From Listening to Evidence:
A Practical Model for Safer Maternity and Neonatal Care

The Signal → Evidence model

This model supports everyday listening, proportionate action and clear assurance, without replacing formal Freedom to Speak Up processes.

1 Signal

Staff share observations, ideas or concerns in real time.

Examples include:
- Operational pressures or workarounds
- Safety risks or near misses
- Improvement ideas
- Sentiment about workload, staffing or flow

Signals are low friction, confidential and focused on systems, not individuals.

2 Triage

Feedback is reviewed and themes are identified.

This stage focuses on:
- Understanding patterns rather than isolated issues
- Identifying risk signals early
- Agreeing appropriate routes for action or escalation

Not all signals require formal investigation, but all are acknowledged.

3 Act

Teams prioritise small, achievable improvements.

Actions typically:
- Are locally owned
- Require little or no additional funding
- Reduce friction, risk or workload
- Improve reliability and staff experience

Early action helps build trust and momentum.

4 Close the loop

Feedback and actions are shared back with staff.

This step:
- Demonstrates that voices are heard
- Reinforces psychological safety
- Encourages continued engagement

Visibility of action is critical to sustaining trust.

5 Evidence

Themes, actions and outcomes are recorded.

This creates:
- A clear audit trail
- Evidence for governance and assurance
- Insight for Boards, regulators and reviews

Listening becomes demonstrable, not anecdotal.