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# MOMENTS: Meanings, cOmpetencies and Materials in Everyday (N) Team Safety

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# Research team

- SAPPHIRE: **S**ocial Science, **APP**lied **H**ealthcare and **I**mprovement **RE**search

**Principal investigator**

**Co- investigators**

**Researchers**

# Background

## Most NHS maternity units not safe enough, says regulator

16 November 2023

UK Parliament

Home Research by topi

House of Lords Library

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In Focus

**Performance of maternity service England**

Published Thursday, 18 January, 2024

In Focus Health

Claire Brader

The government has described the NHS as one of the safest places in the world to give birth. However, multiple reports and

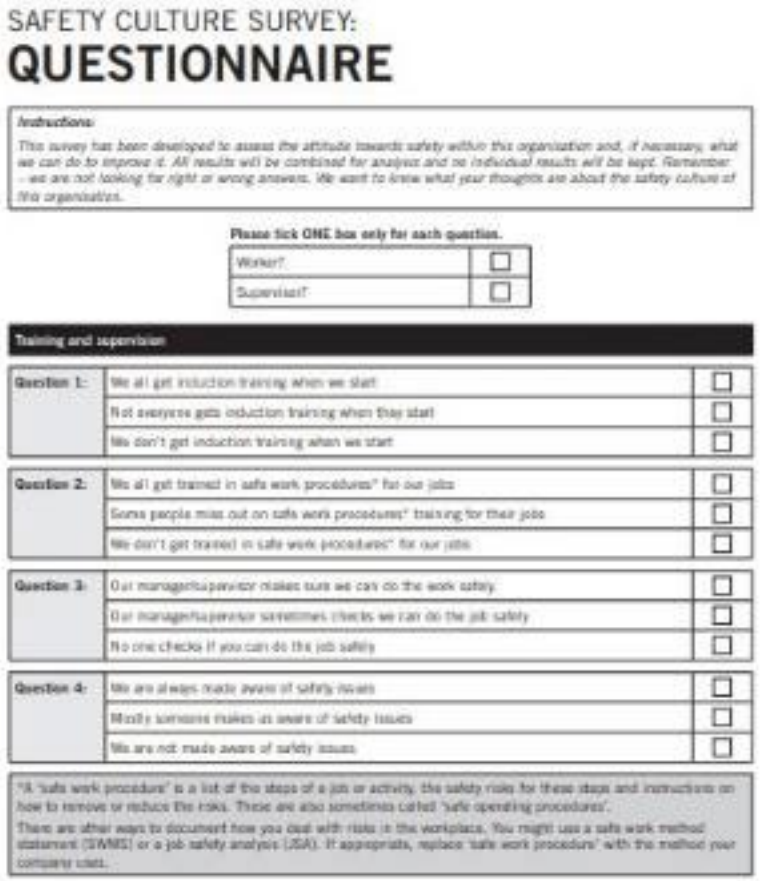
**Reading the signals**

Maternity and neonatal services in East Kent – the Report of the Independent Investigation

October 2022

Dr Bill Kirkup CBE

# Enabling safety culture development



SAFETY CULTURE SURVEY:

**QUESTIONNAIRE**

*Instructions:*

*This survey has been developed to assess the attitude towards safety within this organisation and, if necessary, what we can do to improve it. All results will be combined for analysis and no individual results will be kept. Remember – we are not looking for right or wrong answers. We want to know what your thoughts are about the safety culture of this organisation.*

**Please tick ONE box only for each question.**

| | |
|---|---|
| Worker? | ☐ |
| Supervisor? | ☐ |

**Training and supervision**

| | | |
|---|---|---|
| **Question 1:** | We all get induction training when we start | ☐ |
| | Not everyone gets induction training when they start | ☐ |
| | We don't get induction training when we start | ☐ |
| **Question 2:** | We all get trained in safe work procedures* for our jobs | ☐ |
| | Some people miss out on safe work procedures* training for their jobs | ☐ |
| | We don't get trained in safe work procedures* for our jobs | ☐ |
| **Question 3:** | Our manager/supervisor makes sure we can do the work safely | ☐ |
| | Our manager/supervisor sometimes checks we can do the job safely | ☐ |
| | No one checks if you can do the job safely | ☐ |
| **Question 4:** | We are always made aware of safety issues | ☐ |
| | Mostly someone makes us aware of safety issues | ☐ |
| | We are not made aware of safety issues | ☐ |

*A 'safe work procedure' is a list of the steps of a job or activity, the safety risks for these steps and instructions on how to remove or reduce the risks. These are also sometimes called 'safe operating procedures'.
There are other ways to document how you deal with risks in the workplace. You might use a safe work method statement (SWMS) or a job safety analysis (JSA). If appropriate, replace 'safe work procedure' with the method your company uses.

- NHSE Commissioned project
- Focus on what was working well
- Opportunity to understand *how* these scores came into being, *what* these scores represented
- Culture as evolving, how do staff locate what is 'cultural'
- Qualitative research (Maternity/neonatal)

# Aim of the research

- To explore qualitatively relationships *between* safety culture, interventions and context
- **Research questions**:
  - What ***enabling factors*** relate to leadership actions attending to safety that provide the basis for safety culture to take root?
  - How does ***enactment*** of safety practices reflect and reinforce local safety culture?
  - How do ***elaborating practices*** ('soft' and formal measures) reinforce safety norms, values and assumptions?

# Research design

**14 organisations** with high safety scores invited to participate

**10 interviews** with 13 **service leads** (3 shared)

Purposively selected 4 organisations for further follow-up; (labour wards (4); antenatal clinic (1); neonatal unit (3))

**14 interviews** with clinical/safety leads

**2 FGs** with doctors, midwives, allied health professionals

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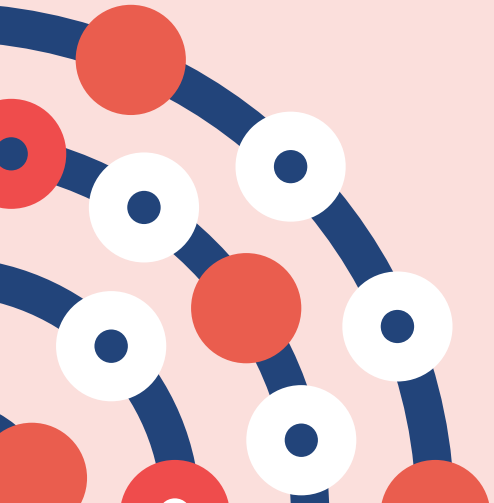
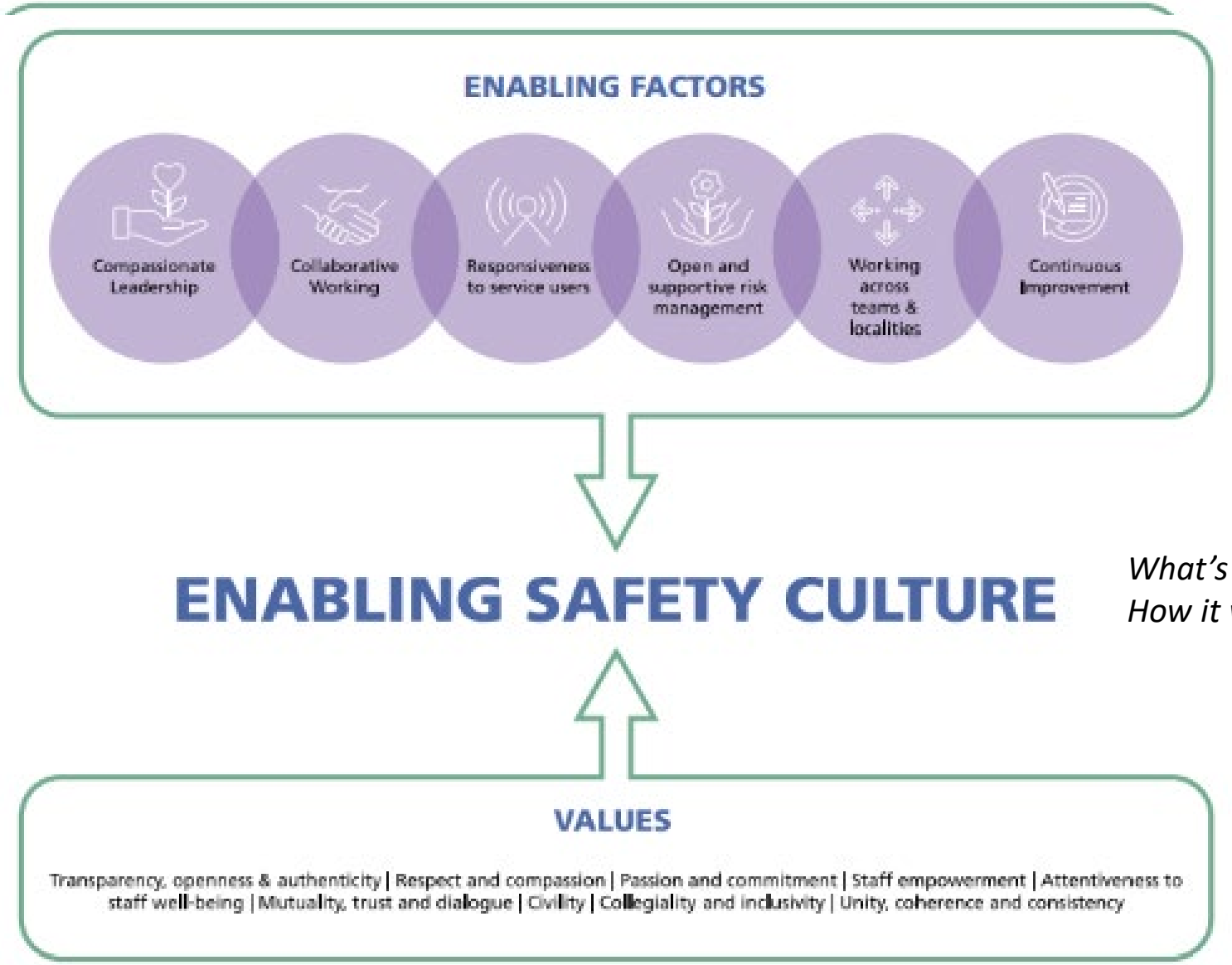
# Findings

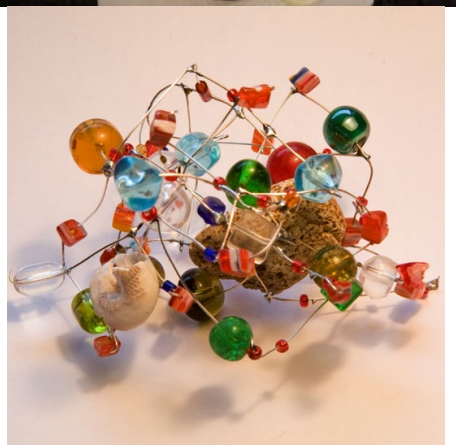





*What's done*
*How it works*

# Findings

- Useful focus on collective ‘practices’
- Importance of values as enacted *through* practices (making culture visible)
- Situated understandings of ‘what good looks like’
- Using analogy of ‘a *window on practice*’:
  - To see **how** things are working  e.g., handovers
  - As a means of exploring congruences and misalignments in how *intended to work* and **transformative possibilities** (Neal & Murji, 2015)



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# Resource development

# Implications for improvement work

- Safety culture is ‘slippery’ (defies classification) and ‘sticky’ (socially embedded) (Waring, 2015)
- Importance of moving away from seeing safety culture as a static, homogenous concept to seeing it as **relational and evolving**
- A focus on the **everyday practices** of ‘doing safety’ offers a potential interpretive aid for understanding how local safety cultures **are accomplished**
- Utility of **social practice theories** which focus on practical activities as a way of understanding the local and wider context, and connections *between* the social, cultural and material

# Tranalational work with NHSE

- Follow-on funding
- Resources theoretically informed by our findings/social practice theory
- Worked with creative company (NiftyFox)
- Focus on ‘everyday collaborative occasions’ as a starting point e.g., handover, huddles, team meetings
- Stakeholder workshops – NHSE key enabler
- Resources piloted within 4 Trusts

# MOMENTS: Meanings, cOmpetencies and Materials in Everyday (N) Team Safety

- How **places, materials, objects, technologies and the way they are utilised** embody cultures of safety
- Vehicle to open up a space to rethink routines, practices and how values are operationalised/inhibited through these
- Slow science – space and time for reflexivity

# Cup of tea

## NHS nurse who was left out of tea round awarded £41,000 payout

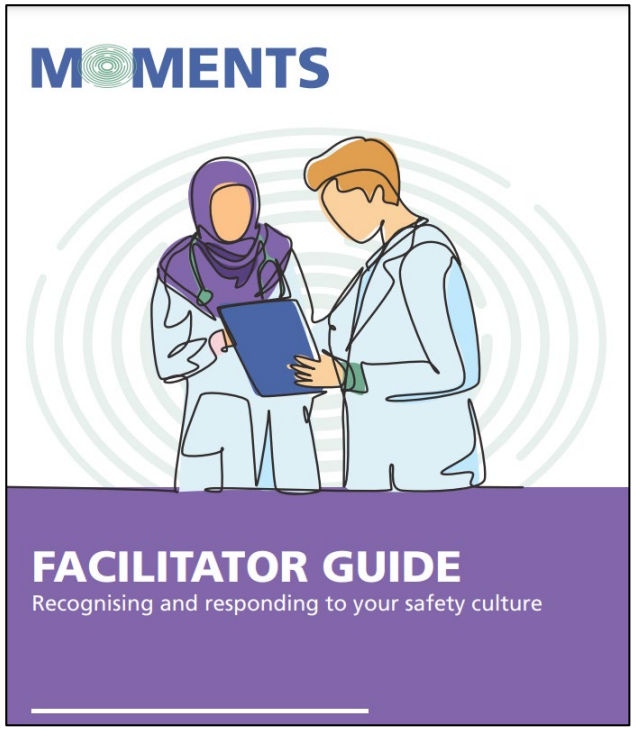
Tribunal rules that a colleague bullied her by excluding her, turning his back to her and ignoring her

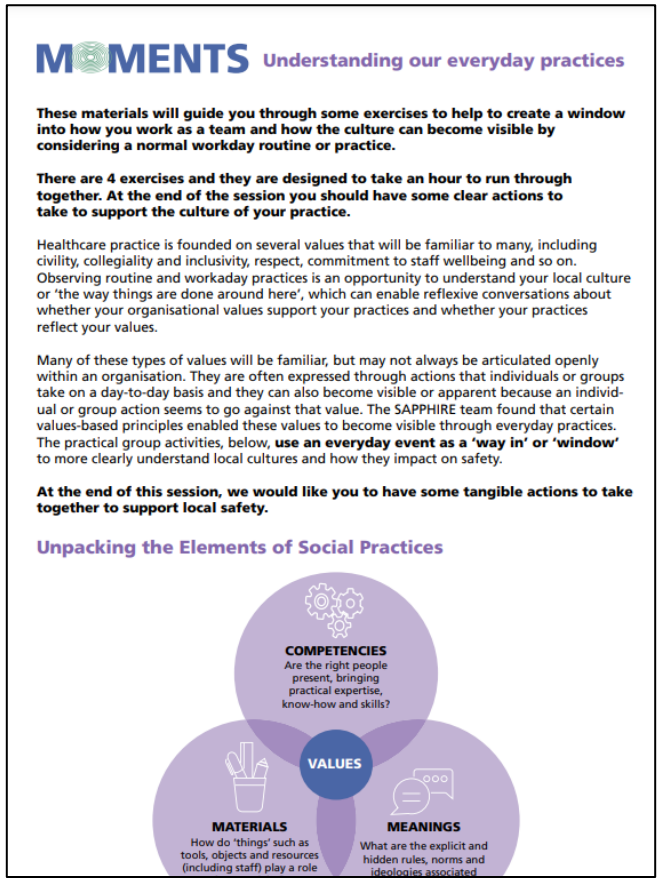
# Reflecting on a practice

- **Competencies**: Who brings experience? Are the right people there? Who is missing? What skills are needed for the practice to work?
- **Materials:** Communication – How is information shared and by whom? Geography – How does geography affect communication and attendance? Resources – is what we are using working? Training – what is the relevance of MDT/Human factors/leadership training?
- **Meanings**: Are there rules about the practice? If so, what are their impact? How do hierarchies play out? What is talked about and what is left under the radar? What is valued and given social approval?
- How are **values** enacted through the practice?

# Practical resources

https://moments-safety.com/



MOMENTS Understanding our everyday practices

**These materials will guide you through some exercises to help to create a window into how you work as a team and how the culture can become visible by considering a normal workday routine or practice.**

**There are 4 exercises and they are designed to take an hour to run through together. At the end of the session you should have some clear actions to take to support the culture of your practice.**

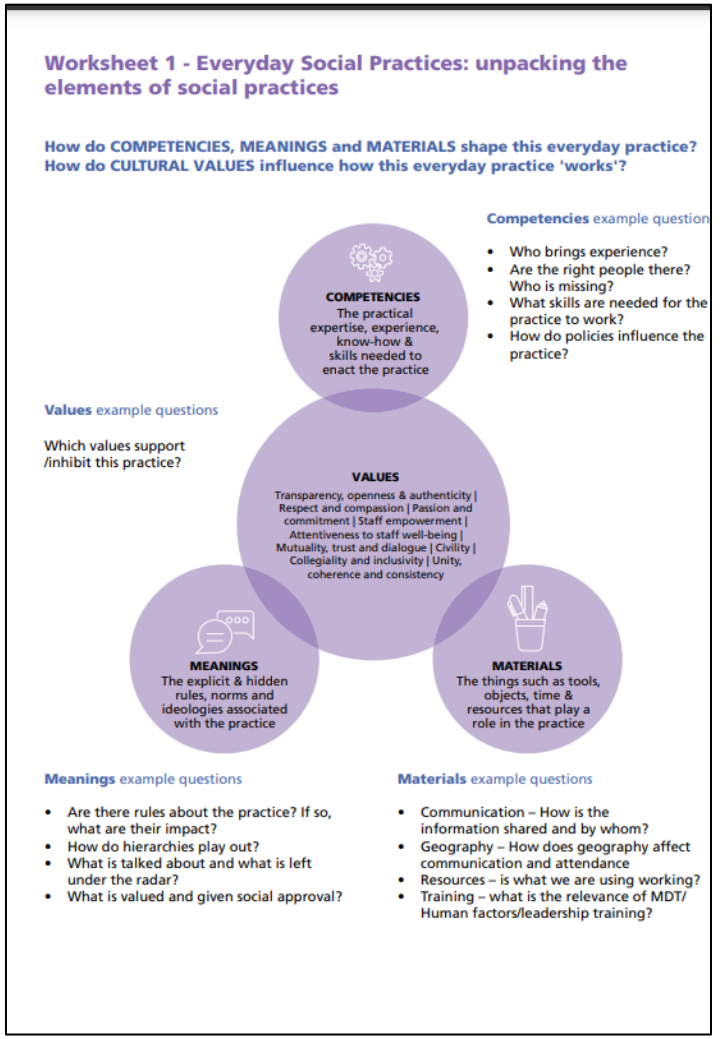
Healthcare practice is founded on several values that will be familiar to many, including civility, collegiality and inclusivity, respect, commitment to staff wellbeing and so on. Observing routine and workaday practices is an opportunity to understand your local culture or 'the way things are done around here', which can enable reflexive conversations about whether your organisational values support your practices and whether your practices reflect your values.

Many of these types of values will be familiar, but may not always be articulated openly within an organisation. They are often expressed through actions that individuals or groups take on a day-to-day basis and they can also become visible or apparent because an individual or group action seems to go against that value. The SAPPHIRE team found that certain values-based principles enabled these values to become visible through everyday practices. The practical group activities, below, **use an everyday event as a 'way in' or 'window'** to more clearly understand local cultures and how they impact on safety.

**At the end of this session, we would like you to have some tangible actions to take together to support local safety.**

Unpacking the Elements of Social Practices





Worksheet 1 - Everyday Social Practices: unpacking the elements of social practices

**How do COMPETENCIES, MEANINGS and MATERIALS shape this everyday practice?**
**How do CULTURAL VALUES influence how this everyday practice 'works'?**



**Competencies** example question

- Who brings experience?
- Are the right people there? Who is missing?
- What skills are needed for the practice to work?
- How do policies influence the practice?

**Values** example questions

Which values support /inhibit this practice?

**Meanings** example questions

- Are there rules about the practice? If so, what are their impact?
- How do hierarchies play out?
- What is talked about and what is left under the radar?
- What is valued and given social approval?

**Materials** example questions

- Communication – How is the information shared and by whom?
- Geography – How does geography affect communication and attendance
- Resources – is what we are using working?
- Training – what is the relevance of MDT/ Human factors/leadership training?

# Wider communities of practice

- Policy support from NHSE
- Integrated within regional Patient Safety Collaboratives to help support their ongoing improvement work
- Sharing of stories
- Local ownership, e.g., practice development staff

# Follow-on research

- Exploring the transferability of MOMENTS beyond maternity and neonatal
- ‘Train the trainers’ approach; workshops with theatre staff (nurses, ODPs, surgeons, anaesthetists)
- Qualitative evaluation of fit, engagement, implementation, and impact via observations and interviews
- Implementation guidance

# Reflections

- Positive engagement through the PSCs (MOMENTS training)
- 1.2k visits to the website in 2024 and 4k so far in 2025. 87% of these were from the UK but international reach (7% from USA).
- Move to generating locally produced knowledge (rather than externally created solutions) well received but requires shift in expectations / support
- Varied examples of use
- Impact (process vs product): new understandings/relational/social learning
- How best to protect from ‘productivity agenda’
- Readiness and enabling conditions for MOMENTS (facilitation/space/time)

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Enhancing Cultures of Safety