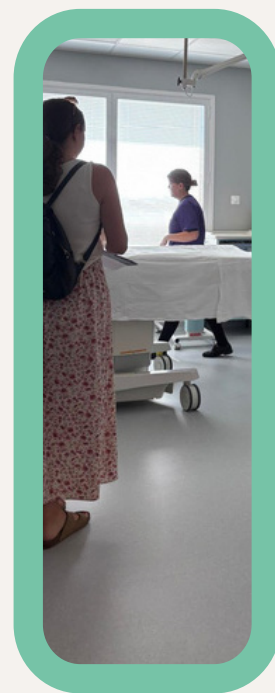
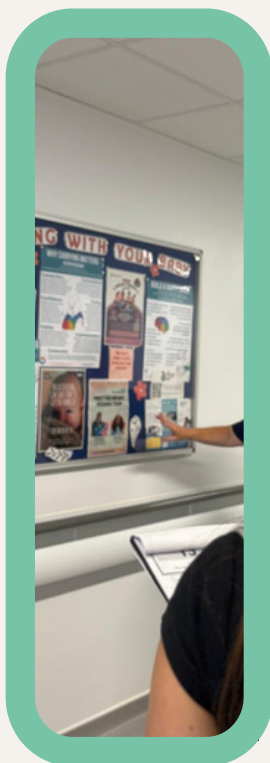
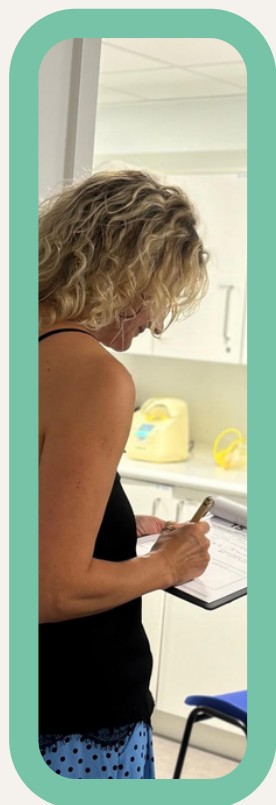




15 STEPS

into Maternity with

**Dorset Maternity
and Neonatal Voices**



**15 Steps for Maternity and
Neonatal Care Report**

**University Hospitals Dorset
July 2026**

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**Dorset Maternity
and Neonatal Voices**

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Introduction

What is 15 Steps?

The [15 Steps](#) template is an NHS England toolkit that looks at improving the quality of services, usually in hospital settings, by bringing in ‘fresh eyes’ to visit, observe and spot things that staff might walk past.

You can learn more about the 15 Steps for Maternity via the toolkit [here](#)

It was co-designed with a diverse group of representatives and service users, who advised on what should be assessed during 15 Steps visits.

The toolkit enables 15 Steps visitors to observe and reflect on whether the settings and the staff are friendly, welcoming, accessible, informative and organised; and whether the services feel safe, personal, kind and calm. Recommendations for change and improvement can then be made.

We aim to undertake a 15 Steps for maternity and neonatal visit in Dorset every 6 months, with progress reviewed at regular Safety Walkabouts and Walk the Patch visits.

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



Overview

In July 2026, we visited University Hospitals Dorset (UHD), in Bournemouth with a group of current and recent service users, organisation representatives and NHS staff. We used the 15 Steps toolkit to explore the spaces and record first impressions, to consider the general atmosphere, and to reflect on interactions with staff.

Where did we go?

We split into three small groups and explored all floors of the Maternity building. Spring Suite was the only area we were not able to visit on this day.



Who took part?

We issued an open invitation to service users to take part in the visits. We advertised in our Participation Volunteer WhatsApp group, on social media and via our mailing list. We also invited members from local community groups and organisations that work closely with maternity or neonatal service users.

Thirteen volunteers joined us and five members of the midwifery team, including past service users, currently pregnant service users planning their birth at UHD and independent doulas.

What did we do?

At each setting we made notes and took pictures then discussed the areas we had visited as a group. We considered how things looked, felt and sounded to each member of the group, hearing about each person's unique experiences. We talked about how we would 'rate' each area,

and we discussed our recommendations for change and improvement.

At the end of each visit, we gave feedback to the hospital leadership teams about our findings and initial recommendations. We reviewed all the feedback we gathered on the visit to create this report which presents our findings and recommendations under the following themes:

1. Welcoming and informative
2. Safe and clean
3. Friendly and personal
4. Organised and calm

About us

Dorset MNVP is the formal partner of Dorset NHS Integrated Care Board (ICB), responsible for providing the voice of service users to inform development of maternity and neonatal care in the county.

We support the local NHS Trusts to ensure services are delivered in a kind, personal and safe way by making sure the service user voice is central to all decision-making and quality oversight. This enables the ICB to fulfil its responsibilities in line with the three-year delivery plan for maternity and neonatal services in England.

We engage with people who have recently used local maternity and neonatal services, listening to their experiences and feedback. We share their insight with the Dorset Integrated Care System and the maternity and neonatal service providers it commissions, to make sure people's opinions are at the heart of shaping local services.

Welcoming & Informative

What participants told us

Participants generally found maternity areas welcoming, relaxed and peaceful. Bright spaces, natural light, clean surroundings and good facilities contributed to positive first impressions. Antenatal and scanning areas attracted particular praise, including sensitive spaces for families receiving difficult news and the benefit of fetal medicine and other specialist services being located within the same building.

Wayfinding emerged as a recurring theme. Navigation was generally easier once participants reached individual maternity departments, but several found the route from the wider hospital or car parks confusing. Hospital letters/numbers, outdated or incomplete signage and limited visibility of service names were raised.

Participants also identified variation in the accessibility and visibility of information, including small or fast-moving digital text, blank or incomplete boards, visiting information not always being visible, and opportunities for multilingual and accessible-format information.

What worked well

- Bright, clean and welcoming maternity environments.
- Calm and comfortable antenatal/scanning spaces.
- Sensitive spaces for difficult conversations or news.
- Useful information about birth, feeding and caring for babies.
- Labour rooms supporting active birth and different birth choices.
- Helpful hospital volunteers providing directions where needed.

Opportunities for improvement

- Review wayfinding from entrances and car parks.
- Make service names clear alongside hospital numbering/lettering.
- Update signage following service changes.

- Review digital screen readability and timing.
- Improve consistency of patient-facing boards.
- Increase visibility of multilingual and accessible-format information.
- Make visiting arrangements more consistently visible.

Safe & Clean

What participants told us

Safe & Clean was an overwhelmingly positive area. Participants consistently perceived the environment as clean and safe, with positive responses around staff identification, accessibility, handwashing, ward security and confidentiality. Individual rooms and en-suite facilities contributed to a strong sense of privacy.

There was some inconsistency in whether participants could see information explaining how to speak privately with staff, Professional Midwifery Advocates and consent. This is best understood as an information-visibility opportunity rather than evidence of a safety concern.

What worked well

- Consistently clean and well-maintained environments.
- Participants generally reported feeling safe.
- Good ward security and identifiable staff.
- Privacy supported by individual rooms/en-suites.
- Handwashing and infection-prevention measures visible.
- Safe sleeping, feeding and skin-to-skin information observed.

Opportunities for improvement

- Review visibility of consent information.
- Ensure Professional Midwifery Advocate information is readily visible.
- Ensure families can easily understand how to request a private conversation.

Friendly & Personal

What participants told us

Staff interactions were a clear strength. Participants repeatedly described staff as friendly, welcoming, supportive, caring and approachable. Personal touches were noticed throughout, including names on doors, affirmation cards, family photographs, celebration boards and personalised features within Neonatal.

Individual postnatal rooms were strongly valued for privacy and family involvement. Several participants independently questioned whether the individual-room model could sometimes feel isolating and suggested optional communal or social opportunities for parents.

Participants strongly valued partners being able to stay through labour and postnatal recovery. Some feedback suggested that physical presence does not always mean feeling fully included. Suggestions included inclusive language, greater acknowledgement of partners, comfortable facilities for long stays and opportunities for partner support or social connection.

What worked well

- Warm, friendly and approachable staff.
- Personal touches humanising the clinical environment.
- Individual rooms supporting privacy, bonding and partner presence.
- Strong family-centred and personalised practice within Neonatal.

Opportunities for improvement

- Explore optional social/peer-support opportunities alongside individual rooms.
- Review partner inclusion through language, acknowledgement, information and comfort.
- Continue building on personalisation and family-centred features.

Organised & Calm

What participants told us

The overall impression was of an organised, tidy and calm environment. Participants frequently described clinical areas as peaceful and uncluttered, and staff were widely perceived as calm and considerate. Labour rooms were particularly positively received for space, natural light, climate control and features supporting a less clinical birth environment.

Triage was the area most consistently described as less comfortable than the wider maternity environment. Participants referred to a relatively small or cramped waiting area, questioned seating comfort for longer waits and raised privacy considerations such as open blinds. Information about visiting and delays were not consistently visible. The visit does not provide sufficient evidence to conclude how effectively delays are communicated when the service is under pressure.

What worked well

- Areas generally felt calm, organised and uncluttered.
- Staff widely perceived as calm and considerate.
- Labour rooms spacious and well equipped.
- Individual rooms supported privacy and reduced a traditional ward feel.
- Partner presence strongly valued.
- Equipment generally appropriately stored and corridors predominantly accessible.

Opportunities for improvement

- Review comfort and privacy within triage waiting.
- Clearly and consistently display visiting arrangements.
- Review unclear routes, entrances or one-way systems.
- Consider how delay information is made visible when delays occur.
- Continue environmental features that make clinical areas calm and reassuring.

Summary & Action Plan

From the feedback we received on the day, we developed an action plan. The actions below reflect recurring themes identified across participant feedback. Maternity and neonatal teams are asked to consider these findings, agree appropriate actions and report back on progress.

All areas / BEACH Building

Wayfinding from the wider hospital, entrances and car parks was not always clear. Some signage was also identified as outdated or unclear.

Recommendation

Review routes to maternity services from key entrances, parking and public transport points. Update outdated signage and ensure maternity service and department names are clearly identifiable at key decision points.

All areas

Patient-facing information was plentiful but was not always easy to see, read or understand. Participants identified variation across digital screens, noticeboards and visiting information.

Recommendation

Review patient-facing information across maternity and neonatal areas, including digital screen font size and timing, noticeboards and the visibility of key information. Update or remove incomplete and outdated information.

Maternity / Postnatal

The ability for partners to stay was strongly valued, but participants identified opportunities to further improve partner inclusion, acknowledgement, comfort and language.

Recommendation

Review the maternity experience from a partner perspective, including inclusive terminology, information, acknowledgement by staff and practical comfort and facilities during longer stays. Taking a closer look at the CQC data to review.

Triage

The triage waiting area was identified as less comfortable than some other maternity environments, with comments relating to seating, space, privacy and access to information.

Recommendation

Review the triage waiting environment, including seating comfort, privacy and blinds, signage and access, and information available to families while waiting.

Infant feeding support

Infant feeding support and resources were recognised positively, but participants did not always find it clear what support was available, when it was available or how to access it.

Recommendation

Review how infant feeding support is communicated to families, including the visibility of available support, resources and equipment, and clear routes to personalised feeding help.

Visitors

Visiting arrangements were understood when explained but were not consistently visible within the environment.

Recommendation

Ensure current visiting arrangements are clearly and consistently displayed in relevant areas and reflected in appropriate pre-arrival information.





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If you'd like to know about future events, join our [mailing list](#).



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