

**ADDITIONAL FILE 2:** Example illustrating the potential enhancement of feedback content to increase delivery of BCTs consistent with Control Theory (Carver & Scheier, 1998).

According to Control Theory, people manage their behaviour by knowing what they want to do or achieve (setting a goal or standard), trying to do it (action), seeing whether they are making progress (feedback which informs as to the nature and extent of any discrepancy) and adapting what they do in the light of the feedback (action planning). In the theory, these steps continually recur in a dynamic, iterative process of repeated feedback and adjustment of action plans as appropriate. We explain, below, how each component of the theory could potentially be represented in the enhanced interventions, both in the feedback documents that deliver enhanced content and in the materials that we design to facilitate the enactment of these components by teams in the optimised delivery intervention. In this example, XX refers to those findings to be added in the audit.

***Set goal***

- Enhancement of feedback: Introductory statement in feedback documents that proposes an evidence-based goal, e.g. “XX% of patients with [XX clinical attributes] are likely to require transfusion and so we suggest that, within your clinical team, you make this your explicit goal”.

***Feedback which informs as to the nature and extent of discrepancy from goal.***

- Enhancement of feedback: “In the audit period, XX% of your patients with [XX clinical attributes] were transfused”.
- Enhancement of feedback: (following from previous sentence) “This indicates that, although there is evidence of progress towards reaching your goal in the use of [blood product], there is still progress to be made in terms of reaching the evidence-based target”.

***Action planning in the light of feedback***

- Enhancement of feedback: “There is evidence that achieving the goal is more likely if team members commit to a specific plan of action e.g., “When a patient [has XX clinical attributes] we will do XX instead of transfusing.” We ask that, as a team, you agree and adopt this plan, or another that is appropriate to your patient group”. The ‘action’ component of Control Theory pre-supposes that the goal is set prior to action so, ideally, clinical teams would set a goal some time before an A&F process. In the absence of that opportunity, repeated A&F would be one way to facilitate a continual process of monitoring and adjustment.