



FIFTEEN STEPS FOR MATERNITY

Quality from the perspective of people
who use maternity services



#15StepsforMaternity



15 STEPS FOR MATERNITY: QUALITY FROM THE PERSPECTIVE OF PEOPLE WHO USE MATERNITY SERVICES

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I can tell what kind of care
my daughter is going to get
within **15 steps** of walking
onto every new ward.

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1. BACKGROUND OF THE 15 STEPS FOR MATERNITY



The NHS is committed to putting people at the heart of the healthcare. At a patient and family experience workshop, a mother of a child needing frequent hospital admission stated...

“I can tell what kind of care my daughter is going to get within 15 steps of walking on to the ward”.

This mother was not a clinician or a quality assurance manager, but very quickly she could tell some important things about the quality of care in the healthcare settings that she and her daughter were attending. This comment highlights how important it is to understand what good quality care looks and feels like from the perspective of the people who experience that care. People have high expectations for good quality care, which is respectful, evidence-based, kind and safe, delivered in welcoming and clean environments. This comment inspired the development of a suite of 15 Steps toolkits that explore different healthcare settings through the eyes of those who use them and their relatives/carers.

This toolkit has been developed with Maternity Voice Partnerships (MVPs) in mind. MVPs are local teams of users/user reps, midwives, doctors and commissioners, working together to review, co-design and co-produce local maternity services. There are usually a number of MVPs per Local Maternity System (LMS). This toolkit is easy to use and aligns with NHS priorities for maternity care as outlined in the [Better Births](#) report published in 2016. This toolkit supports collaborative working between all those involved in using, reviewing, designing and delivering maternity services, so that together improvements can be identified and implemented.

The 15 Steps for Maternity uses an observational approach to understanding what





service users experience as they access local maternity care. A number of 15 Steps small teams can be created by utilising the local Maternity Voices Partnership to provide service user/user rep, plus a partner, family member or doula if possible, along with a staff member, commissioner or Trust Board member. The small teams access local maternity settings where care is provided to get a 'feel' for the space, using all their senses to reflect on their first impressions and consider the impact of this experience. The small teams use the 15 Steps for Maternity Observation Guides ensuring their observations are considerate of a wide variety of service users who access local maternity care, with special care taken to consider the needs of seldom heard voices and minority groups.

By enabling service users' voices to be heard clearly, the tool can be used to gain an understanding of how people feel about the care provided, how high levels of confidence can be built by positive first impressions and what might be done to increase levels of confidence in the service as part of a continuous improvement journey. The 15 Steps for Maternity is a tool for Maternity Voice Partnerships, which are multi-disciplinary in nature, meet on a regular basis and are part of wider, ongoing service improvement works. Maternity Voice Partnerships may use other tools for gathering feedback about service users' experience of local maternity care such as Walk the Patch, online surveys or through community outreach. The 15 Step Challenge is not a performance management tool or an audit (clinical, quality, safety or otherwise).

This toolkit has been co-created with maternity service users, including those from seldom heard and minority groups and organisations that represent them. They expressed that the most important aspects of maternity care, and the space in which maternity care is provided, include:

- **Welcoming & Informative**
- **Safe & Clean**
- **Friendly & Personal**
- **Organised & Calm**

Therefore, these are the themes that the toolkit focusses on and each of these four themes are broken down into a number of questions to ask oneself during the walkaround, and areas to consider before and after the walkaround.

2. GETTING STARTED WITH THE 15 STEPS FOR MATERNITY

The Maternity Voices Partnership Service User Chair gathers users/ user representatives, if possible, including partners, family members or doulas and prioritising those who represent seldom heard or minority groups. A number of staff members should be made available, including if possible clinical representation from Midwifery and Obstetrics.

Ensure inclusion of Patient Experience; either a maternity-based Patient Experience Midwife or a Trust-wide Patient Experience Officer and invite a commissioner or Trust Board member to participate. The Director/Head of Midwifery is likely to be able to assist with these contacts. Arrange for your participants to gather in a room for a short briefing near to where the 15 Steps for Maternity will take place.

The briefing should include:

- An introduction to how the toolkit works
- The formation of small teams and designated areas
- What the small teams should be looking for
- How much time the small teams have
- How to use the Observation Guides
- Confidentiality of staff and current service users
- The need to use antibacterial hand gel
- The need to speak quietly and be discreet (no mobile phones)
- Appreciation for the users/user reps for giving their time voluntarily

At the end of the briefing, the participants form small teams of three people, ensuring each team has representation of a service user/user rep and a staff member, and encourage staff members to review areas in which they do not currently work.





Maternity settings which could be included in the 15 Steps for Maternity:

- Antenatal Clinics - community and hospital
- Scanning Areas
- Day Assessment Areas
- Homebirth (this would need to be done with the homebirth midwives)
- Free-standing Midwifery-led Units and Alongside Midwifery-led Units
- Obstetric Units and Theatre
- Neonatal Units (because users view neonatal care as part of a maternity journey)
- Postnatal Care Wards
- Postnatal Care Clinics - community and hospital

If you have a number of small teams, all areas could be reviewed on the same day and the walkaround repeated annually. If you have only one or two small teams, one or two areas could be reviewed and the toolkit used periodically to ensure coverage. How the toolkit is utilised should be at the discretion of those involved at a local level, unless there is Local Maternity System or regional specification.

Each small team should utilise the Observation Guides in section 4 of this toolkit, to fully explore all aspects of the space and care provided and ensure that each is reflected upon.

Note: the team will need to be able to differentiate between the relevant aspects of the toolkit in each area they visit, as it is designed for all maternity settings. For example, there are themes relevant to the space and care provided during labour and birth, such as; is a birth ball available?, which would not be pertinent to a postnatal clinic within the community.

Each small team should spend around 15-20 minutes in their designated area, if that feels appropriate, to experience how it feels to be there. They may also observe interactions between staff and service users currently experiencing care. Of course, maternity care is a private and confidential service and this will not be appropriate in some maternity settings that are in use. When doing a walkaround in a birth environment extra sensitivity will be required. It is also important that current service users and staff are aware that the 15 Steps for Maternity is taking place and the poster in Appendix A, which can be personalised for each Maternity Voices Partnership, provider or Local Maternity System, is a useful tool for this.

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The 15 Steps for Maternity is great; very clear and informative whilst allowing for flexibility.

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3. WHAT TO LOOK OUT FOR DURING THE 15 STEPS FOR MATERNITY

During the 15 Steps for Maternity, each small team will be observing and absorbing a whole host of information and each will bring a 'fresh eyes' perspective that will be invaluable to those who work in these environments daily. It might help team members to take some brief notes during the walkaround, though this shouldn't feel like a 'tick box exercise'.

In line with the Better Births vision, the Observation Guides include looking for maternity services which are safe, kind and personal. Users of maternity services tell us their first impressions can make a huge difference to the confidence they feel. Therefore, teams should be reflecting upon whether the setting and staff are welcoming, friendly, informative, organised and calm.

welcoming & informative... safe & clean...

friendly & personal... organised & calm...

Ultimately, if maternity services are all these things for seldom heard and minority groups of people experiencing maternity care, then they are likely to be these things for all people on a maternity journey.

During the walkaround of a designated area, each small team reflects on how it feels using all of their senses:

- What do I see?
- What do I hear?
- What can I smell?
- What can I touch?
- How does it feel to be in this space?





Each small team should ideally be made up of maternity service users from seldom heard or minority groups or be mindful throughout of the needs of these groups, including;

- BAME - Black, Asian & Minority Ethnic groups
- LGBTQ - Lesbian, Gay, Bisexual, Trans, Queer/Questioning
- those with learning difficulties or disabilities
- those with physical disabilities

Particular attention should be given to reflecting upon the needs of people groups, including but not exclusive to, those from a variety of backgrounds. These might include people on low income; refugees and those seeking asylum; traveller communities; parents who have experienced the loss of a baby; young or lone parents; parents of twins or multiples; those with perinatal mental health complexities or experience of trauma; those with experience of domestic violence or other assault or abuse and parents involved with the criminal justice system or Children's Services.

Tips for the users/user reps involved...

Your opinions really matter and will help to make local maternity services better for those having babies. Your views, ideas and suggestions will be heard and valued.

The areas that you will be visiting provide care for service users at a variety of stages of pregnancy, birth and the early postnatal period. Some service users, including babies, might be unwell and need to be protected. Please always clean your hands before entering a maternity setting, speak quietly and respect the privacy and dignity of those present.

If at any time you feel uncomfortable or would like to leave the area you're visiting, please let the staff member in your small team know and they will be able to accompany you. If you are worried about anything that you have seen, please share your concerns before you leave.

Please share what you think is good and what could be improved so that any improvements made are shaped by users/user reps, staff and commissioners working together.

Thank you for being involved in the 15 Steps for Maternity and for contributing to local maternity service improvement.

4. OBSERVATION GUIDES

Date: _____

Small Team members: _____

Designated Area: _____

Welcoming & Informative

	Notes
<p>Questions to ask yourself:</p> <ul style="list-style-type: none">• How long did I have to wait to enter the area?• Does the space feel welcoming?• Is the atmosphere relaxed and peaceful?• Does the environment seem bright and well-maintained?• Is the visual information useful and interesting and does it encourage choice? <p>Areas to consider:</p> <ul style="list-style-type: none">• Welcoming signs or welcoming information in a variety of formats/languages• The route from the car park/bus stop is well signposted• Staff smile, greet you and make eye contact• Toilets with baby change facilities are available and are accessible by wheelchair users• There are inclusive posters/displays; BAME, LGBTQ and other minority groups• Comfortable seating with drinking water is available• There are staff photo boards• There are positive feedback boards• Visiting times are displayed• Birth rooms are set up to promote active birth• Partner/doula are welcome• Information about antenatal/postnatal classes is available• Information about Trust values/Better Births is displayed• Information about community-based activities for parents is available• Information about a Birth Reflections/Birth Afterthoughts service is displayed• Information about the Maternity Voices Partnership and PALS is displayed	

Safe & Clean

	Notes
<p>Questions to ask yourself:</p> <ul style="list-style-type: none">• Do I feel safe in this space? Why, why not?• Could I identify staff in an emergency?• Is it clear who is a midwife, a maternity support worker, a sonographer or an obstetrician?• Does the area seem clean and fresh?• Are facilities, especially toilets, baths and showers clean and working and accessible for people with additional accessibility needs?• Is hand-washing promoted? <p>Areas to consider:</p> <ul style="list-style-type: none">• There are private rooms available for appointments and care during birth/postnatal care• Staff knock and wait before entering a room• A female staff member can be requested• Facilities feel safe for people with varying needs, eg. physical or learning disabilities• The postnatal care ward feels secure• Evidence-based information on safe baby care including skin to skin, feeding and sleeping is easily accessible to all• If this is an area where siblings might come, is it safe for them?• There are notices in toilets explaining how to speak confidentially with a female staff member• Is it communicated that confidentiality is respected?• Information about Professional Midwifery Advocates is visible to communicate that Midwifery staff have ongoing support and supervision	



Friendly & Personal

	Notes
<p>Questions to ask yourself:</p> <ul style="list-style-type: none">• How do staff make me feel?• Do staff use my name when they speak to me?• Is it clear how to speak to a senior staff member if I need to?• Do staff seem warm, friendly and personable to women and families?• Do staff seem caring of each other? <p>Areas to consider:</p> <ul style="list-style-type: none">• The needs of people with sight or hearing impairments have been considered• A choice of four places to give birth are clearly promoted; home, alongside/freestanding midwife-led unit and obstetric unit• Continuity of carer is promoted/available• Creating a birth plan/preferences is encouraged/promoted• A choice of coping strategies for birth is promoted, such as; breathing techniques, massage, hypnotherapy, aromatherapy, keeping mobile, using a birth ball• Personalisation of birth space is promoted, such as; bringing a personal photo, scent, blanket, pillow, birth partner/doula, music• There is an appropriate room available for having difficult or complex conversations• There is kitchen space for those using maternity services to prepare drinks and snacks• There is personalised infant feeding support available within the Postnatal Care ward and information about feeding support available within the local community	



Organised & Calm

	Notes
<p>Questions to ask yourself:</p> <ul style="list-style-type: none">• Does the space feel organised and tidy?• Does the atmosphere feel calm, even though it may be busy?• Are there wall decorations that promote a sense of calm?• Is equipment stored in designated places?• Is quietness encouraged, especially in birth settings and on postnatal care wards?• Can I see into other rooms, eg. stock/linen cupboard, staff room or kitchen, and do they look organised and uncluttered? <p>Areas to Consider:</p> <ul style="list-style-type: none">• Any notices/posters are up to date and relevant• There is clear signage so people know where to go and what to do• There is clear communication about how the area functions – what happens when, etc.• When there are delays in appointments, this is communicated clearly to those waiting• Partners/doulas may stay 24/7 during birth and early postnatal care to provide personal support• Staff seem unhurried, well-supported and happy• When a staff handover needs to happen, the staff communicate this clearly and explain what to expect beforehand• In an emergency, a designated staff member provides reassurance to the woman and her birth partner/doula• Staff are calm and considerate	

5. WHAT TO DO WITH THE FINDINGS OF THE 15 STEPS FOR MATERNITY?

Once the walkaround has occurred, each small team discreetly and briefly considers together any positive aspects they would like to share immediately with the staff member responsible for the area they have reviewed.

This should be encouraging and have an affirmative effect on the maternity staff present, enabling this toolkit to be one way of improving the culture and morale within maternity settings, and a way for acknowledging excellence. It is also useful to thank the staff member for welcoming you to the area. Small teams may choose to use Appendix B: Positive Aspects and Action Plan for this.

The small teams then leave their designated areas to discuss what they have seen, heard and noticed and share their findings with each other and with any other relevant people, for example the Head of Midwifery, Obstetric Lead, Consultant Midwives, Matrons and possibly if the Chief Nurse. These staff members, (either all or in part), will already attend quarterly Maternity Voices Partnership meetings to hear from local maternity service users and to work on co-production quality improvement projects. This should include a verbal report of the area they visited, the positive aspects they noticed and any areas that they feel could be improved. Through this sharing and positive discussion, similar themes may arise which could be improved across all settings or even across the whole provider. There may also be findings that are individual to a specific setting. The aim of this sharing and discussion is to celebrate the positive aspects, identify any areas for improvement and facilitate working in partnership to improve Maternity Services.

The sharing and discussion could occur during a regular Maternity Voices Partnership meeting, where there are already service users/user reps, midwifery and obstetric staff, and commissioners working collaboratively to review user feedback and plan improvements. Appendix B: Positive Aspects and Action Plan may also be used here to record any actions identified. This should not create additional work for staff if the Maternity Voices Partnership is empowered and able to contribute to making simple improvements happen. There may be additional areas for improvements that could be owned by the provider, commissioners or the Local Maternity System and any service-wide improvements can be added to an existing action plan.

6. APPENDIX A - POSTER FOR STAFF AND SERVICE USERS



7. APPENDIX B - POSITIVE ASPECTS & ACTION PLAN

Date: _____

Small Team members: _____

Designated Area: _____

Welcoming & Informative

Positives:			
What is the issue?	What action is needed?	Who is responsible?	By when?

Safe & Clean

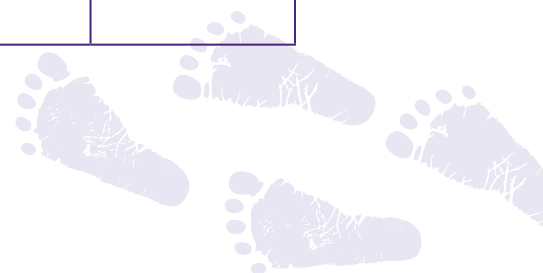
Positives:			
What is the issue?	What action is needed?	Who is responsible?	By when?

Friendly & Personal

Positives:			
What is the issue?	What action is needed?	Who is responsible?	By when?

Organised & Calm

Positives:			
What is the issue?	What action is needed?	Who is responsible?	By when?



8. APPENDIX C - HOW THIS TOOLKIT ALIGNS WITH OTHER STRATEGIC INITIATIVES



The 15 Steps for Maternity has been designed to align, support and complement other strategic initiatives and is part of the [15 Steps Toolkits](#). It is important that Maternity Services listen well to service users about their experiences of care. Maternity Voices Partnerships, for which this tool has been designed, are a great vehicle for this. The alignment of this tool

with the varying, existing strategic initiatives and the current methods for listening well to people is summarised here:

[Better Births](#) encourages effective service user co-production, recommending “the establishment of independent, formal, multidisciplinary committees called Maternity Voices Partnerships, (formerly Maternity Services Liaison Committees), to influence and share in local decision-making. MVPs should be made up by at least a third of service users, along with provider staff, commissioners and representation from local maternity-related charities or advocacy groups”. Findings from the 15 Steps for Maternity should be discussed within the MVP and reported, along with other MVP work, to the Local Maternity System Board to ensure strategic-level awareness of local quality improvement work. For more information on establishing a user-led and well-functioning MVP, see [Chapter 4 of the Implementing Better Births: A resource pack for Local Maternity Systems](#).

[The NHS Five Year Forward View](#) (2014) describes how important it is to have communities involved in designing better health services. The NHS remains unwavering in its commitment to universal healthcare, irrespective of age, health, race, social status or ability to pay. Thus, involving people in reviewing and shaping NHS Maternity Services is a vital part of how improvements can be made to the quality care for all.



Published by the Department of Health, the [NHS Constitution](#) details the principles and values of the NHS in England and sets out the rights to which public and staff are entitled. It confirms that people have the right to be involved, directly or through representatives, in the development of NHS healthcare services, and in decisions to be made affecting the operation of those services. It also encourages people to give feedback – both positive and negative – about their experiences and the treatment and care received, because feedback helps to improve NHS services for all.

[The Friends and Family Test \(FFT\)](#) aims to provide a simple, headline metric, which supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Within Maternity Services, at four points in the maternity journey, people are asked, ‘How likely are you to recommend this service to your friends and family?’ and offered a range of responses and an opportunity to add additional comments about their experience. The results of the FFT are brought to the MVP meetings.

In every inspection, the [Care Quality Commission](#) asks whether the service is safe, caring, effective, responsive to people’s needs and well-led. They use a core set of [fundamental quality standards](#), refreshed in 2014, in their inspection of health services. Evidence of good practice identified through the 15 Steps for Maternity may be useful material to supply in support of a Care Quality Commission inspection. The CQC also publish a national [Maternity Survey](#), which will be an annual survey from 2017. Providers and commissioners, in collaboration with their Maternity Voices Partnership, are expected to take action to improve services based on the results.

[The National Maternity and Perinatal Audit](#) (NMPA) is a large scale clinical audit of NHS Maternity Services across England, Scotland and Wales. The audit aims to evaluate a range of care processes and outcomes in order to identify good practice and areas for improvement in the care of those looked after by NHS maternity services. The NMPA is led by the Royal College of Obstetricians and Gynaecologists in partnership with the Royal College of Midwives, the Royal College of Paediatrics and Child Health and the London School of Hygiene and Tropical Medicine.

A well-known and effective way of gathering basic feedback from service users receiving care on a Postnatal Care ward is [Walk the Patch](#). This tool is normally used by volunteer service user reps from the local Maternity Voices Partnership. The process involves visiting users of Maternity Services for 5-10 minutes on the Postnatal Care Ward. The aim is to gather basic information about their maternity experience, such as; “Thinking about the maternity care you have received during your pregnancy, during the birth and since you have been on the postnatal care ward...

- What was good?
- Was there anything not so good?
- What would you like to see improved?

Some Maternity Voices Partnerships conduct online surveys. Some have a general online survey which service users can complete following a maternity care experience to feedback about the care they received; specifically exploring what was good, anything that was not so good and any improvements they would like to see. Some also use online surveys for gathering specific feedback, such as visiting hours on postnatal care units. Some MVPs also engage in community outreach where volunteer service user representatives visit community parent and baby groups to chat informally with parents about their maternity care experiences. All feedback received is shared with the MVP.

In summary, the 15 Steps for Maternity builds on the success of the existing 15 Steps toolkits used in other areas of NHS healthcare. It aims to be a practical and easy to use toolkit, providing the opportunity for service users/user reps to review the ‘feel’ or atmosphere and facilities available within maternity settings. It values their thoughts and feelings about how this can have a positive or negative impact upon current and future users’ expectations of, confidence in and ultimately experiences of Maternity Services.





9. ACKNOWLEDGEMENTS



This tool has been created collaboratively and with a variety of people who support the NHS to improve the quality of care for service users having a baby.

Many have contributed to the design and development of this version of the 15 Steps

Challenge, including provider staff; midwives, obstetricians and maternity support workers; commissioners and MVP volunteer service user representatives.

Special thanks go to the service users, partners and families who have willingly contributed their thoughts and opinions. It is their enthusiasm and passion to see Maternity Services across England improve which has motivated them to be involved. Huge thanks also go to the many committed and hard-working midwives who, even with heavy workloads, have carved out time to review and contribute to this toolkit, to ensure all aspects of a service user's care are considered.

The toolkit was thoroughly tested through a number of pilot projects and so users/user reps, staff and commissioners at the following provider sites are appreciated:

- Leeds Teaching Hospitals NHS Trust
- Royal Berkshire Foundation Trust
- Isle of Wight NHS Trust
- Whittington Health NHS Trust



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I like the way the toolkit is divided into themes and how the positives carry as much weight as the suggested improvements.

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Finally, many thanks to the representative organisations who contributed:

Birth Companions

Birthrights

(esp. The Human Rights and Dignity Experience of Disabled Service users during Pregnancy, Childbirth and Early Parenting Report 2018)

Forging Families

LGBT Foundation

National Maternity Voices and a number of Maternity Voices

Partnerships Chairs and user reps

NCT

Royal College of Obstetricians & Gynaecologists

Royal College of Midwives

A number of Heads of Midwifery and Consultant Midwives

Twins and Multiples Births Association

12. GLOSSARY

Maternity Voices Partnerships are teams of service users/user reps, midwives, doctors and commissioners working together to review, co-design and co-produce local maternity services. [The Resource Pack for Local Maternity Systems: Implementing Better Births](#) states: “We recommend establishment of independent, formal, multidisciplinary committees, which we call “Maternity Voices Partnerships” (formerly Maternity Services Liaison Committees before MSLCs), to influence and share in local decision-making”.

Local Maternity Systems are a collaboration of neighbouring providers and commissioners, coterminous with the footprint of the Sustainability and Transformation Partnerships (STP). Their aim is to ensure that those using Maternity Services are able to access the care they choose in the community and as close to home as possible.

National Maternity Voices is a network of Maternity Voices Partnership User Chairs and volunteer user representatives, providing peer support and advice. National Maternity Voices also keep a record of existing Maternity Voices Partnerships in England.

Doulas are trained in the non-medical side of pregnancy, birth and early parenthood and offer emotional and practical support to individuals or couples on their maternity journey. A doula gives support regardless of choice of place of birth or mode of birth and can be hired privately or accessed through a volunteer doula scheme. A doula will provide consistent support in the antenatal and postnatal period and remain present throughout the birth experience, giving bespoke support, which may include assistance with relaxation, communication and decision-making.

Note: The term ‘service user’ has been used throughout this toolkit to ensure it is inclusive of all those using Maternity Services during pregnancy, birth and the early postnatal period, including fathers and partners, or whoever is providing personal support during the maternity journey, as well as those who identify as trans.



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This is a great toolkit for MVP members on how to progress with co-production.

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