



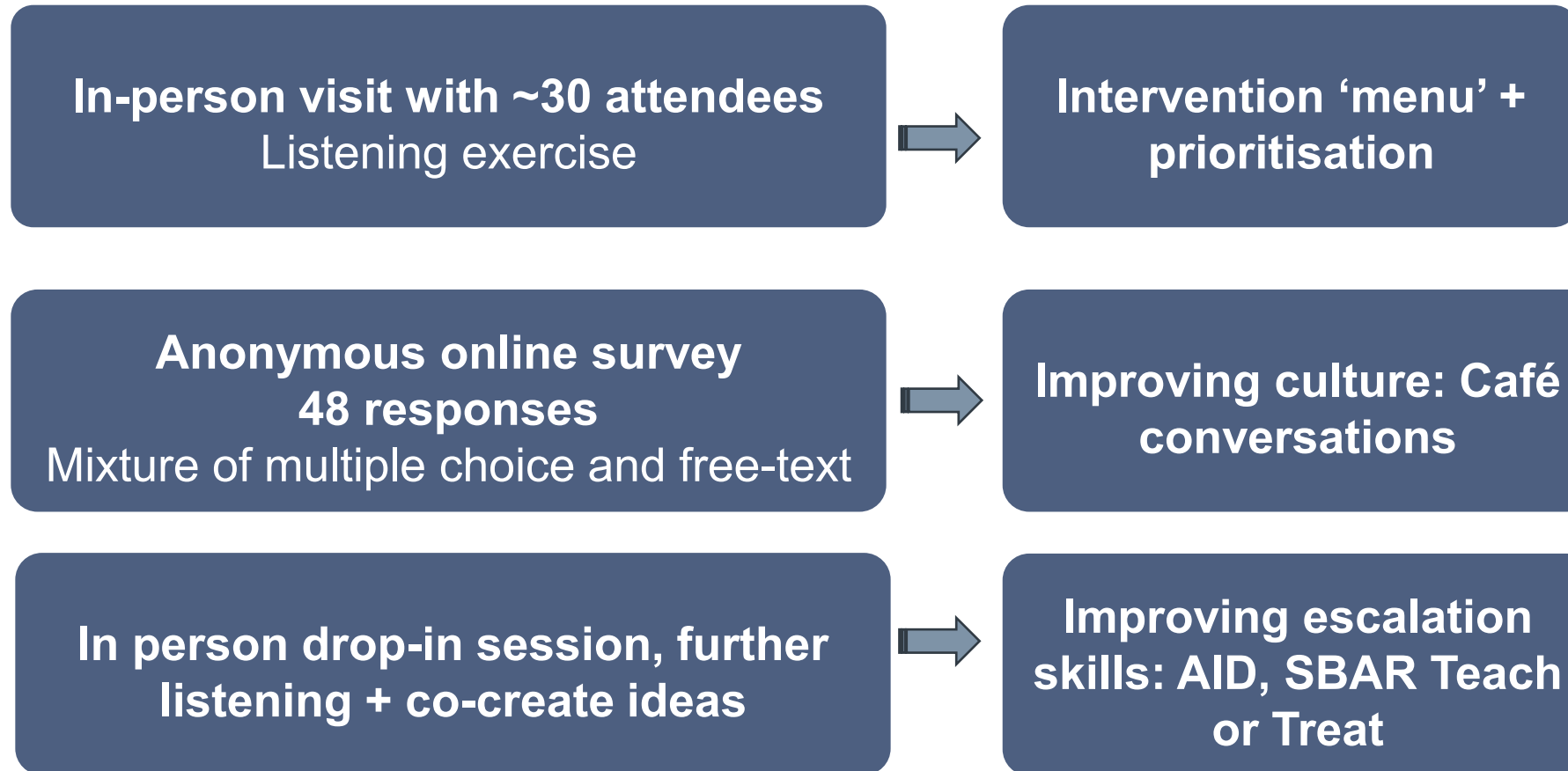
# THHT Perinatal Escalation QI: Café conversations evaluation

23/04/26

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# We gathered insights into Escalation culture and proposed solutions to problems flagged by staff



# December 2025 drop-in session

## Example resources

**TEACH OR TREAT**  
**IDENTIFY COMMUNICATE ACT**

As a department, we are promoting learning conversations. If clinical concerns are escalated to you, please use TEACH or TREAT to frame your response.

**TEACH**

Reassuringly explain to colleagues and women why you think there is no need for clinical concern and action to be taken.

**TREAT**

Take action, provide the appropriate response in the appropriate time frame.

**STILL CONCERNED?  
ESCALATE FURTHER**

**IDENTIFY COMMUNICATE ACT**

Escalating a clinical situation? Frame what you need to say with safety critical language. Here are some examples of how you might usually communicate, then how you can use AID:

**A DVICE**

✗ "Nadia in room 7 is fully dilated and wants to use the pool?"

✓ "I am asking for your ADVICE, around using the birth pool for Nadia in room 7 as she has a borderline BP"

**I NFORM**

✗ "Just to let you know Aaliya in room 4 is fine now."

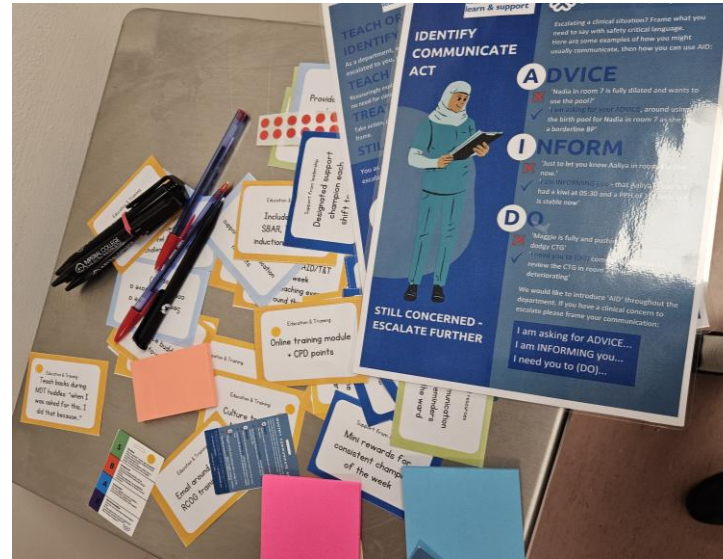
✓ "I am INFORMING you - that Aaliya in room 4 had a kiwi at 05:30 and a PPH of 1000mls but is stable now"

**D O**

✗ "Maggie is fully and pushing with a dodgy CTG"

✓ "I need you to (DO) come straight away to review the CTG in room 2 which is deteriorating"

We would like to introduce 'AID' throughout the department. If you have a clinical concern to escalate please frame your communication:  
I am asking for ADVICE... I am INFORMING you...  
I need you to (DO)



You are invited to our

## Drop-ins for escalation tools

Friday 5<sup>th</sup> December  
9am-1pm

We'll come to you  
Drop in and out when you like

SNACKS PROVIDED!

What are your ideas for embedding AID, SBAR and Teach & Treat into daily practice?  
Join us for a hands-on session!

✓ Vote for your favourites

✓ Build on ideas

✓ Add your own

Every conversation counts

## Example idea cards

Wildcard Kindness Kudos- staff board recognising supportive communication moments	Education & Training Micro learning: 1- minute training videos via whatsapp/email	Education & Training Culture training: active bystander	Support from leadership Designated support champion each shift to practice	Support from leadership Calling out successful cases + impact during handover
Wildcard Provide practice room on/near the ward	Education & Training Pairing with a practice buddy (junior-senior)	Education & Training Culture training: MOMENTS	Support from leadership All senior staff to prompt during conversations	Support from leadership Permission to give/receive in-the-moment feedback

## What staff said is important

Ways to promote empathy and cohesion across teams, disciplines and seniority levels

Ways to increase sense of support from leadership

Ways to increase appreciation and recognition

Ways to improve escalation skills that fit into my workflows

## How might we achieve this



Creating a **kind and supportive culture** is seen as key to enabling escalation.



Use and improvement of **tools and processes** that support escalation, especially around **improving communication**.



**Improving team relationships** and **use of escalation-specific tools**.

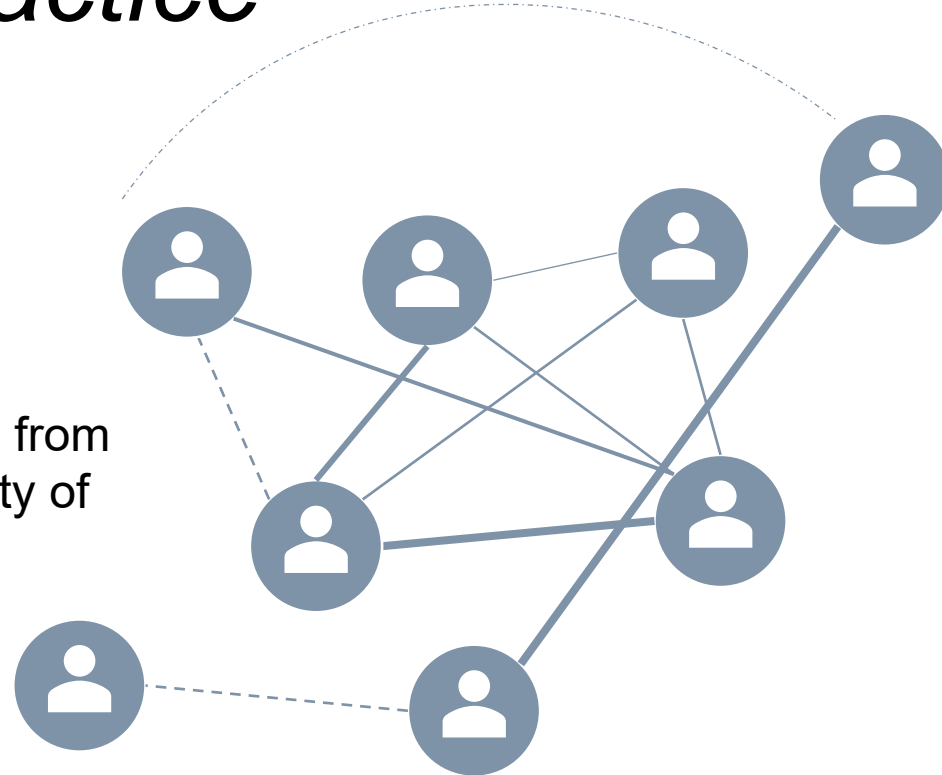
# Intervention 'menu'

	Targets Culture	Targets escalation skills
Bite-sized learning	<ul style="list-style-type: none"><li>• <u>Short videos</u>: e.g. human factors, psychological safety, clean questions</li></ul>	<ul style="list-style-type: none"><li>• <u>Short videos</u>: 'make each interaction count'- SBAR, AID, T&amp;T-</li><li>• Badge cards</li><li>• Stickers on the phone</li><li>• Posters by the loos!</li></ul>
Session-based learning	<ul style="list-style-type: none"><li>• <u>Conversation cafes to target MDT cohesion and empathy-</u></li><li>• 'Day in the life of a [midwife, bleepholder, obstetrician] etc.'</li></ul>	<ul style="list-style-type: none"><li>• Pair up and practice buddy: "I am going to use AID/SBAR/T&amp;T" (cross-ward, cross-seniority, cross-discipline)</li></ul>
	<ul style="list-style-type: none"><li>• <u>MDT SIM: clinical scenarios on clinical escalation and human factors-</u></li></ul>	
Leadership delivery	<ul style="list-style-type: none"><li>• <u>Senior 'drop in to check in'</u></li><li>• Senior-led check ins and reminders during board round e.g. "today, let's remember to ____, let's be mindful of"</li></ul>	<ul style="list-style-type: none"><li>• Senior to prompt and feedback during escalation conversation</li></ul>
Support structures	<ul style="list-style-type: none"><li>• <u>Staff recognition awards- fostering a culture of appreciation</u></li></ul>	<ul style="list-style-type: none"><li>• <u>Protected MDT ward rounds-</u> attended by anaesthetics, midwifery, Obstetrics, and neonatal</li></ul>

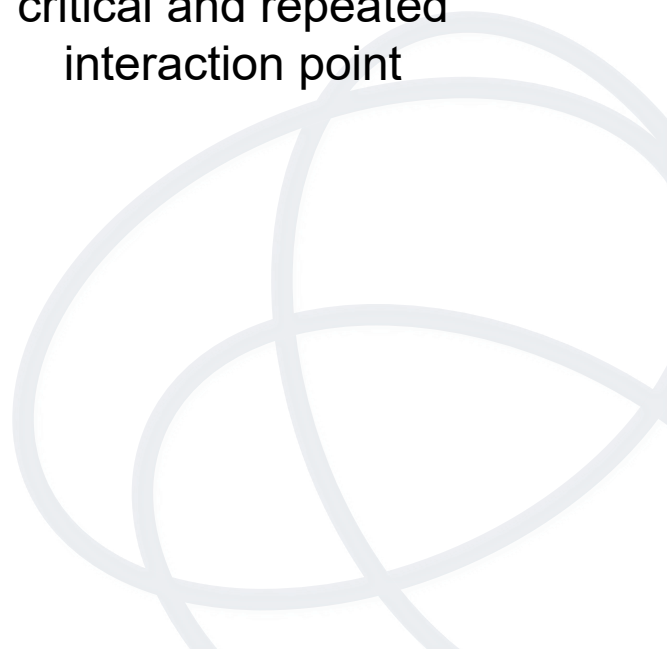
# *We know that escalation conversations are the 'pinch points' in clinical practice*

Each interaction is a moment of connection

Team culture emerges from the number and quality of interactions

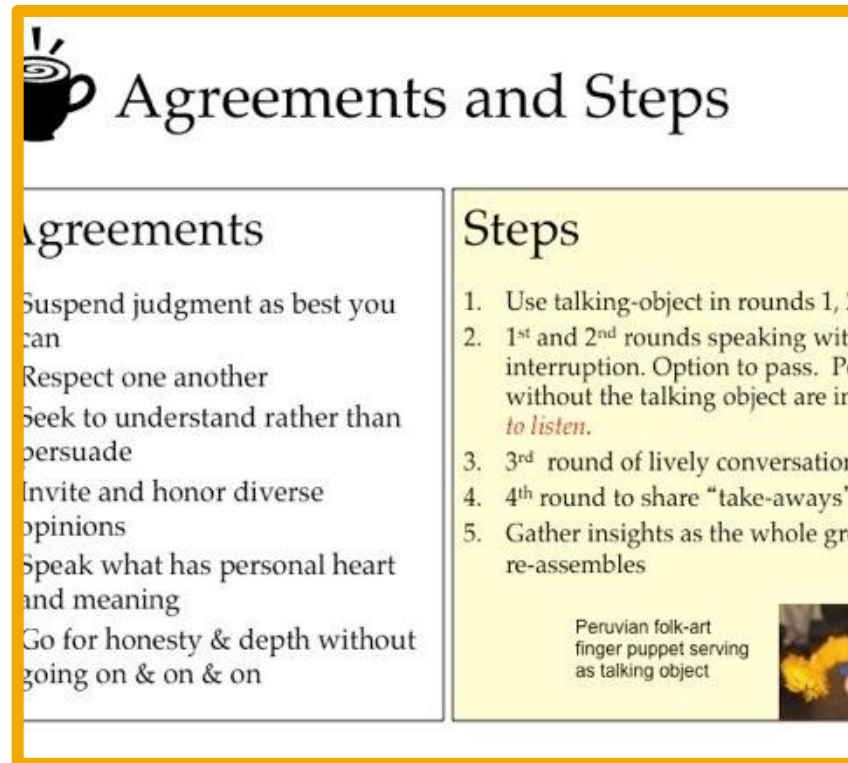


Clinical escalation is a critical and repeated interaction point



# What is Conversation Café?

*Conversation Cafes are an opportunity for open conversation with people you perhaps don't regularly interact with. This aims to stimulate deeper reflection, team resilience and a safe space for sharing thoughts and concerns.*



**Agreements and Steps**

Agreements	Steps
Suspend judgment as best you can	1. Use talking-object in rounds 1, 2
Respect one another	2. 1 <sup>st</sup> and 2 <sup>nd</sup> rounds speaking without interruption. Option to pass. People without the talking object are invited to listen.
Seek to understand rather than persuade	3. 3 <sup>rd</sup> round of lively conversation
Invite and honor diverse opinions	4. 4 <sup>th</sup> round to share "take-aways"
Speak what has personal heart and meaning	5. Gather insights as the whole group re-assembles
Go for honesty & depth without going on & on & on	Peruvian folk-art finger puppet serving as talking object

Source [Liberating Structures - 17. Conversation Café](#)

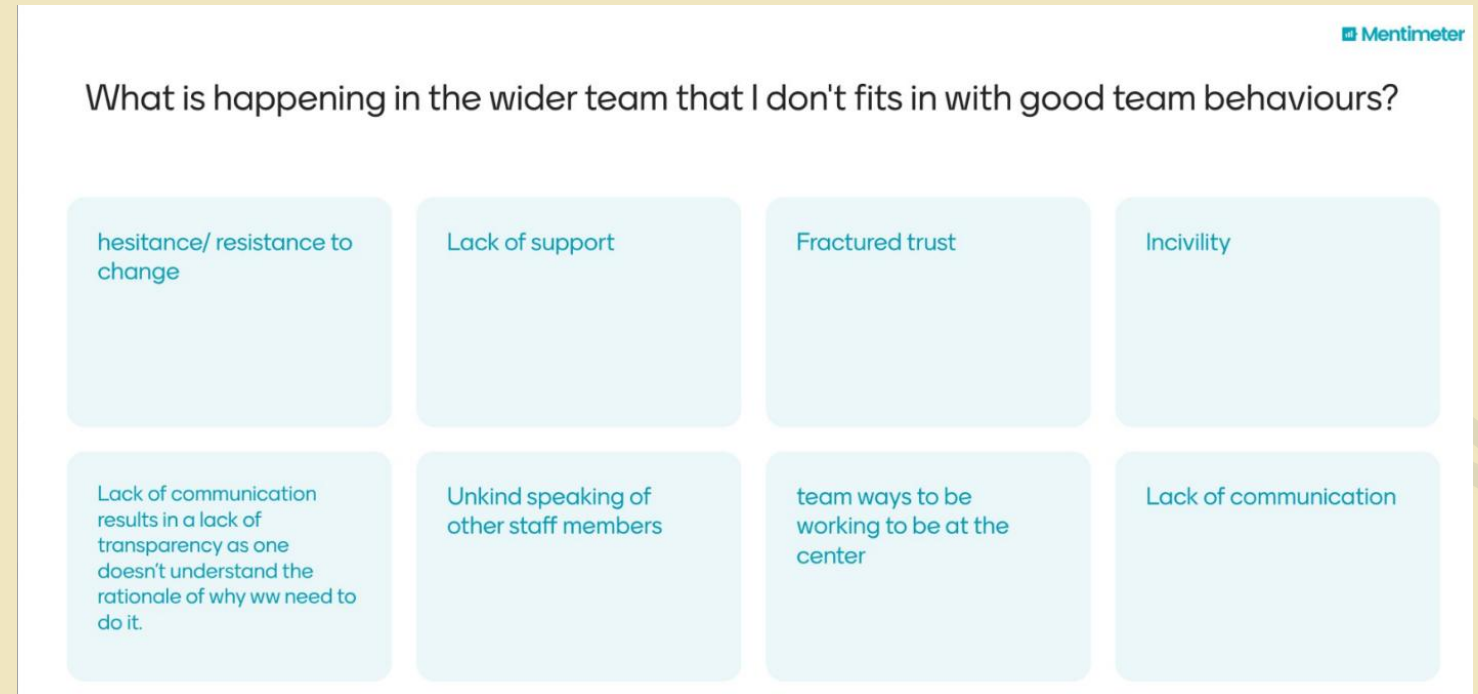
## Methodology

- We used Conversation Café Methodology from Liberating Structures [Liberating Structures - 17. Conversation Café](#)
- The Lead midwife for Quality improvement, Guidelines and Audit in the Maternity Safety and Audit Team was the key liaison and circulated the invites to all Maternity Neonatal colleagues.(n =448)
- We set up 4 conversation cafes ,over a 6 week period, each lasting 1 hour and delivered virtually. Facilitated by ICHP who have expertise in delivery and evaluation of convo café.
- The dates for all were shared in advance and people were asked to register via Teams for the date that best suited their availability.
- MDT attendance was encouraged and information around what a convo café is and how it works was shared via posters and email and audit morning.
- A pre session questionnaire was shared with registrants.
- Post session themes were shared with attendees for QA along with a post session survey.

# Evaluation of Conversation cafe

- ✓ Attended by 25 Maternity- Neonatal staff
- ✓ Attendee job roles ranging from Midwives, Heads of maternity education, Director of services, Quality and Governance, Midwives, Consultants, Registrars, Preceptors
- ✓ Facilitated by independent facilitators

*'How can we enable more staff on the floor to attend these'~ participant feedback*



# Outputs were shared with staff

*"For me being kind is a big takeaway- just because my stressors are different from yours does not mean yours don't matter....."* ~ education lead

*"I look at the load junior docs carry, so early on in their career...they type of decisions they have to make and think..wow that's impressive"* ~ midwife



# Overview

The Conversation Café sessions revealed that improving escalation and communication in maternity services requires attention not only to processes, but to relationships, culture, and human factors.

Participants consistently highlighted the importance of respect, empathy, role understanding, and psychologically safe communication as foundational enablers of patient safety and staff wellbeing

The Cafés created space for reflection, honesty, and cross-role understanding. Highlighted demand for more MDT reflective spaces, especially for frontline staff.

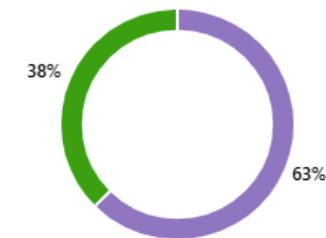
82% staff reported that they understand pressures **other teams** experience

**BUT** 85% reported that people **do not** understand the pressures of **my** role


Overall there is **strong agreement >80%** that building trust, providing feedback, ownership of own role in building safety culture **feels achievable**.


2. To what extent did the Conversation Café help you openly share perspectives and deepen mutual understanding with colleagues from other teams and disciplines? [More details](#)


● Not at all	0
● Not really	0
● Undecided	0
● Somewhat	5
● Very much	3





# Key learnings


 Communication is not an add-on; it is central to safe, effective multidisciplinary working.


 Incivility has disproportionate and lasting impacts on wellbeing, performance, and safety.

 Much of the work that keeps maternity services safe is unseen and under-recognised.

 Feedback is currently skewed towards the negative and reactive. A balanced feedback culture, where success, effort, and improvement are recognised alongside learning from error, strengthens trust, morale, and safety.

 Feeling seen, valued, and included boosts confidence, engagement, and willingness to escalate concerns.

 Everyday leadership, regardless of formal role or seniority, is visible, honest, supportive, and collaborative

 System pressures and digital issues amplify stress and risk if not acknowledged and mitigated



# Our recommendations

Improving escalation and safety in maternity and neonatal services is less about introducing new tools, and more about **redesigning the relational conditions in which those tools operate**. Role clarity, shared communication, and trust are not cultural “nice-to-haves”; they are core safety mechanisms that require deliberate, system-level investment.

## Clarify roles and interdependence explicit across MDTs

- Embed **role visibility** in existing forums- induction, study day, simulations, MDT sessions
- Introduce **short, scenario-based summaries** to support practical understanding.
- **Legitimise/reward** cross role supporting behaviours 'mucking in'

## Communication as a shared safety function

- Define and demo minimum expectations for safety critical communications
- Implement **micro-learning modules** focused on high-risk areas
- Clarify where knowledge lives (e.g., policy hub, LMS modules, quick-reference guides).
- Align on patient facing comms- so staff on frontline /triage experience less friction

## Invest in trust, respect and civility as operational infrastructure

- Set **explicit expectations of respectful behaviours** and consequences for lack thereof.
- **Quality Improvement methodology** for improvement activities.
- Use **facilitated reflective spaces** eg- Conversation café's to strengthen awareness.

## Enable everyday leadership and Psychological Safety

- **Human factors** and Active Bystander training
- Model **curiosity and humility** from senior leaders
- **Rota frontline** to attend MDT training.
- Provide patient-friendly **self-administration leaflets** and education.
- Build **org. resilience for change fatigue**~ this is a system load problem

# What's next?



QI  
Sprints

Bespoke  
Active  
Bystander  
Training

Simulation  
using  
locally  
developed  
scenarios

Continued  
Convo  
cafes to  
allow  
spaces for  
MDT  
reflection  
and  
learning



## Appendices



# How we got people to come...

Dear Team,

I'm delighted to invite you to participate in **1 of our 4 upcoming Conversation Cafes** on **29th January**. In each cafe we have limited slots, and we'll allocate on a first-come-first.

As you may be aware, we have been working on ways to improve clinical escalation and safety culture, supported by folks from Imperial College Health Partners (ICHP).

Ongoing work has highlighted opportunities to strengthen relationships within the team, both across disciplines and between different seniority levels; Conversation Cafes are a great way to support this.

In case you are unfamiliar, Conversation Cafes are a way to have calm group conversations where there is less debating and arguing, and more listening. We want all voices in the room to participate. Our intention is to come together as a team, to pause and reflect on teamwork, relationships and working styles as we move forward with our ambition to improve clinical escalation and create a safe and supportive culture. Please see this link if you'd like to learn more: [Liberating Structures - 17. Conversation Café](#)

## Cafe Opening Times:

- **29<sup>th</sup> January 10:00-11:00**
- **3<sup>rd</sup> February 12:00-13:00**
- **Friday 6th February 11:30-12:30**
- **Tuesday 10th February 10-11:00**

**Format:** 1 hour, virtual (own device), groups of 7-8

Look forward to seeing you there,

Hi everyone,

Looking forward to seeing you all at our very first conversation cafe this Thursday!

## Instructions:

- This will be **virtual**. Please join via the **teams link in this email** (not the original invite)
  - If you are on site, you are welcome to share rooms or find your own quiet spot. **The interview room has been booked for your convenience.**
- You will each need your **own device, though I'm happy to support with providing this.**
- **Duration: 55 minutes**
- Please complete the **short pre-session questionnaire** (this will be sent shortly).
- The session will be facilitated by colleagues from ICHP (the NWL Health Innovation Network). Fazeela is a trained facilitator and teaches human Factors and Olivia who leads the Escalation Maternity Neonatal project.
- Recommendations:
  - Do bring a cup of tea or coffee.
  - If you can, switch off phones and hand over bleeps to a colleague.
  - Cameras on and quiet space so you can meaningfully engage in and contribute to this conversation. Your voice and opinion is what truly counts.

## Reminder of context:

We are working with Imperial College Health Partners (ICHP) to improve clinical escalation through creating a kind and supportive culture, and improving skills in escalation communication. Conversation Cafes are an opportunity to stimulate deeper reflection, team resilience and a safe space for sharing thoughts and concerns.

## What happens next?

We will follow up with a short survey on the session and anonymised learnings will feed into ongoing improvement work in clinical escalation. We also welcome any thoughts, ideas and reflections you may have.

Thanks.

1	anonymous	Negative responses can restrict growth and hinders individual contributions to support effective team working and safety.
2	anonymous	One of the recurring issues is that other teams move unresolved issues to the triage which is the area I work in that I work in which we are unable to resolve
3	anonymous	By building a happier workforce where all staff feel seen and heard we create a better culture. By building that better culture we are in turn creating safer care for our women and families. Our responsibility as managers and leaders in the NHS is to remove/reduce 'pebbles in the shoe' so that staff can work to the best of their abilities lowering stress and burnout.
4	anonymous	Transparency is a key essential to building a team , that fosters to a safe culturally safe team.
5	anonymous	Governance is not assumed to be everyone's responsibility. It always someone else's problem.
6	anonymous	Juniors doctors should be more supported and not judged



# Before – stronger disagreements on value statements

## 1. Thinking about your day-to-day work in perinatal services

- the spaces you work in
- the colleagues you interact with (within and outside your immediate team, within and across your discipline, and with different levels of experience).

[More details](#)

Please indicate the extent to which you agree or disagree with the following statements. Your honest answers will help us accurately assess our work.

● Strongly disagree ● Disagree ● Neither agree nor disagree ● Agree ● Strongly agree

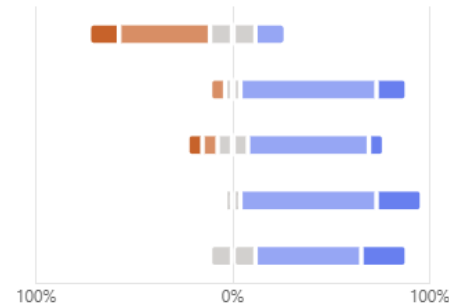
People in other teams/disciplines understand the pressures of my role.

I understand the pressures people in other teams/disciplines experience.

Building genuine trust and respect across teams and disciplines feels achievable.

I feel able to contribute to making work feel positive through my everyday actions.

The feedback I receive at work feels like something I can learn from and use to improve.



# After- Positive shift in attitude

## 1. Thinking about your day-to-day work in perinatal services

- the spaces you work in
- the colleagues you interact with (within and outside your immediate team, within and across your discipline, and with different levels of experience).

[More details](#)

Please indicate the extent to which you agree or disagree with the following statements. Your honest answers will help us accurately assess our work.

● Strongly disagree ● Disagree ● Neither agree nor disagree ● Agree ● Strongly agree

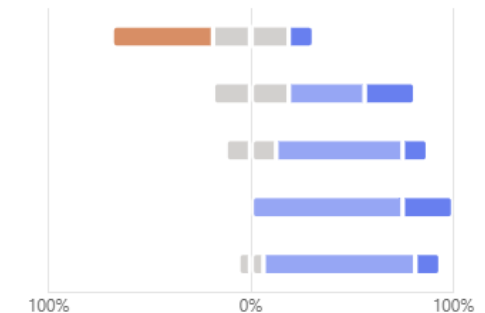
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## 4. What were your key takeaways

6 Responses

ID ↑	Name	Responses
1	anonymous	Everybody has differing opinions
2	anonymous	We all need to remember how our words and actions can impact our colleagues
3	anonymous	The conversations open up dialogue with different workforce teams, and this aided opening up perspectives of other areas and there concerns. These are not always communicate and should help staff to engage better when things are not going well.
4	anonymous	That a lot of the Team feel the same way and have the same opinions. That change is possible but needs to start from the top down.
5	anonymous	That communication is the one thing that can defuse situations. No more unanswered emails or conversations that have no email trail which leads to people feeling over looked or undermined
6	anonymous	We are not aware of the different pressures at different levels. This is partly due to lack of communication but also due to a lack of transparency.

## 3. How can your organisation/management support Escalation and Culture?

5 Responses

ID ↑	Name	Responses
1	anonymous	More people attend the conversation cafe
2	anonymous	Listen and appreciate when escalation occurs. Lead by example and highlight poor culture to colleagues if witnessed
3	anonymous	Support the change, actively take part in supporting the teams working hard to drive positivity and aiding a better place to work in.
4	anonymous	Improve communication and make it more normal to share thoughts, views and values.
5	anonymous	By ensuring that everyone views and comments can be heard without feeling that they would be accused of some form of aggressive views



# How can we do Escalation better?

Mentimeter

## How might this conversation help us do escalation better

This is a great forum- you feel safe to share. We all feel very similarly which unites us more.

listen to others give positive feedback

People feel valued and nobody is "just" a healthcare or MSW or admin or midwife

Be open to listen Take time to support where able, appropriate Be the change

To have better understanding of each other will enable us to feel more comfortable with escalation

Normalises talking about pressures and risk but also reminds us of the positives

To try to improve relationships at work and try to improve outcomes Understand we are all human

Gaining the courage to let the words leave your mouth for the first time which makes it easier next time

I think we should have these MDT as an open invite on a semi regular basis - i really like the convo cafe layout, stops turning into a long moan!

Mentimeter

## What do you appreciate about the wider team that often goes unspoken

How much is going on behind the scenes that we dont know about. They have their own pressures

support from SLT having a safe space to talk freely

More staff involving themselves in change and improving culture- its subtle! More people have buy in. They understand the importance of staff

Quiet teamwork behind the scenes

Everyone has their own strengths that when pulled together creates a fantastic team to work in

# Post session anonymous feedback

5. Please share your honest thoughts on what went well in the session, and what could be improved. This really helps us improve subsequent sessions. Thank you!

7 Responses

ID ↑	Name	Responses
1	anonymous	Good that it was a small group
2	anonymous	Good thought provoking conversations. Possibly face to face or at least colleagues in one room, this may instigate more conversation.
3	anonymous	Enjoyed sharing in a safe space.
4	anonymous	The active listening of the facilitators and the opportunity to speak freely, supported discussions and feedback from experience of the facilitator wide knowledge.
5	anonymous	It was a very interesting session where I felt safe to speak up. I feel something like this should be part of mandatory training for all.
6	anonymous	My session was a positive experience because everyone there wanted to engage with moving things forward. There was no closed minds or personal agenda's nal agendas I ajenders
7	anonymous	Good mixture of disciplines