FIFTEEN STEPS FOR MATERNITY

The Fifteen Steps for Maternity across Greater Manchester & Eastern Cheshire Local Maternity System

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LMS
Greater Manchester and Eastern Cheshire Local Maternity System

NHS
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GREATER MANCHESTER & EASTERN CHESHIRE Maternity Voices
Networking Maternity Voices Partnerships in GMEC


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About the Research

The National Maternity Review, *Better Births*[1] and subsequent implementation guidance[2] emphasises the responsibility of Local Maternity Systems to ensure they co-design services with service users. In a maternity context, the best way of instituting service user co-production is through a "Maternity Voices Partnership" (MVP).

These are independent formal multidisciplinary committees which come together to influence and share in the decision-making of the Local Maternity System and its constituent parts. They are underpinned by practical support from local commissioners and providers, including appropriate financial support.

The Fifteen Steps for Maternity[4] challenge is an approach to service/quality improvement designed for MVPs that focuses on ward/service "walkarounds" considering first impressions from a service user perspective. The outcomes should inform improvement actions at a ward/service and organisational level.

Key findings & recommendations

For Commissioners

- **Ensure appropriate ringfenced, annual funding is in place and accessible to MVPs.**
- **Work with providers and service users to develop and support co-production through local MVPs and ensure there is a commissioner responsible for maternity available to participate.**
- **Use your MVP to drive service improvement. Undertaking service development and transformation without ensuring it will meet the needs of local families' risks money being wasted on inappropriate services.**

For Providers

- **Share positive aspects from your 15 Steps report with all staff and look at reports from other providers to see where you can learn from what they do well.**
- **Work with commissioners, staff and service users to develop and support co-production through a local MVP.**
- **Use your 15 Steps report to evidence CNST (Clinical Negligence Scheme for Trusts) safety action 7 demonstrating action on patient feedback.**

For MVPs

- **Ensure responsibility for 15 Steps actions are assigned with timescales and followed up at regular MVP meetings becoming part of ongoing work plans.**
- **Work with commissioners and providers to ensure the MVP is well supported by funding and attendance of key staff.**
- **Repeat the 15 Steps challenge periodically or visit areas not covered by the work.**

Introduction

***Better Births*[1] describes how maternity services should be co-produced with Maternity Voices Partnerships (MVPs). MVPs are local teams of service users/user reps, midwives, obstetricians and commissioners, who meet regularly and work together to review, co-design and co-produce local maternity services.**

Greater Manchester & Eastern Cheshire (GMEC) Maternity Voices have been commissioned by the Local Maternity System (LMS) to deliver the co-production toolkit "The Fifteen Steps for Maternity" across the region. It looks at quality from the perspective of people who use maternity services. This involved working collaboratively with existing MVPs across our network and recruiting staff, commissioners and local women where MVPs are not yet fully established.

Some MVPs have been established across Greater Manchester and Eastern Cheshire, however coverage is patchy and most maternity units are without a funded or fully-constituted multi-disciplinary, service user led partnership. Out of the ten maternity units across GMEC LMS, six have held some form of MVP meeting, of which three are led by a service user chair, two are funded by their local CCG and only one has the recommended annual budget of £10k *(See Appendix A for further details)*.

Further detail about co-produced maternity services is given in Implementing Better Births: A resource pack for Local Maternity Systems[2], which states, 'The maternity commissioner is responsible for facilitating and organising any agreed funding.' Additional guidance can be found in Effective co-production through local Maternity Voices Partnerships: A resource for commissioners[5] including examples of the impact of MVPs, a funding template outline and business case.

Aims of the project

- **Kick-start local co-production in maternity services across the LMS**
- **Work collaboratively to make simple improvements within maternity care settings**
- **Lay foundations for establishing effective MVPs in each locality**
- **Highlight gaps in co-production of maternity services and appropriate funding to facilitate this**
- **Suggest environmental changes to maternity spaces**

What is the Fifteen Steps for Maternity?

***The Fifteen Steps for Maternity*[4] is a toolkit published by NHS England which has been developed with Maternity Voices Partnerships (MVPs) in mind. The toolkit aligns with the NHS priorities for maternity care as outlined in Better Births and local objectives from the *Greater Manchester & Eastern Cheshire (GMEC) Maternity and Newborn Implementation Plan*[3].**

The toolkit supports collaborative working between all those involved in using, reviewing, designing and delivering maternity services. It is an observational approach whereby small teams of service users and maternity staff explore local maternity settings to get a 'feel' for the space. It is not a performance management tool nor does it take the place of a formal audit (clinical, quality, safety or otherwise).

The toolkit has been co-created with maternity service users who identified four themes which were important to them in places where maternity care is provided. These are:

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

Special care was taken to consider the needs of seldom heard voices and minority groups, being particularly mindful that if maternity services are experienced in the above ways by these groups, they are likely to be these things for all people on a maternity journey.

What we did

Greater Manchester Eastern Cheshire Maternity Voices was asked by the Local Maternity System to undertake the 15 Steps for Maternity challange across nine different units. These were:

Bolton	**Ingleside Birth Centre**	**Macclesfield General Hospital**
North Manchester General Hospital	**Stepping Hill Hospital**	**St. Mary's Oxford Road**
St. Mary's Wythenshawe	**Tameside General Hospital**	**Wigan Infirmary**

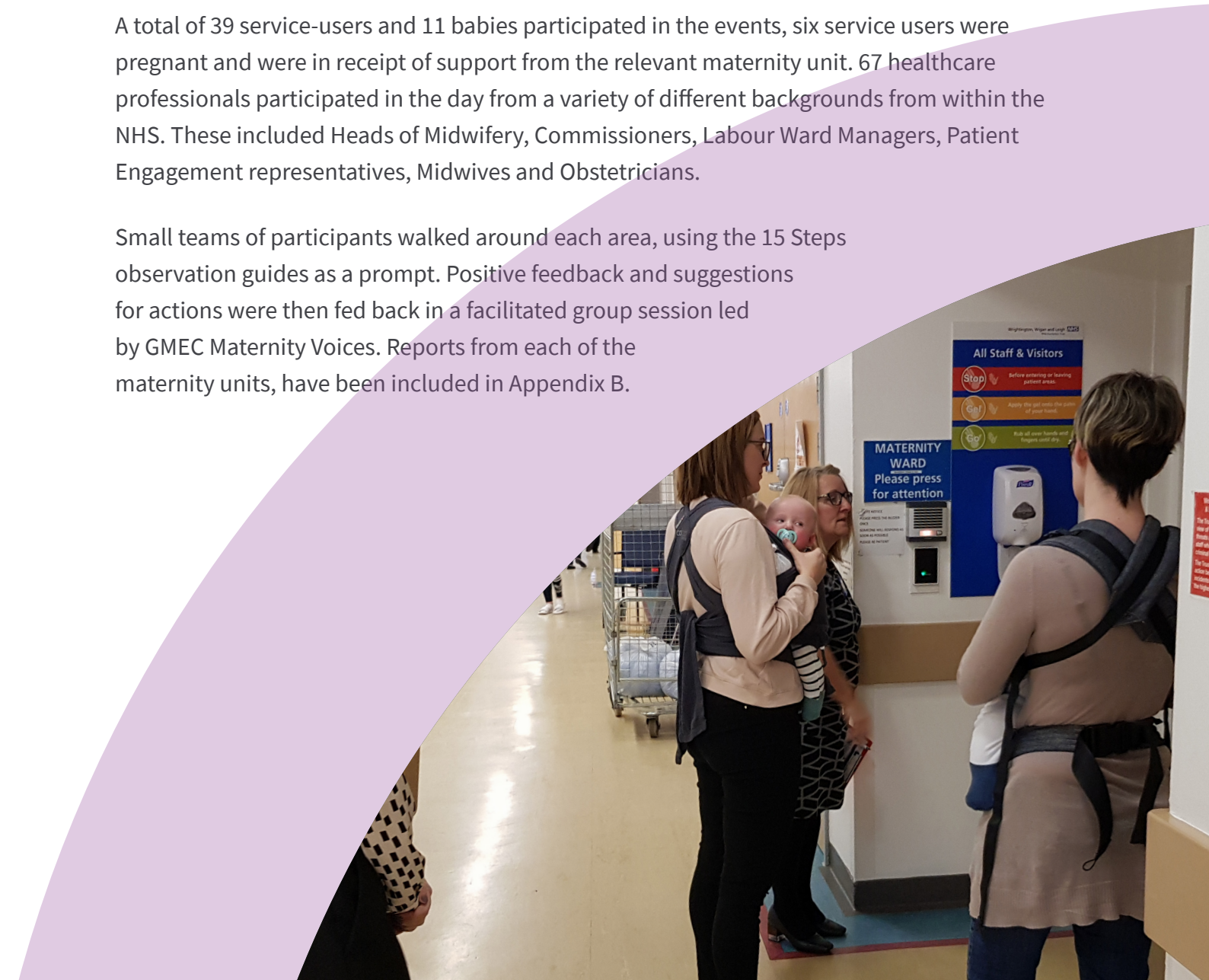
Where MVPs had lay chairs in place, we worked in partnership with the chair to undertake the visit. The Royal Oldham hospital was not included in the visits as 15 Steps had already been undertaken by its MVP in 2018, although the findings of these two visits have been incorporated in this report and the individual report is attached as Appendix B5.

On the day that the 15 Steps for Maternity visit took place, teams walked around at least three areas within each unit, areas were chosen by service-users and could include:

- **Antenatal Clinics – community & hospital**
- **Scanning Areas**
- **Day Assessment Areas**
- **Free-standing Midwifery Units and Alongside Midwifery Units**
- **Obstetric Units & Theatre**
- **Neonatal Units**
- **Postnatal Care Wards**
- **Postnatal Care Clinics – community and hospital**

A total of 39 service-users and 11 babies participated in the events, six service users were pregnant and were in receipt of support from the relevant maternity unit. 67 healthcare professionals participated in the day from a variety of different backgrounds from within the NHS. These included Heads of Midwifery, Commissioners, Labour Ward Managers, Patient Engagement representatives, Midwives and Obstetricians.

Small teams of participants walked around each area, using the 15 Steps observation guides as a prompt. Positive feedback and suggestions for actions were then fed back in a facilitated group session led by GMEC Maternity Voices. Reports from each of the maternity units, have been included in Appendix B.



Findings & Recommendations

Both positive feedback from service users and recommendations are presented below, using the four overarching themes of the 15 Steps.

Welcoming & Informative

The toolkit asks service users to observe the atmosphere and initial 'first impression' of the areas which they inspect. It was noted that in all areas visited as part of this research that, staff smiled and greeted service users and were seen to be friendly and welcoming. This applied across the board in terms of different areas visited, even in areas which were obviously busy.

Visual information & Signposting

There was a wealth of information available for women (most often on display in antenatal clinics, but also on the walls in the corridors of midwifery and obstetric units and postnatal wards) this included posters on:

- **Safe sleeping**
- **Feeding**
- **Antenatal classes *(including hypnobirthing)***
- **Smoking cessation**
- **Staff photographs**
- **Staff awards & achievements**
- **Red hat campaign**
- **Recovery after caesarean**
- **Positive feedback boards from families, including thank-you cards and baby pictures**

Service users specifically noted that they found boards featuring pictures and names of staff especially welcoming. It was obvious that some staff had put a lot of time and effort into creating some of the displays. The entrance to the Oldham Birth Centre was a particularly noteworthy example.

Several maternity units also had information boards aimed at staff rather than service users. A particularly effective example was the display of Skin to Skin information near theatre entrance and recovery bay. However a display about pain relief for babies near an obstetric unit midwife station was thought likely to alarm parents.

Information about community-based activities for parents was variable. It was noted that perhaps more could be done to link with relevant local groups or support organisations and to communicate this information to expectant and new families. For example, providing pointers to breastfeeding support, aquanatal classes, pregnancy yoga, hypnobirthing, Dad Matters, mental health peer support and other relevant groups supporting families.

There was a general lack of information about birth reflections/birth after-thoughts, perinatal mental health, Better Births. Only Wigan had information about Maternity Voices Partnerships.

Only two units (Macclesfield and St. Mary's) had a clear poster at the entrance in many languages other than English, offering welcoming information and advising women to contact a member of staff if they needed further assistance.

Recommendation

Given the numbers of women and families from BAME groups across Greater Manchester and Eastern Cheshire, consideration should be given when creating visual information for display in maternity settings about any additional languages should be catered for.

Recommendation

Ensure information about the Maternity Voices Partnership and other community support is displayed in all areas of the maternity unit. National Maternity Voices has developed a generic flyer template which can be adapted for local use.

Clear signposting into and away from different parts of maternity units was variable in terms of how easy or not it was to access different areas. Suggestions were made during the 15 Steps as to how this could be improved in each maternity unit.

Safe & Clean

Across the board, feedback was that areas fundamentally felt 'safe and clean'. Although it's fair to say that some maternity units are older than others, all areas felt clean and sanitary and ongoing cleaning and maintenance was evident. Hand-washing was well promoted everywhere and we didn't find any empty sanitiser dispensers.

On the odd occasion it was found that blinds in labour rooms or wards were broken or hanging down. In some cases scuff marks were evident on walls, which made rooms feel unkempt.

Macclesfield has the services of a handyman booked in for two days a month to sort out odd jobs such as fixing lights and re-painting scuff marks. This investment was clearly reflected in the upkeep of the environment.

Privacy and dignity

There was wide variation in the feeling of privacy across units. St. Mary's Oxford Rd was a good example of an obstetric unit where privacy was clearly highly valued and a big priority. All private room doors had signs about privacy/dignity and asked people to knock before entering. It was clear if a room was occupied or an examination was in progress. This was as a result of a concerted piece of work by the unit around privacy and dignity and made the space feel very safe for women at their most vulnerable in labour. This was a stark contrast to some other maternity units where you couldn't tell if a room was in use and there was no curtain across the door so anyone walking past when the door was open could see straight into the birth room.

Recommendation

Clear signage if a room is occupied.

Promotion of safe sleep, skin-to skin and infant feeding

Evidence-based information on safe baby care, including skin-to-skin, feeding and sleeping was available on many units visited, mainly through being displayed on noticeboards in post-natal wards. It was 'Safer Sleep' week during the time of some of our visits and several places had made a significant effort in producing information for these wall displays.

Recommendation

Display skin to skin information.

Safeguarding

The vast majority of toilets had relevant posters on the back of the doors signposting women to domestic violence support organisations or explaining how to speak confidentially with a female member of staff.

Provision for siblings

It was noticed that safe provision had been made for siblings, particularly in family rooms on postnatal wards. Toys were available in the waiting room at the birth centre at Bolton, Stockport antenatal clinic, the day room at Wythenshawe, the Butterfly room at North Manchester, the waiting room at Ingleside and the transition room on the neo-natal unit at Macclesfield.

More widely, during the period of the observations, many maternity units were in the process of removing or had already removed toys from waiting areas and clinics. The reason that these items were being removed was given as infection control. This seemed to have been applied very inconsistently as some toys remained in different areas of the same maternity units. Service-users commented across the board how the toys contributed to spaces being family friendly, particularly when they were faced with long waiting times.

Recommendation

Clarify the infection control policy regarding toys in the ward – if they need to be washed or wiped once a day. Explore whether there are hospital employed play-workers or volunteers that could take on this role?

Friendly & Personal

As mentioned earlier, staff were observed as being very friendly and welcoming to service-users undertaking the 15 Steps visits.

Visible promotion of choice of place of birth

Only two maternity units clearly displayed information in antenatal clinics around choice of place of birth, using the Which posters. Although these will be included in GMEC personalised care plan and choice website going forward, it was felt that these choices should be promoted more widely to women, particularly in antenatal appointment and scan waiting areas.

Recommendation

Develop standardised information about choice of place of birth to be used across GMEC and promoted in antenatal appointment and scan waiting areas in particular.

Promotion of new continuity of carer teams

Information around continuity of carer teams was only on display at Ingleside in the antenatal clinic, with information about which midwives are part of the team. As continuity teams become more embedded, it was felt that more efforts to promote the availability of these teams to women and families should be made. Part of this communication could include displaying this information in antenatal clinics.

Coping mechanisms for birth

It was not immediately obvious how coping strategies for birth were promoted in maternity units. Prompts from 15 Steps to look out for on walk-rounds included 'breathing techniques, massage, hypnobirthing, keeping mobile and using a birth ball'.

For those hospitals which had a midwifery unit area or midwifery-led care rooms, these types of coping mechanism were more likely to be built into the relaxing environment, for example through the availability of pools or by not having a bed in the room.

Tameside was the only maternity unit that used inflatable pools with telemetry in birthing rooms enabling personalised care to any person wanting to use water immersion for pain relief in labour, regardless of what room they were using.

It is assumed that many of these coping mechanisms are taught on NHS antenatal classes, however, the majority of women do not attend these classes. There does seem to be a gap therefore in terms of how women are to know that this information exists.

Birthing or exercise balls were available, for example, on some obstetric units or wards where inductions were taking place. However, in some locations this equipment was kept out of sight in a cupboard and would need to be requested by a labouring woman or her birth partner. Women are therefore reliant on information provided by their care-giver in terms of movement and positions and different coping mechanisms.

Service users felt that it was too late for this type of information to be made available in a labour room (one or two places had a poster on the wall showing different positions), particularly for those who had experienced inductions.

Recommendation

Coping mechanisms for labour could be more widely promoted in antenatal clinics, labour wards and birth centres. Consider co-producing a GMEC wide poster or app.

Private spaces and bereavement suites

Many units had private rooms available where difficult or complex conversations were held. It was evident how much effort had gone into the bereavement rooms in many hospitals with fundraising by staff and parents to furnish with homely furniture and soft furnishing. Significant effort has gone into making these areas as comfortable as possible and this is be commended.

Organised & Calm

Service users felt that the vast majority of areas visited felt organised and calm. Several antenatal clinics were visited on clinic days and whilst they felt busy, visitors agreed that in general they still felt calm and orderly. All midwifery and obstetric units felt calm, even though a couple of them were very busy at the time of 15 Steps visit.

Where stock/linen cupboards were looked into they all seemed tidy and well organised. Where doors or covers to these areas were left open it contributed to spaces feeling cluttered.

It was also evident which units operate a designated storage approach to organising equipment, as very little medical equipment was left on display or in corridors, which greatly contributed to the feeling of calm and organisation in these settings.

Notices and signage

Every maternity unit had areas featuring notices and signs made by staff. Often these were not clear either because of the language used, small font or poor colour choice or layout. Sometimes there were multiple signs with the same or similar information all competing against one another and service-users noted a feeling of information overload.

Recommendation

Standardising displays in terms of reading age/size of text/spacing and colour. Each unit or GMEC LMS could produce a set of 'style guidelines' for staff to follow when producing their own signs and displays contributing to a feeling of unity. This could include space for GMEC LMS branding and local Trust branding to reinforce collaborative working between units as a local maternity system.

Recommendation

Assign responsibility for communications displays across the maternity areas to an individual or team to prevent duplication and ensure consistency in message. Ensure the local MVP is involved to help tailor information relevant to local service users.

Naming conventions

The term “Birth centre” is often used to mean a midwifery unit. However some hospitals call their obstetric units a “birth centre” and this is very confusing for service users.

Recommendation

Obstetric units should not be named “Birth Centre”. Consider all maternity units across GMEC adopting the naming conventions from NHS England/NICE guidance on choosing where to have your baby i.e. obstetric unit and midwifery unit (freestanding or alongside). Terms such as labour ward, delivery suite, consultant-led unit, birth centre etc should all be updated.

Communication of delays in appointments

Different maternity units had differing approaches in terms of how they communicated waiting times or delays to appointments, some electronic, others gave verbal updates. Service users commented that it was a lot easier to deal with delays if they knew approximately how long they would be waiting for. A couple of places had electronic sign-in facilities and electronic updates, but it was not clear how consistently these were put to use.

Quietness encouraged

In terms of encouraging quietness and respecting privacy, only one or two units had signs on the doors of labour rooms which reminded staff to knock and wait before entering. This is not to say that quietness and privacy were not respected, but visual prompts were not always present.

There were, however, many signs telling families not to use their mobiles in scanning rooms and in labour rooms.

Ward information pack/sheet

A few maternity units had written information packs or handouts for women and families staying on postnatal wards. This included information on areas including safe-sleeping, information on feeding, uniform guides, visiting and meal times. Wigan had laminated A3 sheets on every overbed table with important ward information.

However, the vast majority of units had no written information available. Service users suggested this had left them feeling out of touch with what was around them and felt it would have greatly benefited when staying on ante and postnatal wards. Basic information such as wi-fi codes, how to get food, visiting times and information on mental health were not currently available across the board.

Recommendation

Work with MVPs to develop standardised postnatal information, which can then be tailored to each maternity unit.

Promoting a sense of calm

Visits to midwifery units, particularly Ingleside, provided excellent examples of how birth settings can be made to look calm, through using wall decorations, colours, hiding medical equipment and using aids to promote relaxation and active birth.

Although Wigan does not have a midwifery unit, their labour rooms have been decorated in such a way to encourage a calm setting, through using landscape wall stickers. The neo-natal unit at Macclesfield also stood out as it was decorated in a way to encourage a calm setting.

Service users noted the shift between the relaxing feel of midwifery units in comparison to obstetric units, where in some cases the contrast was stark. Rooms and wards where inductions took place were often very medicalised, with little to encourage relaxation or active birth.

This can also be extended to corridors leading into maternity areas where wall art and softer colours could be employed to create an environment more conducive to relaxation.

Recommendation

Review obstetric units to review decoration to promote a calm environment.

Conclusion

The Fifteen Steps for Maternity Challenge was seen as a useful, enjoyable and worthwhile undertaking by staff and service users alike and we received lots of positive feedback from all involved.

This report will be shared with Heads of Midwifery, commissioners and the GMEC Maternity Transformation Board. Each maternity unit has received a copy of its local 15 Steps report and is looking at implementing the changes recommended. Where MVPs are in place they are adding these actions to their programmes of work and will be able to further co-design solutions to some of the issues raised by the 15 Steps. It is also recommended they repeat the 15 Steps challenge periodically or visit additional areas such as community clinic or home settings which were not possible as part of this work.

The work has helped to embed co-production with staff and commissioners and enabled them to experience first-hand the important role MVPs contribute to improving care and experience for people using maternity services.

The NHS Long Term Plan[6] reported that women's experiences of maternity care are improving as evidenced by the latest CQC report. It states, "Involving service users has been at the heart of these improvements with over 100 Maternity Voice Partnerships in place across England to ensure that maternity services are rooted in, and responding to, what women and their families need and want."

It is vital that MVPs are instituted across all maternity units within GMEC LMS - supported by staff and funded by local commissioners - to ensure continued co-production towards kinder, safer and more personalised maternity care.

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t Matters To Our Staff
@ Wythenshawe one of our core values is working as a team.
nd strengthen this, a team of Professional Midwifery
een established to offer support and promote wellbeing
within our staff group.
consists of five midwives from several different areas of
the unit, these are:
Caroline Sullivan
Lesley Graham
Emily McClure
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