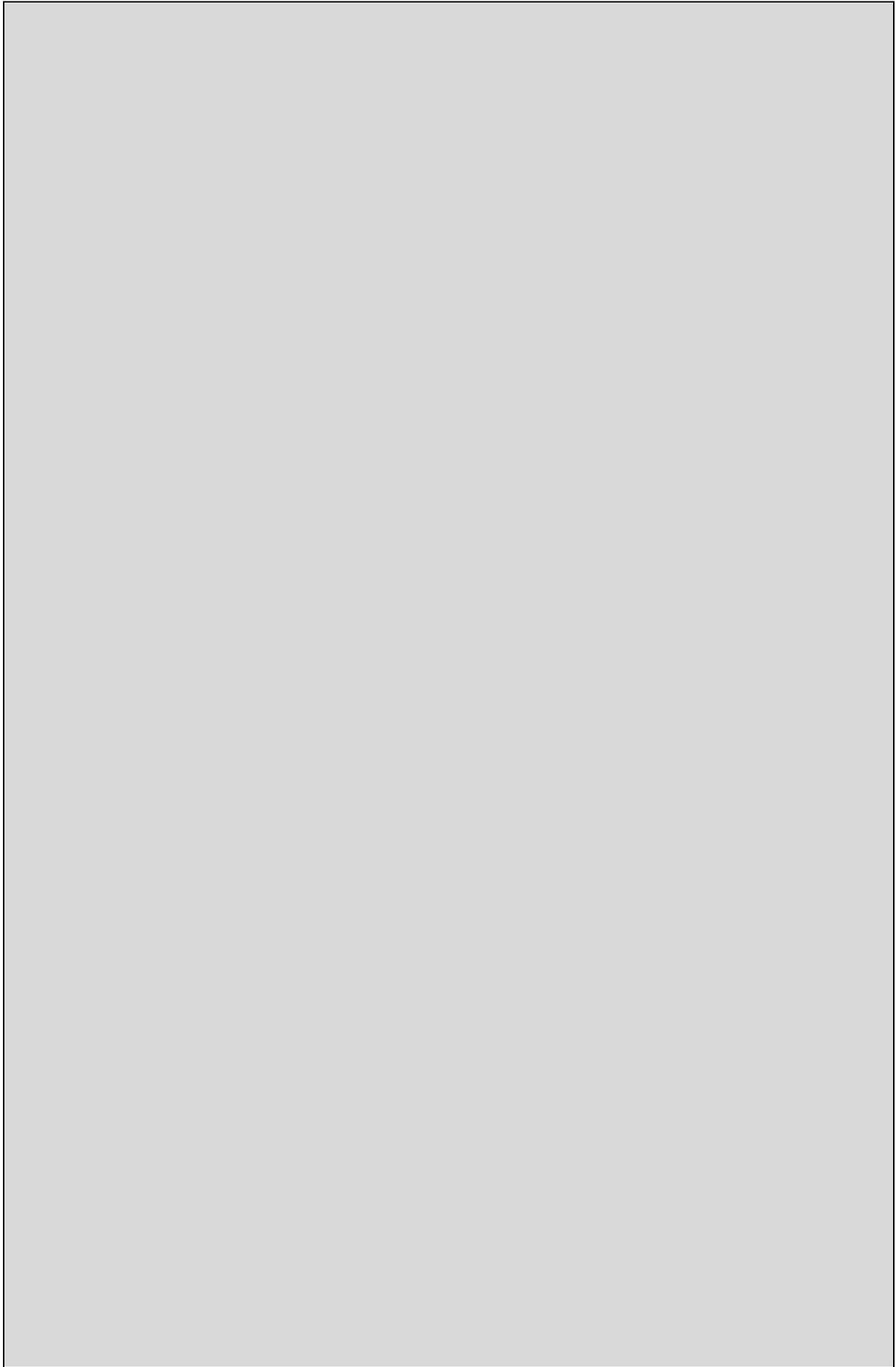
members (IOSH, ACAS, CIPD, HSE and employment lawyers among others), we will approach, but not be limited to including, members from Macmillian, Back Care, ARMA, Pain UK, British Lung Foundation, British Heart Foundation, Citizens Advice Beureau, RNIB and Vision UK among others.

Those involved in user-testing will be provided with the opportunity to provide feedback using an online questionnaire or over the telephone using the structured feedback form to ensure data is captured consistently. This feedback will inform actionable developments of the toolkit and provide valuable information to guide future development, dissemination and hosting of the enhanced toolkit, and provide insights for the implementation strategy.

4. Data gathered from the toolkit reviews will be analysed using thematic analysis. It is envisaged that the findings will be considered in relation to the engagement with, and usability and effectiveness of the toolkit. Recommendations will be divided into actionable points i.e. those actions that can reasonably be made within the scope of the project and the framework of the toolkit, and those actions that are recommendations for future dissemination, development and implementation.
5. Findings will be summarised in a report and discussed with QAG to agree refinements.
6. The web team and project team will support the refinements to develop the final enhanced toolkit.

The approach to development follows the approach used in Phases 1 and 2, and has been tried and tested. Many risks associated with the design are therefore mitigated as it will be the same team, following the same process. However, possible risks and mitigation activity include:

- Lack of engagement from experts and users in relation to specific conditions. To mitigate this we will leverage our existing contacts, and seek the help of our steering group and QAG to ensure that key stakeholders are approached. We will also contact multiple charities and users in each of the conditions appreciating that for many, return to work is not a priority area.
- Managing the workload within the timeframe. The project team have staggered the focused research, content development and web production and user testing to mitigate risk.
- The progression between stages of the project is contingent on feedback being received by QAG, the Steering group and the User-testing group(s), and key decisions being made by QAG and the research team throughout the project. Any slippage in receiving this feedback or decisions being made would have an impact on subsequent stages. To mitigate this, we propose that the meeting dates for the project team and QAG, and the Steering group are agreed within the first 10 days of the contract commencement. Further, a detailed timeline with requirements will be provided to the steering group members and user-testing group(s) so that members are clear what will be asked of them, and when.



5. Summary Report

Please describe the planned content of your summary report, and how it will meet the requirements set out in the Specification.

Your response should include:

- Details of the content of your planned summary report in line with the specified requirements;
- An explanation of how you will capture what worked, what didn't and why (lessons learned) for any given disability or employer group during the development and testing of the enhanced online toolkit, that may help to identify any gaps in current provision.

Insert your response in the pre-set, shaded space of the following pages.
Your response **MUST** be limited to 2 sides of A4 in Arial font size 12.

The Authority will consider the following questions in evaluating your response:

- Does the response provide details of the content of the Bidder's planned summary report and is this in line with the specified requirements?
Does the response explain how the Bidder will capture what worked, what didn't and why (lessons learned) for any given disability or employer group during the development and testing of the enhanced online toolkit will be captured, and does the response show that these will help to identify gaps in current provision?

The summary report

Once complete information relating to the process and feedback from the user-testing stages will be synthesised into a short final report for the Authority.

The report will draw information from the testing conducted by the user-testing group, steering group and QAG to provide an overview of the strengths and limitations of the new enhanced toolkit. Specifically, the report will include a review of engagement, usability and perceived effectiveness of the toolkit. The structure and content of the report will be agreed by QAG, and will to a large extent be determined by the agreed questions asked in the testing phase (also to be agreed with QAG).

We would anticipate the report will include the following information, considering the enhanced toolkit overall and with reference to the implications for each of the psychological and physical conditions and disabilities:

- **An overview of the development of the toolkit**
- **Evidence of Engagement** refers to how users engage with our toolkit and explores how we can influence individuals' behaviour to maximise their usage of the toolkit resources and guidance. To answer this, we will examine Who has engaged with the toolkit? How was the toolkit received by those who engaged?, What were the facilitators of and barriers to engagement?
- **Evidence of Usability** refers to the extent to which the toolkit can be used by specified users (i.e. managers, employees and other third parties) to support the return to work process. Specifically, usability focuses on the accessibility and functionality of the toolkit resources and guidance, so the users are able to access the information and feel it is effective, efficient and fit for purpose.
- **Evidence of Effectiveness** refers to the extent to which our objectives are achieved (i.e. is the enhanced toolkit fit for purpose?) and the targeted problems are solved (i.e. does it support the return to work process following mental health related sickness absence?). While we are unable to fully explore effectiveness within the scope of this project, the testing phase will explore the impact on confidence to discuss issues, anxiety related to being unsure of what to say and the employee's readiness to return to work. We will also provide feedback on the factors that are likely to improve or hinder the effectiveness of the toolkit for employees and employers.
- **Unanticipated findings and lessons learnt** will be outlined if they arise.
- The report will summarise a final question in the conclusion: **WHAT worked, for WHOM and in WHAT circumstances?**
- **Recommendations** for future enhancement including a consideration of gaps of provision (in relation to content and condition).

The final product has been developed in Word Press. The word press files will be handed over to the Authority by the web team and a meeting to discuss technical aspects will be arranged between the Kingston and Authority web teams to ensure a smooth transition of the enhanced toolkit to the new site.

END