

Supplementary file 4: The context of each ward and researcher perceptions of their performance status.

Comparison between Safety Thermometer data and researcher's perceptions of ward level performances

Rank – based on Safety Thermometer data ^a	Ward	Rank – based on researcher's perceptions ^b
1	T2W3	3
2	T2W6	5
3	-	<i>Did not take part in the study</i>
4	T5W10	1
5	T1W1	2
6	T1W2	9
7	T4W9	8
8	T3W8	4
9	T2W4	7
10	T2W5	6 (<i>no focus group</i>)

^a Based on an analysis of NHS Safety Thermometer data which has been reported in our previous study (Baxter et al. 2018).

^b Based on the researchers perceptions of each ward while blinded to actual ST performance levels.

Key: Wards highlighted blue are the positively deviant wards and wards highlighted green are the matched above average comparison group.

Brief contextual information about each ward including the researcher's narratives to about their perceptions of ward safety.

Researcher's ranking	Ward pseudonym	Context and brief narrative
1 (Pos Dev)	T5W10	<p>Context: Ward within a local general hospital foundation trust. The ward environment was old but comfortable with plenty of comfy seating and a large day room for patients to use. Leadership appeared to be strong particularly for the nursing team and it included the matron, ward manager and deputy ward managers. The ward usually appeared to be adequately staffed. Patient acuity appeared to be similar to other wards.</p> <p>Researcher reflections: A very relaxed ward with a calm atmosphere. A cohesive team who got on very well. It appeared to be a supportive environment. Very well led – ward managers were 'on it' and very proactive. A very patient centred environment with patient activities and a progressive approach to managing dementia. Staff training was high on the agenda with frequent lunchtime training sessions. Ward leaders were very keen to be involved in the study and multidisciplinary staff were engaged and supportive.</p>
2(Pos Dev)	T1W1	<p>Context: A modern, spacious ward within a large teaching hospital foundation trust. Clear leadership from a nursing and medical perspective. Regular staffing problems as staff were taken from their team to staff another ward, however, this rarely showed through staff actions. A volunteer worked on the ward regularly. No discernible difference in patient acuity compared to other wards.</p> <p>Researcher reflections: A relaxed ward. Staff always seemed to get on really well with each other and to be a cohesive team. Very multidisciplinary with therapists being a really integral part of the ward. Work between staff members seemed to be coordinated. Patients appeared to be well cared for and happy. Well led by both senior sister and junior sisters. Very engaged in the study and willing to take on improvement work more generally.</p>
3 (Pos Dev)	T2W3	<p>Context: Ward within a large teaching hospital. Relatively old style ward with limited space. Separate isolation unit on the ward. Very strong nursing leadership from the ward manager and deputy ward manager. The ward appeared to be adequately staffed and patients had a similar acuity to those on other wards.</p> <p>Researcher reflections: Extremely well led ward both from junior and senior sisters. Appeared to be a cohesive team. Very engaged in the research and this appeared to relate to any improvement work that they had the opportunity to be involved in. Staff appeared to be caring and friendly. Ward seemed warm and relaxed.</p>
4 (Pos Dev)	T3W8	<p>Context: Ward within a teaching hospital foundation trust. Old style environment with limited space. Strong nursing and medical leadership with only the usual staffing problems that all wards faced. Patient acuity was possibly slightly better on this ward than on some others.</p> <p>Researcher reflections: Seemed to be well led from the consultant and ward manager. Staff occasionally appeared pressured and flustered when things were really busy, but generally a relaxed ward. Staff seemed to be very caring and friendly. Patient safety appeared to be prominent on the ward and care appeared to be quite patient centred. Engaged team both in this project and their day to day jobs.</p>
5 (Comp)	T2W6	<p>Context: Ward within a large teaching hospital. Relatively old style ward with limited space for patients. Strong nursing and medical leadership. Patient acuity similar to other wards.</p> <p>Researcher reflections: Mixed messages about this ward. Atmosphere initially poor with few observations of outstanding patient interactions. Patients left alone for long periods of time. Staff were not particularly friendly and the ward leadership team was cold. During the focus group I saw the team in a different light. They all got on really well (across all levels), were very integrated MDT. The ward seemed to be going through a period of change and they were very involved in</p>

		improvement work.
6 (Comp)	T2W5	<p>Context: Ward within a large teaching hospital. Relatively old style ward with a day room for patients. Strong nursing leadership with clear deputy ward managers. The ward usually seemed to be adequately staffed. Patient acuity seemed to be similar to other wards.</p> <p>Researcher reflections: Unpredictable ward that sometimes appeared to deliver safe care but at other times did not. A well-integrated MDT who seemed to get on well with a communal office for staff members to congregate. Staff always seemed busy / pressured, but at times it was relatively relaxed. Sometimes patients were left for really long periods of time pressing their buzzers and some patients had very long lengths of stay. A room which was occasionally used for patient activities etc.</p>
7 (Comp)	T2W4	<p>Context: Ward within a large teaching hospital. Relatively old style ward with limited space for patients. When the ward manager was not on the ward there was limited clarity of who was in charge. Patient acuity similar to other wards.</p> <p>Researcher reflections: Often short staffed but sometimes because staff had been taken from their ward to support others. Some staff regularly seemed to be stressed and running around/flapping. Unable to conduct a focus group on this ward. The ward manager was not always on the ward and staff readily cancelled their involvement. The consultant also seemed to not be interested in taking part in trust initiatives with high confidence in the wards ability to succeed on their own.</p>
8 (Comp)	T4W9	<p>Context: The ward is part of a smaller teaching hospital and foundation trust. Very old environment with a small space near the nursing station for patients to sit communally. Patients had quite high acuity compared to some of the other wards which was particularly obvious regarding falls risks. At times the nursing team seemed stressed and short staffed.</p> <p>Researcher reflections: I observed a few occurrences of poor staff-patient interactions. Generally, staff seemed to be quite cohesive and to get on well enough, although there was maybe less situational awareness across the team than there has been on the wards. Domineering ward manager with a potential blame culture among ward staff. Initially I thought that this was quite a good ward but my opinion changed as I spent more time on it.</p>
9 (Comp)	T1W2	<p>Context: A modern, spacious ward within a large teaching hospital foundation trust. Limited leadership on the ward due to ward manager sickness and locum consultant. Lots of staff sickness within the wider nursing team. Patient acuity seemed roughly similar to other wards.</p> <p>Researcher reflections: Always extremely poorly staffed. Team did not appear to be as cohesive as other wards or to work as an MDT. Lack of ward leadership. Patients did appear to be very poorly, perhaps slightly more so than the other wards. Staff sometimes observed to be sitting down and chatting – didn't appear to work as hard as on other wards. Far less patient-staff engagement than other wards. Not engaged with the project.</p>

NB: context specific details have been omitted to maintain confidentiality.