Bliss Baby Charter: Northumbria Specialist Emergency Care Hospital

We are delighted to announce that Northumbria Specialist Emergency Care 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 Northumbria Specialist Emergency Care Hospital on 30th April 2026. The assessment was carried out by Bliss Baby Charter Lead Rachel Quartermaine, Scotland Baby Charter Officer Jade Ormiston and Volunteer Assessors, Oliver Rackham and Victoria McGullagh. The Baby Charter lead for the unit was Jane Stirton.

Summary

The assessment team found the unit to be highly family-friendly, delivering a positive overall neonatal experience for families. Staff benefit from a comprehensive training programme, and their wellbeing is supported by excellent facilities provided by the Trust. The team consistently demonstrates a strong commitment to family-integrated care, ensuring that parents and families remain integral to their baby's care journey. Feedback from families was overwhelmingly positive, with many highlighting the high standard of care and support provided by staff during their time on the unit.

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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 Unit has a dedicated psychologist that supports both families and staff. She attends the Unit on one full day each week and ensures that she meets all families whether in person or via a telephone call. Although she has limited dedicated neonatal time she goes above and beyond ensuring that she is available for families at other points during the week should it be required. She can follow up with families in the community if needed and is easily able to refer into more specialist services. She is keen for psychology to not be parachuted into situations as a "fix" but rather empower staff and families to support them and their needs. She will also be attending the Cuppa and Craft sessions that are starting on the Unit imminently to provide support to families in a more informal setting.
- The Unit psychologist and physiotherapist worked well together to provide a joined up cohesive MDT approach to developmental care. There was an understanding that developmental care can only truly happen with involved parents with staff and parents that are supported psychologically.
- The Unit has several pictures displayed throughout the clinical rooms which add a brightness to the rooms. These are all pictures of babies that spent time on the Unit.
- All families have access to free parking and free food. Breakfast items, fruit and flapjacks are available in the parents' kitchen with meal vouchers provided for both parents for other meals. Siblings are also able to access free food through vouchers provided through a charity.
- The Unit was redesigned in recent years with each cot space having ample room and a screen for privacy. There is a reclining chair and breast pump available for each space. The Unit are also welcome extended friends and family to the cot side of each baby in addition to parents and siblings, with at least 2 additional visitors as a minimum ensuring as much access as possible for each family unit.
- The Unit has lockable milk storage boxes for each family and encourages free access to the milk kitchen; they also encourage parents to take their babies out of incubators and cots by themselves. It was positive to hear this described by HCP as wanting it to feel like a "home from home" for families where they "didn't need to ask for permission".
- The Unit has access to a wellbeing trail that families are encouraged to make use of. If a baby is well enough the Unit has a pram that families can use to take their baby outside within the hospital grounds.

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- The trust has provided a fantastic bespoke wellbeing hub for staff to access in the hospital. It provides chill out rooms, food, access to healthy meal planning and seating. Staff are also able to have access to a gym, fitness classes and personal trainers for a nominal £1 a month subscription. This excellent facility helps to ensure that staff are well looked after and rested. Additionally, the Unit runs Mug of the month, Star of the Week and encourages Greatix to be submitted for staff.
- The Unit does have rooming in rooms and encourages families to use these whenever possible. Recognising that there are more parents that may wish to stay than they have rooms parents are able to use either reclining chairs for overnight sleeping or they have access to z beds. If the Unit can facilitate with space, they will try and accommodate 2 parents overnight cot side. Accessible washing facilities are available close by within maternity. There is also a washing machine on the Unit that families can have access too if needed.
- The Unit has several iPads for use. They can live stream a baby in the cot to a parent if they are unable to visit the Unit for health reasons. They also have badger net diary and staff try to update this at least once per day for families.
- The Unit really encourages siblings' presence with a great play area provided within the family area as well as games for them to play. They have certificates for siblings and can create sibling packs for any that are reluctant to come in. Siblings can do skin to skin and the team will encourage them to do “cares” on a doll to include the siblings in the neonatal journey. It was lovely to hear siblings described as the VIPs. The Unit has also built links in the community to help with childcare costs for families.
- The Unit staff are very mindful of the low reading age of 9 within the local community. They have carried out training for staff and have also moved to online based information with QR codes and will demonstrate accessibility to families.
- A parent passport has been introduced to the Unit for families to ensure a smooth and consistent parental experience for information and training. Work has been undertaken with the network to ensure that families that transfer from other Units do not need to repeat training on arrival.
- Following feedback from families' whiteboards were introduced to each cot space to note down key information such as parents' names and availability.
- The Unit are mindful of financial support and alongside maternity can provide donated mobile phones to parents that do not have access to a smart phone. They have also made links with a local charity that is able to assist with baby equipment for asylum families. They are also doing some further work with the network looking at working families and support that these families with little disposable income and no access to benefits may need.

- Recognising that the Unit has limited experience of palliative and bereavement the Unit bereavement lead has made strong links with the Royal Victoria Infirmary in Newcastle to get support with staff training including introducing some sim training that is starting to roll out. They have also got strong links to 4Louis for further training and support.
- Each family is provided with a pack on discharge from the physiotherapist which included a blanket and a range of developmental information for families to use at home. Staff actively plan for discharge with the families from admission.
- The Unit collects feedback after discharge and has ensured to act on the information received. As a result, family feedback has improved facilities on the Unit including food and reclining chairs. It has also shaped procedures such as the introduction of individual lock boxes for milk.
- Families interviewed were positive about their experience on the Unit with some quotes as follows:
    - "They loved my baby and showed it, which made me feel comfortable leaving her"
    - "The nurse would come and liaise with you – explaining that is going to happen, this is what you can do. This is the same for anything. The staff gave you the option – "its your baby its your choice"."
    - "How fantastic the ward and the staff have been they have made me a lot more confident with the girls. Embraced the girls – it's not just one baby its two. They have included us in everything. You can tell they all care about the job."

Recommendations for the future

- The Unit does not currently have an Outreach team. Whilst they are looking at ways in which they can support discharged parents through having staff attend sessions at the local family hubs they would benefit from more funded dedicated support for their families without needing to rely on community teams and health visitors. It is recommended that the Unit start their sessions at the family hubs as soon as possible whilst continuing to investigate the implementation of their own outreach service to support families.
- The Psychologist does not currently have their own dedicated room and relies on the use of either the family room or another area should a family wish to speak to her away from the cot side. It is recommended that the Unit look at alternatives close to neonatal to provide her with a dedicated room so that access to the family room does not become restricted for other families on the Unit.

- Access for families is currently via a buzzer system. Although the Unit does have a ward clerk this is for limited hours from 8am-2pm, at other times a member of staff is usually available at the desk. In order to make things more accessible for families and less reliant on staff it is recommended that the Unit investigate alternative access methods such as Bluetooth, fingerprint or swipe card.
- As previously mentioned, the Unit has whiteboards has newly installed whiteboards by each cot. It was noted on the tour that these were filled in inconsistently with different information for each baby. It is recommended that the Unit has some standardised headers for each baby such as parents/siblings names, baby name, parents availability etc and that the filling in of the board is included as part of the admissions process to ensure that it is not forgotten.
- Families can bring in their own clothes for their baby. It was noted however that the system for "wearing my own clothes" is reliant on a note on the aforementioned whiteboard. It is recommended that the Unit adopt a more formalised card that can be displayed to ensure that this information is not missed.
- The Unit mentioned during interview that they are starting to receive more refugee and polish families in addition to the poor reading age in the local area. It is recommended that the Unit develop a communication box to include some printed materials in local languages and basic visual symbol cards.
- Whilst it commendable that the Unit has a reclining chair at each cot space it is encouraged that given the space available the Unit regularly make a second chair available to normalise the presence of two parents at all times. It is recommended that the Unit investigate having a second chair available at each cot space (this does not necessarily need to be a reclining one).
- It was noted during interview that families were a little unsure of third party offerings including that of Bliss. It was also noted that whilst there was a great QR poster it was limited in terms of the information offered. Whilst we appreciate the need not to overwhelm families with too much information it is recommended that the Unit look at methods to increase awareness and information readily available at any time. An example of this could be developing a Unit padlet with a simple QR code available in the welcome pack/around the Unit that families could easily access multiple resources clearly. The QR poster should also be reproduced for inclusion within the welcome booklet.
- Currently the Unit only gathers feedback from families at discharge. It is recommended that they look at ways to make this a more continuous and instant process such as through suggestion boxes on the Unit.

- It was unclear during interview when parents received the passport and baby diary. It is recommended that there is a robust admission process that ensures these are given alongside the welcome booklet and About Neonatal Care to all families during admission. The documents should be followed up with a few days later to ensure that families have processed and understood the information.
- The layout of the Unit was not very intuitive. It is recommended to make things a little less confusing for parents that there is a map of the Unit displayed on first entry to the Unit.
- It was noted during the assessment day that the Unit was paperless and used badgernet. It was reported multiple times by different HCP that things were not always consistently updated leading to missing information on families including psychosocial information. It is recommended that this is addressed by the Unit to avoid families repeating themselves and both staff and families have up to date accurate information particularly with psychosocial information. It is also recommended that the Unit consider how families are able to access and contribute to these electronic records.
- The Unit are shortly introducing coffee and craft sessions for in patient families. The Unit are encouraged to keep developing these and investigate ways they could possibly be expanded in include post discharge families helping to promote peer support.
- The Unit has transitioned to a model in which consultants provide additional support, while day-to-day care continues to be primarily delivered by Advanced Neonatal Nurse Practitioners (ANNPs) and nursing staff. It is recommended that the availability and role of consultants are clearly communicated to both families and staff. This will help ensure that the full benefits of this enhanced clinical capacity are understood and effectively utilised.

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RcQuartermaine

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