



KERNOW

Maternity & Neonatal voices

Working in partnership to improve services for all



15 Steps for neonatal care in Royal Cornwall Hospital Trust

December 2025

Contents

Page

About us	3
What is 15 Steps?	4
What we did	5
Executive summary	6
Thematic Analysis: Signage and Navigation	7
Communication and Welcome	8
Environment and Cleanliness	9
Noticeboards	10
Corridors and Dayroom	11
Information for Parents	12
Leaflets	13
Accessible and Inclusive	14
Recommendations	15
Conclusion	16



© Kernow MNVP (published 12/2025). The material must be acknowledged as Kernow Maternity and Neonatal Voices Partnership copyright and the document title specified.

Where third party material has been identified, permission from the respective copyright holder must be sought. Any enquiries regarding this publication should be sent to us at info@kernowmnp.co.uk.

You can download this publication from [Reports Kernow | Evolving Communities](#)

The Kernow Maternity and Neonatal Voices Partnership is hosted by Evolving Communities CIC, a community interest company limited by guarantee and registered in England and Wales with company number 08464602. The registered office is at Unit 2, Hampton Park West, Melksham, SN12 6LH.

About us

Kernow Maternity and Neonatal Voices Partnership (MNVP) is commissioned by the Cornwall & Isles of Scilly Integrated Care Board (ICB) to fulfil its responsibility to involve service users and communities in maternity and neonatal services.

Our vision

Inclusive, safe, personal and kind maternity care for everyone in Cornwall & Isles of Scilly; designed, implemented and evaluated in partnership with the communities that receive the care.

Our purpose

To ensure service user voice is at the centre of decisions and to provide insight and oversight to improvements, quality and safety of services. We also provide strategic critical friendship to the Local Maternity and Neonatal System (LMNS).

Our approach

People's views come first – especially those who are often marginalised or ignored by institutions and systems. We believe in transparency, openness and coproduction. We positively challenge, question and support the development and oversight of maternity and neonatal services by raising the voices of service users and supporting them to be involved.

How we find out what matters to you

We are always listening. We want to involve as many people as possible in our work and to hear from a wide range of voices and communities from across Cornwall & Isles of Scilly. Our team uses many ways to raise awareness of our work and to find out what matters most to you, including:

- Going out into the community – attending events and visiting groups
- Running surveys and focus groups
- Working with other organisations
- Visiting services to see how they work
- Using social media

Find out more and get involved



[Kernow Maternity and Neonatal Voices Partnership](#)



info@kernowmnvp.co.uk



[KernowMNVP](#)



[@kernowmnvp](#)



Introduction

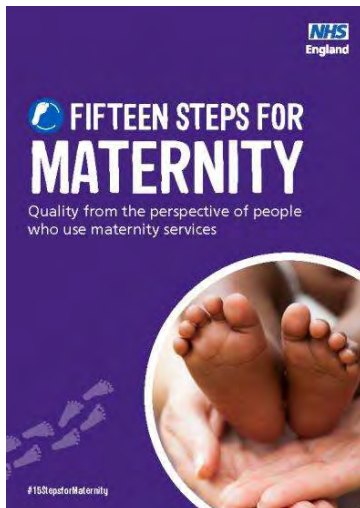
What is 15 Steps?

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.

First impressions can have a big effect on people’s confidence in the space where they are being cared for and the services being provided.

The toolkit was inspired by a comment from a mother who was often in hospital with her child.

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



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 event in Cornwall and the Isles of Scilly every year, with progress reviewed at regular Safety Walkabouts and Walk the Patch visits.

What we did

In September 2025, we visited the Neonatal Unit (NNU) and the Transitional Care (TC) Ward in Royal Cornwall Hospital Trust (RCHT) with a group of current and recent service users. 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.

Who took part?

We issued an open invitation to service users to take part in the visits. 9 service users, volunteers and MNVP staff joined us and 5 members of the neonatal and midwifery team.

We encouraged people on our social media pages to share their thoughts if they couldn't attend the visits.

What did we do?

At each setting we made notes and took pictures and 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 experience each area, focusing on five key areas. We used this to frame our experience and then 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.

We used these five themes as a basis for reviewing the space and informing recommendations:

- 1. Welcoming and informative**
- 2. Safe and clean**
- 3. Friendly and personal**
- 4. Organised and calm**
- 5. Accessible and inclusive.**

We asked service users to keep these in mind throughout all the spaces we visited. We then pulled out the themes most referenced by service users and have grouped accordingly.



Executive Summary

Prior to the event, we had an opportunity, to speak to those present and gain an understanding of some of the pathways parents followed during their experience of becoming a family. We heard how some attended multiple hospital settings for extended periods of time. They discussed how they hadn't considered neonatal or transitional care as a possible pathway when becoming pregnant.

Some had not heard about the potential for their baby requiring neonatal care at all and the whole experience was traumatising, scary and for many has meant ongoing treatment long term for a variety of health conditions for their children.

With that in mind, it made a lot of sense **why** clarity in the physical environment is so important.

Overall, the neonatal unit demonstrates a strong commitment to family care, positive visual presentation and a welcoming environment. The overwhelming feedback on reflection, was the **contrast** felt by service users between the neonatal unit and the transitional care ward. Service users described **neonatal as feeling very calm**. Transitional care is embedded within the postnatal ward and, as a result of this, they noted a difference in atmosphere: busier, noisier and an overall sense of disconnect. Posters, noticeboards and communal spaces all had a different 'tone' to neonatal which was felt as a tangible difference.

There are opportunities to enhance signage, connect staff introductions between neonatal unit and transitional care, and develop the visibility of information for parents.



Thematic Analysis:

Signage and Navigation

Feedback indicates that signage and wayfinding are areas for improvement. Visitors often felt unsure about directions or locations when first entering or moving through the neonatal unit.

Our findings

The **transitional care ward** is embedded within the postnatal ward (Wheal Fortune) and on arrival it wasn't clear to service users where transitional care was. The reception for Wheal Fortune mirrors the neonatal unit in the sense that it is located centrally on the ward, with the bays circling around it. Our service users noted it would have been supportive to have notice boards introducing staff, their uniforms and who you can ask for help. If this was located near the entrance it would feel welcoming and informative.

On the **neonatal unit** the initial arrival from the lifts and stairs again lacked clarity in terms of signage and where to find the reception desk or if there was a signing in process. The information boards for parents are positioned along the corridor.

Recommendations

- **Consistent, clearly placed signage** across both the neonatal unit and transitional care could enhance the visitor journey and reduce confusion. Service users highlighted key areas such as exiting the lifts/on arrival to wards as being optimum spaces for giving targeted information on where to go and who to speak to for information.



“No sign for TC in reception, or explanation it’s transitional care.”



“No clear signs when coming out of the lift.”



“Update visiting times sign in corridor, 2x signs in conflict.”

Communication and Welcome

The sense of being “welcomed” varied across responses and this was consistent between the neonatal unit and transitional care.

The staff receptions in both areas are located a considerable distance from the doors. This was highlighted by service users as feeling confusing on arrival.

Our findings

A more consistent greeting process and clear staff introductions could improve first impressions and confidence among visitors. Service users liked the staff boards with names but felt the placement could be nearer the entrance. On first impressions service users were not sure where to locate transitional care and commented it appeared to be tucked away within the postnatal ward.

Our service users were unsure if they should wait to be greeted by a member of staff; many knew where to walk, but some didn't. On both neonatal and transitional care service users were looking for instructions for what to do, who to ask for help and where to go.

Recommendations

- Service users discussed the value of a staff member greeting them on arrival, supporting orientation, finding out why they had arrived and then guiding their next steps.
- Service users felt signage in other languages and BSL would feel more welcoming and inclusive.



“Quick opening of the door but didn’t ask who we were.” (NNU)



“No welcome into the building, stood for a while.”(Transitional Care/ Wheal Fortune)

Environment & Cleanliness

The general environment was described as bright and well-presented in some areas but cluttered or in need of refreshment in others.

Our findings

This indicates good attention to aesthetics overall but also highlights the need for periodic refreshes and a focus on shared spaces. Service users discussed the **posters and leaflets on display** and recognised staffs focus on patient care as the priority yet highlighted these smaller details as feeling important. Leaflets were jumbled together on the neonatal unit and placed behind furniture.

In the debrief session, the limitations in the current building were discussed; equipment stored in corridors and the receptions being positioned away from the door being key. There was a real sense that information boards and leaflets could be mirrored on TC to ensure **parents felt a connection with neonatal** and had the same access to information. Service users discussed the lack of the visual ears (that highlight noise levels) and wanted it to 'feel' more like upstairs (NNU).

Recommendations

- A review of posters and leaflets alongside the KMNVP and service users.
- On neonatal, a review of patient flow: do the notice boards reflect the service user journey.
- Transitional care to mirror relevant patient information boards and leaflets.
- More varied images on Wheal Fortune; young parents and parents with different skin colours would be welcomed.

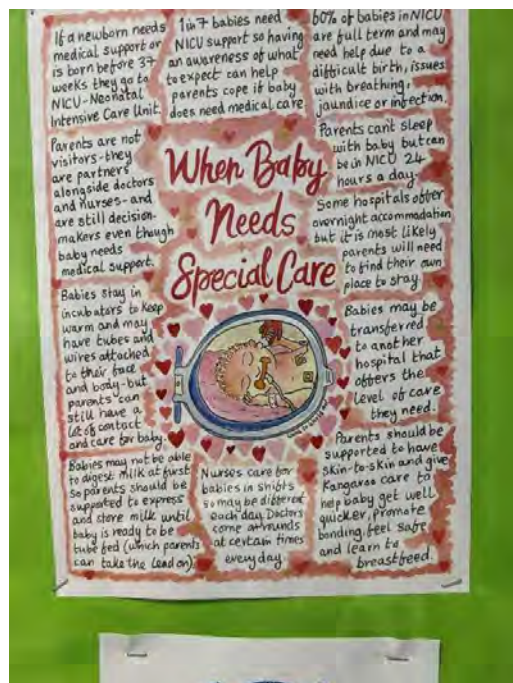


Noticeboards



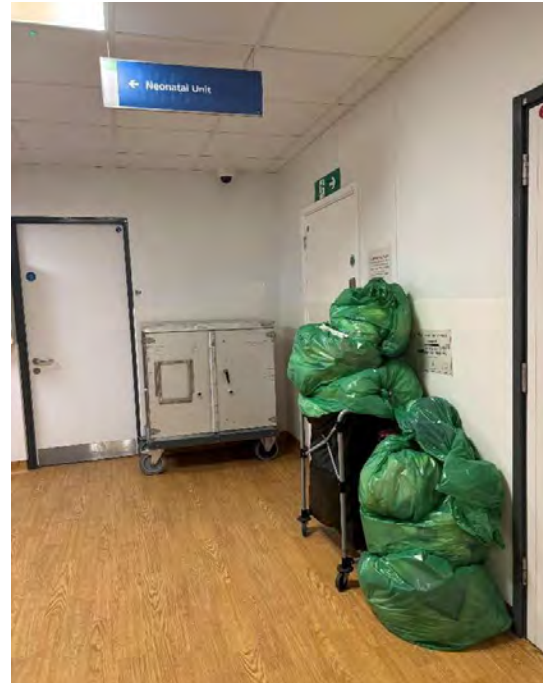
Bright, colourful displays gave the NNU a real sense of personality.

Service users loved the information, images and care that went into them.



Service users loved the use of more visual information but found some text hard to read and 'busy' to look at.

Corridors & Day Rooms: Safe and Clean



Overall, service users felt neonatal and the transitional care ward was safe and clean.

Corridors were the areas that service users referred to as cluttered. Outside the lift there were green bags stacked, wheelchairs stored by doors and in some areas equipment blocking leaflets. Service users recognised corridors were fuller to give more space in bays.

Information for Parents

Our findings

Feedback reflected both the presence of informative materials and occasional difficulty locating or reading them. On arrival on the neonatal unit there were some well thought out visual noticeboards displaying invaluable information. However, **service users asked, ‘was this the best place for this information?’** They also discussed the flow of information displayed possibly following the **flow of information** required around the ward, so as you reach the rooming in rooms (family rooms for parents preparing to leave the neonatal unit), the information will be reflecting this.

Ensuring that resources are accessible, updated, and easy to find will support families navigating the neonatal experience. The QR tree on NNU was discussed at length. First, it was liked, as a way of gathering all information together. Service users wanted a trauma informed approach – so some of the more medicalised information, for example on brain injuries, might not appear there and might be supported and delivered in a different way. This was also cited as another inclusivity opportunity, by giving examples of how to translate digital information into other languages. On transitional care the leaflets were in the kitchen but didn’t contain the same information as upstairs.

Recommendations

Building on the work of Kernow Parenting Journey: KMNVP can support these recommendations working in partnership with staff and service users.

- A review of patient flow, key milestones (eg leaving the NNU/TC) and a welcome/discharge leaflet.
- A review of the QR tree. An idea in development: to have multiple trees at different points of the corridor (dividing information into logical sections linked with the parent journey).
- NNU specific Natters Bitesize Videos.
- Opportunities for TC to link with NNU from an information sharing perspective (notice boards and welcome leaflet).

“Lots of useful information, eye-catching displays.”



Leaflets

Service users commented leaflets are useful, but these were blocked by furniture and looked chaotic.



This highlighted conversations:

- Were leaflets accessible?
- Were they relevant to parents at the correct time?
- Could Kernow MNVP and service users support in these spaces, recognizing staff time is precious and space limited?

Accessible and Inclusive

‘By seeing your language on a sign, it means you are welcome in that space’



Our findings

Service users noted consistently in every space the **lack of representation of languages** but did note that on some of the call bells you could ring 3 times to **highlight hearing impairment**. In terms of access for those with **mobility aids**, there is a limit to what can be achieved within the existing space. Valuable medical equipment is stored in corridors so it is readily available, but this can lead to these spaces feeling cluttered and could be a hazard for someone with a **visual impairment**.

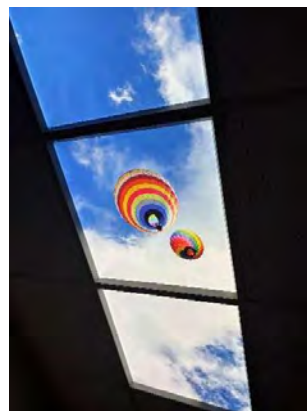
Service users did comment on the **diversity of people** represented in the images on the walls in neonatal. They enjoyed that there were images of **dads and partners** and people that had been on the wards. For those with **neurodiversity**, the transitional care ward environment was cited as being busy and service users noted the dimmed lighting but felt the ward seemed noisy.

There were discussions around how you could build-in individualised support for neurodiversity. **Quiet space for time out** was noted as important, again reaffirming the importance of spaces like the corridor outside the lift. It would be beneficial to consider quiet spaces for **prayer and religious calendars** to support staff members understanding of fasting times.

Service users were impressed by the quiet bell system on transitional care. The garden and day room could also be promoted to service users for this purpose. Visual planners and information on routines such as timings of ward rounds and meals would also be supportive for some families.

Recommendations

- Visual planners for routines and mealtimes included in welcome leaflets.
- Space for parents that is for quiet and calm but not linked with bad news being delivered.
- Signs translated into top five languages where possible (e.g. 'welcome'), QR codes to scan for translatable information.



Recommendations & Action Points

Short-term: What could be our quick wins?

- Create a parent orientation map or “Welcome Guide” for families. This has already started, working in partnership with the KMNVP and service users.
- Improve signage consistency at entry and across corridors, including translation.
- Link to Kernow Parenting Journey’s core values and principles when producing service user materials.
- Ensure all staff greet visitors promptly and identify their role.
- Unblock leaflet areas to make key information visible.
- KMNVP to develop ongoing forums and events for parents to connect and feed into the development of various projects.

Medium-term: Opportunities for partnership working

- Refresh paintwork and declutter shared spaces.
- Review and update all information boards with a focus around patient flow.
- Review other trusts examples of communication for NNU (e.g. the animated communication cards/ A5 information folders).
- KMNVP to review the Personalised Care and Support Plan with a neonatal lens.
- Develop Natters neonatal information videos in line with Kernow Parenting Journey.

Long-term: Thinking to inform development of new hospital build

- Redesign entrance area to include a staffed welcome point.
 - Introduce staff name displays (“Who’s Who”) in all key areas (neonatal had a good example of this), plus a uniform guide (what does each colour mean).
 - Use of digital technology to support service users between different NNU/ NICU’s across the southwest, with a focus on the transitions between stages of care.
-

Conclusion

The neonatal unit demonstrates many positive qualities — compassion, cleanliness, and attention to family needs. Service users on the day trusted our team in sharing their very individualised experiences, often involving receiving care across several hospitals and wards. They described feeling scared, exhausted and terrified at this time.

In terms of the physical environment; strengthening first impressions, improving clarity of signage, and ensuring accessible information will enhance the overall experience for families and visitors. The impact of trauma on the experience of becoming a family was clearly articulated. The value and impact of a carefully considered welcome onto the ward, which gives practical information and actively empowers parents, was highlighted as crucial. Transitional care is a clear partner for many neonatal families, and the more closely this is linked by literature and communication the better.

There were clear conversations that centred around flow of patients throughout their neonatal experience. If information and education could be tailored to mirror this experience, it will ensure parents aren't overwhelmed and develop a sense of partnership from arrival onto the ward.

There are opportunities to connect with the Natters Bitesize program to develop some neonatal specific information videos. There is also the Personalised Care and Support Plan, which all parents are given on booking. KMNVP is committed to reviewing this document with our volunteers to see if we can add to or learn from this document. It was created with the RCHT creative team with a focus on patient journey and accessibility.

Marking the end of the neonatal journey, the goodbye, was also clearly communicated as being significant. Service users on the day fed back how important that exchange between family and the health care partners truly was, particularly for those whose stay had been over many months.

As Kernow MNVP, we would like to extend our thanks to all who linked with us for this experience. Staff and service users were generous, both with their time and their valuable feedback, and this will now be used to develop an engagement plan.



Next steps

We will publish this report and share our findings and recommendations with the leaders and decision-makers at the Royal Cornwall Hospital Trust and the Local Maternity and Neonatal Board.

Our partners and stakeholders working in maternity and neonatal care, and the public will have access via our website, social media and community networks.

We plan to carry out the 15 Steps Visit for neonatal and transitional care at RCHT in September 2026 and we will regularly check progress against our recommendations.

Stakeholder response

Thank you KMNVP and our parent partners for visiting the neonatal unit and providing feedback to help us improve the experience of future families. This report provides invaluable information, and we look forward to working together to implement recommendations wherever possible.
Dr Chris Bell, Paediatric and Neonatal Consultant, Clinical Lead RCHT.

Thank you

Thank you to everyone who made this 15 Steps for maternity and neonatal visit possible, including the service users, staff and the maternity and neonatal Leadership teams. We appreciate all your support, time and effort in working with us to help improve services.

Get involved

Share your feedback

We are here to listen. Tell us about your experiences of maternity and neonatal services in Cornwall & Isles of Scilly good or bad, we want to know.

The feedback you provide will be shared anonymously with the LMNS and wider health providers where appropriate. It will be used to improve care and services.

We are unable to reply to you or resolve complaints; if you would like to raise a complaint you will need to do this with the hospital or care provider.

Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch.

Contact us



[Kernow Maternity and Neonatal Voices Partnership | Evolving Communities](#)



Info@kernowmnvp.co.uk

If you need this report in an alternative format, please contact us.



KERNOW

Maternity & Neonatal voices

Working in partnership to improve services for all