

# 15 Steps to Maternity

## Norfolk and Norwich University Hospital

### February 7<sup>th</sup> 2019



## Introduction

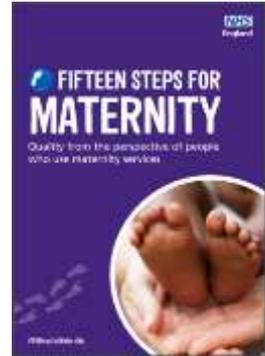
The 15 Steps challenge is an approach to service and quality improvement that focuses on a 'walk around' of a ward or service using a '15 steps challenge' team that can include patients, carers, staff and Board members. The team members consider their first impressions of the ward or service from the perspective of a service user, recording how it appears, looks, sounds and smells etc. The outcomes should inform improvement actions at a ward or service and organisational level, linking into other relevant initiatives as appropriate.

More information is available on the NHS England website:

<https://www.england.nhs.uk/participation/resources/15-steps-challenge/>

The toolkit focusing specifically on assessing maternity services is also available on the NHS England website:

<https://www.england.nhs.uk/publication/the-fifteen-steps-for-maternity-quality-from-the-perspective-of-people-who-use-maternity-services/>



7 current and recent service users and service user representatives, as well as a member of maternity staff, reviewed the following areas:

- Antenatal clinic
- Midwifery-Led Birthing Unit (MLBU)
- Blakeney Ward – postnatal in-patient care
- Cley Ward – gynaecology and maternity
- Delivery Suite – including two obstetric operating theatres

5 senior midwifery and obstetric staff from the Norfolk and Norwich University Hospital (NNUH) NHS Trust were present at the feedback.

1. **Antenatal clinic** – despite helpful reception staff the visiting team felt that the antenatal clinic area was not the most welcoming space. They felt the atmosphere was quite hectic, with busy staff, lots of 'traffic' and anxious women (nervous about scans and possible miscarriage). It was not a comfortable area to spend time in and was noisy so that some people did not hear when they were called. Some people are there for a long time and others visit regularly.

### Suggestions from the visiting team:

- Add some small touches such as plants and a water machine.
- Make the infant feeding team area a welcoming place that women and their families are clearly welcome to use, with well displayed information that is easily accessible – this is a great opportunity to get information to women who may not be offered it elsewhere.
- Use the Baby TV screen for breast feeding guidance and use local messages.
- Create a welcome book with lots of useful information in one place that women and their families can look at while they wait, and includes information for dads/partners.
- Have more information clearly displayed about the different birthing choices in the hospital, and at home. Maybe a film on Baby TV?

- Make reading material available e.g. magazines or Mama Academy information.
- Consider changes to make the area more comfortable and more birth/mum orientated e.g. have birthing balls instead of chairs? Reconfigure the seating to encourage chatting.
- Make the area less stressful for people who are anxious e.g. signage showing where people should queue and where they should wait. Explain the process e.g. why do staff take notes? Do staff have to ask why patients are there?
- Be careful of the language you use – one of the first doors you see on arriving is called ‘Dirty Utility Room’ – not very pleasant!

**We did, we have, we will – NNUH will:**

- Work with Baby TV to decide what we want to be shown in maternity areas, focussing on accessible balanced information. This will make the best use of the time for the people visiting the clinic area.
- NNUH will look for other useful information that can be included such as the Department of Health (DH) poster about the benefits of exercise in pregnancy.
- NNUH will discuss the suggestions about the waiting area environment with the Reception Manager.
- NNUH will work with the MVP to write a home birthing leaflet.

2. **Midwife-Led Birthing Unit (MLBU)** – The visiting team described this area as fantastic! It was clean and welcoming, with smiling, friendly and enthusiastic staff. The atmosphere was bright and not too hot. It had a dynamic design to encourage mothers to move about. It is decorated in bright colours and is not too clinical. Waste bins are kept out of site, and it felt warm and safe. The team were impressed with the movable mattresses, and the fact there are radios and birthing lights available. They were especially impressed with the extra-long hoses on the gas and air so you can go to the loo when using it! There was also lots of good information available for women and their families by the entrance.

**Suggestions from the visiting team:**

- More homely pictures and images would fit in better in this area than clinical information.
- It would be good if the area could be made dark or have blackout if needed, and have things like candles available.
- The MLBU needs more space to expand!

**We did, we have, we will – NNUH will:**

- Share this positive feedback with the MLBU staff

3. **Blakeney Ward** – The visiting team thought although the ward appeared clean, and the ‘incredible’ staff were friendly, this felt like a busy, noisy clinical area and came as a shock after the MLBU. Women reported that they wanted to go home but their discharge was delayed. Whilst on the ward sleep was difficult due to noise. People who wanted to go to the restaurant were not allowed to leave as they might remove their baby from the hospital. This made them feel disheartened and spoiled the experience.

**Suggestions from the visiting team:**

- Some of the language used could be improved e.g. infant – should use baby.

- Information about the Birth Reflections Service was great but needs to be bigger and offered proactively rather than women having to search for it.
- The ward would benefit from a comfy breast feeding.
- People reported that where nurse stations were close to bays they could hear some private medical information.

**We did, we have, we will** – NNUH will:

- Provide eye masks and ear plugs the same as Cley Ward to help with noise and light.
- Midwifery-led discharge started in January 2019 but we are aware we need to develop this more.
- Better if mobilise will look at being able to take baby out to the restaurant and shops.
- We will change to **baby** feeding team in line with baby friendly hospital.
- Service waiting times for Birth Reflections is 2 months. We need to look at why there is so much demand. It is best to catch women as early as possible while the experience is still new.

**Sometimes we can't:**

- Wanting curtains closed – we respect this when we can but there are times when this is difficult because e.g. the ward needs to be cleaned, patients are not stable so need to see them, we are watching interactions with mother and baby, the closed curtains stop air circulation in hot summers.
- No co-sleeping policy at NNUH – Babies are in the cots for sleeping as the women's bed is too soft for baby and there is the risk that baby can fall out of bed. Mums are tired, often having had medication, and they are not at home so maybe disorientated which can mean that baby might not be safe. **We could** – look at having special cots that attach to the side of the beds. They are expensive but we will bear this in mind and maybe able to provide through fund raising?

4. **Cley ward** – The visiting team felt that Cley Ward was a bright area but still had a very clinical atmosphere and could be made friendlier. There is no separate consultation area so this is all done in the bed area which is not very private. Having antenatal and gynaecology patients together in one ward is not ideal, as is the fact that it is used as an escalation area for some patients when the hospital is under pressure. It was felt that it did not present a very dynamic atmosphere as people were just sitting and waiting.

**Suggestions from the visiting team:**

- Could the women listen to calm music?
- Display posters that encourage the women to keeping moving.
- Make it more welcoming for people starting their birth journey with induction, or for anxious parents with reduced foetal movements. They need to feel more looked after and not put into busy ward.

- 5. Delivery suite** – Once the visiting team were admitted to the delivery suite they found it a very welcoming place. Everyone was friendly and warm, and the atmosphere was bright and colourful. Some women have weekly appointments and long waits, often with other children, and there is nothing for them to do in the waiting area. It also had a large wall of jumbled leaflets including stop smoking ones with shocking images.

**Suggestions from the visiting team:**

- Add a 'Welcome' sign outside the door so they are sure they have arrived at the right place.
- Also let people know there might be a long wait after they have rung the bell.
- See thank you cards where you walk in, pictures of babies - have a happy board!
- Put some notices up about e.g. pain relief and management with balance of information e.g. different birthing positions, the benefits of an active birth.
- The rooms are lovely but the bed takes up all space in room – put the bed in chair position and put other birthing props in the middle to encourage more movement.
- Display waiting times.
- Make the waiting area nicer with music, a TV screen, useful information, plants, dimmer, more relaxing lights.
- Remove the wall clock as the noise is intrusive

**Triage assessment room** – could hear heart beating – might not be so good if you baby is not ok. Snacks are present but it's not clear you can help yourself. There was a radio playing but might be better to have calming music. The TV uses language that might be upsetting e.g. pending, failed. Can these be removed?

**Theatre** – can music be available for a planned C-section?

**We did, we have, we will** – NNUH will:

- Review the signage and use of language in this area
- Look for ways of doing different music in different areas. We'll find out what happened to the music player and discuss with the theatre team. We will look into licensing, and using ipods and speakers.
- Change the room around especially for low risk women. Look at putting beds along wall and in the chair position.
- Look at offering a laminated information pack that can be wiped containing information for women and also for what birth partners could do to help.

**Sometimes we can't:**

- The TV used gives live operational information so is needed where it is but we could make it clear it's for staff not patients.
- The clocks cannot be changed as they are digital and they all record the same accurate time needed for records and display room temperature.

**Next Steps:**

- This report will be shared by the Norwich Maternity Voices Partnership (MVP) on their networks and with the Local Maternity System (LMS) Board
- It will be presented to the relevant governance committee, and the Caring and Patient Experience (CaPE) Board at the NNUH.