

# 15 Steps for Maternity across Rochdale and Oldham.

Royal Oldham Hospital

Rochdale Infirmary

**2022**



ROCHDALE & OLDHAM

**Maternity Voices**

Working in partnership to improve maternity services

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## Introduction

Maternity Voices Partnerships (MVP's) are independently led working groups: a committee of women, pregnant people and their families, community groups, supporting organisations, local commissioners and providers working together to review and contribute to the development of local maternity care.

Rochdale and Oldham Maternity Voices Partnership (ROMVP) exists to represent the voice of local service users to those that commission and provide maternity services within Rochdale and Oldham. ROMVP advocate for the inclusion of service user voice and lived experience at all stages of designing, planning, and delivering maternity services.

ROMVP is made up of a network of multi-disciplinary, diverse, all-inclusive people who all share the same goal, which is to create a safe and welcoming space for people to share their maternity experiences, provide peer support and to strive to help shape local maternity services to ensure the best possible outcomes and experiences for service users and their families.



**Leona Barlow, Rochdale and Oldham MVP Chair**

## What is 15 Steps?

"I can tell what kind of care my daughter is going to get within 15 Steps of walking on to a ward", said a mum whose daughter was regularly admitted to hospital due to an ongoing health condition.

Based on the ethos of teamwork within MVPs, the 15 Steps toolkit is a method which looks at maternity services from the perspective of those who use them. It explores their first impressions of care, their surroundings, and the overall experience across their maternity journey.

Developed by NHS England in conjunction with National Maternity Voices, the 15 Steps for Maternity toolkit has been designed especially for use by Maternity Voices Partnerships (MVPs) which uses an observational approach to understanding what service users experience as they access local maternity care.

The 15 Steps for Maternity 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.

National Maternity Voices provides 15 step guide prompts to be used by small groups while they spend some time in each area of the hospital. The participants are encouraged to write about the things they notice and assess them using four separate themes, which are:

- Welcoming and Informative
- Safe and Clean
- Friendly and Personal
- Organised and Calm


These themes were identified by co-designing the toolkit with a group of diverse service users and representatives.



## What we did

The 15 steps visits took place across 3 days over 2 sites, Rochdale Infirmary and Royal Oldham Hospital. Originally these were both due to take place late November/early December 2021 however the Oldham dates had to be postponed due to COVID restrictions and the OMICRON variant. The Rochdale Infirmary visit was on 29<sup>th</sup> November 2021 and our Oldham visit was rescheduled for the earliest possible date in the new year which was 28<sup>th</sup> February 2022 and 1<sup>st</sup> March 2022.

The areas covered were:

<b>Rochdale Infirmary</b>	<b>Royal Oldham Hospital</b>
<b>Antenatal Clinic and scan department</b>	<b>Antenatal Clinic</b>
<b>GTT (Glucose Tolerance Test) Clinic</b>	<b>Triage</b>
	<b>Birth Centre</b>
	<b>Antenatal Ward</b>
	<b>Labour Ward</b>
	<b>Post Natal</b>
	<b>NICU</b>
	<b>Early Assessment Unit/GAU</b>

The visits were carried out by a small group made up of Service Users, Representative from Dad Matters, Director of Midwifery, Member of Rochdale Clinical Commissioning Group, Member of Oldham Clinical Commissioning Group, Non Executive Director of Safety Board, Deputy/Chief Midwife and the Rochdale and Oldham Maternity Voices Partnership Chair.

The walk around was undertaken from the perspective of the people who would be accessing the services and all aspects were considered from arriving at the hospital, parking, navigating the grounds and accessing the different areas. The group spent around 20 minutes in each area using the 15 steps observation guide as a prompt. They broke off into smaller groups at times to get feedback from staff and service users who were present on the day. This allowed the opportunity to include lived experience comments into the recommendations and positive feedback which was fed back during the debrief delivered at the end of the day to all the area managers and staff involved via teams, with any immediate actions raised and praise given directly to the Team. The comments, observations and suggestions for

improvement have also been included within this report for the Trust to follow up further where required.

## Findings and Recommendations

The feedback collected during the visits, has been categorised into the main themes suggested by the 15 steps framework.

Here comments, suggestions, and real-life stories of those who took part are presented.

### Welcoming and Informative

The toolkit asks service users to observe the atmosphere and initial 'first impression' of the areas which they inspect.

It was noted 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 across both sites, even in areas which were obviously busy. It was very clear that all the staff were very passionate about their jobs and committed to providing the best possible care for their service users and families.

In particular the staff member on the antenatal reception desk at Rochdale who acknowledged our presence on entering and whom was very informative, welcoming, helpful and radiated genuine kindness. Also the two ladies on Early Assessment Unit Reception (Oldham) who, through conversation around how the unit works and what they have been working on to improve, shown incredible compassion and dedication to their jobs and whom have clearly put lots of thought, time and effort into providing better bereavement support by introducing the Rainbow Clinics at Oldham Hospital and introduction of different ways in which recognition of early losses can be marked. This undoubtedly will make a huge impact on the quality of the patients experiences in difficult circumstances.

Throughout the different areas, more notably within Oldham Hospital, there is a lovely selection of locally commissioned artwork which really lifts the mood and makes the areas feel more inviting and less clinical.



## Visual Information and Signposting

There was a wealth of information available; mostly aimed at women. (Often on display in antenatal clinics, Glucose Tolerance Testing and Early Assessment Unit but also on the walls in the corridors of postnatal ward)

This included posters on:

- Safe sleeping
- Feeding
- Antenatal classes (including hypnobirthing)
- Smoking cessation
- Staff photographs
- Staff awards & achievements
- Vaccination in pregnancy
- Reduced movements



We noted a feeling of information overload, and it sometimes felt a little splatter gun approach to cover walls rather than considered content. The information was predominantly in English with very few translated into any other language and lots of the information displayed was very wordy therefore not easy to understand the messages if English is not first language or for people with difficulty reading. There was a lack of inclusive language used and not much information for other family support members. Dad Matters only had 1 display located in Antenatal clinic at Oldham which was a considerable size and was very well put together. It also had a table next to the display with copies of the DadPad.

There was no informed choices or birth plan information displayed and nothing on Rochdale and Oldham Maternity Voices Partnership.

The information on smoking cessation displayed in Rochdale Glucose Tolerance Test (GTT) clinic felt more preaching rather than informative and the location of the display was a little odd as it was in the corridor entrance rather than the waiting room where people are likely to have more time to read.



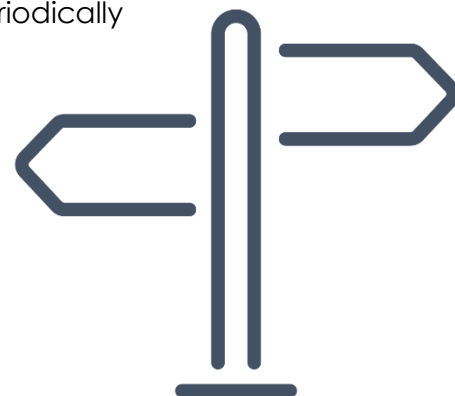
### Suggestions to feedback:

All displays across both sites would benefit from a review to make sure information displayed is up to date and still relevant. Content should be periodically reviewed ideally every 3 months.

Try to group information together in topics to help flow better. Dedicated board especially for feedback.

Display ways in which service users and families can feed back.

ROMVP to provide information for display to raise awareness.



## Safe and Clean

All areas visited felt clean and well maintained. We particularly noticed a stronger smell of disinfectant when walking around the Labour Ward; though this was not unpleasant.

It was noted that access to a postnatal ward (Oldham) fire exit was blocked due to the area being used for storage of various bits of equipment including cots, stands, tables and chairs. This was immediately fed back during the debrief at the end of the day to be rectified.



**Please Note:** ROMVP Chair attended Insight Visit at Royal Oldham Hospital on 6<sup>th</sup> May 2022 and observed that this had been rectified.

## Dignity and privacy

It was observed whilst walking around Rochdale Glucose Tolerance Testing Clinic that the waiting room was directly next to the treatment room and the doors were not closed during testing which raised concerns of patient confidentiality. It was also noted that 2 members of staff were operating in the same room and therefore were seeing 2 patients at a time in 1 open space which again lacked privacy. This was immediately addressed by Chief Midwife who instructed that 1 person should be seen at a time in 1 area with immediate effect.

Triage and Early Assessment Unit at Oldham were in the same area and sharing a waiting room is not ideal when considering the nature of why people are likely to be there. Often there is a mix of early pregnancy (under 16 weeks) facing potential or actively experiencing a loss, non-pregnant people with gynaecological related problems and very heavily pregnant people with visible bumps.



### Suggestions to feedback:

Immediate action taken in GTT Clinic to ensure patient confidentiality by limiting to 1 patient at a time.

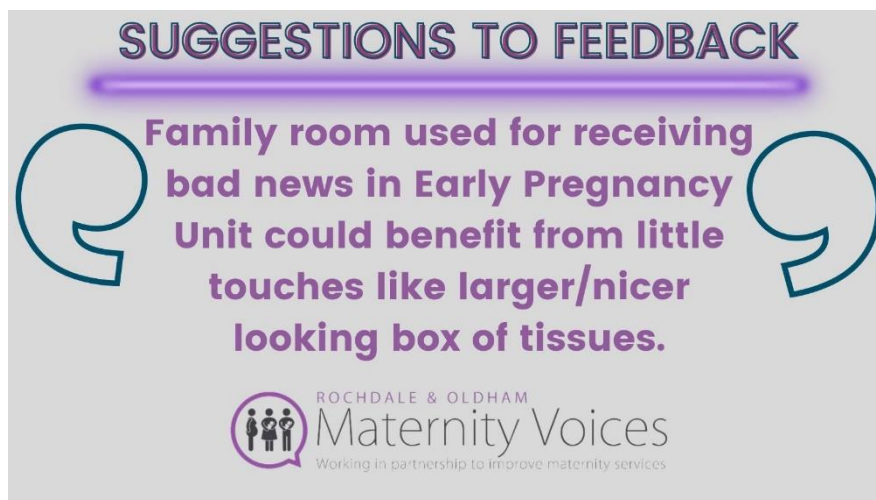
Further improvement could be made by considering the temporary relocation of both GTT and Triage as they were intended to be short term measures.



A long-term plan is now needed in order to remedy the location as currently they are not purpose built and this poses issues to privacy and dignity.

## Friendly and Personal

Private spaces and bereavement suites are available across both sites where difficult or complex conversations are held. It was evident how much effort had gone into making the bereavement rooms as comfortable and calming as possible with great care and thought put into the décor and furnishing and this is to be commended.



## Organised and Calm

It was immediately noticeable which areas operate a designated storage approach to organising equipment, as very little medical equipment was left on display, which greatly contributed to the feeling of calm and organisation in both these settings.

It was noted that whilst it is appreciated the need for more medical equipment to be readily accessible on the Labour Ward, it would have been nice if these could have been stored out of eyeline or maybe the name of the equipment covered as "Resuscitaire" is still quite alarming to see and could evoke unnecessary feelings of panic if baby was placed on this upon delivery.

Overall, it felt like areas across both sites were lacking in storage space and often corridors were used as extra storage wherever possible, which gave a feel of crowding and impacted slightly on the calming feel.

The contrast was seen dramatically when walking around the birthing centre at Oldham which was decluttered with no visible equipment on show. The corridors were clear, and the artwork and low lighting really gave a comforting and calm feel.



**Suggestions for feedback:**

Look to cover name of equipment with label if feasible?

Greater consideration when storing things in corridors where necessary.

Hospital could benefit from designated storage overflow rooms.

## **Estates and layout**

In the Triage area (Oldham) it was noted that there was a Clerk working from a makeshift desk that was positioned in the bottom of the corridor where she was taking incoming calls. Clinical boxes were stored in the corridor and patient files and view of laptop screen could be seen by people attending Triage. Staff expressed concern that the area was not purpose built and this impacted on the space and privacy. It was understood that the intention was that this was supposed to be a temporary solution for two weeks after Triage moving due to COVID, however this had now become the new norm with no indication of if or when Triage would return to its original location.

The GTT clinic (Rochdale) gave the feeling of the area having been relocated at short notice and it was confirmed on speaking with staff that it had been relocated with the intention that it be a temporary solution however, there are no plans known of when or where this will be permanently moved. Consideration should be given to this in order to ensure the space used is thought out and used in a way which gives the feeling of organisation, belonging and purpose which will be evident in the artwork, signage and layout of the room/furniture and displays. The Antenatal Ward (Oldham) is often used to care for a mix of post and antenatal patients due to there being a lack of available beds which is not ideal as this could cause unnecessary distress and trauma to patients experiencing a loss or complications in pregnancy.

It was noted by both the participants of the 15 steps and service users attending that there was a significant lack of parking at Oldham Hospital which caused stress when attending appointments, impacted on time spent with babies in NICU and caused heavily pregnant people to sometimes experience long distances to walk in order to park and get to the area in the hospital which they were attending.

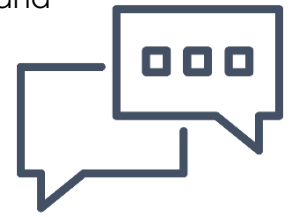


**Suggestions for feedback:**

A review of how space is being used post pandemic may be helpful to understand if temporary relocation of units can now be reinstated to original locations or whether there are benefits for making the new locations a permanent move. If this is the case, Trusts to ensure that the design and layout is well considered and fit for purpose to avoid the feeling of units being 'shoe horned' into space.

Each area ideally should give off the feeling that the space has been allocated due to flow, practicality of access and best fit for the service it provides and not just where it is convenient in terms of physical space due to lack of estates and funding.

Once locations are permanent consider positioning of displays and content, artwork etc to ensure the ambience is consistent with the rest of the hospital.



## Notices and signage

Every area across both sites had displays and signage that was inconsistent in font, size, colour and generally didn't always flow very well. 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.

The use of A4 sized notices when there is space for larger ones was commented on. This may be due to printing being more accessible as A4 size.

## Official Hospital Signage

Signage for Glucose Tolerance Testing at Rochdale – official signage needs updating as the location was moved temporarily due to COVID, however the location has not been moved since and the feeling that this was a temporary measure shows with the makeshift printed signs and lack of planned, considered layout of the actual clinic waiting room and treatment room. Printed signs were inconsistently displayed in various fonts, sizes, text colour and paper colour which was confusing and lacked cohesion.

Signage for Triage and Early Assessment Unit at Oldham – again, similar to Rochdale GTT, in that these departments were temporarily relocated and as a result temporary signage has been put up which is confusing and conflicts with the original official hospital signage.

None of the waiting areas had visual displays of waiting times and this was commented on via direct feedback from patients attending the antenatal clinic at Rochdale.



**'I feel waiting times displayed on an electronic board would be helpful to manage expectations...'**

*Service User, 15 Steps, Rochdale and Oldham*

Person attending the Gynaecology Assessment Unit clinic in Oldham as a chaperone for a client who has learning disabilities and anxiety commented:



**'We have been waiting 3 hours, had X attended on their own they would have become too anxious and left. We was not given an indication of the waiting time and as a result I have had to keep asking at the desk and this has impacted on other clients I had booked in to help for the day. This has overrun and no indication of when we will be seen to be able to forward plan'**

*Service User, 15 Steps, Rochdale and Oldham*

Comments were also raised about signage not being suitable for people attending with learning difficulties as they were unclear, hard to spot amongst the other notices and not big enough in font size.



**Suggestions for feedback:**

Consider using larger sizes where possible when using printed notices. Official signage needs rectifying as soon as possible via estates to minimise confusion and

unnecessary walking as when heavily pregnant, this is added stress that can be avoided.

Suggestion to look into other ways in which signage could be used to make it more accessible for people who do not have English as first language or have difficulty reading. The use of images, possibly characters/animals or colour coded (consideration would need to be given to colour blindness) could be explored further as this is used in other Trusts.

Easy Read.

Look into possibility of having electronic waiting time displays. If this is not possible look at other ways in which waiting times can be visually displayed and communicated in a way which keeps people constantly informed.

## Staff Feedback

Upon arrival at Rochdale Infirmary the group was greeted by a member of maternity staff whom was particularly distressed and concerns were expressed regarding staffing levels which had been impacted due to sickness and COVID restrictions. It was very apparent that this was a longstanding issue that had reached breaking point. During discussions with two members of staff, they expressed that there was a feeling that Rochdale staff are treated less favourably than Oldham staff and that they felt less visible to the Director of Midwifery. The member of staff also reported having suffered verbal abuse whilst covering the antenatal reception that morning due to a mix up in communication with a patient and their partner attending an appointment.

During the 15 Steps walk round at Oldham, staff on the postnatal ward commented that good practice at other trusts included the use of cot cards naming the midwives. The Lead Midwife said that this could be implemented quickly and easily and would help when parents were discharged for them to remember who was involved in providing their care and aid in helping them provide feedback after leaving the hospital and also could be a nice little keepsake to take away.

It was evident how overstretched and under pressure the midwives were particularly on the Labour and Post Labour wards at Oldham. This was observed by the group by the lack of availability to stop and speak despite wanting to, and also by the members of staff the group were able to hear from. It was acknowledged that the support of Maternity Support Workers (MSWs) eased this pressure, yet midwives felt that there weren't enough of them and if there was more MSWs available this would help free up time for the midwives to spend supporting parents immediately after the birth rather than rushing off to complete paperwork, clean down rooms and serve tea and toast.

The Lead Nurse on Early Assessment Unit Oldham fed back praise on all the hard work that has gone into improving emotional support following losses. Introduction of telephone bereavement clinic as a follow up following miscarriage. Rainbow packs

introduced for pregnancy following loss. Little keepsakes offered to mark the pregnancy even when early loss experienced.



## Patient Feedback

### Glucose Tolerance Test (GTT) Clinic, Rochdale

Felt very informed with why they were attending, partners not being able to attend was taken well and accepted due to the communication of this prior to attending appointments, car parking was particularly difficult due to lack of spaces, sent to level C which is where old location was, no greeting at the reception which wasn't staffed.

Overall, all spoken to felt happy with the level of care, support and information received during their pregnancy and had no complaints.

### Early Pregnancy Unit (EPU)/ Gynaecology Assessment unit (GAU),

Patient presented at GAU at 9pm the night before, still waiting for a bed on gynaecology ward, waiting in a consultation room until a bed becomes available. Been waiting 15 hours.

Feedback given around the signage for GAU waiting room being unclear and hard to navigate for people with additional needs. Would benefit from being kept up to date with waiting times as there can be long waiting periods would be better for planning to be kept informed.



Patient sent from scan department; no heartbeat detected so was already distressed. Was kept waiting around in the Triage area and was then sent to antenatal clinic wasn't sure where to sit as no one made it clear where she was supposed to be or what she was waiting for. Mother who accompanied said that communication could have been better as they were unsure as to what was happening, and this was causing anxiety as they did not know the next steps and what to expect.

### **Induction Suite – Antenatal Ward, Oldham**

Admitted 4 days ago at 39 weeks due to concerns about lack of growth. Still waiting to be given induction treatment but no beds available on labour ward. 3 people who have come in after but gone into labour naturally whilst waiting have pushed them back down the waiting list for a bed. The environment on the induction ward was described as very busy and hard to get much rest/sleep. Partner was allowed to stay 10am-10pm but only 1 birth partner allowed\* and had to be same one throughout which made childcare at home difficult.

*\*The restriction of one birth partner was due to covid restrictions.*

Both parents were waiting for a visit from the doctor to discuss options as they were considering going home to wait but were concerned that they would miss their place in the queue for a bed on labour ward to begin the induction process. They have 5 children at home already and juggling childcare was becoming difficult, and siblings were worrying why mum was in hospital for so long. Was very complimentary of all of the staff and said it was clear they were doing the best they could in the circumstances, and they were very busy, but trying very hard to give the best possible care.

First pregnancy admitted 3 days ago at 37+4 due to concerns with reduced growth. Told they had to be induced immediately however still waiting. Despite the wait both parents were very positive and complimentary of the care received and said they felt well informed and supported with any questions they had. Received antenatal care at Rochdale and had positive experience throughout. As with the other couple that were spoken to, they also felt that if they went home, they would lost their spot in the queue for a bed.

### **Postnatal Ward, Oldham**

Post op had to be done again due to admin error which delayed things but other than that happy with the care received.

### **Oldham Antenatal Clinic**

Access to parking an issue, signage from car park was clear, no waiting time between appointment time given in letter and being seen, other appointments have also been prompt and on time.

High risk pregnancy so under consultant, really positive about care received throughout. Especially complimentary of the Consultant. Felt well informed at all stages, all questions listened to, encouraged, and answered. Partner felt involved and supported. Has suffered 2 previous losses and was referred each time to bereavement service provided by hospital for emotional support which they found very helpful. One of the losses was experienced during lockdown and support was provided via call rather than in person but didn't affect level of support available.

### New-born Intensive Care Unit (NICU), Oldham

Second pregnancy, first pregnancy was also premature and required NICU however this was at a different hospital. Transferred from Pinderfields Hospital Wakefield\* born at 22 weeks but doing really well. Felt involved in the care and commended the unit and the staff. Was very happy to have been able to be involved in tube feeding as she felt that this helped with the bonding between her and baby. Travel was manageable however she purposely set off early in the morning to be able to get a parking spot as she had experienced driving round for 1 hour 30 minutes to find a space which impacted on time spent with her baby. Currently waiting discharge baby is 27 weeks now and well enough however no beds at Pinderfields. \*Oldham is a level 3 neonatal intensive care unit and provides specialist care. Mother was under Pinderfields for her maternity care as that is closest to where she lives, however, they do not have a specialist Neonatal Unit at Pinderfields.

### Labour Ward, Oldham

Induced at 38+4 due to growth concerns, waters broken but left over 48 hours which lead to infection. Become feverish whilst labouring and asked for medication but staff were busy so took own paracetamol. Left for over an hour no observations buzzer pressed 4 times. Ended up with emergency C section and antibiotic drip for infection. Husband refused to leave at 10pm due to concerns for his wife's safety so was allowed to stay. Staffing seemed to be better during weekdays compared to over weekend where it felt very understaffed. Despite this, both were highly complementary of the service and of the staff and described it as a positive experience. Another couple were asked about their experience and the father's response was "It has been mint!"





# Conclusion

## Conclusion

The 15 Steps for Maternity Challenge was seen as a useful, enjoyable and worthwhile undertaking by staff and service users alike and lots of positive feedback was received from all involved.

This report will be shared with Maternity Staff, Commissioners, Safety Champions and Trust Board Members across Rochdale and Oldham and will also be available for public viewing.

It is recommended that there will be a follow up walk the patch session in Autumn/Winter 2022 with service users to enable them to observe the improvements put in place at both sites.

Walk the patch is a term used for a group of service users lead by the local MVP to perform an onsite visit and walk around of the wards/clinics for observation and feedback.

*"What a great opportunity it has been to be part of the 15 steps. It was good to talk to women/partners about their experiences and to use the feedback to shape our recommendations for improvements. I was also really pleased by the warm welcome we received from the staff, and it was good to chat to them too. There was a genuine willingness to improve the maternity experience for the families of Oldham and Rochdale as well as making improvements for staff. I will be keen to hear how the recommendations are taken forward as part of the trust's Maternity Improvement Programme."*

Angela Welsh - Senior Commissioning Business Partner – Children & Maternity (Oldham)

## Recommendations

Area	No	Site	Recommendation
Visual Information and Signposting	1	Oldham and Rochdale	All displays across both sites would benefit from a review to make sure information displayed is up to date and still relevant
	2	Oldham and Rochdale	Try to group information together in topics to help flow better
	3	Oldham and Rochdale	Dedicated board especially for feedback
	4	Oldham and Rochdale	Display ways in which service users and families can feed back
	5	Oldham and Rochdale	ROMVP to provide information for display to raise awareness
Dignity and Privacy	6	Rochdale	Immediate action taken to ensure patient confidentiality by limiting to 1 patient at a time
	7	Oldham and Rochdale	Further improvement could be made by considering the temporary relocation of both GTT and Triage as they were intended to be short term measures
	8	Oldham and Rochdale	A long-term plan is now needed in order to remedy the location as currently they are not purpose built and this poses issues to privacy and dignity
Organised and Calm	9	Oldham	Look to cover name of equipment with label if feasible
	10	Oldham	Greater consideration when storing things in corridors where necessary
	11	Oldham	Hospital could benefit from designated storage overspill rooms
Estates and Layout	12	Oldham and Rochdale	A review of how space is being used post pandemic may be helpful to understand if temporary relocation of units can now be reinstated to original locations or whether there are benefits for making the new locations a permanent move. If this is the case, Trusts to ensure that the design and layout is well considered and fit for purpose to avoid the feeling of units being 'shoe horned' into space
	13	Oldham and Rochdale	Each area ideally should give off the feeling that the space has been allocated due to flow, practicality of access and best fit for the service it provides and not just where it is convenient in terms of physical space due to lack of estates and funding
	14	Oldham and Rochdale	Once locations are permanent consider positioning of displays and content, artwork etc to ensure the ambience is consistent with the rest of the hospital
Notices and	15	Oldham and Rochdale	Consider using larger sizes where possible when using printed notices. Official signage needs rectifying as soon as possible via estates to minimise confusion and unnecessary walking as when heavily pregnant, this is added stress that can be avoided

<b>16</b>	Oldham and Rochdale	Suggestion to investigate other ways in which signage could be used to make it more accessible for people who do not have English as first language or have difficulty reading. The use of images, possibly characters/animals or colour coded (consideration would need to be given to colour blindness) could be explored further as this is used in other Trusts
<b>17</b>	Oldham and Rochdale	Easy Read
<b>18</b>	Oldham	Look into possibility of having electronic waiting time displays. If this is not possible look at other ways in which waiting times can be visually displayed and communicated in a way which keeps people constantly informed

# Contact us

## Rochdale and Oldham Maternity Voices Partnership

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