University Hospital Coventry and Warwickshire

We are delighted to announce that University Hospital Coventry and Warwickshire 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 University Hospital Coventry and Warwickshire (UHCW) on 13th October 2026.

The assessment was carried out by Charlotte Damiral (Baby Charter Officer), Rachel Quartermaine (Baby Charter programme lead) and volunteer assessors Fauzia Paize and Emily Gorrod-Smith. The Baby Charter lead for the unit was Sara Wheatley.

Summary

The assessment team observed a highly committed and collaborative workforce, with Nursing, Medical, Allied Health Professional and Psychology staff working seamlessly together as a unified team. A clear and shared ambition to continually improve care and support families was evident throughout. The team at UHCW demonstrated a strong commitment to listening to and responding to parental feedback, ensuring that families' voices informed service development. Family Integrated Care (FICare) was central to the team's culture, values, and approach to care. There was also clear evidence of an individualised approach to care, with staff working in partnership with families to understand their unique circumstances, preferences, and goals, ensuring support was tailored to the needs of each baby and family.

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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 were particularly impressed by the way psychological support has been embedded within everyday practice across the unit. Discussions with staff demonstrated that the psychological wellbeing of both families and staff is viewed as a shared responsibility and is championed throughout the organisation. The unit currently benefits from an enhanced psychological support team following a funded LMNS pilot, enabling a member of the psychology team to be available on the unit every weekday to support families and staff. A clear universal, targeted and specialist model of psychological care was evident, with support extending beyond parents to wider family members where appropriate. The assessment team also noted the strong emphasis placed on psychological training, with trauma-informed care and communication forming a key part of staff development. The psychologist was described as a visible and integrated member of the multidisciplinary team, regularly attending huddles and contributing to care planning, while staff consistently articulated a psychologically informed approach to supporting families throughout their neonatal journey.
- UHCW has implemented an innovative quality improvement initiative, known as PITSTOP, to enhance early parent-infant contact following birth. Through this initiative, mothers are brought directly from the delivery suite to the neonatal unit, allowing for a dedicated "pitstop" before transfer to post-natal. This approach provides opportunities for early bonding, skin-to-skin care, expression of breast milk, or containment holding, depending on the baby's clinical condition and the wishes of the family. The assessment team heard that the initiative has required significant collaboration between neonatal and maternity services and is now embedded in practice, with it being uncommon for a PITSTOP not to take place. The unit has also demonstrated a strong commitment to monitoring compliance, with any instances where a PITSTOP does not occur automatically recorded through the DATIX system to support ongoing review and quality improvement.
- The assessment team felt that the unit had a high level of collaboration and information sharing across both maternity and the 2 other local hospitals within the trust. The team at UHCW spoke of multiple ways it engaged with the other hospitals and maternity. It was noted in particular that maternity colleagues are routinely included in all neonatal QI projects allowing for an enhanced and collaborative approach.
- A particularly special initiative on the unit has been the introduction of weekly scrapbooking sessions. The assessment team heard that these sessions have been extremely popular since their introduction, with staff reporting that some parents have

requested to delay transfers or return to the unit so that they can complete their pages. In addition to helping families capture important milestones and reflect on their experiences, the sessions have encouraged peer support and connection between families, with examples shared of parents helping one another to complete scrapbook pages and celebrating each other's journeys. One of the families interviewed kindly shared her wonderful book with the assessment team and described it as really therapeutic to put together.

- It was clear to the assessment team that there has been significant work into the support provided to siblings. The unit runs a “ZigZag” group where siblings have the opportunity to do activities with staff such as crafts and cake decorating. They are also able to leave the worries with the unit Worry Monster. Each child is provided with a worry worm to keep alongside a book. They are also able to write on a sibling board. The unit held sibling awards recently where each family was encouraged to write a nomination for the sibling. These were then read out and all the siblings nominated were presented with a medal and their award certificate. The unit has recently started working with Noah’s Star charity who will attend the unit and provide sessions for siblings allowing parents to then enjoy some precious alone time with their baby.
- The assessment team noted that the unit marks World Prematurity Day each year by arranging for new family photographs to be taken and displayed in the corridor opposite the unit. This was a positive and visible celebration of families’ experiences, and the photographs were observed to represent a diverse range of families and family structures.
- The unit has access to multiple bereavement suites, both within the neonatal unit and shared with maternity services. Ellie’s Room is a multifunctional space on the unit that serves as both a reorientation room and a quiet environment for private and sensitive conversations. In addition, there are four dedicated rooms within the labour ward, two of which have recently been refurbished in consultation with families and benefit from soundproofing to enhance privacy and comfort. The unit also has access to a privacy pram, enabling bereaved families to spend time outside with their baby or to support the sensitive transfer of their baby to the mortuary. There appeared to be a wide range of support available to families following bereavement, including a dedicated support group for those who have experienced the loss of a baby. It was particularly moving to hear examples of how staff continued to support families beyond their time on the unit, demonstrating a compassionate and personalised approach to bereavement care that recognised the lasting impact of loss on families.
- The unit have open access for parents/carers to feeding equipment in form of an ‘Xpress Trolley’ located in the main corridor. The trolley gives parents/carers the chance to stock up on expressing packs, syringes, bottles, teats and more. They have information around

breastfeeding and colostrum on the trolley for them to read whilst collecting bits and pieces. Located on top of the trolley is a silver spoon to visualise to parents how small the amount of colostrum is needed to make a difference to baby.

- The families that were interviewed spoke very highly of the feeding support that they received – both for the mums who all had excellent support in expressing and then establishing breastfeeding or moving on to bottles, and for the dads to be involved in the feeds as well. Decisions around the use of supplementing with donor breast milk took place very sensitively with the family at the heart of the decision-making process. Furthermore, strong and established links with maternity services ensure that expressing support is offered to parents post-natally.
- All rooms and offices located on the unit are signposted with animal letters spelling out what is in the room. This is a lovely touch for siblings to notice and gives the unit a less clinical feel supporting families to feel more relaxed and at home.
- Each cot space has a reclining chair with moveable arms. This is great to see as it offers easy self transfer for any disabled family members. There is also a pump for each cot space and there are multiple spare chairs for additional family members. Parents are able to sleep cotside in either a reclining chair or a z bed in the SCBU rooms where there is more space available.
- At the start of each shift a daily huddle occurs where nursing staff and members of the wider MDT are able to discuss the days activities and highlight any specific families or situations. They also discuss the “Big 2” where every month there is a focus on 2 topics. In October it is parent handwashing teaching and ID labels/security tags.
- Following feedback about long wait times for buzzer entry the unit have installed facial recognition software which is due to go live over the next few weeks. This technology will allow access to parents or to a parent and nominated carer without the need for buzzer entry. The software has also been installed upstairs within the special/transitional care area.
- Throughout the interviews the staff gave lots of examples of how they recognise all families as individuals and acknowledged how each family may require different things. For example, they mentioned they have previously had assistance dogs attend the unit to support parents/carers, how staff are taught basic BSL and have the BSL alphabet printed off on the unit to use. The unit make sure every family is supported and asked if there are any adaptations that need to be considered when delivering care to baby and family.
- The unit staff clearly value feedback from families and see this as a useful tool to develop things on the unit. There were numerous examples given of how feedback had shaped things including the Padlet, facial recognition and amenities. There was a clear “You said,

we did board" both on the main unit and on transitional care. Families were often consulted and co-production between unit staff and families was evident.

- To support morale across the unit and promote the wellbeing of families and carers, the hospital facilitates regular visits from registered therapy dogs. These visits provide a calm and reassuring presence for staff and families who may be experiencing challenging or emotionally difficult circumstances. The initiative contributes to a supportive environment by offering comfort, encouraging positive interaction and providing a welcome opportunity for brief respite from the pressures associated with hospital care.
- The unit are making a respectable effort to ensure parents/carers and babies names are pronounced correctly, with a section on the cot card to record how to pronounce names phonetically. This supports inclusion and makes sure all families feel valued and respected.
- The unit demonstrated a great awareness of support groups for all with links to local organisations and support. They also offer some great opportunities for peer support via their coffee mornings, scrap booking sessions and NCOT groups. The staff are knowledgeable over local support charities including ones specifically to support migrant families and mothers from ethnic minorities. Dads were also well supported with specific groups in the community and a bespoke Facebook page for Dads.
- The unit are fortunate to have the availability of an NCOT team who support families being discharged. Alongside home support they can offer treatment at home for phototherapy, home oxygen and tube feeding. Once a month they have access to a local family hub centre where they have a sensory room and themed group session including things like messy play. The NCOT service is available 7 days a week. All families that will be under NCOT are met by the team prior to discharge
- The assessment team received positive feedback from all parents/carers interviewed. Some of the feedback is as follows:
    - *"Overall we received amazing care, would rate it 11/10. They are so caring, supportive and pro-active"*
    - A mum described how the first bath was *"a magical moment"* - that the staff facilitated a perfect moment of "*normality"* for Mum to bath her baby for the first time, and capturing it in a lovely photo that Mum treasures.
    - One mum described the psychologist support as *"really helpful. I met her a few times and it was someone to share my experience with. I felt like I knew her already. My husband chose not to talk with her but he was offered."*
    - Another mum said that the psychologist was *"very very very good, she is my person, I see her weekly and she helps me with processing everything that has happened. She remembers all the details and all of my journey."*

Recommendations for the future

- As outlined earlier in the report, the unit currently benefits from an expanded psychology team, with an additional 8B and 8A psychologist providing enhanced support alongside the substantive 8A psychologist and Band 7 counsellor. This increased provision has been funded on a one-year basis and is currently due to end in April 2027, although discussions are ongoing regarding a possible extension. Despite this enhanced model, psychology staffing remains below BAPM recommended levels, which limits the team's ability to deliver the full range of desired activities and to provide ongoing support for families following discharge. It is therefore recommended that the unit develops a business case not only to secure continuation of the expanded psychology provision, but also to increase psychology staffing in line with BAPM recommendations. This would support the sustainability and further development of the excellent psychological support already established within the unit.
- The unit benefits from some excellent AHP support who are truly embedded as part of the neonatal team. Currently they are not manned to recommended staffing levels, which means that they are not able to offer as much support to all families and staff as is needed by a complex level 3 unit. It is recommended that the unit submit a business case for further funding to increase valuable AHP provision.
- As a Level 3 neonatal unit, UHCW cares not only for some of the most critically ill babies in the region but also for many families who are admitted from outside the local area and may have limited access to suitable accommodation close to their baby. The unit currently provides two parent rooms within the neonatal unit, access to the multi-purpose Ellie's Room, reclining chairs and Z-beds, as well as two rooms within Transitional Care. While the assessment team recognised the efforts made to support parental presence, the current provision does not fully meet the needs of a unit of this size and complexity. It is recommended that the unit works with the Trust to explore opportunities for increasing family (including siblings) accommodation capacity, including identifying and repurposing suitable spaces, to better support parents to remain close to their baby and strengthen family partnership, involvement in care and family wellbeing throughout the neonatal journey.
- UHCW has made positive progress in strengthening support for families by introducing an upgraded food provision policy. Alongside the existing provision of tea, coffee, bread and cereal for all families, non-inpatient mothers are now entitled to two hot meals per day

during their baby's admission. While this development is welcomed by the assessment team as a positive step towards improving family support, the current provision remains inequitable as it does not consistently support both parents and therefore falls short of a whole-family approach. It is recommended that the unit works with the Trust to develop a business case for enhanced family meal provision, with the aim of ensuring that, as a minimum standard, both parents have access to meals throughout their baby's stay, thereby promoting a more equitable and family-integrated experience for all families.

- While bereavement resources, procedures and staff knowledge felt comprehensive, the assessment team felt that the palliative care pathway would benefit from further development. It was noted that the unit is in the early stages of implementing parallel planning and that practice in this area is not yet fully embedded. It is therefore recommended that the unit prioritise the review and updating of its palliative care guidance, with particular focus on the development and consistent implementation of parallel planning preferably with integration of their local children's hospice to support shared decision-making and personalised supportive family care. The addition of a nurse with palliative and bereavement protected hours would be a very valuable addition to a unit of this size in accordance with BAPM guidance.
- The unit had a good selection of books available in the family area to encourage parents to read to their baby and support early bonding and developmental care. However, the assessment team noted that there were no books available in other commonly spoken languages, nor were there picture-only books that would enable parents or family members who may have difficulty with the written word to engage in storytelling in a way that is meaningful to them. It is recommended that the unit expands its library to include books in a range of commonly spoken languages and picture-only books to ensure that resources are accessible, inclusive and reflective of the diverse needs of the families using the service.
- As a large Level 3 neonatal unit, UHCW cares for a significant number of families with complex needs and requirements. The assessment team recognised a strong commitment across the multidisciplinary team to further develop family-integrated and family-centred care; however, progress can be challenging where there is limited protected time available for quality improvement and leadership roles. The recent appointment of a FICare Lead with 15 hours per week is a positive development, and it was evident that there is considerable enthusiasm and vision for advancing this work, particularly from the post holder. It is recommended that the unit develops a business case to secure additional dedicated leadership time, particularly within the FICare team, to support the effective implementation, sustainability and ongoing development of family-integrated initiatives across the service.

- During the tour, assessment staff did not observe any welcome posters or other key information displayed in languages other than English. This may limit accessibility for families and visitors whose first language is not English and could affect how welcomed and informed they feel on arrival. It is therefore recommended that the unit develop and prominently display a multilingual welcome poster, using the languages most commonly spoken by families who access the service. This would demonstrate the unit's commitment to inclusion and help create a more welcoming, accessible environment for everyone entering the unit.
- On the tour the assessment team were shown the expressing room and noted that the space was basic in its presentation and décor. Although the room is not in constant use, it should provide a comfortable, private and welcoming environment for families who choose to express there. It is therefore recommended that the unit review the décor and overall presentation of the room and consider simple improvements that would make the space feel warmer and more supportive. This could help families feel more comfortable and valued while using the facility.
- The assessment team noted that the unit has developed attractive cot cards that offer families an opportunity to personalise their baby's cot space. However, the cards appeared to be relatively small, which may limit the amount of information that parents and families can include. It is therefore recommended that the unit consider increasing the size of the cot cards to provide sufficient space for families to add relevant details clearly and easily. This would improve their usability while retaining the positive and personalised approach already in place.
- Whilst on the tour and during staff interviews, the assessment team noted that no information was displayed to advise parents and carers when members of the feeding and Allied Health Professional (AHP) team are available on the unit. This may make it more difficult for families to identify appropriate opportunities to access specialist advice and support. It is therefore recommended that the unit develop and prominently display an up-to-date timetable outlining the availability of relevant AHP services, including speech and language therapy (SALT), physiotherapy, psychology and feeding support. This would improve the visibility of these services and help parents and carers access the right support more easily.
- In the interviews, some families described how, on occasion, there had been mixed messages from health care professionals, both in regards to baby's care plan and also in terms of their involvement in painful procedures. It was described that different consultants had different approaches so there were contradictory plans which could change from day-to-day depending on the doctor. The assessment team therefore recommend that clear care plans are in place for both the family's and the HCP's benefit,

with clear communication and discussion with families should these plans change. Furthermore, it is recommended to ensure that families are offered the opportunity to be fully involved in supporting their babies, should they wish, during procedures by providing families with suitable, active roles in comfort–holding, touching baby etc.

- During parental interviews, one family reported that they had been unaware of some of the facilities available to parents, including parking arrangements, and had paid in advance for one week of parking. During the evidence review, it was noted that the unit has an admission checklist within the neonatal journal. It is recommended that the unit use this checklist consistently to ensure that all families are informed of the facilities and support available to them while their baby is receiving care on the unit.
- During the tour, the assessment team viewed the Transitional Care facilities. However, the service was closed due to current staffing levels. It was also noted by some of the families that the care and facilities were a little inconsistent in Transitional Care. It is recommended that the unit consider reopening Transitional Care as soon as possible to provide additional support to the neonatal service. The unit should also review the service on Transitional Care to ensure continuity of support for babies and their families – both clinical and practical to ensure Transitional Care feels more part of the NICU with consistency of information and day-to-day support and involvement of families.

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