

Peterborough City Hospital

We are delighted to announce that Peterborough City Hospital neonatal unit has successfully completed its Gold accreditation and has demonstrated that there are sufficient procedures, practices, and facilities in place to empower parents and carers to be partners in care through joint decision-making and hands on care, as well as understanding families' needs and availability in order to provide truly individualised care. This facilitates a solid foundation for Family Integrated Care.

These are the evaluation findings of the Bliss Baby Charter accreditation assessment which was carried out at Peterborough City Hospital on 19th October 2026.

The assessment was carried out by Rachel Quartermaine (Baby Charter Programme Lead), Nikki Sage (Baby Charter Officer) and volunteer assessors Rebecca Rimmer and Lynne Wainwright. The Baby Charter lead for the unit was Lyndsey Jolly.

Summary

The team benefits from strong and visible leadership support, creating a positive culture in which staff are empowered to work collaboratively and deliver consistently high-quality, family-integrated care. The discharge, outreach and feeding teams are exceptionally well integrated, working as one cohesive service to provide seamless support for babies and their families. There was a clear focus on discharge planning from the moment a baby is admitted to the unit. Overall, family feedback about the whole service was highly positive, reflecting the compassionate, coordinated care provided across the team.

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Key findings and best practice

We have been impressed by many aspects of the unit's care, but these elements stood out in particular:

- The assessment team felt that discharge planning was embedded throughout the baby's journey, with preparation for discharge beginning from admission. Parents in interview spoke positively about how well they were supported to understand and prepare for going home. The discharge and outreach teams demonstrated excellent collaboration, working closely together to ensure effective communication, coordinated planning and a seamless transition from hospital to home. Families were routinely offered a home visit from the outreach team, providing an additional opportunity for support, education and reassurance before discharge. It was particularly pleasing to hear how staff took time to build their confidence and reassure them throughout the discharge process, helping parents feel prepared and supported as they took their baby home.
- The feeding team shares an office with the discharge and outreach teams, supporting a particularly close and collaborative working relationship. This integrated arrangement enables the feeding team to remain involved after discharge and provide families with timely, coordinated feeding support where required.
- The unit offers a wide range of community and peer-support opportunities for families. These include weekly coffee mornings for parents on the unit, baby massage courses, feeding groups for families following discharge, and Little Explorers. The team also maintains links with a number of support groups across the local area, helping families access ongoing support within their community.
- The feeding team has recently undertaken a quality improvement project focused on the harvesting of early colostrum. As part of this initiative, they have developed a "Golden Touch" bag/box that is provided at the birth of any baby anticipated to require admission to the neonatal unit, with additional packs available near the ward clerk's desk to ensure easy access for families and staff. This simple but effective intervention has helped to raise awareness of the importance of early colostrum collection and has led to a significant increase in the amount of colostrum harvested in the immediate postnatal period, supporting improved opportunities for early nutritional and immunological benefits for babies admitted to neonatal care.
- The unit is clearly well supported by its leadership team. The assessment team heard numerous examples of leaders being actively involved and providing consistent support. The feeding lead meets monthly with the BFI Guardian, demonstrating ongoing senior oversight and engagement. Members of the unit leadership team spoke repeatedly about their responsibilities to both staff and families and showed a clear commitment to ensuring

that staff are well supported to deliver the best possible outcomes and build effective partnerships with families. The leadership team has actively ensured that staffing posts include protected hours to ensure this.

- There was a wide range of clearly laid out, bright and organised information boards throughout the unit. The unit had worked alongside the parents and MNVP for the main noticeboard to put up relevant information.
- In addition to free car parking the unit can support families with transport costs. The unit also shares posters throughout the unit about different financial support that is available.
- Staff clearly valued parental feedback and demonstrated a genuine commitment to continually improving the experience of babies and families on the unit. Throughout the assessment, numerous examples were shared of changes that had been implemented in response to feedback, illustrating that family voices are listened to and acted upon. The assessment team observed a strong culture of reflection and quality improvement, with staff actively seeking opportunities to enhance the care and support they provide. There was a clear sense of enthusiasm, willingness and shared determination across the team to make positive changes, ensuring that services continue to evolve in ways that meet the needs of families and improve their overall neonatal experience. One such example discussed was how they had worked collaboratively with parents and the MNVP, to design welcoming whiteboards for display beside each cot. The boards include space for the baby's name, the name of the nurse caring for them, and important information that parents would like to share.
- The unit benefits from a clearly dedicated psychologist who is able to achieve significant amounts of support for both families and staff despite her limited hours. It was fantastic to hear that the team is expanding with a nurse counsellor shortly to join the team on a permanent basis following a trial secondment. The team can support families post discharge should this be required.
- The unit provides a comprehensive and inclusive food offer for families. Parents and siblings can access three meals each day, including two hot meals. Parents staying in the family accommodation can use the hospital meal service, which offers an extensive menu catering for a wide range of dietary preferences and cultural requirements. Other parents and siblings can order a frozen meal twice daily, as well as access breakfast items, snacks and additional options such as instant noodles. Consideration has been given to ensuring that the available choices meet varied dietary preferences, and reminders on each baby's cot-side board prompt families to place their meal orders.
- The unit has three rooming-in rooms, including one configured to accommodate two people, enabling family members other than a partner to stay and support parents during the transition to discharge. Siblings are also welcome to stay in the family flats, helping to

maintain family relationships and promote family-centred care. The accommodation has been thoughtfully furnished with pictures and soft furnishings to create a more welcoming and homely environment, and each room benefits from an accessible bathroom. In addition, there are two cot-side chair beds available within the clinical area, and parents are able to stay overnight in reclining chairs if they wish. A poster is on display next to each cot about staying over on the unit.

- It was particularly encouraging to hear about the work the unit has undertaken to improve Equality, Diversity and Inclusion (EDI) for families on the unit. The team has developed a practical resource booklet which provides staff with guidance and prompts to consider when caring for parents and family members with a range of additional needs and a specific board about EDI with a monthly topic such as Black History month, helping to promote more personalised and inclusive care. The assessment team were pleased to see clear signposting to British Sign Language (BSL) interpreter services, ensuring families are aware of the support available and can access information in a way that meets their needs. The assessment team were pleased to see inclusive welcome posters displayed at the entrance to the unit, featuring translations in a range of languages to help families feel welcomed and supported from the moment they arrive. In addition, all family information leaflets can be translated, helping to ensure that families are able to access important information in a format that meets their needs.
- The assessment team were particularly impressed by the thoughtful keepsake bag developed for babies entering foster care. The bag contains a range of meaningful items, including a diary, outfit, teddy and blanket, providing important mementos that can help preserve a connection to a baby's earliest experiences. This initiative demonstrated a compassionate approach, recognising that babies entering foster care may have limited opportunities to have memories from the beginning of their lives. The keepsake bags provide a valuable source of comfort and identity for children in the future and reflect the unit's commitment to ensuring that every baby's story is acknowledged and treasured, regardless of their circumstances.
- Skin-to-skin care and comfort holding are clearly embedded within the unit's ethos and approach to family-integrated care. The assessment team were pleased to see this reflected through well-designed and highly visible information boards that promote the benefits of close contact between babies and their families. Importantly, the imagery and messaging were inclusive, representing a diverse range of families and highlighting the valuable role that siblings can play in providing comfort and connection.
- The unit spoke passionately about the importance of individualising care for every family and placing the needs, preferences and circumstances of each family at the centre of their approach. This commitment to personalised care was evident throughout the service and

reflected a clear understanding that every family's neonatal journey is unique. All families interviewed spoke extremely positively about their experience of the unit particularly around communication. Parents consistently described feeling welcomed, valued and fully involved, not only in the day-to-day care of their baby but also in discussions and decision-making regarding treatment and care plans. It was evident that the team had worked hard to foster meaningful partnerships with families, ensuring parents felt listened to, informed and recognised as integral members of the care team. Parents interviewed could not fault the staff and described the way the team worked seamlessly together to ensure the parents and babies felt always included. The assessment team were particularly encouraged by the strength of the feedback received, which reflected both the high standard of care delivered and the compassionate approach of staff. One parent commented, *"The whole team has been amazing and have gone above and beyond, they have all been angels."* Another added that they could not fault either the team or the unit. Such overwhelmingly positive feedback is a testament to the dedication of staff and the positive culture that exists throughout the service.

Recommendations for the future

- Whilst the unit does benefit from a psychologist and an incoming nurse counsellor the team is still staffed below BAPM recommended levels. It is recommended that the unit develop a business case to bring psychology staffing in line with recommendations in order to fully support families and staff.
- The unit does have AHP support who work hard with families and staff to develop FICare and developmental care. However, none of the AHP are staffed to recommended levels. It is recommended that the unit develop a business case to bring AHP staffing in line with guidance.
- The assessment team noted that a transitional care ward is located immediately adjacent to the neonatal unit. However, responsibility for this service sits wholly within maternity services rather than neonatal care. This was felt to be a missed opportunity, as closer integration of transitional care within neonatal services could enable more families to remain with their babies whilst continuing to receive the support they require, potentially reducing neonatal admissions and facilitating earlier discharge home. The assessment team also heard about ambitious plans from the outreach team to further develop their service through initiatives such as home phototherapy and the administration of intravenous antibiotics in the community. These developments have the potential to reduce the length of neonatal stays, minimise disruption to family life and support babies to receive

appropriate care closer to home. Given the clear benefits for babies and families, it is recommended that the Trust works collaboratively with both the neonatal unit and maternity services to explore opportunities to bring transitional care under the neonatal umbrella, creating a more integrated pathway that supports family-integrated care, increases parental presence and enhances opportunities for earlier discharge.

- There is no bereavement suite available within neonatal. The unit is able to use one of their rooming in rooms for redirection of care/family time or access a room on delivery suite for afterwards. This is not ideal for either staff or families and does not offer a bespoke quiet space for families that is private. It is recommended that the unit work with the trust and maternity to develop a bespoke bereavement suite in order to better support families.
- Whilst the unit has a large feedback board it was noted that the you said we did section was very small with equally small writing. As a unit that is clearly responding to feedback it is recommended that this section is made bigger and more visible.
- As mentioned, the unit has 3 bedrooms available. Whilst these rooms provide valuable opportunities for parents to spend extended time caring for their baby, none benefit from access to natural daylight via an external window. There is a frosted internal window to the corridor, fitted with a blind, and the lighting provision within the rooms is largely reliant on bright overhead lights, with only a small bedside lamp available as an alternative. It is recommended that the unit explores investment in alternative lighting options to create a warmer and more welcoming environment, particularly during overnight stays. Consideration should also be given to ensuring blinds are left open when rooms are unoccupied, helping to make the accommodation appear more inviting to families. Finally, the assessment team recommends that the unit investigates whether there are opportunities for families to leave bedroom doors open, should they wish to do so, to help reduce feelings of isolation and create a less enclosed environment whilst maintaining appropriate privacy and safety considerations. These relatively small changes could significantly enhance the experience of families utilising the rooming-in facilities.
- Currently the unit is accessed by families by a buzzer. This is mostly answered by the ward clerk who is available 7 days per week during office hours. However this can mean a wait for families at other times or if they are busy. It is recommended that the unit install alternative autonomous access for parents such as swipe card, facial recognition or bluetooth.
- The assessment team were informed that access to the Women's and Children's building is restricted out of hours, with the entrance being locked overnight. Whilst this supports security arrangements, it was noted that there is no direct buzzer access route to the neonatal unit, with access systems focused on maternity services. As a result, parents

wishing to visit their baby overnight, including in urgent or emergency situations, are required to enter via the Emergency Department and make their way through the hospital, which can lead to unnecessary delays and additional stress at what may already be a highly anxious time for families. Additionally, there is poor signage from the main entrance of the hospital to the unit and the maps within the Women's and Children's only mark out the ground floor and not the first floor of the department. It is recommended that the trust consider installing buzzer access for neonatal at the entrance to Women's and Children's. It is also recommended that the unit work with the hospital to improve signage and maps around the whole hospital.

- The assessment team noted that the neonatal unit at Peterborough benefits from generous space around each cot space. It was therefore disappointing to hear that visitors remain limited to two people per cot space, one of whom must be a parent. Whilst this approach is understood to support consistency across the Trust, including at the sister hospital where space is more limited, it means that one parent must leave the cot side when another visitor is present. It is recommended that the unit reviews this policy and considers a more flexible approach for the Peterborough site, reflecting the space available and further promoting family-integrated care.
- It was fantastic to see the chair beds that were available on the unit to help promote cot side sleeping and skin to skin. There are only 2 of these available for the whole unit. It is recommended that the unit invest in more of these beds so that more families can benefit.
- Each cot space has a cot card. However, it was noted that these did not include sibling names or pronunciation. It is recommended that these are developed to include these.
- It was mentioned by the unit during interview that there was no designated outdoor space that families could take babies to in the event of a bereavement/end of life. It is recommended that the unit investigate if there is a space that could be used for this purpose which would provide families with the opportunity to take their baby outside for the only time.
- The unit has reclining chairs at every cot space. It was noted that none of these had moveable arms to assist wheelchair users with self-transfer. It is recommended that the unit consider purchasing a few of these chairs.
- The assessment team was impressed by the level of psychological support available to families and the clear value that the unit places on emotional wellbeing. Staff spoke positively about the contribution of the psychologist and the support offered to parents throughout their neonatal journey. However, it was noted during interviews that some parents were unaware of the service available to them, suggesting that information may not always be retained or revisited at times when families are best able to engage with it. The assessment team also felt there was limited information available to help normalise

the wide range of emotions parents may experience during a neonatal admission, particularly feelings of anxiety and worry. It is recommended that the unit develops a process to regularly revisit information about psychological support throughout a family's stay and considers introducing resources that normalise common emotional responses, helping parents to feel reassured, supported and empowered to seek help when needed.

- There is a huge amount of information available to parents on the unit through noticeboards, posters, leaflets and the FICare folder. Whilst this demonstrates the unit's commitment to supporting and informing families, both the assessment team and parents felt that the volume of information could sometimes feel overwhelming, making it easier for important messages to be missed. It is recommended that the unit reviews how information is delivered and explores alternative formats, such as a Padlet, to improve accessibility and engagement. It is also recommended that key information is revisited regularly throughout admission to ensure families have multiple opportunities to receive and understand important messages.
- It was mentioned in interviews with families that they were not aware initially after birth that pumps were available for loan as maternity staff seemed unaware of this. It is recommended that the unit work with maternity to ensure that all staff are educated in the availability of pumps for neonatal families.
- Despite the wide range of information available it was noted that very little appeared to be for babies that were born full term and this was felt by families interviewed. It is recommended that the unit ensure that there is suitable information available for families of babies born full term.

2 November 2026

RcQuartermaine

Rachel Quartermaine
Baby Charter Programme Lead

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