St Peter’s Hospital

We are delighted to announce that St Peter’s Hospital 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 St Peter’s Hospital on 17th June 2026. The assessment was carried out by Rachel Quartermaine (Baby Charter Programme Lead), Nikki Sage (Baby Charter Officer) and volunteer assessors Ella Kajumba and Emily Gorrod-Smith. The Baby Charter lead for the unit was Fiona England.

Summary

The assessment team observed that the unit at St Peter's is a welcoming and impressive environment for families, where family−integrated care is not simply a policy, but a reality embedded across every aspect of the team's culture. The unit demonstrated remarkable compassion and cohesion, with FiCare clearly a genuine priority for all staff members. The team has a strong and effective relationship with the MNVP, and the quality of individualised care (particularly around bereavement, developmental care, accessibility and inclusion) made this a standout assessment visit.

Bliss
for babies born premature or sick

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's approach to inclusion was outstanding, reflecting a team that thinks carefully about the full range of families it serves. Easy-read documents were available in the family area: a resource valuable not only for families with specific access needs but also for those who are overwhelmed with information at a difficult time. The Padlet offered information in a wide range of languages, alongside Language Line, in-person interpreters, and use of the unit's diverse workforce. Particular thought had been given to inclusive language across all resources, and specific information for trans and non-binary parents was available. Many staff had completed Oliver McGowan training. The team's awareness of the needs of LGBTQ+ families and neurodiverse parents was evident throughout.
- The hospital's on-site nursery, which provides free childcare for siblings, made a real and practical difference to the families we spoke to, and the assessment team was impressed by this provision. For families travelling a distance or staying on the unit for extended periods, having childcare available on site removes a significant barrier to being present for their baby's care. Siblings were not only accommodated but welcomed by unit staff, with one family telling the assessment team how staff actively involved their three-year-old in cares, taking time and showing patience to ensure the whole family felt included.
- Two of the families interviewed had sadly experienced the loss of a baby during their time at St Peter's. The unit offered care that was gentle, sensitive, and profoundly compassionate. The Daffodil Suite provided a private space for families at the most difficult moments, and the team went to considerable lengths to create meaningful memories, including arranging for twins who had never been together to be photographed in a carefully sectioned area so they could be as close as possible, and decorating the room with a Christmas tree for a family who lost their baby near the holidays. The Muslim Death Pathway, developed in response to the unit's significant Muslim family population and submitted to BAPM, is a particularly impressive example of culturally centred bereavement care. The unit's links with the hospice were also deeply embedded, with a seconded hospice staff member permanently working on the unit in a family support role.
- Feeding support at St Peter's was described by parents as transformative. A dedicated feeding lead, working closely with the speech and language therapist two to three days a week, ensured exceptional continuity of care, with the joint working described as a source of great success. The unit promotes a self-referral model so that families can access support without waiting for a clinician to initiate it. Skin-to-skin is encouraged from the very first moments, and the

colostrum project embeds early expression as a celebration as well as a clinical priority. Maternity, transitional care, and neonatal teams learn together through joint sessions and a combined feeding group, creating a consistent approach across the whole pathway.

- The developmental care programme was highly impressive, through monthly meetings, yearly objectives for FICare and developmental care, yearly study days for staff, and regular developmental care competency audits. Consistency of practice when specialist leads are not on the unit is maintained through developmental care competency packs and monthly consultant meetings covering developmental care and positioning. Each baby has an individualised developmental care plan, produced by the AHP team, which was singled out by parents as a particularly useful resource. The assessment team were pleased to see that this resource was also translated into parents first language if needed. Compliance with developmental care standards has improved from 40% to 80% over the past year, a significant achievement evidenced through the unit's own audit process.
- The psychosocial support offer was comprehensive and clearly highly valued by families. The psychologist, embedded at 0.4 WTE, holds regular check-ins with all families as a matter of course rather than by referral, and offers support to all members of the family including siblings and extended family. She attends the weekly psychosocial meeting alongside the wider team and can offer telephone contact and community perinatal team referral post-discharge. For dads and non-birthing parents, the unit actively signposts to Dad Matters and the NICU Dads network and has recently introduced Dad's Coffee Mornings as a direct response to feedback that fathers needed their own dedicated space. Staff are themselves well supported through reflection sessions, targeted groups, chaplaincy debriefs and a Good News Fridays WhatsApp group that celebrates team successes. Another member of staff is undertaking training with the Anna Freud Centre to provide additional wellbeing and psychological support on the unit.
- The unit benefits from its own dedicated volunteer chaplain and a parent volunteer peer support team which were a particular highlight of the visit. The team of three volunteers work shifts throughout the week so that volunteer support is available consistently. The chaplain, present on Tuesdays and Fridays and available on call at any time, offers emotional support, the opportunity to talk about things outside the clinical environment, blessings...and cake. The assessment team heard from both staff and families about the chaplain’s impact, and it was lovely to hear how valued she is by the unit’s families, who have repeatedly asked her to conduct both funeral and marriage services. Together, the volunteers and chaplain create a uniquely human layer of support that sits alongside but is distinct from the clinical team.
- The MNVP representative is an active and valued presence on the unit, encouraged by staff to visit and connect with families including at weekends and in the evenings. She listens to and represents parent voices across neonatal and meets regularly with the family coordinator where she feeds back directly to staff on parent experiences. The assessment team were pleased

to see that feedback from the MNVP is acted on quickly, for example the introduction of Dad's Coffee Mornings, and that the MNVP representative felt that staff genuinely listened and responded to feedback ideas quickly.

- The financial and practical support offer was thoughtful and proactive. A clear and visible notice board and a clear section within the Padlet provide information on local financial support, charities, and resources; staff are aware of local organisations and actively have conversations with families about what is available. iPads and paper-based alternatives are available for families who may not have access to technology. The outreach team's knowledge of financial support options (including maternity grants for refugee and asylum-seeking families) means that conversations about financial need happen early and consistently.
- The 'Sorry, We Missed You' cards left on postnatal beds are a small but meaningful gesture that tells birthing parents that the postnatal staff are considerate of their needs and why they may be away from the ward after birth. The unit has worked alongside the postnatal team to ensure that birthing parents are not missing meals or medication whilst spending time on the neonatal unit, with a laminated card system in place on postnatal beds so that staff know that their baby is on Neonatal. These joined-up, practical solutions to the challenges of having a baby in neonatal care reflect a team that thinks carefully about the whole family's experience.
- The unit's outreach team is impressive. Running Monday to Friday for all babies under 34 weeks or under 2kg on discharge, the team see families daily and work closely with health visitors, community nurses, and other agencies to support a smooth transition home. They proactively discuss discharge expectations, competencies, and financial support and signpost families to breast pump loan services and community support groups. It was particularly pleasing to hear that all families, regardless of eligibility for outreach, receive a follow-up call from the team after discharge.
- The birthday cuddle initiative (through which all families are given the opportunity for a birthday cuddle) is a wonderful example of the unit's commitment to marking the milestones that matter most to families. This is facilitated in the delivery suite, and the team have specific training in place to support it safely. The unit also have excellent stickers for milestone marking once on the unit with milestones such as first bath and being dressed marked.
- The unit has recently completed a refurbishment of the clinical area and is due to begin further refurbishment of the main entrance hallway. These developments have been planned with clear consideration for families, including thoughtful attention to the trauma families may experience and how the physical environment can help reduce its impact in the future. The assessment team was pleased to see practical initiatives such as the mobile phone charging station and air fryer being implemented. The planned workstation for families is another positive development, providing a suitable space for working parents who need to undertake work while remaining close to their baby. All families interviewed spoke warmly and with real feeling about

their experience. The overwhelming theme was one of trust, partnership, and being cared for as a whole family. Families described staff who knew their baby, anticipated their needs, acted immediately on parental concerns, and were present at every stage

"The staff became our family — they understood what we were going through and were able to support us in ways that friends and family just didn't know how to. We will never forget them."

"Simply put, breastfeeding would not have happened without such brilliant feeding support."

"The developmental booklet created with the developmental team is so useful, knowing exactly what I can do for my baby at each stage — so brilliant and helpful."

"There was simply nothing more they could have done to support us during this unbearably difficult time."

"I feel comfortable asking any of the staff anything — even in the middle of the night there is support if I need it."

"I can sleep well at night knowing that my baby is being looked after by the best team."

"The information is on point at every stage — the language is simple and the team have a really nice approach."

Recommendations for the future

- The unit is actively working towards implementing facial recognition access, which will remove the need for families to wait at the buzzer to be admitted and meaningfully improve the experience of all families, particularly those spending extended periods on the unit. It is recommended the unit to continue to prioritise this development. In the meantime, it would be helpful to explore all opportunities to minimise waiting time at the access point during busy periods.
- Accommodation is identified by staff as an area for development, and the assessment team recognises that this is a genuine challenge for the unit. Whilst the unit has rooms available and encourages parents to stay, cot-side sleeping options are limited and not all families can be accommodated in a way that keeps them close to their baby overnight. There was also conflicting information on whether siblings would be able to stay in the rooms. It is recommended that the unit strongly investigates all opportunities for additional accommodation and ensures that all staff are aware of and can communicate the full range of accommodation options to families at admission including if siblings are able to be accommodated. Additionally, it is recommended that the unit explore whether more opportunities for cot-side sleeping could be enabled through the appropriate use of empty spaces and the isolation room, where suitable for families.

- Signage around the wider hospital directing families to the neonatal unit would benefit from review. For families unfamiliar with the hospital there is no signage in the main hospital entrance for neonatal or even maternity. There is an assumed knowledge that visitors would know to go the Abbey Wing which may not always be the case. It is recommended that the unit work with the trust to explore whether signage using could be introduced at key entry points to the hospital, particularly for families arriving urgently or transferring from other units who may not know the building.
- It is recommended the unit creates a communications box - to accompany the unit's existing accessible resources - as a valuable addition (with easy-read materials; Makaton signs; fidget toys; notepads; hearing aid batteries etc) to support families with needs such as learning difficulties or neurodivergence.
- It is recommended the unit carries out a periodic review of its digital resources (the Padlet and website) to ensure all information is current and all links are working. Specific items noted during the assessment include a broken link to the Facebook page on the Feeding Padlet and a reference to parent-led ward rounds beginning on 1st August without a year specified. It is also recommended that digital resources and printed resources (including the FICare booklet) are checked against an accessibility guide and for screen reader compatibility, to ensure they are accessible to families with visual impairments or other access needs.
- Hot meals for all families, rather than only for those in rooming-in accommodation, would be a meaningful practical improvement. The assessment team recognises this is not straightforward to implement and notes the existing cold food and snack provision with appreciation. It is recommended that the unit continue to explore whether hot meal access could be extended as a longer-term goal.
- The assessment team would encourage the unit to continue to pursue increased psychological support in line with BAPM manning levels. The current provision is below the recommended level and, while the quality of the psychologist's offer is clear, increasing capacity would allow more families to be supported and reduce pressure on an individual practitioner. It is recommended the unit builds on the existing business case for increased psychological staffing.
- Similarly, increasing hours for the BFI lead and FICare team would be of great benefit to the unit. As a level 3 unit with complex babies' appropriate support is vital for babies and their families. It is recommended to increase dedicated hours for both the FICare team and BFI lead to provide more cover to ensure the great FICare and feeding work the unit is undertaking can continue to progress.
- The outreach team does fantastic work Monday-Friday in supporting families post-discharge however there is no provision currently on weekends. It is recommended that the unit consider raising a business plan to extend outreach to a 7-day per week service.

- Accessibility on the unit has been carefully considered in many ways however it was noted that the unit did not have a policy/SOP for assistance dogs. It is recommended the unit consider how to provide access for assistance dog, should a family with the need of a service dog be present on the unit in future.
- Great care has been taken to ensure families do not face additional barriers because of financial needs; to extend this support, it is recommended the unit explores creating a hardship fund, in partnership with the Trust or local organisations, which families can access.
- The unit is currently having difficulties being able to launder clothes and items such as incubator covers. This has resulted in incubator covers not being used on the unit and instead thin towels used as a replacement. This is not ideal for creating a suitable cover for babies as it does not give appropriate reduction in light levels. It is recommended that the unit re introduce proper incubator covers, this could be aided potentially through the introduction of unit accessible laundry facilities.
- Whilst the refurbishment of the parental accommodation has been extremely thoughtful it was noted by the assessment team that there was still an element of a clinical hospital feel to them. It is recommended that the unit try to make the rooms feel more homely and welcoming to a family by the introduction of duvets and soft furnishings.
- The transitional care ward had a very different feel to neonatal and was much more clinical. The assessment team also noted that there was little FICare and neonatal information for families on display. Whilst unit staff confirmed that families were still able to access the facilities in neonatal this felt a little disjointed and not obvious. It is recommended that the unit look to increase the information to families available in transitional care and ways to make the environment more welcoming for them.
- It was noted that there were no physical copies of About Neonatal Care available on the Unit. The assessment team did note that there was a digital link on the Padlet. It is recommended that the unit ensure that some physical copies are available, potentially the unit could consider adding them into the welcome pack that is given to all families.

Date: June 2026

Nikki Sage

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Baby Charter Officer

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