

## IMPRESS Hospital Survey of Management Practices

### Section 1: Basic characteristics

| Interview Information   | Manager Information  |
|---|--|
| <p>Date: _____<br/>[DD/MM/YYYY]</p> <p>Start time: _____<br/>[24 HOUR CLOCK]</p> <p>Hospital ID: _____<br/>[USE CODING SHEET]</p> <p>District: _____<br/>[NAME OF DISTRICT]</p> <p>Hospital name: _____<br/>[NAME OF HOSPITAL]</p> <p>Name of interviewer: _____<br/>[DROP DOWN]</p> <p>Name of note taker: _____<br/>[DROP DOWN]</p> | <p>Category of manager being interviewed _____<br/>[UNIT MATRON; SISTER IN-CHARGE OF NEONATAL UNIT; ADMINISTRATOR; DISTRICT NURSING OFFICER; DISTRICT MEDICAL OFFICER]</p> <p>Current job title: _____<br/>[CURRENT JOB TITLE]</p> <p>When did you start working at this hospital? _____<br/>[MONTH/YEAR]</p> <p>When did you start in this position at this hospital? _____<br/>[MONTH/YEAR]</p> <p>What is your highest education qualification? _____<br/>[DIPLOMA; DEGREE; MASTERS; PhD; OTHER (SPECIFY)]</p> <p>Do you have a management related qualification? _____<br/>[YES/NO]</p> <p>[If yes]: What is the management qualification? _____<br/>[BSc Health Management; MBA Health Management; Certificate in Management; Advanced Diploma in Management; Certificate in Business Management; Diploma in Human Resource; Other (specify)]</p> <p>How long did it take to gain your qualification? _____<br/>[&lt;1 day; up to 1 month; 1 year; 2 years; 3+ years]</p> <p><i>(Unit matron/sister-in-charge only)</i> Are you trained on COIN guidelines? _____<br/>[YES; NO]</p> <p>Was your last monthly salary paid on time? _____<br/>[YES; NO]</p> <p>In general, in the past 6 months, was your monthly salary paid on time? _____<br/>[Yes, paid on time. No, one week delay; No, two weeks delay; No, three weeks delay; No, one month delay; No, more than one month delay]</p> <p>[Intervention hospitals only] Are you the IMPRESS hospital champion? _____<br/>[YES; NO]</p> <p>Looking back on the past 7 days, what percent of your time while at work have you spent on the following activities: _____<br/>[Providing patient care on ward / unit; Supervising clinicians and nurses on ward / unit; Clinical desk work and meetings (e.g. death audits); Management desk work; Management meetings (e.g. WIT, QIST, senior leadership); Training or workshop; Other]</p> <p>Gender of participant: _____<br/>[MALE; FEMALE]</p> <p>What is your age? _____<br/>[YEARS]</p> |

## Section 2: Interview

**A) DELIVERY OF CLINICAL CARE IN THE NEONATAL UNIT****1) Layout to optimise patient care for the neonatal unit*****Tests if there is a regular review of how well the layout of the neonatal unit is configured to optimise patient care and promote infection prevention and control***

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| Has the layout of the neonatal unit been formally reviewed by a team of staff in recent months?  | Yes, in past 3 months <input type="checkbox"/><br>Yes, in past 4-6 months <input type="checkbox"/><br>Yes, in past 7-12 months <input type="checkbox"/><br>No, not in past year <input type="checkbox"/> |
| Can you briefly describe the layout of the neonatal unit?<br>What is the rationale behind this layout?<br>To what extent does the layout optimise patient flow? Can you give some examples of how it helps?<br>To what extent does the layout help infection prevention and control? Can you give some examples of how it helps? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: There is no process for regularly reviewing how well the layout of the neonatal unit is configured to optimise patient care and promote infection prevention and control. As a result, there is no clear rationale for the layout.  | Score 3: The layout of the neonatal unit is reviewed on occasion in an informal manner. Some changes to the layout may be made in response.  |
| Score 5: There is a systematic process for regularly reviewing how well the layout of the neonatal unit is configured to optimise patient care and promote infection prevention and control. Recommended changes are actioned.   |  |

Comment:

**2) Triage for newborns*****Tests if hospital has a functioning triage system to identify, assess and provide appropriate care for newborns with life-threatening problems***

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| Does the neonatal unit have a triage system to sort newborns into different risk groups?   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>  |
| Can you describe the triage system for newborns.<br>Do specific staff have responsibility for triage? Have they been trained specifically on triage?<br>How familiar are staff with the standardised triage guidelines, such as those in COIN? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>       |
| Score 1: No triage system exists in the newborn unit.  | Score 3: Triage system exists but is not fully standardised or used consistently. Not all health workers doing triage are trained in triage. |
| Score 5: Triage system according to standardised triage guidelines (emergency, priority, non-urgent) is known and used consistently by trained persons.  |  |

Comment:

**3) Health worker knowledge and familiarity with COIN protocols for small and sick newborns*****Tests if health workers have good knowledge and familiarity with COIN protocols for small and sick newborns***

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|---|---|
| Are all health workers in the neonatal unit familiar with the COIN protocols for small and sick newborns? | Yes, all staff <input type="checkbox"/><br>Some staff <input type="checkbox"/><br>No staff <input type="checkbox"/> |
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| <p>To what extent are COIN protocols followed for different conditions?<br/>         What tools and checklists do health workers use? Can you give a few examples (e.g. scoring gestational age; assessing pain)?<br/>         To what extent do health workers receive training or coaching for COIN protocols?<br/>         Can you give examples of what actions have been taken in the year to improve knowledge of COIN protocols?</p> |  | <p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    3 <input type="checkbox"/>    4 <input type="checkbox"/>    5 <input type="checkbox"/></p>  |
| <p>Score 1: None of the health workers are familiar with COIN protocols, as they have received no formal training or on-the-job coaching. There is no COIN manual in the neonatal unit</p>  | <p>Score 3: Some but not all health workers are familiar with COIN protocols through either formal training or on-the-job coaching. There is a COIN manual in the neonatal unit.</p>   | <p>Score 5: All health workers are familiar with COIN protocols, including the use of tools and checklists (e.g. scoring gestational age, phototherapy chart, asphyxia grading), through either formal training or on-the-job coaching. There is a COIN manual in the neonatal unit.</p> |
| <p>Comment:</p>   |  |  |
| <p><b>4) <u>System to monitor health worker adherence to COIN protocols for small and sick newborns</u></b></p> <p><b><i>Tests if there is an effective system in place to monitor health workers to ensure they are following COIN protocols</i></b></p>   |  |  |
| <p>Are staff monitored for adherence to COIN protocols?</p>   |  | <p>Monthly <input type="checkbox"/><br/>         Every 3 months <input type="checkbox"/><br/>         Twice a year <input type="checkbox"/><br/>         Once a year <input type="checkbox"/><br/>         Never <input type="checkbox"/></p>  |
| <p>Can you describe the system in this hospital for monitoring staff's adherence to COIN protocols?<br/>         How are staff monitored? Who monitors staff? Do they use a tool? How regularly does this happen?<br/>         Can you describe the process for giving feedback to health workers?</p>  |  | <p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    3 <input type="checkbox"/>    4 <input type="checkbox"/>    5 <input type="checkbox"/></p>  |
| <p>Score 1: There is no system in place, systematic or otherwise, to monitor health worker adherence to COIN protocols in the neonatal unit.</p>  | <p>Score 3: There is a system to monitor adherence to COIN protocols in the neonatal unit but it is used only sometimes, not routinely. Feedback from the monitoring is sometimes given to health workers and in an ad hoc manner.</p> | <p>Score 5: Adherence to COIN protocols in the neonatal unit is regularly and comprehensively monitored in a systematic manner. Constructive feedback is given to health workers on a regular basis.</p>   |
| <p>Comment:</p>   |  |  |
| <p><b>5) <u>Clinical wall charts for management of small and sick newborns</u></b></p> <p><b><i>Tests if COIN wall charts for the management of small and sick newborns are widely displayed in the neonatal unit</i></b></p>   |  |  |
| <p>Are there COIN wall charts displayed in the neonatal unit?</p>   |  | <p>Yes <input type="checkbox"/><br/>         No <input type="checkbox"/></p>   |
| <p>Which COIN wall charts are displayed in the neonatal unit?<br/>         Where are they displayed? Is this an appropriate place?<br/>         Explain how staff have used these wall charts. Do you have a recent example?</p>  |  | <p>1 <input type="checkbox"/>    2 <input type="checkbox"/>    3 <input type="checkbox"/>    4 <input type="checkbox"/>    5 <input type="checkbox"/></p>  |
| <p>Score 1: There are no COIN wall charts displayed in the neonatal unit.</p>   | <p>Score 3: There are three clinical wall charts displayed in appropriate places around the neonatal unit.</p>   | <p>Score 5: A large number of clinical wall charts (e.g. phototherapy chart, management of seizures, asphyxia grading, feeding) are displayed in appropriate places around the neonatal unit. Staff refer to wall charts when in need of information on how to manage a patient.</p>     |

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| Comment:   |   |   |
| <b>6) System to monitor adherence to protocols to minimise heat loss in newborns during transport from maternity to neonatal unit</b>  |   |   |
| <b>Tests if there is an effective system in place to monitor health workers to ensure they are following protocols to minimise heat loss in newborns during transport from the maternity unit to the neonatal unit</b>   |   |   |
| Are staff monitored for adherence to protocols to minimise heat loss in newborns when they are transported from the maternity unit to the neonatal unit?   |   | Monthly <input type="checkbox"/><br>Every 3 months <input type="checkbox"/><br>Twice a year <input type="checkbox"/><br>Once a year <input type="checkbox"/><br>Never <input type="checkbox"/>  |
| Can you describe the system in this hospital for monitoring staff's adherence to these protocols?<br>How are staff monitored? Who monitors staff? Do they use a tool? How regularly does this happen?<br>Can you describe the process for giving feedback to health workers?   |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |
| Score 1: There is no system in place, systematic or otherwise, to monitor health worker adherence to protocols to minimise heat loss in newborns during transport from the maternity unit to the neonatal unit.  | Score 3: There is a system to monitor adherence to protocols to minimise health loss in newborns during transport from the maternity unit to the neonatal unit, but it is used only sometimes, not routinely. Feedback from the monitoring is sometimes given to health workers and in an ad hoc manner | Score 5: Adherence to protocols to minimise heat loss in newborns during transport from the maternity unit to the neonatal unit is regularly and comprehensively monitored in a systematic manner. Constructive feedback is given to health workers on a regular basis. |
| Comment:   |   |   |
| <b>7) Health worker knowledge and familiarity with protocols for infection prevention and control in the neonatal unit</b>   |   |   |
| <b>Tests if staff in the neonatal unit are familiar with the infection prevention and control protocols</b>  |   |   |
| Are all health workers familiar with the infection prevention and control protocols in the neonatal unit?  |   | Yes, all staff <input type="checkbox"/><br>Some staff <input type="checkbox"/><br>No staff <input type="checkbox"/>   |
| To what extent are infection prevention and control processes followed for different IPC practices in the neonatal unit (hand hygiene, decontamination of devices and equipment, environmental cleaning, outbreak detection, aseptic techniques)?<br>How do supervisors monitor whether health workers are following the established clinical protocols for IPC? Are any tools or checklists used? |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |
| Score 1: None of the health workers are familiar with IPC protocols, as they have received no formal training or on-the-job coaching.  | Score 3: Some but not all health workers are familiar with IPC protocols through either formal training or on-the-job coaching. There is a poster displaying IPC in the neonatal unit (e.g. handwashing).   | Score 5: All health workers are familiar with IPC protocols (hand hygiene, decontamination of devices and equipment, environmental cleaning, outbreak detection, aseptic techniques), through either formal training or on-the-job coaching.                            |
| Comment:   |   |   |
| <b>8) Standardised process for nurse shift handover between shifts</b>   |   |   |
| <b>Tests if there is a standardised process for handover between nurse shifts</b>  |   |   |

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| Do you have a standardised process for nurse shift handover? If yes, how often do nurses comply with the standardised process?   |   | Yes, all of the time <input type="checkbox"/><br>Yes, most of the time <input type="checkbox"/><br>Yes, some of the time <input type="checkbox"/><br>No system used <input type="checkbox"/>   |
| Tell us about how handovers are done for nurses?<br>Is there a nurse handover book in the neonatal unit? Is it used? Who uses it?  |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: There are no systems in place for nurses to pass information between each other between their shifts. There is no handover book in the neonatal unit.   | Score 3: A standardised process exists but is not used all the time by nurses. There is a handover book, but it does not appear to be used routinely.   | Score 5: A standardised process exists for handover and is routinely used. There is a handover book in the neonatal unit that is routinely used.   |
| Comment:   |   |  |
| <b>9) <u>Standardised process for clinician shift handover</u></b>   |   |  |
| <b><i>Tests if there is a standardised process for handover between clinician shifts</i></b>   |   |  |
| Do you have a standardised process for clinician shift handover? If yes, how often do clinicians comply with the standardised process?   |   | Yes, all of the time <input type="checkbox"/><br>Yes, most of the time <input type="checkbox"/><br>Yes, some of the time <input type="checkbox"/><br>No system used <input type="checkbox"/>   |
| Tell us about how handovers are done for clinicians?<br>Is there a clinician handover book in the neonatal unit? Is it used? Who uses it?  |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: There is no practice of clinicians doing a handover between shifts that involves going in-person to the neonatal unit to discuss patient file notes at the bedside at the point of handover.  | Score 3: Clinicians sometimes do a comprehensive handover between shifts that involves going in-person to the neonatal unit to discuss patient file notes at the bedside of each neonate at the point of handover | Score 5: It is routine practice for clinicians to do a comprehensive handover between shifts that involves going in-person to the neonatal unit to discuss patient file notes at the bedside of each neonate at the point of handover. |
| Comment:   |   |  |
| <b>10) <u>System for receiving referrals from other health facilities</u></b>  |   |  |
| <b><i>Tests if staff use protocols for managing the referrals of neonates to this facility</i></b>   |   |  |
| Are there protocols in place for managing the referrals of neonates to this facility?  |   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Can you tell me about the referral system for receiving neonatal patients? What protocols are in place? To what extent is hospital transport available for referrals?<br>How does the hospital communicate with the referring facility?<br>Is feedback provided to the referring facility after receiving the patient? |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |

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| Score 1: There is no system in place to standardise inward referral of patients; there is little communication between the referring facility and the hospital. There is no organised transport.                                   | Score 3: Some referral standardisation exists; a referral communication system exists but may not be adhered to. Feedback between facilities is ad hoc.   | Score 5: A standardised process for receiving inward referrals exists. Referral communication is functional using a referral form and organised transport. There is feedback between facilities. |
| Comment:   |   |  |
| <b>11) <u>Emergency box in neonatal unit</u></b>   |   |  |
| <b><i>Tests if there is fully equipped emergency box for neonatal care available and a system to support its use</i></b>   |   |  |
| Is there an emergency box in the neonatal unit?  | Yes, fully equipped <input type="checkbox"/><br>Yes, partially equipped <input type="checkbox"/><br>Yes, empty <input type="checkbox"/><br>No <input type="checkbox"/>  |  |
| Where is the emergency box? Is it easily accessible?<br>Are emergency drills done in the neonatal unit? How frequently?  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |  |
| Score 1: There is no emergency box for neonatal care. Emergency drills are never done.   | Score 3: There is an emergency box for neonatal care but it is not fully equipped or it is not easily accessible. Emergency drills are done on ad hoc basis.  | Score 5: Emergency box for neonatal care is accessible and fully equipped. Emergency drills are done every month.  |
| Comment:   |   |  |
| <b>12) <u>Neonatal death form completion</u></b>   |   |  |
| <b><i>Tests if neonatal death review forms are completed in a timely manner in a collaborative process that is monitored by management</i></b>   |   |  |
| Are neonatal death review forms completed? To what extent are they done within 72 hours?   | Yes, always within 72 hours <input type="checkbox"/><br>Yes, sometimes within 72 hours <input type="checkbox"/><br>Yes, never within 72 hours <input type="checkbox"/><br>No <input type="checkbox"/>   |  |
| Does the neonatal unit complete neonatal death review forms?<br>Who participates in the completion of the forms?<br>How quickly are they normally completed?<br>To what extent is completion of the forms monitored by management? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |  |
| Score 1: Standard audit forms for neonatal deaths are rarely, if ever, done. There are no neonatal death forms available.  | Score 3: Standard audit forms for neonatal deaths are completed but more than 72 hours after the death (typically 3 days to 21 days). The process involves a few different members of staff and sometimes the completion of forms is monitored. | Score 5: Standard audit forms for neonatal deaths are completed within 72 hours. The process involves wide participation from staff and the completion of forms is monitored by management.      |
| Comment:   |   |  |

| <b>13) <u>Audit of neonatal death review meetings</u></b>  |   |   |
|--|---|---|
| <b><i>Tests if there is regular audit of neonatal death review meetings in this facility leading to actionable outcomes and follow-up</i></b>  |   |   |
| Do you audit neonatal deaths in this facility? How frequently do you do this?  |   | Yes, all of the time <input type="checkbox"/><br>Yes, most of the time <input type="checkbox"/><br>Yes, some of the time <input type="checkbox"/><br>No system used <input type="checkbox"/>                |
| How does the system for auditing neonatal deaths work?<br>Is there a feedback process with action points?<br>Are actions followed up?  |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |
| Score 1: There is no system in place to standardise auditing of neonatal deaths.   | Score 3: Neonatal death audit consolidation forms are sometimes, but not always, completed. There are mortality audit review meetings on occasion. They tend to produce limited follow-up and action. | Score 5: Neonatal death audit consolidation forms are completed; there are regular mortality audit review meetings with actionable outcomes and follow up.  |
| Comment:   |   |   |
| <b>14) <u>Supervision</u></b>  |   |   |
| <b><i>Tests if there is effective supervision of health workers in the neonatal unit by hospital managers</i></b>  |   |   |
| Does supervision of health workers in the neonatal unit by hospital managers happen? How frequently?   |   | Every week <input type="checkbox"/><br>Every month <input type="checkbox"/><br>Every quarter <input type="checkbox"/><br>Less than every quarter <input type="checkbox"/><br>Never <input type="checkbox"/> |
| How is supervision conducted in the neonatal unit? Is it supportive and constructive?<br>Does the process involve demonstration of how to do things correctly?<br>Are standard tools available to support supervision? |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |
| Score 1: Supervision is unstructured, not documented and does not follow a regular schedule. Tools to support supervision are not available or used. Supervision is not supportive.                                    | Score 3: Some structure and tool exist for supervision. Supervision is conducted infrequently, typically once a month.  | Score 5: Supervision is conducted weekly, using a schedule and standardised tool. Supervision is supportive and involves demonstration.   |
| Comment:   |   |   |
| <b>15) <u>Forecasting medicines and supplies needed for the neonatal unit</u></b>  |   |   |
| <b><i>Tests if there is a system for accurately forecasting medicines and supplies needed for the neonatal unit</i></b>  |   |   |
| Is there a system for forecasting medicines and supplies needed for the neonatal unit?   |   | Yes, <input type="checkbox"/><br>No, <input type="checkbox"/>   |
| Can you describe the system for forecasting medicines and supplies for the neonatal unit?<br>How frequently is this done?<br>How are the needs of the neonatal unit communicated?                                      |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |

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| Score 1: There is no system of forecasting needs for medicines and supplies.  | Score 3: The needs for medicines and supplies in the neonatal unit are forecasted every quarter and well communicated to procurement managers. Forecasting is not always accurate.  | Score 5: The needs for medicines and supplies in the neonatal unit are accurately forecasted on a monthly basis and well communicated to procurement managers.   |
| Comment:  |   |  |
| <b>B) HUMAN RESOURCE MANAGEMENT FOR HEALTH WORKERS</b>  |   |  |
| <b>16) <u>Allocation of health workers to the neonatal unit</u></b>   |   |  |
| <b><i>Tests if the hospital allocates health workers to the neonatal unit in a responsive manner that recognises the skills and experience needed</i></b>   |   |  |
| Is there a system of allocating health workers to different departments based on department needs and health worker skills?   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| Tell me about the process for allocating health workers to the neonatal unit? What influences the allocation?<br>Is the staffing allocation across departments regularly reviewed? Are changes made? Give an example.<br>Is there regular communication between the neonatal unit and hospital management on staffing allocation? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |  |
| Score 1: The allocation of health workers across units, including the neonatal unit, takes no account of the skills and experience of staff.  | Score 3: A process exists for assessing which departments need what skills but it is not always applied systematically. Staff with skills in neonatal care tend to be allocated to the neonatal unit but not always.                          | Score 5: Hospital has a responsive and systematic approach to assessing which staff are needed by the neonatal unit and allocating staff accordingly. There is two-way communication and feedback between the hospital and neonatal unit to discuss staffing allocation. |
| Comment:  |   |  |
| <b>17) <u>Nurse roster in neonatal unit</u></b>   |   |  |
| <b><i>Tests if there is an up-to-date nurse roster in the neonatal unit</i></b>   |   |  |
| Is there a nurse roster in the neonatal unit?   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| Is the nurse roster completed for all staff?<br>Is the nurse roster up-to-date for the month ahead?<br>To what extent do staff use the nurse roster?<br>As far as possible, is the nurse roster flexible to the needs of the staff and the unit?  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |  |
| Score 1: There is no nurse roster in the neonatal unit or it is completely blank for the month ahead.   | Score 3: There is a nurse roster in the neonatal unit but it is only partially completed (e.g. for some days but not the full month ahead, or for some staff only). It is used inconsistently and is somewhat flexible to the needs of staff. | Score 5: There is a nurse roster in the neonatal unit that is complete (for all staff) and up-to-date for the month ahead. It is used regularly and is flexible to the needs of staff.   |
| Comment:  |   |  |
| <b>18) <u>Clinician roster in neonatal unit</u></b>   |   |  |
| <b><i>Tests if there is an up-to-date clinician roster in the neonatal unit</i></b>   |   |  |
| Is there a clinician roster in the neonatal unit?   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |



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| Is the clinician roster completed for all staff?<br>Is the clinician roster up-to-date for the month ahead?<br>To what extent do staff use the clinician roster?<br>As far as possible, is the clinician roster flexible to the needs of the staff and the unit?                               |  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: There is no clinician roster in the neonatal unit or it is completely blank for the month ahead.  | Score 3: There is a clinician roster in the neonatal unit but it is only partially completed (e.g. for some days but not the full month ahead, or for some staff only). It is used inconsistently and is somewhat flexible to the needs of staff.  | Score 5: There is a clinician roster in the neonatal unit that is complete (for all staff) and up-to-date for the month ahead. It is used regularly and is flexible to the needs of staff.   |
| Comment:   |  |  |
| <b>19) <u>Job descriptions</u></b>   |  |  |
| <b><i>Tests if there is a job description for each member of staff in the neonatal unit</i></b>  |  |  |
| Do members of staff working in the neonatal unit have a job description?   |  | Yes, all <input type="checkbox"/><br>Yes, some <input type="checkbox"/><br>No <input type="checkbox"/>   |
| Does everyone working in the neonatal unit have a job description? To what extent are they comprehensive?<br>For those with a job description, are they familiar with it?<br>How are job descriptions used in the neonatal unit? Are they used to help remind staff of their responsibilities? |  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: None of the staff have a written job description.   | Score 3: Some but not all staff are familiar with their own job description. This is either because some staff lack a job description in the first place or because some staff, even though they do have a job description, are not familiar with it. Job descriptions are somewhat comprehensive. | Score 5: There is a job description for each member of staff working in the neonatal unit and all the staff are familiar with their own job description. Job descriptions are comprehensive and are used to hold staff to account.               |
| Comment:   |  |  |
| <b>20) <u>Recognising and rewarding high performing health workers</u></b>   |  |  |
| <b><i>Tests if there is a system which recognises and/or rewards staff from all cadre based on performance</i></b>   |  |  |
| Does the hospital have any system of rewarding or recognizing well performing health workers?  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| What are the different ways health workers are rewarded or recognised for good performance? Can you explain how this system works?<br>Are rewards based on well-defined criteria?<br>Are rewards available for all cadres of health worker?<br>Are rewards given publicly in the hospital?     |  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: There is no process of recognising or rewarding health workers  | Score 3: There is a system in place that recognises or rewards individuals but it is for some cadres only and is based on ad hoc or poorly defined performance measures. Top performers are not routinely publicly recognised  | Score 5: There is a system which both recognises and rewards (financial or non-financial) individuals from all cadres based on performance. Rewards are based on transparent, well-defined achievements. Top performers are publicly recognised. |

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| Comment:  |   |  |
| <b>21) <u>Staff absenteeism</u></b>   |   |  |
| <b><i>Tests if staff absenteeism is monitored and routinely reported to managers for further action</i></b>   |   |  |
| Is there a system for monitoring attendance of staff working in the neonatal unit?  |   | Yes, staff attendance always monitored <input type="checkbox"/><br>Yes, staff attendance sometimes monitored <input type="checkbox"/><br>No <input type="checkbox"/>                             |
| Can you describe the system for monitoring attendance of staff working in the neonatal unit<br>What happens when someone is absent without good reason? Is information fed back to managers? Are actions taken?   |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: Staff absenteeism is not monitored.  | Score 3: There is a system for monitoring staff absenteeism but it is not done routinely and information is rarely fed up to managers.  | Score 5: There is a system in place for routinely monitoring staff absenteeism. Information is routinely reported to managers who take remedial action.  |
| Comment:  |   |  |
| <b>22) <u>Programme for capacity strengthening for staff in neonatal unit</u></b>   |   |  |
| <b><i>Tests if there is there a CPD (continuous professional development) schedule for staff working in the neonatal unit</i></b>   |   |  |
| Does the neonatal unit have a training plan based on a systematic assessment of needs?  |   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| How does the hospital assess the capacity strengthening needs of its health workers?<br>How is it decided what training sessions are held?<br>Tell me about the CPD sessions? How often are they? How well are they attended?   |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: Neonatal unit does not have a programme in place for capacity strengthening.   | Score 3: Neonatal unit has a programme in place for capacity strengthening activities but it is not tailored to the needs of health workers and health workers attend on an ad hoc basis. | Score 5: Neonatal unit has a programme in place to plan capacity strengthening activities for staff on a regular basis according to the needs of the health workers. Sessions are well attended. |
| Comment:  |   |  |
| <b>23) <u>Appraisal system</u></b>  |   |  |
| <b><i>Tests whether the hospital has a formal system to appraise the performance of healthcare workers</i></b>  |   |  |
| Do you have an appraisal system for health workers?   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| How does your appraisal system work? Do you have criteria / guidelines for appraising staff? Can you give an example?<br>To what extent do the appraisals happen as frequently as they are meant to? Are there any consequences for non-completion of the appraisal?<br>Do you use the appraisal results to improve performance and development of health workers?<br>Is it done for all cadres of health worker? |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |

|   |  |  |
|---|--|--|
| <p>Score 1: There is no system in place to appraise the performance of healthcare workers.</p>  | <p>Score 3: Some healthcare workers complete and submit the appraisal but it is not universal; appraisals are not done annually; the process is not standardised and not monitored closely or adhered to rigorously.</p> | <p>Score 5: The majority of health workers complete and submit the appraisal at least once a year. The system specifies a formal set of criteria to evaluate performance. Completion of appraisals is monitored and there are consequences for not completing the appraisal. Appraisal results are used to improve performance and capacity.</p> |
| <p>Comment:</p>   |  |  |
| <p><b>24) Hiring temporary and locum health workers</b></p> <p><i>Tests whether hospital can forecast and address gaps in critical staff through temporary and locum workers</i></p>  |  |  |
| <p>Do you have a well-functioning system for hiring temporary and locum nurses to address staff shortages?</p>  |  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| <p>How do you identify the need for temporary or locum staff for nurses and clinicians?<br/>What is the process for hiring temporary and locum nurses? What about clinicians? How well do these processes work?<br/>Is it possible to recruit temporary and locum staff with the skills needed for working in the neonatal unit?</p>                                |  | <p>1 <input type="checkbox"/>      2 <input type="checkbox"/>      3 <input type="checkbox"/>      4 <input type="checkbox"/>      5 <input type="checkbox"/></p>  |
| <p>Score 1: There is no system for forecasting temporary and locum staffing needs. The process for hiring temporary and locum nurses does not function such that it is rarely done by the hospital.</p>   | <p>Score 3: The hospital has a system for forecasting and addressing temporary and locum staffing needs but gaps are not always filled or those hired are not always appropriately skilled.</p>                          | <p>Score 5: Well-functioning system in place to forecast and address critical staff gaps and to hire appropriately skilled locum and temporary staff to fill these.</p>  |
| <p>Comment:</p>   |  |  |
| <p><b>C) HOSPITAL AND NEONATAL WARD LEVEL TARGET SETTING AND MONITORING OF PERFORMANCE</b></p>  |  |  |
| <p><b>25) Monitoring medical errors or harmful practices</b></p> <p><i>Assess if there is a system in place where medical errors or harmful practices (e.g. medication errors, wrong procedure) are reported</i></p>  |  |  |
| <p>Do you have a system where medical errors or harmful practices (e.g. medication errors, wrong procedure) are reported? If yes, is it used?</p>   |  | <p>Yes system, yes used <input type="checkbox"/><br/>Yes, system, not used <input type="checkbox"/><br/>No <input type="checkbox"/></p>  |
| <p>Can you tell me about your systems for avoiding harmful practices? What are the measures in place? For example, do you use an incident report form?<br/>How would you know if an individual was not following a safety protocol in the neonatal unit?<br/>Has the hospital ever managed to make improvements after detecting a medical error? What happened?</p> |  | <p>1 <input type="checkbox"/>      2 <input type="checkbox"/>      3 <input type="checkbox"/>      4 <input type="checkbox"/>      5 <input type="checkbox"/></p>  |
| <p>Score 1: There is little awareness of the importance of avoiding harmful practices. There is no system for reporting medical errors or harmful practices. Safety depends on individual efforts only.</p>   | <p>Score 3: Systems for reporting medical errors or harmful practices do exist but are rarely used. Medical errors are addressed primarily through broader quality improvement efforts (e.g. QIST, death audits).</p>    | <p>Score 5: Systems for avoiding/reducing harmful practices are in place and monitored, for example, supervisors regularly investigate medical errors.</p>   |
| <p>Comment:</p>   |  |  |

| <b>26) Target setting in the neonatal unit</b>   |   |   |
|--|---|---|
| <b><i>Tests if there are targets (specific numerical targets) for quality of care indicators in the neonatal unit</i></b>  |   |   |
| Are there quality of care targets set for the neonatal unit? Are they reviewed regularly?  |   | Yes, reviewed monthly<br>Yes, reviewed every 3 months <input type="checkbox"/><br>Yes, reviewed twice a year <input type="checkbox"/><br>Yes, reviewed once a year <input type="checkbox"/><br>No <input type="checkbox"/>        |
| Can you explain the process of setting targets for quality of care in the neonatal unit? Who sets them?<br>Are they bound within a specific time frame?<br>Are they displayed anywhere?  |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |
| Score 1: There are no targets for quality of care indicators in the neonatal unit  | Score 3: There are targets for quality of care indicators in the neonatal unit but they are not set by the hospital   | Score 5: There are up-to-date targets with a timeframe for a range of quality of care indicators that have been set by the hospital. Targets are displayed in the neonatal unit.  |
| Comment:   |   |   |
| <b>27) Display of performance data in the neonatal unit</b>  |   |   |
| <b><i>Tests whether performance data on quality of care indicators (clinical pathways) are displayed in the neonatal unit</i></b>  |   |   |
| Are quality of care indicators for neonatal conditions displayed in the neonatal unit?   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| What types of quality of care indicators are displayed in the neonatal unit? For what conditions?<br>When were the information last updated?   |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |
| Score 1: There are no performance data on quality of care indicators displayed in the neonatal unit.   | Score 3: Performance data on quality of care indicators are displayed but for a small set of neonatal conditions or the data are not up-to-date (last quarter). | Score 5: Up-to-date performance data on a range of quality of care indicators covering different neonatal conditions are displayed in the neonatal unit. The information shows trends over time and is up-to-date (last quarter). |
| Comment:   |   |   |
| <b>28) Neonatal performance review</b>   |   |   |
| <b><i>Tests whether there is regular review of data on quality of neonatal care indicators (clinical pathways) by the hospital management</i></b>  |   |   |
| How often does the hospital management routinely review data on quality of neonatal care indicators for the neonatal unit?   |   | Monthly<br>Every 3 months <input type="checkbox"/><br>Twice a year <input type="checkbox"/><br>Once a year <input type="checkbox"/><br>Never <input type="checkbox"/>   |
| What type of indicators are reviewed? Do they measure clinical quality of care? What are the sources of information? Can you give an example?<br>Tell me about the review meetings of neonatal unit performance. Do they happen in the WIT and / or QIST?<br>Is a review report made? Who gets to see it?<br>What is a typical follow-up plan that results from these reviews? |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |

|   |   |   |
|---|---|---|
| Score 1: Data on quality of care in the neonatal unit is never reviewed. The focus of any review is primarily on patient volume indicators. No actions are developed.   | Score 3: The neonatal WIT or QIST sometimes review data on quality of care for the neonatal unit but there is limited follow-up of actions (actions are either not routinely written or they are not communicated to relevant staff). | Score 5: The neonatal WIT and QIST routinely review quarterly data on quality of care for the neonatal unit. Actions to be taken are agreed (e.g. written in meeting minutes) and these are communicated to relevant staff to ensure continuous improvement.                      |
| Comment:  |   |   |
| <b>29) Patient feedback</b>   |   |   |
| <b><i>Tests if there is a system in place for receiving and acting upon patient feedback, including that from families of patients in the neonatal unit.</i></b>  |   |   |
| Is there a system that routinely captures patient or family feedback and complaints on their experience of care in the neonatal unit?   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| Tell me about any systems in place to capture patient or family questions or concerns about their care? Do these systems cover the neonatal ward? If no, what happens in the neonatal ward?<br>If yes, are actions developed? Are they communicated with relevant staff?<br>Have you made any changes based on the feedback from patients? Can you give an example? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |   |
| Score 1: There are no systems in place to capture patient or family questions or concerns.  | Score 3: Systems to capture patient feedback exist but are not comprehensive. Efforts tend to be sporadic. There is no system to review feedback and take action.   | Score 5: Multiple systems are functioning to capture patient/family concerns (e.g. exit interviews, suggestions box, hospital ombudsman). Feedback is regularly reviewed by staff (e.g. in the neonatal WIT or QIST). Actions are developed and communicated with relevant staff. |
| Comment:  |   |   |
| <b>D) LEADERSHIP AND GOVERNANCE</b>   |   |   |
| <b>30) Governance of neonatal work improvement team (WIT)</b>   |   |   |
| <b><i>Test if the neonatal work improvement team has effective governance structures in place</i></b>   |   |   |
| Does the neonatal WIT have a terms of reference?  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>   |   |
| Who is represented in the WIT? Is there an active chair?<br>How were members were appointed?  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |   |
| Score 1: The neonatal unit WIT is non-existent, with no terms of reference or active chair.   | Score 3: The neonatal unit WIT does exist but is lacking one of the following: terms of reference, active chair, and membership that represents the key relevant stakeholders within the hospital.                                    | Score 5: The neonatal unit WIT has terms of reference, an active chair and membership that represents the key relevant stakeholders within the hospital.  |
| Comment:  |   |   |
| <b>31) Functioning of neonatal work improvement team (WIT)</b>  |   |   |
| <b><i>Test if the neonatal work improvement team is functioning effectively</i></b>   |   |   |

|   |   |  |
|---|---|--|
| Does the WIT have regular meetings?   |   | Yes, they meet monthly <input type="checkbox"/><br>Yes, they meet every three months <input type="checkbox"/><br>Yes, they meet every six months <input type="checkbox"/><br>No <input type="checkbox"/> |
| Can you tell me about how these meetings run? Is there an agenda? Are minutes taken?<br>To what extent is there good attendance in the meetings?<br>How are decisions followed up? Are there action points from the meetings? |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: The neonatal WIT is not operational and does not meet.   | Score 3: The neonatal WIT does meet but not every month. The agenda is informal. Minutes may be produced but without clear action points. Some members are in attendance.   | Score 5: The neonatal WIT meets every month with an agenda. Minutes, with action points, are produced and circulated. There is good attendance.  |
| Comment:  |   |  |
| <b>32) Governance of quality improvement support team (QIST)</b>  |   |  |
| <i>Test if the quality improvement support team (QIST) has effective governance structures in place</i>   |   |  |
| Does the hospital QIST have a terms of reference?   |   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>  |
| Who is represented in the QIST? Is there an active chair?<br>How were members were appointed?   |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: The QIST is non-existent, with no terms of reference or active chair.  | Score 3: The QIST does exist but fulfils only two of the following: terms of reference, active chair, membership that represents the key relevant stakeholders within the hospital, and QIST members receiving appointment letters. | Score 5: The QIST has terms of reference, an active chair and membership that represents the key relevant stakeholders within the hospital. QIST members have received appointments letters.             |
| Comment:  |   |  |
| <b>33) Functioning of quality improvement support team (QIST)</b>   |   |  |
| <i>Test if the quality improvement support team (QIST) is functioning effectively</i>   |   |  |
| Does the QIST have regular meetings?  |   | Yes, they meet monthly <input type="checkbox"/><br>Yes, they meet every three months <input type="checkbox"/><br>Yes, they meet every six months <input type="checkbox"/><br>No <input type="checkbox"/> |
| Can you tell me about how these meetings run? Is there an agenda? Are minutes taken?<br>To what extent is there good attendance in the meetings?<br>How are decisions followed up? Are there action points from the meetings? |   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |
| Score 1: The QIST is not operational and does not meet.   | Score 3: The QIST does meet but not every month. The agenda is informal. Minutes may be produced but without clear action points. Some members are in attendance.   | Score 5: The QIST meets every month with an agenda. Minutes, with action points, are produced and circulated. There is good attendance.  |

|   |   |  |
|---|---|--|
| Comment:  |   |  |
| <b>34) Functioning of hospital senior management team</b>   |   |  |
| <i>Test if the hospital senior management team is functioning effectively</i>   |   |  |
| Does the hospital senior management team have a terms of reference (TOR) and an implementation/action plan?   | Yes, both <input type="checkbox"/><br>Yes, TOR only<br>Yes, plan only<br>No <input type="checkbox"/>  |  |
| Tell me about how the hospital management team functions? How frequently do they meet?<br>Who is represented on the hospital management team? Do you know whether there is good attendance in the meetings?<br>How is the performance of the hospital management team monitored in achieving targets in their implementation plan?<br>How does the hospital management team communicate with other levels of staff in the hospital? | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |  |
| Score 1: The hospital management team is represented by a small subset of senior leaders, meets infrequently with little structure or purpose to the meetings. Attendance is poor. Decisions are not well communicated with hospital staff.   | Score 3: The hospital management team fulfils only three of the following: is a multidisciplinary team representing the key managers, meets every month, produces and circulates minutes with actions point, has good attendance, and effectively communicates decisions with hospital staff. | Score 5: A multidisciplinary hospital management team meets every month. Minutes, with action points, are produced and circulated. There is good attendance. Decisions are effectively communicated with hospital staff. |
| Comment:  |   |  |

Section 3: Post-interview

This section will be completed after the interview by both research assistants to reflect on how the interviewee responded to the questions.

|   |  |   |                            |                            |                            |                            |
|---|--|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Interviewee knowledge of management practices  |  | 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Score 1: Some limited knowledge about his/her area of work, and no knowledge about the rest of the hospital | Score 3: Expert knowledge about his/her area of work, and some limited knowledge about the rest of the hospital          | Score 5: Expert knowledge about his/her specialty and the rest of the hospital              |                            |                            |                            |                            |
| b) Interviewee willingness to reveal information  |  | 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Score 1: Very reluctant to provide more than basic information  | Score 3: Provides all basic information and some more confidential information   | Score 5: Totally willing to provide any information about the hospital!                     |                            |                            |                            |                            |
| c) Interviewee patience   |  | 1 <input type="checkbox"/>  | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Score 1: Little patience - wants to run the interview as quickly as possible. I felt heavy time pressure    | Score 3: Some patience - willing to provide richness to answers but also time constrained. I felt moderate time pressure | Score 5: Lot of patience - willing to talk for as long as required. I felt no time pressure |                            |                            |                            |                            |



## Section 4: Hospital record review

In this section, the interviewer will ask to see evidence of some management practices or processes for confirmation.

| No. | Question   | Response (score)  |
|-----|--|---|
|     | <b>Delivery of care in the neonatal unit</b>   |   |
| 1   | COIN manual  | Yes (1) No (0)  |
| 2   | IPC (infection prevention and control) manual  | Yes (1) No (0)  |
| 3   | Poster displayed on IPC in neonatal unit (such as handwashing or waste disposal)   | Yes (1) No (0)  |
| 4   | Neonatal referral forms ( <i>ask to see a blank form</i> )   | Yes (1) No (0)  |
| 5   | Neonatal death review form ( <i>ask to see a blank form</i> )  | Yes (1) No (0)  |
| 6   | Neonatal death audit consolidation form ( <i>ask to see most recently completed form</i> )   | Yes, with a date DD/MM/YY (1) Yes, without a date (0.5) No (0)                  |
| 7   | Emergency box for neonatal unit  | Yes, fully equipped (1) Yes, partially equipped (0.66) Yes, empty (0.33) No (0) |
| 8   | Handover report or book in neonatal unit for nurses  | Yes (1) No (0)  |
| 9   | Handover report or book in neonatal unit for clinicians  | Yes (1) No (0)  |
| 10  | Number of neonatal admissions in the most recent completed calendar month  | [Number]<br>[Specify the month of the most recent completed month]              |
|     | <b>HR records</b>  |   |
| 11  | Staff appraisal record in the personnel file ( <i>at least one from either 2023 or 2024 is acceptable</i> )                            | Yes (1) No (0)  |
| 12  | CPD (continuous professional development) schedule for neonatal unit staff ( <i>schedule should be forward looking for 2023/2024</i> ) | Yes (1) No (0)  |
| 13  | Nurse roster in neonatal unit for month ahead  | Yes (1) No (0)  |
| 14  | Clinician rota in neonatal unit for month ahead  | Yes (1) No (0)  |
|     | <b>Quality / safety</b>  |   |
| 15  | Targets for quality indicators in neonatal unit  | Yes displayed (1) Yes not displayed (0.5) No (0)                                |
| 16  | Performance data on quality of care indicators in neonatal unit ( <i>performance data for either 2023 or 2024 are acceptable</i> )     | Yes displayed (1) Yes not displayed (0.5) No (0)                                |
| 17  | Display of information on ombudsman's office in neonatal unit  | Yes (1) No (0)  |

|    |  |  |
|----|--|--|
| 18 | Suggestion box in neonatal unit  | Yes (1) No (0)                                       |
| 19 | Targets for neonatal unit  | Yes, displayed (1) Yes, not displayed (0.5) No (0)   |
|    | <b>Leadership and governance</b>   |  |
| 20 | Minutes / records of hospital senior management meeting                      | Yes – Date DD/MM/YY (1) Yes – Not dated (0.5) No (0) |
| 21 | Minutes / records of QIST meetings   | Yes – Date DD/MM/YY (1) Yes – Not dated (0.5) No (0) |
| 22 | Minutes / records of Work Improvement Teams (WITS) meetings in neonatal unit | Yes – Date DD/MM/YY (1) Yes – Not dated (0.5) No (0) |
| 23 | Display of posters on WITS activities in neonatal unit                       | Yes (1) No (0)                                       |
| 24 | TORs for QIST  | Yes (1) No (0)                                       |
| 25 | TORs for WIT   | Yes (1) No (0)                                       |