Thematic framework of behavioural and cultural factors that facilitated high performance in patient safety

[a] Subthemes highlighted green are those that are classed as positively deviant success strategies – explicit differences exist between the positively deviant and comparison wards. Subthemes highlighted yellow are those where interesting (but not explicit) patterns were uncovered between the two performance groups.

Theme	Subtheme [a]	Subtheme description and illustrative quotes
Staff relationships	Knowing each other	Staff on positively deviant wards were passionate about the importance of team members knowing each other as this influenced the way in which they delivered safe patient care. Some staff highlighted this specifically in relation to their doctors and the effect that this has on reducing professional hierarchies. In contrast, staff from the two comparison wards that highlighted this subtheme were more superficial in their descriptions of 'knowing each other'. They referred to the benefits of simply knowing someone's name rather than having any deeper form of relationship. Positively deviant ward – when comparing themselves to other wards that don't perform so well - *Physiotherapist: […] And all of a sudden all of the things that probably make a very safe ward are lost because you don't know who the ward, like you know the name of the staff nurse but you don't know who she is and, and where she is in her career and what her passions and things are and, […]* Comparison ward – *Registrar: And that helps us now having an OT in the team, here all the time. You hear the OTs name rather than, 'oh I'll go phone the OT'.* One positively deviant ward considered this to be fundamental to their success and so have taken steps to encourage this. They now invite junior doctors to their monthly team meetings, and whenever someone new attends their safety briefing they incorporate 'formal introductions' to facilitate staff getting to know one another: "*So then when people come to dip in and out, like junior doctors and physios and OT's and things, because they see that relationship between the team that's already there, they feel it's easy to become part of the team".*
	Getting on well	Staff describe how they all 'get on well' and 'gel'. They refer to the deeper, social side of 'knowing each other'. Interestingly, doctors were more vocal about the importance of this subtheme, whereas nursing and allied health staff placed greater importance on staff 'knowing each other'. Comparison ward: *Consultant: I think we all get on well as people. Doctors are team members. And we go out and have a good laugh, and socialise and then it kind of carries through from you know outside of work.*
	Trust	Trust between team members enabled staff to more effectively gather information and work as a team to deliver patient care. Multidisciplinary staff listen to one another and trust each other's clinical judgements. The importance of trust was only discussed by two positively deviant wards. Positively deviant ward: *Doctor: And there's a lot of trust I think as well, so say, [OT] went to see one of the patients and said "actually [doctor] she's got loads of pain can you, you know, can you do something to try and help with that" and I'd be like "oh yeah of course" and then we'd do something*.

Joining the team	Staff are friendly and welcoming to new and rotating team members. Rotating staff easily join the team, they are supported, and settle in well. Pre-existing, good relationships may help new staff join a team. Comparison ward: *HCA: And, and I think we're very good with erm new staff that probably haven't, haven't got as much confidence. And I think we're very good at errm helping them and showing, and giving them support that they need. I know when people leave and what you know, the students say that they get a lot of, they, they learn a lot and they get a lot of support from here even at first when they get here and it's quite busy and errr hard for them.*
Reducing frustrations	Staff referred to the various ways in which they try to reduce frustrations for example through ways of working / processes (e.g. discharging when medically stable and avoiding extended hospital stays) or through specific tasks and actions (e.g. making sure things are reliably documented, meetings start on time etc). Frustrations tend to stem from work load or work based tasks, but they affect relationships with other team members / professional groups. Positively deviant ward: *Consultant: […] it used to be the case that you would just start the ward round and go from, like, one end to the other, you know, and that and then you would, like, find the sick patient at the end of the ward round and then you'd be really grumpy – like why has nobody told me about this sick patient – and that fostered a really negative relationship and that kind of was how things were for a long time. Not just on this ward but lots of places I've worked and actually talking about sick patients at the beginning of the day….* *HCA: You go straight to them don't you…* *Consultant: That's [the safety briefing] just completely eradicated that issue.*
Ward based AHPs	A number of wards reported that they have dedicated Allied Health Professionals (Physiotherapists, Occupational Therapists, or both) who do not have to work across a number of different wards. Staff perceived two benefits to this – one related to relationships and the other to the integration of the team. In relation to this theme, staff reported that having ward based AHPs helped to build relationships between team members, know who one another was, and it allowed the AHPs to feel more accepted within the team. In turn staff felt that this affected the approachability of team members. Positively deviant ward: *OT: I just feel like, from our point of view again, like from being based on the ward because I think on, like on the weekend I work on different wards and I'm not familiar with the staff, and you go on and you kind of, you bob on, you see them, you write in the notes and then you go and then you're gone but here, like you say you know, we write in the notes but then if we see that you're going to see them on the ward round oh when we went to see them, like that lady said, oh she got up, she's in a bit of pain can you just check, you know and you're kind of there and you're able to say it face to face. It's just so much better.*

Integrated teams	A multidisciplinary approach	Having a multidisciplinary approach and working collaboratively with staff from all professions was discussed extensively across all wards. However, staff on the positively deviant wards placed far more emphasis on its importance. They gave examples of how they involved and kept the multidisciplinary team informed of things, and discussed the benefits that this provided. Staff also accentuated the involvement of non-professional staff in the day to day ward based activities. Staff from comparison wards described their multidisciplinary approach in more generic and abstract terms. Positively deviant ward: *Ward Manager: […] But fundamentally, like I say, like I said at the beginning, it's all about an MDT approach and that's what it, because everybody's involved, everybody feels like they've got responsibility for every bit of the safety on the ward regardless of who it's about or who it is and that gets continued 24/7 because they know about it they think about it and then the information's passed on and disseminated throughout the MDT, so everybody has a responsibility to look after the patients and make sure it's a safe environment; which is fundamentally what we've been trying to do for the past 18 months.* Positively deviant ward [describing a scenario where the house keeper raised concerns to the consultant during a safety briefing] – *Deputy Ward Manager: I'm sure [the patient's health problem] would have been found anyway - but it probably would nowhere near be as prompt. And that just shows exactly why it is important that everybody is there.* *Physiotherapist: And I do wonder on other wards where it is just qualified people that attend the safety briefing - I don't think it works as well.*

Ward based AHPs	This is the second strand for this subtheme (also see the staff relationships theme). Staff on the positively deviant wards discussed the benefits associated with their ward based AHPs being more integrated into the team and they made links to many of the other subthemes within the 'integrated teams' theme. For example, being based on the ward enables AHPs to be more involved in discussions, work more closely with other staff and to feel like an important part of the team. Two positively deviant wards took direct action to increase the integration of AHPs on the ward. One ward created a dedicated space directly opposite the main nursing station for therapists to work from, and another ward a) turned the 'doctors' room into an MDT room facilitating a space for all staff to work alongside each other, and b) changed the pharmacists daily schedule so that they could attend daily safety briefings. The only comparison ward to mention this subtheme discussed the practical benefits associated with physically having an additional member of staff present on the ward. Positively deviant ward: *OT: I think that's one of the big things, I mean, when we moved over here very quickly we decided that we wanted to be in the ward rather than in an office round the back. Errm. So we actually took the table from here [day room] and moved it along [into the corridor] and it's great because it's right opposite the main nurses' station so you hear phone calls coming in and as [Staff Nurse] says we can say 'can you speak to Mrs So and So's family' and that really helps.* Positively deviant ward: *Junior doctor: I found this [MDT] room useful because we're always here, as junior doctors we're surrounded by occupational therapists, physiotherapists, pharmacists are just next to us and all the nurses come in and out so it makes it easier whenever we have any questions regarding patients or any family discussion needed – it's just very approachable.* Positively deviant ward: *Consultant: [name] arranged it so that the pharmacist could be here in a morning rather than an afternoon - which again brought them more into the team and more into the safety briefings and opened the discussions again instead of the pharmacist just being….* *Pharmacist: Coming on, writing in notes and disappearing.* *Consultant: Yeah, exactly that, the pharmacist really became part of the ward team a lot more so then we're using them a lot more because they are there and it's much more of a dialogue.* Comparison ward: *Ward Manager: "The referrals are going through much quicker, they are being acted upon much quicker, hence quicker discharges, hence the other knock on effects".*
Feel part of the team	Staff reported to 'feel like a part of the team' with some participants giving relatively emotive and personal accounts about their place within the ward. This subtheme was most frequently mentioned by staff who were less often on the ward (AHPs or part time staff) and those who had recently joined. Positively deviant ward: *OT: I think that the same, like as an OT or as someone that not usually based on a ward like, I am now based on a ward, but I feel like I've been really well accepted, you know to the team and I think it's just, or everyone feeling like they're equal you know and playing an equal part in patients' care and I think that's a huge thing. Coz if you feel valued you step up to the mark you know.*

Working together	All positively deviant wards described an extremely integrated way of working which involved many different professional groups across all stages of the patients' care. The only comparison ward to discuss this subtheme simply referred to the interactions of senior nursing and medical staff rather than discussing the full multidisciplinary team across all grades and levels of experience. Positively deviant ward: *Nurse: Yes, in the past when I've worked, I've worked in an MDT errm within a [xx] unit, it's very much the nursing staff and then the physios and then the OT's and they only meet at team meetings and then they go back to their corners. Whereas here, you know, on Monday [OT] is taking somebody to the toilet so, it's you know, it's like "don't worry about it [Nurse] I'll take her to the toilet, I'm going to assess her anyway doing this" and then she comes back and tells me what's happened so you know I haven't got to do that myself. Errm. Whereas before, it would be, they would have done their assessment just for assessment purposes and it there wouldn't have been that I'll come back and let the nursing staff know what's happening because I'm an OT and I'm just doing my OT work and I think I could go up to you and tell you somebody's not dealt with the clothing very well, you know, its. And I think we just do that, we've done it for so long that it's just a conversation that we have and it's very organic.* Positively deviant ward: *Junior Doctor: You know there genuinely is a kind of - everyone is involved in the care of the patient, works together you know. Whether that's through the MDTs. The full day starts in the morning with therapists, nurses, doctors there all. You know even on the ward rounds we always do them together. You know, doctors will always go round with nurses which is really useful because, you know, a lot of patients that we look after can't communicate how they are in lots of ways. So actually that's really valuable. And we often have discussions with, you know, the therapists come around and we discuss how the patients are.*
Respect others' roles	Staff respect the different roles that everyone has within the team. Staff tended to report this as a statement - they did not explain what respect looked of felt like to them. Comparison ward: *Ward Manager: […] we've been an open and honest team, again you know, you, you respect your colleagues, I feel that people are very well respected on here. Errm and it's a two way thing really isn't it.*
Understanding everyone's role	Staff have a good understanding of everyone's roles within the team. This enables them to see the bigger picture and means that they know who to approach for different things when needed. Positively deviant ward: *Physio: Yeah. I think all the staff here seem to be really aware of who to refer to to get the right thing done instead of just leaving it and hoping that someone will pick it up.*
It's not my job	Ward staff don't have an attitude of 'it's not my job' (or 'not my role, not my task' etc). Positively deviant ward: *Nurse: Everyone puts the patient as a priority. It's not, 'oh that's not my job, it's someone else's'. It is - something needs doing - who is around to do it. Which is why we aim to work as a team, coz it's not someone answering the buzzer and going 'oh no that's nurses job' or 'oh no that's healthcare'. 'I can't give you that wash, I'm the nurse, I'm in charge of your tablets. Healthcare will come and do that'. The nurses actually participate in doing the care and then go onto the medications and stuff.*
Everyone has a role to play	Staff described a culture whereby everyone's role, from the consultants through to the housekeepers, was considered equally important to keeping patients safe and to the effective running of the ward. Staff often particularly described this in relation to the unqualified staff (e.g. healthcare assistants and domestics). Positively deviant ward: *Ward Manager: […] But fundamentally, like I say, like I said at the beginning, it's all about an MDT approach and that's what it, because everybody's involved, everybody feels like they've got responsibility for every bit of the safety on the ward regardless of who it's about or who it is*

Approachability	Non-hierarchical	Staff perceived wards to be non-hierarchical which made them comfortable approaching other team members regardless of their professional role. This was considered to be important in maintaining safety. Positively deviant ward: *HCA: And nobody's like scared of talking to like doctors or owt and we all can get on can't we.* *Consultant: Yeah.* *Ward Manager: No. There's no real hierarchy is there*.
	Feeling able to ask questions or for help	Staff on positively deviant wards reported that they felt able to ask questions or for help from other team members and that this ensured that information was passed on without delay. This was apparent across different staff grades and professional groups. Staff emphasised the emotional aspects of this with regards to feeling comfortable about approaching other staff members and not feeling concerned about asking questions of anybody. One comparison ward mentioned this subtheme but the staff described more practical and task orientated situations in which they needed to ask others questions or for help. Positively deviant ward*: Nurse: Coz we are so approachable, any one that comes in can come to you and ask you for their help. And you make the effort to actually help. Coz you know that at the end that's what's best practice.* *Physio: Yeah. I think that massive. Because I rotated a couple of weeks ago. That's a massive thing I've thought on here. Everyone's really approachable. Because I think on some wards if, if you're seeing a patient and someone else asks you for something you sometimes don't want to go and ask a nurse or anyone to help you with it because you don't it to look like you are off loading to someone else. But everyone here, on here just wants to help so they don't mind, they don't accuse you of wanting to get rid of jobs. They all just want to help you out.* Positively deviant ward*: Junior Doctor: Starting as a new doctor I was quite worried about meeting all these new patients; that I didn't know a huge amount about elderly medicine and how it all worked. But actually… the consultants and registrars that we've had on the ward have all been really supportive and I wouldn't have any qualms at all about calling [consultant] on the phone this afternoon and saying 'I've just got this quick question what do you think we should do about this?'. So we're bringing up things all the time, answering questions, getting on with things.*
	Feeling able to raise concerns	Staff feel able to raise concerns with other members of the team about a patient's care. Comparison ward: *Junior Sister: I mean any, any, member of staff would come and say, you know, they are concerned about a patient, Mr so and so is going home today. Can we put them in there or them there so that they are a bit more visible*
	Feeling able to challenge each other	Staff feel able to challenge one another about specific aspects of practice, the ward routine, or a patients care that they think is incorrect / not going to work. Comparison ward *OT: It does go back to being approachable though doesn't it. If something wasn't documented I feel like I'd be able to say in a nice way and no one would take offence. 'Oh this hasn't been documented'. And then, then it would, you know, act, action would happen,*
Supporting one another	Freeing up frontline staff	Staff reported ways in which frontline staff were 'freed up' to spend more time delivering patient care. Admin and leadership staff commonly completed specific tasks such as updating documentation / handover sheets, progressing involvement in certain initiatives and trust processes, filtering important information that staff need to know. Comparison ward: *Ward manager: [Deputy WM] and I have taken it on when the staff are really busy. Before we go home on a night to try and update that so it is errm. … You know it com, it combines with the ward round and everything that we've done that day.*

	Supporting those who are busy	Staff described how they would support each other when they recognised that another team member was particularly busy or struggling with something. Staff would help them with the particular task, or they would complete a different job for them to help ease their work load. On some wards, staff mentioned that this was done regardless of professional role. Positively deviant ward: *Doctor: I've noticed these guys, if one of their colleagues is busy with an ill patient or something and they'll, they'll move bays and help each other out to make sure that those are never missed.*
	Feeling backed up	Staff reported that they feel as though they are supported, listed to, and backed up by other staff members and/or the leaders of the ward. Positively deviant ward: *Nurse: Yes, like, because I'm only part time so I only do sort of 2 days a week, it's not really appropriate for me to just know, know loads about the discharge process because I don't know enough about the patients but like I can go to [CSOT], I can go to [OT], errm and they're so knowledgeable that I don't feel, I don't feel out on a limb because I'm part time, you know, I feel that there's, I'm always backed up to the hilt so that we can do the best for the patient*
	Going beyond professional roles	Staff discussed the ways in which team members will 'go beyond their professional roles' to help deliver safe patient care. They do more than what is expected of them, or they complete tasks which are not traditionally associated with their professional role. These actions made other staff member's jobs easier. This occurred within all staff groups including AHPs, unqualified staff and doctors. For example physiotherapists doctors and sometimes ward clerks telephone relatives or previous care providers to gather more information about an admission. Positively deviant ward: *Nurse: I think it's, it's good as well because yesterday physio went in with like the bed and like errm you went to put her right and said 'oh just be careful because her blood pressure might go low'. So I passed you the obs machine and you checked it. That saves me coming in to check it. And then when you put her back into bed you were like 'oh just letting you know she opened her bowels, it was this type. And I cleared it up'. And I went 'oh thank you'. [laughs].*
	Doing what you say you'll do	Staff referred to the importance of other staff members doing the things that they have said that they will do. This was a small subtheme mentioned by relatively few, but those who did mention it were passionate about its importance. Comparison ward: *OT: Or if I go 'oh there is not a night time assessment, we need a night time assessment', I'll then look the next day and it's been done, do you know what I mean. On other wards it's just like 'oh well, they don't need one'. [laughs]. 'Well they do!'*
Ward leadership	Backing initiatives	Ward leaders got involved and/or involved their wards in various trust, regional, or national level initiatives to improve patient safety. They supported and backed the work that was happening on the ward and they drove the improvement forward. Comparison ward: *Ward Manager: I volunteered us [laughs].* *Consultant: She says yes to everything.* *Ward Manager: I do, I put my hand up for everything*.

	Leadership	During the focus groups staff talked about the importance of having good and strong leadership on the ward. This subtheme was not emphasised as much as one would have expected, and staff struggled to define what they meant by good 'leadership'. Leadership was also classed as a high-order observation. Positively deviant ward: *Doctor: I think a lot of it comes from kind of top down leadership. You know I think both the nursing and medical side is certainly you know. I think Dr [xx] is a very approachable physician, he is very gentle. He is very concerned with all aspect of the patients' care you know from, he wants to know everything and he is even down to. He'll make sure we're writing in the notes in a legible fashion. You know he really is interested in that whole picture. And I think that sets the tone in terms of, that is what he expects from his team and I think it's exactly the same thing on the nursing side. You know you see these sisters are always out. They do clinical shifts. They are setting the standard, they are showing the example. And I think it comes from that.*
	Setting expectations	Positively deviant wards explicitly identified the facilitating effect of leaders setting expectations about how care should be delivered. In contrast, two comparison wards only referred to this indirectly. Clear expectations ensured that staff knew exactly what to do, how to do it, and they were considered to raise the team's performance to a higher level. Positively deviant ward: *Physio: […] And the senior sister on the ward has very high expectations and there are no excuses are there. =* *All: = [laughs and agreement]* *Physio: And when, when that is set, when those expectations are there and set and everyone is doing their bit you almost have to rise to them so almost the more that is expected of you the better you, you are. […]*
Ward atmosphere	Feel of the ward	Staff referred to there being a special 'feel' on the ward compared to others. Staff however didn't define what this feel was – they referred to it almost like a sense. This subtheme was not particularly dominant. Positively deviant ward: *Ward Manager: Because you know for a fact if you go on other wards there's a different atmosphere to when you come on here and that's just because, I think, of maybe the way that they look at things, the hierarchy for example, I don't know.*
	Calm and relaxed	Staff reported that their wards (and the team) have a relaxed and calming atmosphere. They rarely have the hectic sense of panic that other wards seem to have. Comparison ward: *OT: I'm not sure how you do it, coz like the patients are really poorly, but you come onto the ward and it, and even though everyone's really hectic and really busy it still feels quite calm and chilled and no one, like you don't get that sense of panic on like an acute ward. Whereas you go onto other wards and it just seems so hectic*
	It's very open	Teams are considered to be very open. Staff are honest and a blame culture does not exist within the team. Similar to the other subthemes within this theme, staff struggled to define what they meant by open. Comparison ward: *Ward Manager: I think it's about being honest and open is team working. You've got to be honest with your staff. I think you've got to keep them in the loop with everything that's going on, on, on the ward.*

	It's a pleasure to come to work	Staff on positively deviant wards were the only ones to report feeling like it was a pleasure to come to work. This was not discussed by any of the staff on the comparator wards. Positively deviant ward: *Nurse: I wouldn't have stayed if it hadn't had been fabulous, I've been known to leave jobs because of patient safety. My last, my last post I worked there for three months but they wouldn't listen to me so I handed my notice in because I just couldn't, I couldn't put my name to, I didn't want to put my name to the unit. I'd built a reputation of trying to be the best nurse I could be and they just weren't listening so I just thought I've got to go and I've been here six years; this is the longest job I've ever had as a nurse.*
Improving performance	Celebrating success	Ward teams do not only focus on the negative things that happen. They also celebrate the positives. Examples include sharing when things have gone well with patients' care, sharing the achievements that the ward have had (e.g. sharing data on falls etc.), and sharing positive feedback that the ward receives from patients / families. Some wards also explicitly celebrated performance during the focus group by recognising the teams / a professional groups hard work or achievements. Comparison ward: *Deputy Ward Manager: And equally sharing errm good feedback […] Errm so yeah I suppose we trying to get that balance of all, of bringing in the good things, good experience as well coz I think those of us that have been here a longer time know that it was always* *All: [laugh]* *JS: Yeah [laughs] it was always focusing on the negative and feeding back on that and learning which you do have to do. But I think equally when we've done something really well and had praise we need to be sharing that with each other. And you know a nice reminder that we're, you know it is appreciated.*
	Internal self-awareness of performance	During the focus groups staff show awareness about how their wards were currently performing. This related to knowing how they performed on certain measures and metrics, having an awareness of where the ward excelled and what their areas for opportunity were, and having an awareness of where performance had recently changed. Positively deviant ward: *HCA: Before [Ward Manager] came along we had another Sister and she didn't let us know that we were failing and we didn't know what we were failing on or anything but now [Ward Manager] does let us know [laughs]*
	External self-awareness of performance	External self awareness was slightly different to the subtheme above. This refers to the extent to which staff demonstrated wider awareness about how their wards performance levels compared to other wards. Staff compared their ward to others in a various different ways with some wards (more frequently the positively deviant wards) demonstrating a greater awareness of the broader picture than others. Comparison ward: *Junior Ward Manager: And certainly at ward level we don't compare ourselves to [ward name] for instance on how they're doing. I mean you'll [Ward Manager] get a lot of information through, don't you that, errm, compares things but I think that's … might be useful for staff on the ward.*

Measuring and monitoring performance	Staff discussed the importance of and various ways in which their wards measure and monitor performance. Various different methods are used - locally and nationally derived audits, involving other teams within the trust to support the measurement of improvement, and gaining support from regional improvement bodies to measure performance. Positively deviant wards appeared to be more enthusiastic about the need and importance of measuring and monitoring. Positively deviant ward: *Ward Manager: […] every month you collate your falls, your medication incidents, your complaints, errm what you call it staffing levels, staff sickness, everything, so on the dashboard so everything is displayed for everybody to see. So you can see where you're doing really well and where you're not doing so well or where you're doing really poor and you know, from this team's point of view, I mean they've gone from being in the red to now being one of the 19 wards out of 92 in the trust that has been highly successful, so there's a significant change. And I think the health checks helped with that because then you can, you can say to them look actually we were at 86% we need to improve and get to this so, that's, that's the bit about sharing information and about mistakes and, you know, things like that or errors and then working on it to improve it.*
Engaging with external resources and improvement methods	Staff discussed the ways in which the wards have previously or are currently engaging with external groups to conduct improvement activities. Staff describe the use of known improvement methods to make changes on the ward (e.g. Plan Do Study Act cycles and HAELO). Staff also described different initiatives that they were trialled on their wards. Positively deviant ward: *Consultant: But then the bigger team, so it's definitely been since July last year and safety briefing so it was really the Improvement Academy work that started it all off rather than HAELO, HAELO came after but we started working with the Improvement Academy and they did some team culture surveys and things like that and that kind of got us moving forward really with working together more as a team.*
Staff training	Staff described how training had been used to improve the delivery of safe patient care. Some wards referred to providing mandatory training but others provided ward specific training e.g. for dementia care. Comparison ward: *Consultant: I have seen a change in the dementia culture, the way I think, there has been a lot of training around dementia and a lot of awareness. And I personally feel that the nurses understand it. Every, every nurse, every healthcare worker working on the ward has changed since that training. The way they deal with the patients on a day to day basis has changed.*
Completing incident forms	Three subthemes emerged regarding the benefits of incident reporting in helping to deliver safe patient care: completing incident reports, investigating the incidents and learning from them. With regards to completing the incident reports there were two aspects: some staff explained that they report everything that happens on the ward (including near misses on certain wards), and other wards identified that they have an open culture and were encouraged to report incidents. Positively deviant ward: *Ward Manager: Well as I found out today we report all falls, even if it's down to behaviour or something like that, whereas errm I think some of the wards aren't, are possibly not doing that. So we report all incidents of falls.* *Consultant: I think we're good at reporting erm medicines and pharmacy things because you've encouraged that and pharmacy have encouraged that.*
Investigating incidents	Senior staff on the wards tend to investigate incidents that have occurred, however, some wards involved other ward staff in helping to collate the information required. Comparison ward: *Ward Manager: We've had errm two [incidents] which we've learnt from, investigated and moved on from and the girls have been brilliant at collecting the information for them, the RCAs for that.*

	Learning from incidents	Regardless of performance group, learning from incidents was generally considered an extremely difficult thing to do. Although two comparison wards highlighted the frustrations that staff felt when incident forms were completed but nothing was done or was changed as a result, two of the positively deviant wards also discussed the ways in which their ward had try to overcome this and share learning among staff members. Positively deviant ward: *Ward Manager: I mean the Trust talk about when there's learning from incidents - things that goes on the Trust website, but very few people access it; just because they don't have time or access to it. From our point of view we feedback – errm depends on what it is really. If it's secondary to fall it's an RCA and we feedback back RCA - the outcomes of the RCA to staff. Things like we can print them out, we can feedback at board round, safety briefings, team meetings and things like that. Errm if its medication incidents then its individual then and we can speak to the individual. If it's something that's consistent - like when we first started the health check we used to have a problem with VTE assessments on drug charts and you just keep, you know, enforcing the need for to be done.*
Communication enablers	Accessible information	Information which staff regularly need to deliver safe patient care is readily accessible when they need it. Staff don't have to go elsewhere or search patients' full medical notes for information. There are two strands to this - a) assessment documents, charts and paperwork which require regular checking and/or completing are easily accessible to staff; b) patient information about their condition, admission, or wider circumstances is readily accessible from formal sources of documentation e.g. Physios write in the medical notes or staff have printed handover sheets etc. Positively deviant ward: *Physio: Physios have just started writing in the medical notes which for this trust is something new. So originally we used to have our own physio folder with physio documentation in which I've always had to say to other people 'oh you know, if you want to read my notes go to the folder' but actually now we write in the medical notes*
	Visual prompts	Staff find that various visual prompts on the ward help: a) staff or patients / relatives to complete actions e.g. signs to check things before relatives leave or coloured crockery / signs to signal dementia and prompt actions such as moving call buzzers closer and offering a drink; and/or b) communicate specific information e.g. signs to communicate safety risks, bedside boards containing information about a patients status or 'turning clocks' to prevent pressure ulcers. Comparison ward: *Nurse: Any visual aid you've got is always helpful for patient safety.*
	Complete and up to date documentation	Staff reported that having complete and up to date documentation and information about patients was extremely helpful in delivering safe patient care. Some wards reported that they were getting better at doing this whereas others reported this was a challenge for them. Positively deviant ward: *Nurse: Your board is filled out as well which is something I've never seen before. [laughs]* *Ward Manager: Yeah [laughs]* *Researcher: Your board for the board round?* *Ward Manager: Yeah.* *Researcher: It's actually filled? Yeah [laughs]. Yeah where I used to work it never used to be properly filled!* *Ward Manager: I don't think it is in a lot of places.*
	Verbally communicating documented information	On some wards, when staff carry out aspects of patient care / tasks and document it in their notes they will also find another staff member in order to verbally handover the information as well. Positively deviant ward: *OT: […] we write in the notes but then if we see that you're going to see them on the ward round 'oh when we went to see them, like that lady said, oh she got up, she's in a bit of pain can you just check', you know and you're kind of there and you're able to say it face to face. It's just so much better.*

	Double checking	Staff on two wards reported that they double check information either with other team members or by going back to a patient's documentation. Comparison ward: *Ward Manager: And err when [Nurse] said about the trolley I think we said well if we're going to do it you know, let's get two people checking it. You know you read all these articles about errm about insulin errors and we just didn't want it on here so you know. We like it, it's safe practice. Errm and like you say, we are actually now giving people their insulin when they should be having it, prior to having breakfast.*
	In the moment communication	Staff on all wards considered this subtheme to be important. Staff relying on the informal conversations that they have with one another to share the information necessary to deliver safe patient care. These conversations occur in between structured meetings and formal documentation (e.g. handovers and board rounds / safety meetings), and they enable staff to get the most up to date information about a patient. Positively deviant ward: *OT: I think that's one of the big things, I mean, when we moved over here very quickly we decided that we wanted to be on the ward rather than in an office round the back. Errm. So we actually took the table from here [day room] and moved it along [into corridor] and it's great because it's right opposite the main nurses' station so you hear phone calls coming in and as [SN] say we can say 'can you speak to Mrs So and So's family' and that really helps.*
	Ward routine	The importance of having a structured daily routine where meetings routinely take place and start on time was discussed on three wards. Meetings happen as planned rather than being pushed back / forward depending on daily circumstances or pressures. Staff felt that this structure enables effective communication between one another. Comparison ward: *OT: I think the structure to this ward is really good though, coz we know what time safety briefing is, we know what time board round is and we know what time MDT is every week. And I think a lot of wards don't have a strict time and like they just do it ad hoc, whenever, which is =* *Physio: = Or if they do it ..* *OT: = Or yeah, they don't do it at all. Well it's just, it such a massive breakdown in communication. And that to me is the, there is no respect*
Patient centred care	Knowing your patients	None of the subthemes within this patient centred care theme were as dominant as had been expected. Staff on two wards refer to the fact that they know their patients extremely well. This is not only in terms of the details surrounding their care and admission, but also the patients' likes and dislikes etc. Positively deviant ward: *Doctor: You know, you guys, the nursing and everyone you know, know your patients on here better than a lot of the ward do. So if you ask other ward staff, you know, do you know where this patient has come from, what are their arrangements, they can rarely tell you. Whereas on here, the majority of the time, you guys would say own home, care package, from this home, from that home.*
	Putting patients first	Staff on a few of the wards describe how the patient is put at the centre of everything and that the patient's best interests are engrained in everything the staff do. Positively deviant ward: *Nurse:* Just goes back to that ethos about the patient is at the centre of it all and you try to maintain the sort of care within the ward. …

	Keeping patients and relatives informed	Staff on the comparison wards described taking a proactive approach to keeping patients and relatives informed so that they are kept up to date and concerns can be addressed as they arise. They used various strategies to proactively address and deescalate relatives concerns, either informally while relatives are on the wards or formally by arranging MDT meetings with them. In contrast, staff on positively deviant wards described more passive strategies such as displaying posters and information by the bedside. Comparison ward: *Nurse: We also give feedback to the relatives as well. What, on the ward round what happened, on doctors round, they you know. So that they are aware, updating them with information.* *All: [agreement]* *Consultant: And we do that proactively. Rather than waiting for them to say 'what's happening with [inaudible] now'. So when they are doing the nursing as well 'by the way the doctors been round, this is the plan'*
	Involving patients and relatives in maintaining safety	Staff described various ways in which they involve patients and their relatives in maintaining and promoting safety on the ward. These included having signs and posters for relatives, informing people about being a falls risks, and encouraging relatives to participate in patient care e.g. feeding and supporting to the toilet. Comparison ward: *Ward Manager: We do encourage family to participate in all the cares. So if they want to walk them to the toilet, as long as they are walking them in the right way and we are ensuring that they are using the correct equipment. Even down to feeding and stuff like that. We don't like have protected meal times because we encourage our visitors to, to be with their patients. And that works particularly well when, when they are confused and, and, wander. So we tend to find that's obviously settles them down a bit. So that then reduces the risk of falls as well.*
	Gathering information from patients & relatives	Ward staff gather different and previously unknown information from patients, relatives, and previous care providers in order to inform and improve the care that they deliver. Wards can use both passive and active mechanisms to gather information. Positively deviant ward: *Nurse: I think that relatives are encouraged to, to, tell us about their, their relatives and how they are at home, what, what they can do for themselves, what they can't do. And whether, you know, they've been safe doing things at home. I think it's err we do promote that, definitely.* *Ward Manager: And that's all disciplines as well isn't it.* *Nurse: Yeah* *Ward Manager: Coz even doctors will ring up relatives' wont they.*
Staffing	Using existing staff differently	Staffing, or a lack of staffing was not a particularly prominent theme throughout the focus groups. Staff describe the ways in which they use their existing ward staff differently either to overcome long term staffing / workload problems or to overcome short term pressure points. Strategies include: grouping patients together in a communal area for activities / to watch TV; training a Healthcare Assistant up to be a Band 3; adopting a back off approach to dementia care which means patients don't require 1-1s; rotating band 5 nurses each month into a dedicated 'discharge nurse' role; restructuring the early morning routines for nurses and healthcare assistants to ensure that a) patients are safe and attended to, and b) staff feel supported completing their tasks and are not distracted. Comparison ward: *Ward Manager: So we will look where the workload is and we assess it accordingly, errm re-group and re-jig what we've got. And we do that on a regular basis.*

	Acquiring additional staff	This positively deviant success strategy related to the attitudes held toward acquiring additional staff to alleviate temporary shortages (e.g. agency staff). Although the researchers noted that agency staff were used on many of the participating wards, staff on the positively deviant wards did not appear to consider this to be a facilitating factor in the delivery of exceptionally safe patient care. Positively deviant ward: *Nurse: It were one of the first, one of the first things that I said to you when I come down here weren't it. Nobody's being one to oned,* *Ward Manager: Yeah coz other wards repeatedly ask for one to ones for their patients. 'We need a one to one'. I don't think we, we wouldn't even ask for one, would we.* *Deputy Ward Manager: [laughs] No.* *All: [agreement]*
	Stable and static teams	Positively deviant teams were the only ones to discuss the importance of stable and static staffing. Staff considered their well established, longstanding teams with low turnover and sickness rates to be a facilitating factor in the delivery of safe patient care. Positively deviant ward: *Doctor: I think a part of that urrm, long term training that we seem to be talking about is that there seems to be very low turnover of staff on here. A very minimal dependency on agency staff. I think for all the medical wards I've visited this is the one that has the largest number of permanent staff that are here long term and I think, you know, that reflects that they want to be here, it's a good team to work in.*
	Motivated and passionate staff	Staff described how motivation and passion enables safe patient care in two ways: a) specific individuals within the team are highly motivated or passionate about a specific aspect of care and so push this forward; b) as a team they are all highly motivated to deliver good quality, safe patient care. Comparison ward: *Ward Manager: A true vision for staff and for patients and I think that passion, of us as band 7s and managers, seeing that visible, visibility. We believe that and we've restored that faith and them values. So I think us as band 7 and leaders have taken that and been allowed to be passionate, being supported with that passion. You know and I think then that is fed through the teams, as we're hearing today,*
	Involving other services and teams	Staff described ways in which they interact and work with other NHS care providers or other teams within the trust to ensure that patient care is joined up, coordinated, and safe. Comparison ward: *Consultant: And all the people, mental health nurses are present. They are, I think they contribute heavily to a lot of what we do given the confusion, err confused aspects and er, and err. The integrated discharge team also, and the nurses, both liaise with the safeguarding teams as well.*
Delivering care	Prioritising and allocating tasks	Staff use various mechanisms (mainly safety briefings or board rounds) to prioritise different tasks associated with patient care. On some wards tasks are allocated out to specific individuals Comparison ward: *Physio: The board round it's good for sort of certain, certainly for me for sort of setting my priorities. Which may end up changing but generally you know you at least you set out with your priorities.*

Providing timely care	Staff discussed the importance of, and ways in which, they deliver timely patient care and they made observations about how processes are conducted quicker on their wards than on others. Various mechanisms are used to improve the delivery of timely patient care e.g. altering the way paperwork is processed for discharge; allowing healthcare assistants to update certain documents e.g. handover sheets; having ward based AHPs.; and talking about sick patients at the beginning of the day e.g. through safety briefing meetings. On some wards providing speedy and timely care seemed to be an established way of working. Positively deviant ward: *Doctor: And also compared to other wards I've worked at in different hospitals it's much, it's all just much quicker and much more available so there's a lot of pressure on the medical team to, you know, organise a lot of the things that the physio's and the therapists do for us now, you know, calling family, discussing with them how it was, all that kind of thing, which is an extra job that we have to do on top of all our other things and actually sharing out, that has helped a lot as well, I think you're getting people - jobs are done quicker and getting people out of hospital quicker as well.*
Being proactive	Staff proactively implement things or addressing things which aren't working on the ward. They are proactive in delivering care to the patients. Comparison ward: *Nurse: We also give feedback to the relatives as well. What, on the ward round what happened, on doctors round, they you know. So that they are aware, updating them with information.* *All: [agreement]* *Consultant: And we do that proactively. Rather than waiting for them to say 'what's happening with [inaudible] now'. So when they are doing the nursing as well 'by the way the doctors been round, this is the plan'*
Focus on discharge	Positively deviant wards were particularly focused getting patients home/out of hospital as soon as possible. These staff were the only participants to discuss the ways in which patient discharge was engrained within the team's day to day activities and roles. Staff identified the benefits that this focus on discharge had to patient safety in terms of improving patient flow and reducing the risk of safety incidents while waiting for discharge. Staff described a number of different strategies that supported the timely discharge of patients including the use of the Discharge to Assess model, a discharge nurse, a social worker attending board rounds, and holding lunchtime MDT meetings. Positively deviant ward: [regarding the ward's use of the Discharge to Assess Model] *OT: So it's speeded up the discharge, it's improved patient flow so hopefully we can clear beds quicker – when it works well – and that goes right back up to trying to reduce the delay on like errm A&E frailty unit.*
Embedding behaviours	During the focus groups staff referred to how things have become engrained in their ways of working. Some wards referred to specific tasks and jobs that they carry out, and others referred to broader attitudes and cultures on the ward. Positively deviant ward: *Therapy Assistant: I've really enjoyed listening to these guys because it just comes across, it's embedded in them. They always =* *Nurse: = Even from a, from a domestic point of view, we've got domestics coming up and they're very aware that these are very vulnerable people, just because of their multi-sensory disabilities through their age, and, I agree with [ThA] it's, you know, everybody's, we're - it's like we've got another sense that's just safety, looking for patient safety.*
Getting the basics right	Staff from a few of the wards acknowledged that one of the reasons they succeed is because they have got the basics right and the ward is already running at a good level. Positively deviant ward: *Doctor: Coz I, we get requests to sedate patients on other ward who are as agitated or less agitated than a lot of our patient are on here. And you just think you know, if this patient was on [this ward], this would just be sorted out with good nursing care.*

Organisational influences	Directorate support	Staff on comparison wards were the only ones to consider the support given by directorate colleagues to be a facilitating factor in the delivery of safe patient care. Staff on positively deviant wards did not mention this factor at all. Comparison ward: Ward Manager: = It's better yeah [smaller directorate]. You work closely with your matron, you work closely with your nurse director. The [previous directorate] nurse director, I knew her coz she interviewed me but she never helped me investigate any SUIs or 'owt like that because obviously she'd probably got too many to get involved in. But the nurse director for [current directorate] comes and helps me investigate them, and comes and looks at them, and walks round wards and things. Deputy Ward Manager: She's very good 'int she.
	Engagement with trust initiatives	This subtheme relates to the attitudes that multidisciplinary ward teams hold towards trust level quality and safety initiatives that are imposed onto wards. Staff on certain wards referred to making a bad situation better by adapting an initiative which they initially considered frustrating, time consuming, or ineffective. Positively deviant ward: *Nurse: Yes, you know, and I know a lot of people were very resistant to the intentional rounding document – and I would think that people still are – but it's cut out, it's cut out replicating information.* *Researcher: So what was the resistance?* *Nurse: Just the fact that we've got every 2 hours we've got to write something. [….]* *Nurse: Yeah, but I think it's a document that does actually work, I do like it.*
	Pushing back against the trust	Staff on some of the wards discussed the ways in which their teams have challenged or pushed back against things that the trust have tried to impose on them. This included opposing ward moves, demonstrating the need for processes to change, demonstrating how trials have improved care, and changing job roles to integrate team members into the MDT. Comparison ward: *Ward Manager: And I think like the staffing where they've introduced extra staffing on a night, it's because we've continually filled in Datixs to say how, how staffing levels have been so poor on nights and this is contributing to incidents*
High-order observations	Shared mental models	There appeared to be greater evidence of staff within the positively deviant wards sharing mental models - sharing similar thought processes about the ways in which safety was maintained without conflicting perceptions about how things were conducted.
	Perception of safety	Across all wards safety was predominantly discussed in terms of preventing patient falls, however, staff on the positively deviant wards tended to have a slightly broader perception of what safety might encompass.
	Positive outlook	Across all ward the majority of staff were extremely positive in their tone and topics of discussion. Although staff were able to recognise their limitations and areas for improvement, they didn't change the focus of the conversations into the challenges they face / reasons they can't achieve things etc.
	Pride	Staff on the wards demonstrated pride in their achievements / successes and the care that they deliver to patients.
	Cohesion within the team	Through the way in which staff interacted and behaved they seemed to be very comfortable with one another. They appeared to be able to 'have a laugh', were 'jokey', and were at ease with each other regardless of professional background, role or grade.

	Leadership	Across all wards the researcher made observations about the organisation of the ward leaders, their engagement with the research project, and the extent to which they dominated focus group conversations to the inclusion or exclusion or other, especially more junior, staff members (where applicable). The only potential difference between positively deviant and comparison wards was the way in which the leaders on positively deviant ward had developed internally whether this be nurses stepping up into junior and senior sister positions or registrars being promoted into consultant positions.