Bliss Baby Charter: Royal Hospital for Children, Glasgow

We are delighted to announce that Royal Hospital for Children, Glasgow neonatal unit has successfully completed its Platinum 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 Royal Hospital for Children, Glasgow on 18th May 2026. The assessment was carried out by Scotland Baby Charter Officer Jade Ormiston, Baby Charter Officer Charlotte Damiral and Volunteer Assessors, Tanya Dunbar and Claire Gray. The Baby Charter lead for the unit was Ainsley Ballantyne.

Summary

The assessment team found the unit to be highly family-friendly, delivering a positive neonatal experience for all families. The team consistently demonstrates a strong commitment to family-integrated care, ensuring that parents and families remain integral to their baby's care journey, and this was demonstrated by all staff including medical, nursing and non-clinical staff. Feedback from families was overwhelmingly positive, with many highlighting the high standard of care and that staff 'genuinely cared about us and our family' 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 fingerprint access for two family members closely involved in the baby's care. Siblings have open access, and there is a seven-hour visiting window for the wider family.
- The Unit described in detail the many ways they individualise care to meet each family's needs. They have decorated cot sides and celebrated a wide range of cultural events, and they work hard to ensure that every family feels supported.
- All families are offered memory making opportunities, including milestone cards designed by families previously on the Unit, and footprints are captured for all babies.
- Sibling boxes are available across the Unit, containing books, computer games and toys, including a sensory toy box for neurodiverse siblings. Staff spoke at length about recognising the additional barriers faced by families with neurodiverse children and their commitment to supporting them.
- FICare is fully embedded within the Unit, with all staff, including non-clinical staff, understanding the importance of families as partners in their baby's care. Staff have travelled to Canada to observe how FICare was implemented in neonatal services there and have brought this learning back to the Unit.
- The Unit offers virtual ward rounds, family-led ward rounds, and opportunities for families to meet with the medical team at times that suit them.
- The Unit has a team of psychologists who support perinatal care within the hospital. They can offer support to the whole family, including grandparents, parents and siblings, and can continue this support for up to a year after discharge. They have dedicated counselling rooms on the Unit and are part of the weekly MDT, where referrals can be made by staff.
- A dedicated support worker is present on the Unit, offering practical and emotional support. They discuss available psychological support, Bliss resources, and assist with YPFF forms.
- The Unit has a dedicated policy for supporting families with guide dogs. Information packs are available in five languages, QR-coded information is provided in BSL, and staff are trained in BSL. Posters are translated into multiple languages. They are also one of the first Units in Scotland to have a video translator service on wheels.
- Families are at the heart of the Unit. There are multiple ways for families to provide feedback during and after their stay. The Unit runs a listening group called HUGG, which

brings together staff and families to share ideas. Many improvements have been made as a result of these sessions.

- The Unit provides regular education sessions, including evenings and weekends, to support family availability. They have a wide range of teaching resources for adults and siblings, including stoma bears with storybooks, a digestive system display to visually explain procedures, and many other materials.
- Families have contributed to the development of many resources and have donated their time and skills to create leaflets and virtual tours following their own neonatal experience at RHC.
- The Unit encourages families to be as autonomous as possible. Each room has a fridge, and families can scan breast milk or donor milk in and out themselves.
- Fridges in the family room and breastfeeding room are stocked with snacks, drinks, tea and coffee for families to help themselves. Parking is free, and families can claim back any expenses related to their neonatal stay via the YPPF.
- The Unit has access to 22 rooms: six ensuite rooms within the neonatal Unit and 16 rooms in the Cross-Basket House on the hospital grounds. All families can use the facilities in Cross-Basket House, including washing machines and kitchen facilities, free of charge.
- The Unit has a dedicated feeding team with multiple feeding champions offering seven day support. This was reflected in parent feedback, with one mum explaining she felt extremely well supported by the whole team. The feeding team confidently supports all families, including a same sex couple who were supported with non-nutritive sucking. Early colostrum harvesting is encouraged, with all families receiving a purple bag containing syringes, a water bottle and a fridge bag. This initiative is supported across perinatal services and encouraged by all staff, including the medical team. The leadership guardian is well connected with the Unit and supportive of its feeding initiatives.
- On discharge, families are offered an app to log their baby's feeding. If the baby's intake decreases, the Infant Feeding Team is alerted and can contact the family to offer support.
- Families using formula are offered support and demonstrations before leaving the Unit. Families with NG tubes are included in their baby's care and receive ongoing support from the outreach team after discharge.
- The bereavement lead supports staff to ensure that all families' wishes regarding their baby's bereavement are fulfilled. Memory making opportunities are offered, and families can use a pram to take their baby for a walk. There is a dedicated bereavement suite where families can have movie nights or spend time together. The Unit is well connected with the local hospice, although many families choose to stay on the Unit, which staff are

happy to facilitate. The hospital photographer takes photos for all families, and heartbeat recordings can be sent to families' phones when they feel ready to receive them.

- The Outreach Team is involved from admission through to discharge planning. They get to know babies who will go home with complex needs such as stoma bags, NG tubes or oxygen, and may work with families for up to a year after discharge. The Outreach Lead has contributed to the development of BAPM outreach guidelines. They have strong relationships with other Units and health visitors to ensure smooth discharges.
- Families transferring to Paediatrics are supported with in person or virtual tours of the ward their baby will move to, and handovers are thorough to avoid families having to repeat their stories. The same approach is taken for babies repatriated to other Units.
- Staff have cohesive training, development and support opportunities. The Trust provides peer support, allowing staff to receive support from colleagues. They have access to counselling services and support each other through initiatives such as 'hug in a mug' and staff recognition nominations.
- Families interviewed were positive about their experience on the Unit with some transcribed quotes as follows:
  - *"There was a big change also when R went from an incubator to a cot. The parents were involved and the mum was proud to put her baby in his new cot"*
  - *"The mum said she had a great support from the specialist staff. The dad's been involved as well and he would sometimes give their baby a bottle of expressed milk."*

Recommendations for the future

- We would recommend that the waiting area outside the Unit includes information about the visiting policy for wider family members, along with welcome signs in a range of languages
- . A small Unit map at the entrance to the Unit would also help families easily identify the facilities available.
- The Unit visiting policy currently allows two people at the cot side (not including siblings). We recommend that the Unit consider ways to accommodate both main carers and an

additional family member at the same time, to ensure that families have the opportunity to be at the cot side as much as possible with the support of their wider family.

- We suggest that the Unit purchases some comfortable chairs with removable arms to enable wheelchair users to self transfer. One family also commented that the Unit would benefit from additional comfortable seating.
- In both the family room and the breastfeeding room, items were positioned close to the doorway, which may make access difficult for wheelchair users. We would recommend that the Unit reconfigures the layout to improve accessibility.
- The Unit may benefit from a communication box for families with additional communication needs, including Makaton signs and information in braille.
- One family highlighted that the only space available for cleaning bottles was located in the breastfeeding room. This meant that only women were able to carry out this task and that queues often formed. We would suggest that the Unit explores ways to improve this system and ensure that male partners can participate in bottle cleaning responsibilities.
- Although the Unit is well staffed, the Unit team felt that the current 1.8 WTE outreach provision, with no AHP support, is insufficient for a Unit of this size. We would recommend submitting a business case to expand outreach capacity and support a greater number of families after discharge.
- The sibling boxes across the Unit were excellent; however, the box in the family room was partially hidden behind the door. We would recommend a larger sign to highlight that a sibling box is available in the family room.

27th May 2026

[signature here]

Jade Ormiston
Bliss Scotland Baby Charter Programme Officer

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