15 Steps for Maternity

CALDERDALE & HUDDERSFIELD
Maternity & Neonatal Voices
Working in partnership to improve maternity & neonatal services

healthwatch
Kirklees & Calderdale

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Maternity and Neonatal Voices Partnership

A Maternity and Neonatal Partnership (MNVP) amplifies the voices of women and families who have used maternity and/or neonatal services. MNVPs work closely with staff at their local hospital, local service users, community organisations and commissioners to coproduce improvements to services based on what women and families are feeding back. One way that MNVPs gather feedback is through '15 steps for Maternity'.

What is 15 Steps for Maternity?

'15 Steps for Maternity' enables MNVPs to involve a wide range of people in reviewing and improving maternity services. It was

inspired by a mum, whose daughter was regularly admitted to hospital, who said she could tell what kind of care her daughter would get within '15 steps' of walking on to a ward.

Using the 15 Steps toolkit, service users go to look at different areas of a hospital where women and birthing people are cared for, and then they share how these spaces made them feel. Volunteers are encouraged to make notes about things they notice, in relation to four main themes.

1. Welcoming and Informative
2. Safe and Clean
3. Friendly and Personal
4. Calm and Organised

During a 15 Steps visit, visitors are asked to focus on the environment, rather than speaking with women and families who are currently staying in the hospital.

Background

The last 15 Steps visit at Calderdale Royal Hospital took place in 2023, and shortly after the visit the previous Maternity and Neonatal Voices Partnership (MNVP) lead took on a new role at the Local Maternity and Neonatal System (LMNS). This meant that the report was not fully completed following the visit, and some of the recommendations were unclear.

What did we do?

On the 13th November 2024, the current MNVP lead was joined by 12 other visitors to complete a 15 Steps visit at Calderdale Hospital. There was a real effort to ensure a diverse range of attendees with a variety of viewpoints. The visiting team was made up of current and previous service users, including;

- A pregnant Arabic woman who attended with a translator
- Four recent service users with a range of experiences
- A representative from St Augustine's (Halifax based charity supporting refugees and people seeking asylum)
- Family Engagement lead from the Yorkshire and Humber neonatal network (ODN)
- Lead for Dad Matters Calderdale
- Maternity Transformation Manager from the Integrated Care Board (ICB)
- Team manager from Calderdale Council social services
- Calderdale Council public health manager

To limit risk and impact on staff and service users, the visiting team split into small groups and visited the following areas:

1. Maternity Assessment Centre (MAC) Antenatal Day Unit (ANDU) and Labour Ward
2. Antenatal Clinic and Calderdale Birth Centre
3. Neonatal Unit and Frenulotomy (tongue tie) Clinic
4. Antenatal and Postnatal Ward

The day began with a welcome presentation from Gemma Puckett, Director of Midwifery, followed by an introduction to the 15 Steps toolkit with the MNVP Lead, Amy Libell. Karen Williams, parent engagement lead for the ODN, shared a brand new '15 Steps for Neonatal' toolkit, which has been co-produced along with service users and was to be piloted for the first time at this 15 Steps event. The groups then went to visit their assigned areas, along with a member of staff from the hospital.

Everybody got together for lunch, and then the visiting group had some time together to share and discuss feedback. The day finished with maternity and neonatal staff coming back to listen to some initial feedback from the visiting group.

Findings

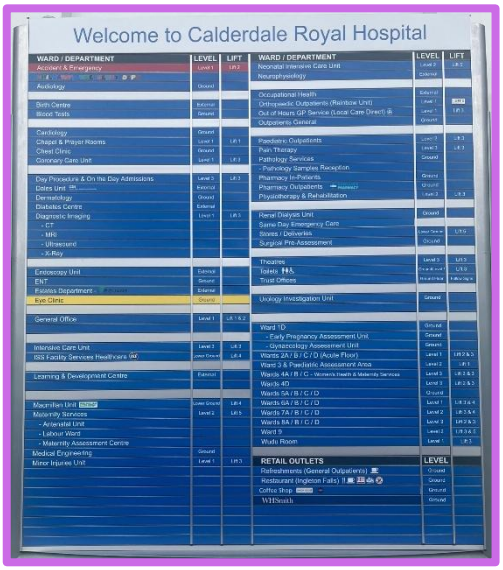
Welcoming and informative

Feedback consistently referred to how welcoming and friendly staff members were, from the members of staff who showed the teams around to the staff on the wards and even volunteers in other areas of the hospital. As well as being friendly, staff answered buzzers quickly, engaged with the visitors and answered questions in a helpful manner.

There was a wealth of information in all areas, with particular praise for the diabetes display in the antenatal clinic, financial support information in the neonatal unit and the philosophy of care within the birth centre.

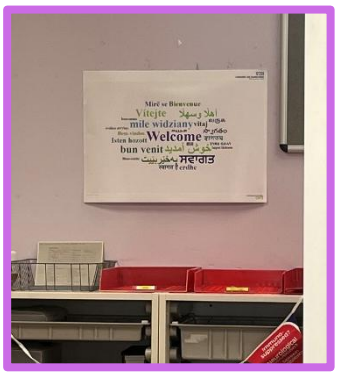
Some areas had a very welcoming feel; e.g. MAC was 'open, bright and airy', the pool room on labour ward 'lovely, cosy and inviting' and the birth centre 'had colourful walls, inclusive artwork and pretty fairy lights'.

All groups agreed that signage could be improved throughout the hospital. The Arabic service user and St Augustine's representative shared their concern at the lack of visual signage as everything was in English. The whole team agreed that signage was poor from both the main entrance and the Women's

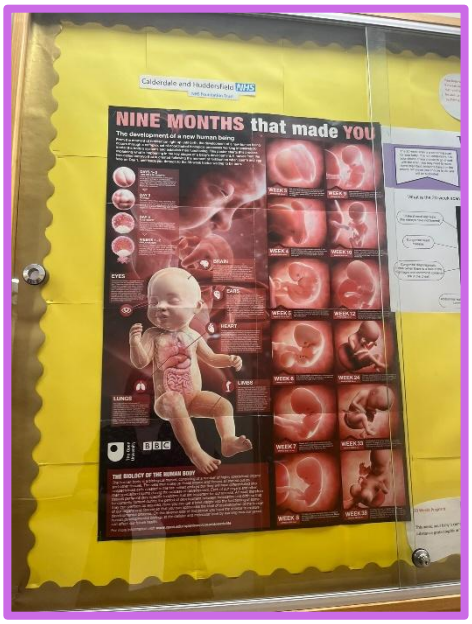


and Children entrance, and that it was difficult to know where to go.

There was a lack of information in any language other than English. There are some leaflets in other languages, but most visitors reflected that the only thing they had seen in other languages was a small 'welcome' sign. Photos and information were not particularly reflective of the local community: for example, the team heard that a high proportion of babies in NICU are from Asian backgrounds, but there were no images or photos on the unit to reflect this.



There were two posters that visitors thought should be re-considered: one regarding a 9 month pregnancy near the entrance to the neonatal unit, and a 'road to recovery' poster which staff said related to caesarean recovery –a display co-produced with those who have had caesareans would be nicer.



Safe and clean

Visitors said all areas felt safe ‘as a whole’, and there was a lot of praise for the uniform displays helping people to understand which roles wear which colours.

Visitors liked the thank you cards and CHuFT award, saying these things add to the feeling that you’re in “safe hands”, along with the supportive manner of staff members.

All areas were described as clean, there was a safe space for siblings to use on the neonatal unit with some books particularly for them. There was evidence based information on safe baby care, including sound levels (on the neonatal unit), infant feeding and mental health.

The group were unsure on how safe facilities were for people with additional accessibility needs.

Visitors to the neonatal intensive care/high dependency area felt that the room was overwhelming and cramped, and that this would make it difficult for anyone with mobility issues to navigate.

Parents should have unrestricted access to their baby/babies on the neonatal unit, and so a finger print/facial recognition entry/exit was recommended instead of a buzzer system.

Some areas felt less 'clean and fresh' than others. For example, visiting information was found on a "torn piece of greying paper, blue tacked to the wall near maternity reception, which doesn't feel very considered when this is really important information for families" and signs on the windows in the Ward 4 family room looked "scrappy".

There is an opportunity to update some information, particularly the safe sleep information on Ward 4 which seemed to show a sleep nest which are not recommended.

Antenatal and birthing rooms are spacious, but there is less space postnatally and particularly on the neonatal unit. There was only one parent bedroom in use, no dedicated room for expressing (as per national recommendation), staff use the family room for meetings, potentially preventing parents from accessing it, and there is no additional space for circumstances such as a baby being discharged from hospital in to care.

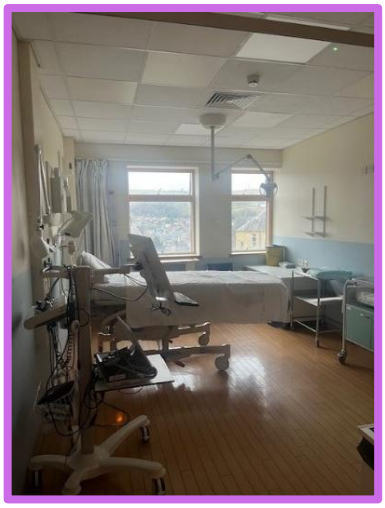
Friendly and personal

There was a wealth of praise for friendly staff members in all areas, and staff were observed engaging with women and families in a positive way too – "I observed staff interacting with babies which was lovely to see, and the care I hope my child would be given if they were in there." The team who visited the postnatal ward spoke positively of the breastfeeding peer support volunteers providing personalised support on the postnatal ward.

The quiet room on the neonatal unit has a "beautiful imitation window" which "really makes such a difference" especially when you consider the lack of windows in the space for 'real' daylight.

Visitors liked that there were spaces where women and families could make/access food and drink, books for siblings in the family room and the availability of breakfast, snacks, and sandwiches for parents on the neonatal unit. It would be even better if hot meals were provided. Visitors also liked the wardrobe on the neonatal unit and wondered if this was available to new parents who have smaller than expected babies but do not receive care on the neonatal unit.

There was a lack of information about the choices of place of birth in the antenatal clinic rooms and waiting area, and the team did not see anything relating to birth plans/preferences being encouraged, though it was good to see birth balls available in MAC.

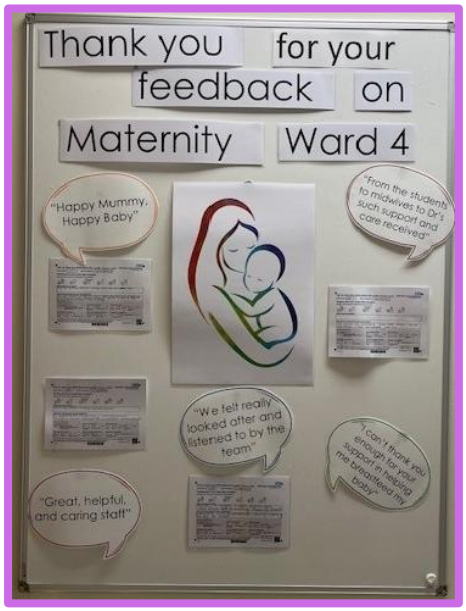


It was felt that there was a missed opportunity to 'soften' rooms on labour ward, lessening the contrast in comparison to the pool room, and the birth centre. Much of what service users liked in these spaces could be replicated in other rooms which are "clinical at best" – for example, empowering posters, nice lighting and artwork.

The current artwork on the labour ward was felt to be dated, although the fairy lights in the reception area made the space feel more friendly.

Organised and calm

The information in Calderdale birth centre felt appropriate for the area, and not overwhelming. All areas felt calm: the postnatal ward was described as "peaceful even though there were lots of people around" and the neonatal ICU "was calm even when a baby was being admitted". There were some wall decorations that helped to promote this sense of calm, for example the imitation window on the neonatal unit and the artwork in the birth centre.



There was great information displayed on walls but that, particularly in the antenatal clinic, MAC and Ward 4, this information had been put wherever there was space, rather than being thoughtfully organised and grouped. Suggestions included considering themes, as well as dating displays to show whether they were still relevant or not (particularly research opportunities and feedback displays).

Those visiting the neonatal unit were concerned that there was little information about how parents could request to stay on the unit / be accommodated to sleep at baby's cot side, and whether this would be down to staff discretion considering the challenges presented by the lack of available space.

Recommendations

1. Review signage from the main, and women's and children's, entrances to the second floor maternity services, Ward 4 and the neonatal unit, ensuring that language is consistent and these areas are straightforward to find for everyone.

2. Consider having a visual image alongside the signage: for example, something on the floor leading to maternity services reception, this would make it more accessible for all.

3. Work with organisations, such as St Augustine's, to give women who do not speak English the opportunity to visit the hospital during their pregnancy so that they understand where to go if they need to attend MAC / are in labour.

4. Have information available in other languages aside from the word 'welcome', e.g. how to access interpretation services, information about choice of place of birth.

5. Audit the images of women and families in maternity and neonatal areas to see how representative they are of local community, e.g. ethnicity, disability, sexuality and then look to increase diversity of imagery across all areas.

6. Work to increase availability of three parent accommodation rooms on the neonatal unit.

7. Ensure that funding is made available to increase the number of comfortable chairs on the neonatal unit, and confirm that

the lack of space to provide 40 chairs (as per national guidance) has been escalated to the risk register.

8. Look at the information in all areas with fresh eyes: is it still relevant? Does it need updating? Could it be improved? Could the information be better organised?

9. Check that all areas have uniform displays and check everyone is included, e.g. breastfeeding peer supporters, and consider adding photos of staff members.

10. Remove the gestation poster near the neonatal unit, and consider replacing the 'road to recovery' poster on ward 4 with a coproduced display on caesarean recovery.

11. Work towards parents having unrestricted access to the neonatal unit with a fingerprint or facial recognition system

12. Continue work to have information displays regarding choice of place of birth and personalised care in key areas, including antenatal clinic and appointment rooms, and MAC.

13. Replicate some of the cosy, homey touches on the birth centre and the pool room in to other rooms on labour ward, e.g. lighting, artwork, empowering posters.

14. Consider working with Family Hubs to ensure that the right information is being shared about support in the community, utilising existing resources from Family Hubs.

What will happen next?

This report, along with the recommendations, will be shared with Calderdale and Huddersfield Foundation Trust (CHFT), as well as with all those who were involved on the day. It will be presented at a variety of meetings within CHFT, as well as at the quarterly Maternity and Neonatal Voices Partnership and the Local Maternity and Neonatal System (LMNS) for West Yorkshire and Harrogate. Additionally, the report will be available via the Healthwatch website and via social media should anyone request a copy.

The MNVP Lead will work with CHFT to coproduce an action plan to work on any agreed changes. It is recommended that CHFT and the MNVP have a regular update meeting to review progress and provide additional insight as required. Staff and service users on the day also suggested an interim visit, outside of usual office hours, to look around the hospital and see what changes are in progress as well as observe the hospital at a different time of day.