

Unanticipated Issues, Tips and Tricks	
Set up	
Interviewing	<p>Coordinating interviews:</p> <ul style="list-style-type: none"> • An online, IG secure document allowed identification of interviews to be set up, family availability and the availability of team members <p>Availability of interviewees:</p> <ul style="list-style-type: none"> • Service users often wanted to be interviewed in the evening when interviewers were not on duty. • Service providers often wanted to be interviewed in the day when interviewers may have other clinical commitments • Some interviewees arrived late and the interviewing team needed to wait for up to an hour. In turn this sometimes impacted other interviews • Parents on the unit were easier to schedule interviews with.
Transcription	<ul style="list-style-type: none"> • MS Teams allowed a convenient and safe way to record interviews. • Using a Dictaphone didn't work well as recordings were unduly long • Interview time took up to an hour and transcribing was 1-2 hours per interview. This requires considerable commitment when doing done in parallel to routine duties • A professional typist employed to transcribe the interviews may be considered if resource allows. Automated transcription was tried but did not work well. Skipping transcription stage and coding from audio recording may be considered as an alternative rapid approach to analysis.

Coordination	Large numbers of colleagues were involved: communication between the team required careful co-ordination and use of MS Teams and WhatsApp
Resources	<p>This was resourced using respondents' and colleagues' own time:</p> <p>Positives</p> <ul style="list-style-type: none"> • Got things done in a near timely way in the setting of the pandemic <p>Negatives</p> <ul style="list-style-type: none"> • We had planned to interview patients in outlying hospitals and having antenatal counselling and wanted to interview families with older children going through the day case and inpatient surgical service. Neither were possible within a reasonable timescale. • We missed timelines along the way • We used significant amounts of time of colleagues and respondents
Interview	
Questions	<ul style="list-style-type: none"> • Ensure the questions are simple and unambiguous. Unclear questions mean that there is a potential for the interviewer to produce examples leading to bias. • The use of language the clinical team commonly use, even if non-medical, may not be clear to respondents or may just not get a response. For example, asking "how do you think we can make this representative?" was not clear to families and asking "what do you think we'll get out of this" did not get a response from service managers. A cognitive phase testing understanding of questions is therefore important • Whilst most questions should be open, there may be a case for some direct questions for specific issues.

	<ul style="list-style-type: none"> • Issues effecting mental health and wellbeing as well as physical were considered
Interviewer	<ul style="list-style-type: none"> • The professional role of the interviewer may affect responses. It wasn't clear if parents were fully honest about doctors' communication if the interview was done by doctor. A range of interviewers' professional backgrounds is needed.
Analysis & dissemination	
Issues in analysis	<ul style="list-style-type: none"> • Things that people didn't say may also be of interest; people may not have noticed issue already deemed important by clinical teams and had therefore addressed. • Breadth of data valuable: <ul style="list-style-type: none"> ○ Recognition of the likelihood and benefit of obtaining information relevant to non-COVID-19 related issues ○ Both health and wellbeing were deemed important • Comparison with pre-pandemic experience was not likely to be useful unless families had another child on NNU previously • Some problems identified might be inevitable consequences of the underlying condition. It is important for the project team to identify these issues
Benefits	<ul style="list-style-type: none"> • defining the perceptions of the people you work for improves our ability to deliver for them. • defining the perceptions of the people we work with improves ability to identify and address issues that limit the team's ability to deliver care, ensure staff safety and understand areas that worry people when delivering care. • We recognised the potential to use the same methodology to evaluate how to use stakeholder analysis to further develop delivery of care through

	theatre and other parts of the service and might be of interest to NHSE and a trade union representative was included as an observer from early on.
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Supplemental Box 1: Operational considerations of potential relevance