



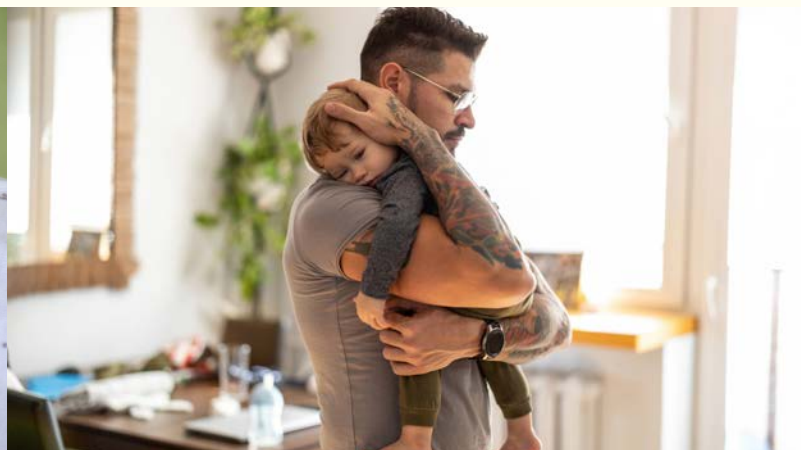
DEVON

Maternity & Neonatal Voices

Working in partnership to improve maternity & neonatal services

# Derriford Hospital 15 Steps Report

Visited January 2026



Made in collaboration with  
Devon's families

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# What is 15 Steps?

The Devon Maternity and Neonatal Voices Partnership (MNVP) is proud to present the UHP 15 Steps Action Plan 2026, a focused and collaborative programme designed to strengthen the voices of women, birthing people, families, and communities across Devon. This action plan sets out our shared commitment to improving maternity and neonatal services by ensuring that lived experience remains at the heart of service design, delivery, and evaluation.

The 15 Steps approach is rooted in listening, learning and acting. It recognises that the quality of care is not defined solely by clinical outcomes, but by how people feel during their maternity and neonatal journey — whether they feel safe, heard, respected, and supported. Through meaningful engagement, inclusive participation and co-production with providers and commissioners, this plan outlines clear priorities to enhance safety, equity, personalisation, and compassion in care.

As we move into 2026, Devon MNVP will focus on strengthening feedback mechanisms, amplifying underrepresented voices, addressing health inequalities, and supporting continuous improvement across all maternity and neonatal settings. Working in partnership with families, healthcare professionals, commissioners, and community organisations, we aim to create sustainable change that reflects the diverse needs of our population.

This action plan represents not only our strategic priorities, but our collective ambition: to ensure every family in Devon experiences high-quality, equitable and respectful maternity and neonatal care — every step of the way.



# Where did we visit?

We walked around all of the maternity and neonatal unit, which is separated into different levels. Each area is described below. Throughout the report we will use the corresponding colours and shapes to identify the different levels.

## Level 7

Argyll Ward - which is for postnatal and antenatal patients

## Level 6

Lancaster Suite - which includes the Day Assessment Unit, Antenatal Clinic, and Ultrasound Department

## Level 5

Transitional Care Ward and Neonatal Intensive Care Unit (NICU)

## Level 4

Central Delivery Suite (Labour), Triage, Operating Theatres and Snowdrop Suite (for bereaved families)

# Summary of the day

UHP 15 Steps 2026 took place on Wednesday 14 January. The 15 Steps was attended by:

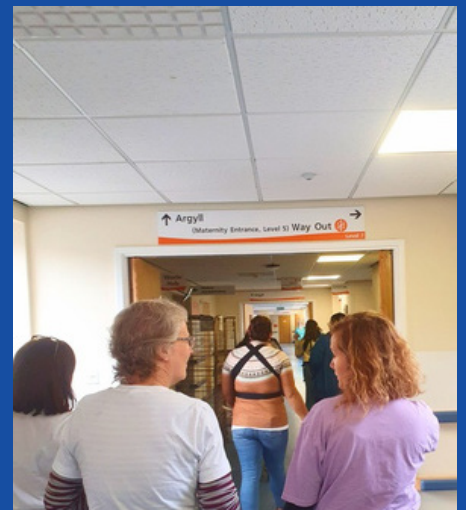
- ▶ Five local families comprising of six adults and three babies, some of whom were born at UHP.
- ▶ Devon MNVP team members - Lara Grigg, Helen Wiggins, Rosie Giles and Caitlyn Le Roux.
- ▶ Kernow MNVP team members - Kath Davies and Kathryn Skerrett.

And we were supported by:

- ▶ UHP team members - Transformation Midwife Sarah Saxby and Quality Manager and Specialist Midwife Natalie Thorne.

We were welcomed into the Trust and used the Director's Suite as a base for the day. We started with breakfast and a briefing before heading out onto the unit. After the walkaround, we shared lunch and a debrief of the event.

The day after the 15 Steps visit, we asked for our families to provide any additional notes and some of our volunteers have written sections of this report. An opportunity to offer feedback on our initial draft was also offered to all families who attended the event.





# Argyll Ward



Entrance to Argyll

The first part of our 15 Steps tour was Argyll Ward, which supports women and birthing people both before and after birth. We met Charlotte Evans, who is the Inpatient Matron for Argyll and she showed us around.

Argyll Ward is used for both Antenatal and Postnatal care, and volunteers were concerned that mixing patients before and after birth in the same rooms could be emotionally triggering and disorientating. One volunteer shared that she had found this particularly difficult during her own antenatal stay.

**“At one point I was in a room with someone and their baby. This was difficult when I was yet to give birth.”**

Upon entering the ward, we immediately felt that staff were approachable and open to questions. A particularly touching moment occurred when a volunteer recognised a breastfeeding support worker and said: **“She’s the reason I’m still breastfeeding.”**

Volunteers also appreciated the visibility of the midwives’ station, which made staff feel more accessible and present.

**“The breastfeeding support staff have made a real difference to women’s experiences.”**

As volunteers walked around the ward, many commented that it felt clinical; describing it as ‘beige’ and resembling a ‘building site’. We especially felt that equipment cluttering the corridors made the space feel unsafe by creating obstructions and trip hazards for those recovering from birth. We also noticed windows with black mould in the seals, scuffed walls and unpainted filler patches.

Volunteers emphasised that a calming, homely environment is crucial for bonding, feeding, rest and safeguarding mental health - particularly for those staying on the ward for extended periods.

Small, homely touches could make the ward more relaxing here. Volunteers suggested things like using warmer wall colours (e.g. purple) and adding coloured cot covers and bedding.

Walking around the ward, volunteers highlighted that half the lights were turned off saying it made the ward feel ‘forgotten’ and ‘spooky’. We felt this added to safety concerns of people postpartum moving around the wards.



An Antenatal/Postnatal bay on Argyll



A few of the group mentioned their difficulty moving around the ward - particularly after a C-section. They suggested that some things could be added to make the space more accessible: support bars along corridors, toilet frames to prevent pulling stitches, steps to help people get into bed, assistance straps to help people sit up post-surgery, shelving in bathrooms for toiletries/clothes.

Volunteers felt that hospital gowns are exposing and impractical with no pockets to carry pads or phones. This means the QR trees on the walls are useless as they didn't have their phone to scan codes with (alongside the poor Wi-Fi connection). We suggested gowns with pockets or slippers available

Volunteers generally appreciated the informational resources but felt some were outdated and exclusive. We strongly felt that the 'Celebrate breastfeeding' board should instead focus on infant feeding options such as formula, donor milk and combi feeding.

**“There was nothing in any of those rooms about support if you can’t breastfeed.”**

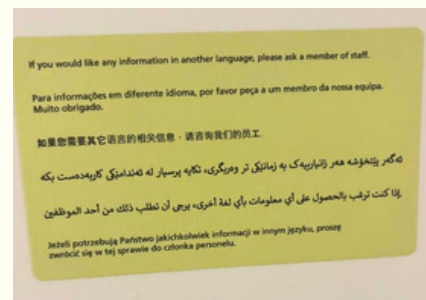
While some posters offered leaflets in other languages, these signs were often only in English. When we asked staff for translated materials, none were immediately available making the resources inaccessible to families with English as a second language.

Volunteers appreciated the welcome board/uniform guide in the corridor but felt this information should also be available in rooms, as moving around postpartum is often difficult.

Signage and posters were often placed above eye level which makes it harder to notice; lowering these would help improve accessibility. Welcome packs are available by each bed on the ward, and this is now expanded to include Transitional Care.

We were pleased to hear that partners are now able to stay overnight. However, it was felt that the chairs provided were not suitable for sleeping. UHP has clarified that chairs are provided for partners but they are not provided for the purpose of sleeping.

Volunteers reflected on their own experiences of loneliness on postnatal wards and suggested a communal space for eating/socialising with other families; also knowing how to access the garden space - many said they didn't even know this existed.



*Information point in various languages*



*Signage explaining various uniforms*

# Argyll Ward: Summary



## Areas of strength



Staff were welcoming and friendly – open to questions



Midwives Station was visible and accessible



Partners Staying overnight is now a notable achievement

## Recommendations

### Facilities

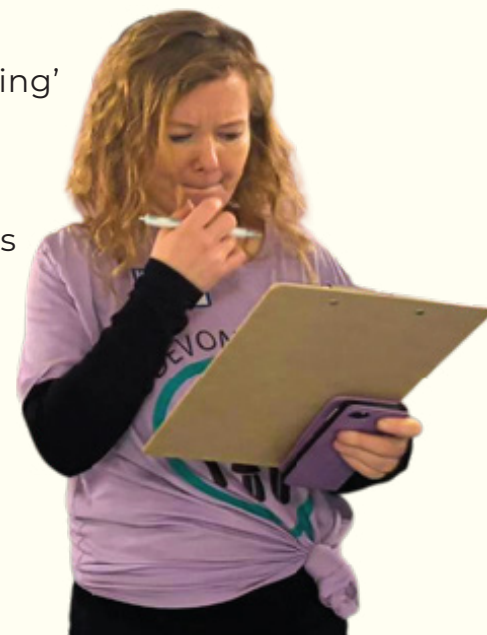
- ▶ Turn on lights to increase visibility
- ▶ Remove corridor clutter and use nearby storage rooms
- ▶ Upgrade Wi-Fi infrastructure across the unit
- ▶ Create a communal social/eating/feeding space
- ▶ Repaint rooms with warm colours like the Snowdrop Suite
- ▶ Repaint/patch small areas where possible and remove mouldy sealant
- ▶ Separate antenatal and postnatal areas.

### Informational resources

- ▶ Use nation flags on posters to guide non-English speakers to leaflets in their preferred language
- ▶ Ensure translated materials are stocked on the ward
- ▶ Lower QR codes and signage to improve accessibility
- ▶ Provide information packs for each bed on the ward
- ▶ Rename 'Celebrate Breastfeeding' board to 'Infant Feeding'
- ▶ Add signage to outdoor space.

### Equipment resources

- ▶ Add basic mobility aids: toilet frames, shelves, step stools
- ▶ Offer pocketed gowns or provide dressing gowns and slippers
- ▶ Give partners a second chair or more comfortable options to sleep
- ▶ Add small, homely touches such as plants and coloured bedding
- ▶ Fit support bars throughout corridors.



# Day Assessment Unit



*The Reception Team on Day Assessment Unit*

We next went to Level 6 where we were met by Simone Fong, Women's Day Services and Triage Ward Manager, who kindly showed us around and talked us through the unit.

Staff were friendly and approachable throughout our walkaround the Day Assessment Unit. We noticed there were clear signs as we entered the unit, explaining what families could expect while visiting.

It was useful to see the poster boards displaying an explanation of the different uniforms of staff so we could tell who to talk to for different things and who was more senior. However, some volunteers felt that the text could be improved for accessibility.

**“The service needs to be designed around its users.”**

It felt as though the department was somewhat squashed between others and felt a bit like a maze to get to. Where to exit was also a little unclear. Space, as with other areas in Maternity, appeared to be an issue, particularly in relation to wheelchair accessibility, with equipment in corridors taking up space.

That said, we appreciated how the Early Pregnancy Unit was sensitively tucked away for people to access without being part of the main area where there would potentially be pregnant people with children. This felt appropriate and kind.

Another common theme was that half the lights seemed to be out or turned off on most of the wards during our visit, resulting in a feeling of being in some dimly lit forgotten part of the hospital. It would be interesting to explore the reason behind this; perhaps it is about creating an optimal environment for caring for babies. However, you could argue that this would not be necessary on an antenatal ward.

One volunteer noticed that the colposcopy and hysterectomy admin team room behind the Reception desk had old signage – peeling and being held on by sellotape. Some of this signage could be revamped and reprinted. Also, random blue tac on some walls can contribute to a messy appearance as well.



The waiting room felt like it could be improved with some additions to make it more comfortable and easier to wait in for long periods of time. Windows could open to let air in, blinds could be fixed and air conditioning could be provided as the room appeared to be very hot. This would be especially important during the summer months, especially for pregnant women. The waiting room could also be made more accessible for those who need to bring their children along for blood tests or similar quick appointments.

We do recognise all the redecoration and work that has been done to the waiting room to make things look generally lighter and the new chairs that have been installed. Having a TV available, with videos, resources and information – such as from The Real Birth Company – makes accessing information about antenatal services easier.



*Day Assessment Unit waiting room*

**“I’ve sat in that waiting room and it’s actually an okay space – there’s things to read on the wall, there’s nice things to look at, there’s the TV.”**

In terms of equality and representation, it would be good to consider how to further make the service welcoming to families of the global majority. We noted that there was little diversity reflected in the staff teams. Consider creating posters that reflect more racial and cultural diversity so that service users can see more representation of themselves. This is particularly important considering that women and birthing people from global majority backgrounds often have worse outcomes in maternity and neonatal care.

In the waiting room there was a poster displaying QR codes with links to information and a small sign which stated ‘ask staff if you require this in another language’. However, when we asked for this information, it did not appear to be readily available. This might be a barrier for people who did want or need to access this information in their language. There were other information posters in some different languages, but this approach lacked consistency through the unit.

There was also limited signage explaining how to access an interpreter and no signs in braille.

# Day Assessment Unit:

## Summary

### Areas of strength



Staff were friendly and approachable



Clear signage and useful information boards for patients



Waiting room has been beautifully redecorated with some new facilities



Early Pregnancy Unit is a supportive and well-prepared resource for women and birthing people

### Recommendations

#### Facilities

- ▶ Ensure doors have a magnetic catch to hold them open, rather than propping open with bins.
- ▶ Add some light touches such as potted plants and extra paint colour to the Reception desk to make it feel a little more welcoming.
- ▶ Consider storage space so that equipment is not blocking corridors and creating access issues, and that doors are wide enough for wheelchair access.
- ▶ Improve the waiting room space to make it more comfortable for pregnant people, partners and visiting children. For example, by providing more comfortable seats, footstools, birthing balls and toys to play with. Have water available, ensure the environment is kept cool and that fresh air is flowing.

#### Informational resources

- ▶ Include information about accessing doulas/ interpreters/braille materials on the reception desk in each ward.
- ▶ Improve accessible signage, including signs in braille and colour coded floor signs pointing where to go.
- ▶ Put up more posters that reflect diversity of racial and cultural backgrounds.



# Antenatal Clinic



**“The area is bright, optimistic,  
fresh and friendly.”**



*QR code tree in  
Antenatal Clinic*

We thought that the signs welcoming us to this area were clear and helpful. It was nice to come into a clear waiting area. We noticed the water cooler available here for families, which was different to the previous waiting area in Day Assessment. Most of the medical staff seemed friendly and approachable although Reception staff seemed a little ‘grumpy’. We also noticed that the toilets by Reception were out of order.

Most of us thought that this area had the right amount of signs and was not too cluttered. The QR codes available in the waiting room were well-placed and it was good to see the display board of positive feedback. We also noticed the posters in the toilets signposting women to support with domestic violence or how to disclose a concern.

**“Uncluttered, with posters and leaflets that appeared  
intentional and well thought out.”**

Some volunteers commented on how they felt it was unfair to have posters and promotions for private companies in this space as they are targeting vulnerable pregnant women to promote expensive and unnecessary things like placenta pills. They said the monitor screen in waiting rooms should have more neutral information from trusted sources on how to breastfeed, what to expect for your mental health when becoming a parent, or where to access the MNVP, as well as local services such as renting cloth nappies.

In the Sonography Unit, there were some comments that the scan rooms felt a little clinical and cold and that this might contribute to people feeling anxious. We appreciate that previous 15 Steps project work has been commissioned to decorate these rooms, repair peeling plaster and paint and install calming colour themes. Some suggestions were that there could be some pictures or murals on the walls, much like those in the labour rooms.





*Clinical examination room  
in Antenatal Clinic*

# Antenatal Clinic: Summary



## Areas of strength

-  A clear bright and refreshing waiting area
-  Scan rooms redecorated and much smarter

## Recommendations

- ▶ Add some calming visuals to the scan rooms to support pregnant women and their families who might be more anxious.
- ▶ Replace private companies marketing pregnancy products with more local information on how to access free or low cost services and support organisations for pregnant people and families.
- ▶ Add more soft artwork, especially imagery or murals representing a wide range of families and communities.



*Local families discussing Antenatal Clinic with Midwife Natalie Thorne*

# NICU



The NICU (**Neonatal Intensive Care Unit**) cares for babies that are born prematurely or unwell or who may have to be readmitted after going home because they need more specialist care. We were met by Sarah Underwood, Transitional Care and NICU Matron, who showed us around.

To enter the NICU, fingerprint access is available for families and support partners, which reduces stress and reliance on staff to open doors.

Walking onto the NICU ward the general feeling was that it felt fairly overcrowded with lots of equipment, including incubators, taking up space in the corridors. This created a safety concern and an unwelcoming feel generally.



*Neonatal Unit welcome sign*

**“It felt like the corridor was being used as a storage room.”**



*NICU Corridor with noticeboards*

We noticed a bank of lockers for parents to use for their belongings but it did take up a fair bit of space in an already small area. There was also a row of coats on hooks on one wall.

We really felt that this would make it hard for families to navigate their way around the space. Some lights were not working which made the ward feel less welcoming. The overall feeling was that this area felt more dated compared to other wards which seemed a shame considering how much time families may have to spend there.



*NICU wall art*

The unit felt darker than other areas with beige paint. Matching the muted lilacs used elsewhere on the unit we felt could really improve the consistency and warmth. Could also have the pink wall with white ‘Welcome to...’ lettering as have other wards. It felt like it needed a general painting refresh as it seemed quite dark.

**“The NICU felt very crowded.”**



The day room was lovely. It was slightly clinical but it was bright, airy and sibling friendly. It would be good to see other areas upgraded to match this one.

There were recliner chairs in the rooms for partners. The communal parent area was bright and airy with large windows with views of the trees, and comfortable seating. A quiet room is available on the unit for more sensitive conversations.



*NICU Day Room*

Notice boards also could be updated to match other wards. One service user shared that there was too much signage and scientific posters felt clinical which felt in general overwhelming and cluttered. There was a QR code tree but it was tucked away at the far end and as our phones had no internet connection, it was impossible to access this information.

As we were walking around, one of the volunteers recognised one of the 'Pink Ladies' nursery nurses from her baby's stay on NICU, saying "You were amazing".

As a group, we really liked the quotation written across a sign above the corridor - 'Mighty oaks from little acorns grow' - and there was some beautiful black and white photography of babies and parents. However, the photos were not very inclusive particularly for global majority families.

We noticed the vending machine just outside wasn't working. Only one water cooler was visible on the ward. Meal vouchers are provided for parents and there was a parent kitchen where food can be stored with a toaster, microwave and hot drink facilities.

**"You were amazing."  
One of our volunteers to a nursery nurse**

There was a milk preparation area for families to use as well as milk fridges placed in individual rooms. There were breast pump machines dotted around the unit with privacy screens available to use if required. One family reported finding it hard not having access to feeding pillows while they were there, ideally the wipe clean ones if they were available.

There was a bursary available for families out-of-area at £50 per week. If families are out-of-area they are given accommodation; there are three rooms on the NICU where families can stay to be near their baby and a further four rooms in off-site accommodation, which is 10 minutes walk away.

# NICU: Summary



## Areas of strength



Families can easily access the NICU using the fingerprint system



Recliner chairs available to family members



The Day Room for families is bright and airy, with support for siblings and other family members

## Recommendations

- ▶ More storage room is needed to create space in the corridors.
- ▶ Update décor to match other wards and bring a 'lighter and more welcoming' feeling.
- ▶ Ensure displayed include more inclusivity of different family set ups and ethnicities.
- ▶ Have a clearly visible welcome board and another QR code wall which is more visible.



NICU parent lockers



NICU Corridor with equipment



NICU QR Code Tree

# Transitional Care Ward +



*Transitional Care Ward Reception*

Staff were smiley and welcoming on arrival and it felt calm. There was very clear wall and floor signage. The space felt clean and uncluttered. There were key posters and information (parking, visiting, partners, hygiene) which were easy to find.

There was a big open and calm space for outpatients to come in to wait for review. There were separate side rooms for babies with infections or families with medical needs and for procedures to take place.

The ward has nursery nurses to support with feeding, including NG tube feeding. We were told planning has been approved for a community feeding space, this was discussed at 15 Steps in 2024, so it was good to see it is now happening.

Volunteers mentioned that they'd like displays and photographs to be more inclusive of all the different types of feeding to support parents to not feel 'ashamed' if they were not breastfeeding.

At the end of the ward there was a bay for parents right next to the NICU entrance so parents can stay as close to their baby as possible. The door between Transitional Care Ward and NICU was very hard to open. Volunteers commented on how this might not be easy especially for women and birthing people who have just had a C-section.

Staff told us that families receive a welcome pack with essential information (parking, dining, visiting etc.), but one was not available for us to view. Volunteers mentioned that during their stay they hadn't received this either.

**“[The hospital food] was financially extortionate.”**

Volunteers who previously stayed in Transitional Care Ward mentioned that it did not feel well equipped for partners staying overnight. The closest microwave partners could use is in the NICU and there are no chairs that partners could comfortably sleep on. For partners, paying for food in the hospital is incredibly expensive which highlights the importance of having microwaves and fridges available so families can bring their own food.



Further into the ward it was felt that the halls were blocked with furniture/trolleys/equipment/water coolers which didn't feel safe. Some bins were propping doors open, highlighting the need for magnetic door-stops.

There were QR code trees on the walls. Some service users said they would prefer leaflets and more visual displays rather than relying on phones and good internet to look things up. Some reflections were made on not always being able to find where a QR code tree was and having to ask staff to find it. For others, the QR codes were good as they found too much visual information displayed overwhelming. A suggestion was made of having a screen to display information for those that didn't want to use the QR code system.



*Midwife Sarah Saxby answering questions on Transitional Care Ward*

We discussed the new signage and ongoing quality improvement here. Floor signs were seen as a positive thing by the group but they asked if signs could be provided in braille; staff hadn't considered this but raised it as a valid suggestion. Staff mentioned they didn't have access to free tea/coffee, and no dedicated space to support staff wellbeing if they need to take a break. UHP has clarified that the ward does have a staff room for breaks; the Antenatal Clinic and Day Assessment Unit are where there are no dedicated spaces for staff.

**“Being able to take oral antibiotics at home and therefore go home sooner is a great initiative and appreciated by those who needed it.”**



*Transitional Care Ward assessment room*

Staff told us that the NOAH programme (Neonatal Oral Antibiotics at Home) is now being trialled at Derriford NICU, following a successful launch at Exeter NICU.

This programme supports families to take their babies home earlier or to keep their babies at home and give them antibiotics orally rather than through other methods at hospital.

Volunteers reflected on the difference this would have made to their experience and were happy to hear the news.

# Transitional Care Ward: + Summary

## Areas of strength



Clean and uncluttered



Welcome and friendly staff



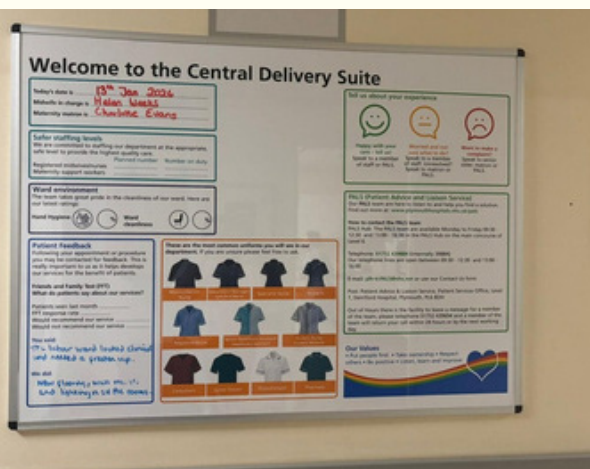
Space available for families to stay close to their baby in NICU

## Recommendations

- ▶ Ensure wheelchairs are available in Maternity ward and Transitional Care Ward receptions (i.e hip dysplasia/post-caesarians).
- ▶ Ensure photos and displays to have more inclusivity and represent wider range of demographics and baby feeding options.
- ▶ Provide more comfortable/reclining chairs for partners staying overnight.
- ▶ Provide a separate non-sterile microwave for patient use. For example, heat wheat bags, partner's food.
- ▶ Install a shelf in the toilets for sanitary items (wipes, pads etc).
- ▶ Install shelves and hooks in showers for people to put their clean clothes on while they shower, so not having to put clean clothes on the floor - particularly to help avoid unnecessary bending when post-operative.
- ▶ Put up clearer signage in the Transitional Care Ward to direct people to NICU and floor lines to access facilities like pumping rooms or non-sterile microwave.



# Central Delivery and Triage



Patient information whiteboard in Central Delivery Suite

In the Central Delivery Suite, we were welcomed by Joe Bird, Central Delivery Suite and Ward Manager, and Charlotte Evans, Inpatient Matron.

We noticed the waiting room had no water cooler, just a jug and a handful of plastic cups, which could be beneficial for patients who are sitting waiting to be triaged. It also felt hot and stuffy, with little air movement in the space. We agreed it would also be nice to have some magazines or things to read in the waiting area.

Volunteers liked the fact there was also a gender-neutral toilet available.

There were quite a few signs and posters on the walls, which did at times seem quite cluttered. Although we did notice that some posters and signs were in Braille, which was inclusive.

It was great to hear an update on the current Triage services, which means that women and birthing people can call and get advice once they are 12 weeks pregnant, and the Triage team will offer support and signposting to anyone calling throughout their pregnancy, regardless of gestation.

**“They’re not set up for active birthing at all.”**

While there were birthing balls in the Triage waiting room, one of the volunteers noted that the delivery rooms weren’t set up for active birthing.

Some of the group mentioned they hadn’t been offered birthing balls during their own labour and how much it would have helped them.

We agreed it would be important to have more active birthing resources and equipment available. Such as a resource in delivery suite of active birthing positions or reminders to ask for balls or stools.



Central Delivery Suite Day Room

Our group really appreciated the wall murals in the delivery rooms, a previous project co-produced with the MNVP. They also have Bluetooth speakers and fairy lights that women and birthing people can use while in labour to create an environment that suits them. The group mentioned it would be nice if these murals were enhanced with more positive affirmations.



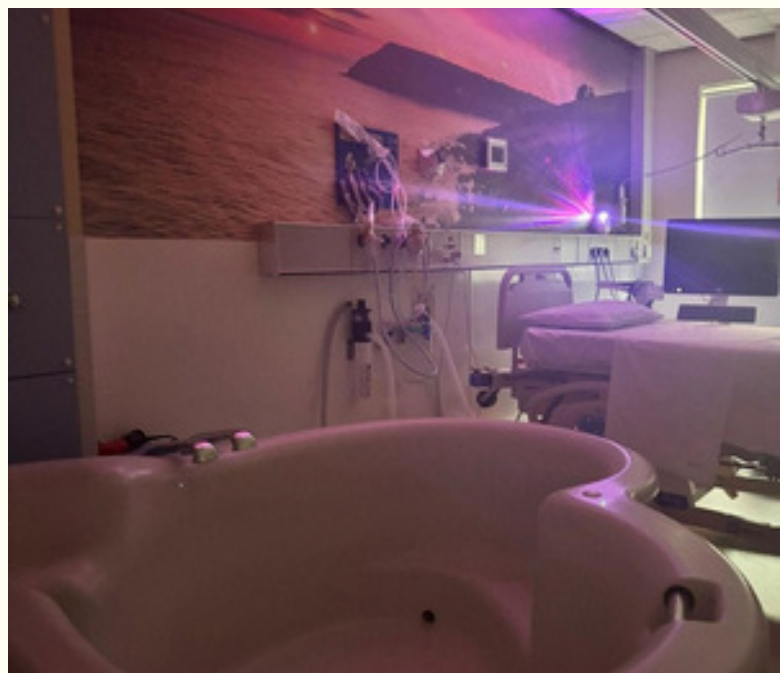
### Some service users were disappointed that there was only one birthing pool.

Some of our volunteers commented on how there is only one birthing pool on the central delivery suite and that more should be available to people who wish to use them. When one volunteer shared this with staff, they said that the birthing pool is actually barely used.

This brought up questions on raising awareness so visitors know it is an option? Are the benefits of giving birth in water widely shared?

There was some general concern from volunteers on the walkaround that they hear from other families is that using the birthing pool is actively discouraged due to the time and effort it takes for it to be used.

Some of our group also reflected on how there isn't a Midwife-led unit at Derriford, which seemed unusual given the size of the hospital and the number of people who birth there.



*Water Birth Room on Central Delivery Suite*



*A typical private birthing room on Central Delivery Suite*

# Central Delivery and Triage: Summary



## Areas of strength



The decoration and murals in the delivery rooms make the environment calm and supportive



Use of inclusive signs and posters, such as in braille



Expansion of the Triage Service to women and birthing people in earlier gestation pregnancy

## Recommendations

- ▶ Incorporate active birthing equipment and displays in delivery rooms
- ▶ Ensure patients are aware of the birthing pool as an option
- ▶ Explore options of getting another birthing pool to be in line with other hospitals
- ▶ Install a water cooler in the Triage waiting room.
- ▶ Consider lighting that is more effective and less dim.



*Water Birthing Pool*

# Operating Theatres



We were pleased to be given a short tour of the Operating Theatres while we were on Level 4. These are used for all C-sections and gynecological procedures. We appreciate having access to this area, and the good hygiene and infection control in place to enable us to do this.

**“The lights in the delivery rooms are a nice addition, I wonder if something similar could be included in theatre?”**

A few of the volunteers commented on the bright lighting in the space and asked whether there would be ways to make this more subtle and easier to create a soothing atmosphere during C-sections or similar operations, or whether there could possibly be equipment such as eye protection to help to create a softer environment.

**“I understand they need more light to operate but you could dim some lights and have some kind of projection.”**

We noticed that Theatre Room Two was significantly smaller than Room One and we can imagine that this might cause some difficulties in certain scenarios. It makes it difficult to access for partners as well. One of the Midwives mentioned that where there is limited space, it makes it quite clinically difficult.



*Theatre Room Two*

# Snowdrop Suite

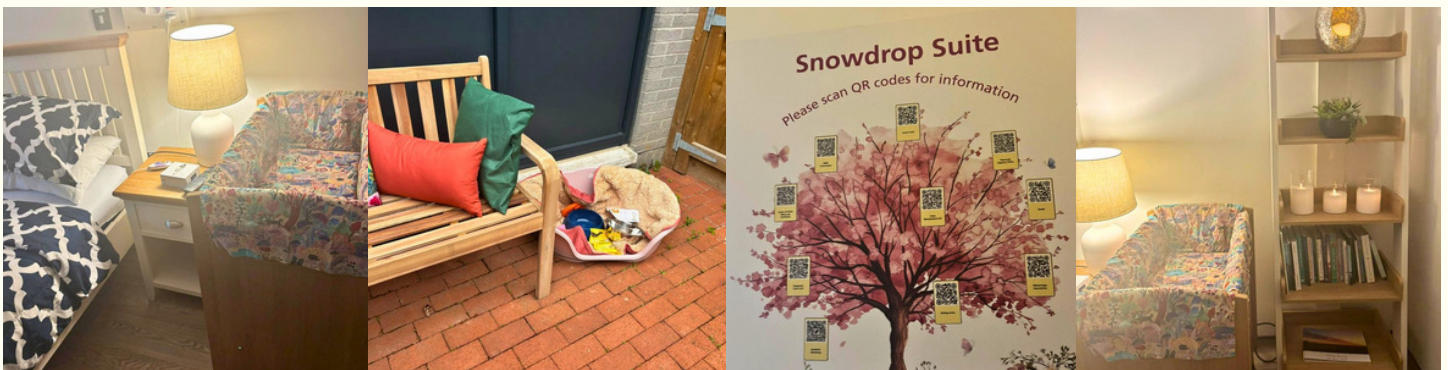


The Snowdrop Suite is a dedicated bereavement area available to families to use if their baby is stillborn or if they die after being born. Families can use the space to be with their baby for as long as they wish and to make memories with their baby. We met with Jaime Straker and Kirstie Willis, specialist Bereavement Midwives, who care for families at Snowdrop. They provide vital care and support to families during an incredibly difficult time.

**“Smells and looks like a home from home.  
Not medicalised. Perfect.”**

Our general impressions of Snowdrop were it felt clean, fresh, uncluttered and personalised, with lovely additions such as fairy lights on the ceiling. We also appreciated the importance of having a separate entrance/exit for families so they do not need to enter via the main reception or walk through areas where there may be pregnant people.

Our volunteers asked how families are supported with their mental health after a baby has died. Some were surprised to hear there is no specific mental health pathway for bereaved families, but support is ongoing with the Bereavement Midwife team.



*Images of The Snowdrop Suite*

**“They’ve done a remarkable job to create  
such a peaceful space.”**

We noted the Snowdrop Suite as a prime example of ideal decoration and peaceful space. We understand that other wards and clinical spaces have different infection control measures and protocols in place. But there are simple things from this Suite that could be replicated in other areas to make the Maternity Unit feel more homely and comfortable, such as coloured blankets or pillow covers for beds.

It was great to see improvements to the Suite’s garden space since the last 15 Steps visit, including outdoor seating, plants and a water fountain. It makes a real difference for the families who use Snowdrop.

# Key Themes

Throughout the walkaround and this report, it is clear there are some key themes. We have picked out the following as the most prevalent themes.

1. Comfortable environment
2. Staff
3. Mental health support
4. Signage
5. Information and resources
6. Storage

## Comfortable environment



**“The Snowdrop rooms shows you that it can be sterile and clean while still being homely.”**



*Memory Tree on the Snowdrop Suite*

Everyone was really impressed by the Snowdrop Suite; they loved the colours, soft furnishings and small touches like the dog bed.

We all agreed that these small touches in other wards would make the environment feel more homely. With lots of families, despite their original birth plans, being unable to have a home birth – we think that making spaces more homely would help transitions and keep families calmer and particularly help with oxytocin for birthing and feeding.

**“Asking for soft furnishing is not just nice to have. If you have more oxytocin flowing you’re less likely to have a complicated birth.”**

# Staff

**“Staff were approachable, passionate, helpful and keen to answer questions.”**

The friendliness of the staff emerged as a consistent theme. With staff wellbeing in mind, volunteers asked where they're able to have lunch breaks – especially after seeing staff eating in scan rooms. It was highlighted that staff don't have a separate place for lunch. We think looking after staff is so important to deliver the best care. A well equipped dedicated lunch area, which cannot be used by patients, could give them this space.

**“We saw staff eating their lunches in a scan room.”**

## Mental health support

Staff were asked throughout the day about the mental health support offered to families. With their lived experiences, volunteers are keen to see improvements to mental health support.

Mental health support is an area that Devon MNVP has agreed needs further exploration and discussion with families to address the key issues and shortcomings on mental health support.

**“Mental health support post-partum should be given the same credence as breastfeeding support.”**



*Artwork in the Waiting Room*

In the realms of 15 Steps, volunteers said they'd like to see more resources signpost to community and alternative offerings of mental health support. With the understanding that the Perinatal Mental Health Team are often overstretched and have thresholds to provide support – they thought highlighting the need to look after yourself is particularly important. This is especially due to the identity shift faced when attention becomes focused on the baby instead of the birthing person. Volunteers felt it would be good to have wellbeing or mental health check-in 'boards' that encourage families to reflect on how they're doing – this extends to partners! Good places for this would include Transitional Care Ward, NICU, Argyll ward and Central Delivery Suite.

# Signage

**“It’s all just lots of long corridors.”**

Throughout the wards, volunteers mentioned how the hospital felt like a maze of corridors. While this is completely normal for a hospital, it can feel intimidating to navigate as a patient. We discussed how having floor signs, especially as coloured lines throughout the hospital, could help families to navigate around. Also many signs were placed high on walls which are difficult to notice if you’re in a wheelchair, of below-average height or bent over due to stitches.

**“It’s not explained to you what the different wards are for.”**

Volunteers also mentioned that in all the waiting rooms, they’d like to see signage to the nearest water fountain, toilet, accessible or gender-neutral toilet.

An interesting comment raised by one of our volunteers was: “It’s not explained to you what the different wards are for.” They mentioned this can be incredibly daunting not to know where you’re going and why. They thought having signage or informational resources, perhaps on boards or at their booking appointment, to explain what the different wards are and in what scenarios you’d end up on them would be really useful and empowering. The new 3D walkarounds are incredibly valuable and could be enhanced by videos or explanations as to what each ward is for.



*The main corridor outside Antenatal Clinic*

Volunteers also queried the presence of braille throughout the hospital and noticed this was mostly present for toilets and showers. They thought there should be an overall redesign to make the areas more accessible to visually impaired patients and family to help promote independence. This includes incorporating braille throughout the unit for ward signs, stair hand rails and bathroom facilities.

# Information and resources

**“Often [the boards] were wonky and unorganised and, for me, this causes a lot of overwhelm.”**

We'd like to see more diverse family types shown to ensure users feel included, as well as inclusive infant feeding resources that highlight different feeding options such as combi, bottle feeding, donor milk etc. Our volunteers felt having inclusive displays is so important to prevent families feeling guilt for parenting differently. For example, if they struggle to breastfeed and choose other options. All these choices should be accepted and celebrated.

Resources such as these and inclusive displays could be co-created with families, and this is something Devon MNVP would be keen to provide support on.

Another suggestion is to install digital screens in waiting rooms to reduce clutter and make updates easier and more consistent.



*A selection of posters*

**“It would be a very easy small win to have better imagery.”**

## Storage

The group understood the constraints on physical space, but noted that many corridors were cluttered with equipment, making the environment feel unsafe. This is particularly concerning for postpartum patients who may struggle with mobility. The clutter also obstructs access to noticeboards and informational resources.

Investing in improved storage solutions would help keep walkways clear and support both safety and comfort.

**“There is a lot of stuff everywhere.”**

# Summary from our Senior Lead

**“I’m so pleased that we were able to facilitate such a worthwhile experience for our service users. Their feedback to the event was fantastic - there is a real appetite in our community to make positive change in maternity and neonatal care.”**

The UHP 15 Steps in Q1 of 2026 has been an incredible opportunity for us to enable local families to directly feed-in to improvement activity at Derriford Hospital. Having had all three of my babies at UHP, I have a deep personal connection to the hospital and a strong desire to work collaboratively with the incredible team who work here tirelessly every day. I believe that our walkaround has highlighted some realistic and practical changes that could make a real difference to the patient journey of having a baby in Plymouth. For example, creating more accessibility to families where English is not their first language and improving the quality and range of information posters on the walls. I want to thank my team as well as the staff at UHP for their time and energy and also of course our fantastic families who have made this possible.



## Next steps

This report is published publicly and forms part of our collaborative action plan with University Hospital’s NHS Trust Plymouth. We aim to perform a 15 Steps once a year at each maternity/neonatal unit in Devon and will track improvement work and direct actions that arise from the 15 Steps method.

We welcome engagement with a wide range of stakeholders, from local families including parents, grandparents and siblings to healthcare professionals and external agencies. We believe that through partnership, and listening to the people who actually use local services, that we can create a system that gives personalised care to all.

Special thanks goes to the team at UHP who enabled and facilitated this walkaround and to our volunteers and families who have co-created this report.



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