Bliss Baby Charter: Watford General Hospital

We are delighted to announce that Watford General 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 both virtually and in person on 24th March 2026. The assessment was carried out by Nikki Sage (Baby Charter Officer, Bliss), Rachel Quartermaine (Baby Charter Lead, Bliss) Nicole Mallazab (Healthcare Professional Assessor) and Claire Gray (Parent Assessor). The Baby Charter lead for the unit was Elvira Baker.

Summary

The assessment team visited a unit with a warm culture where parents were treated as active participants in their baby's care. Staff have made great efforts to individualise care for families, tailoring support offered rather than making assumptions about families' needs. The close-knit team across all disciplines shared a clear sense that family-integrated care belongs to everyone, and this came through not only in interviews but in what the team observed on the ward. Parent feedback was overwhelmingly positive throughout.

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 struck by the range of practical steps the unit has taken to meet the individual needs of families. A dedicated communication box is available on the unit, containing Makaton cards, hearing aid batteries, note pads for families with

hearing loss and procedure descriptions in multiple languages. Information can be shared in up to twelve languages, a multilingual Padlet is available, and the Trust website can be translated. One cot is electronically operated to allow wheelchair users to get their baby out independently, and ITU and HDU doors open automatically, with plans to extend this across the unit subject to funding. Phones are loaned to families who do not have access to a smartphone. Families spoken to confirmed that staff take time to find out what challenges they face and work with them from there.

- The psychologist's presence on the unit was noted warmly by both staff and families. Parents described the psychologist as visible and easy to approach, with posters throughout the Unit making families aware of the service from admission. One parent described attending a weekly session every Tuesday during her baby's stay. Another valued the flexibility of what was on offer: the option to have an informal chat or something more structured, depending on what felt right at the time. The team heard that the service extends to the whole family.
- All three families interviewed described feeling encouraged to be hands-on with their baby's care from the start. Each spoke of nerves early on, particularly as first-time parents, and each described how staff helped them build confidence gradually with tasks including nappy changes, temperature-taking, NG tube feeding and comfort holds. Partners were actively included throughout and one family highlighted how much the encouragement shown to the father had meant to them. Skin-to-skin was promoted from the very beginning, with families given a leaflet and told about the benefits for both baby and parent.
- Infant feeding support came up positively across the parent interviews. Parents described being supported with expressing from early on, with donor milk discussed sensitively and consent sought carefully. The unit has achieved BFI Stage 3 accreditation, which is a real achievement, and the training structure in place, including two-day BFI training for all new starters and yearly updates, underpins this well.
- The Willow Room was mentioned positively by parents as a private space for sensitive conversations away from the clinical area. The rooming-in rooms were described warmly: one parent highlighted the double bed and described this time as a special period ahead of going home. The snack bar, free parking, baby clothes provision and links to local charities for financial support were all noted as practical ways the unit supports families under pressure.
- Parent feedback mechanisms were clearly valued and acted upon. The unit's 57 active Maternity and Neonatal Voices Partnership (MNVP) members are a strong asset. The team use a WhatsApp group with staff and families to share polls and QR codes, keeping families engaged and gathering input in a format that works for them. It was families themselves who asked for an in-house WhatsApp group so they could connect with one another on the unit, and the team made this happen. The Infant Feeding Lead has also set up a post-discharge WhatsApp parent support group, so families can stay in touch and access feeding support once they are home. Improvements driven by parent feedback include expressing packs, the neonatal website, the snack bar and updates to unit decoration.

- The assessment team received positive feedback from all families interviewed. Some of the quotes are as follows:
    - *"Great staff, really hands-on, always asking if we are okay. The staff cares a lot about families."*
    - *"Staff were approachable, friendly and kind. The Special Care unit was amazing."*
    - *"The support has been fantastic. They message every week." (on outreach support post-discharge)*
- The outreach team received particular praise from a family spoken to post-discharge, who described being in regular contact with their outreach nurse and feeling well supported. This kind of continuity after discharge makes a real difference to families and it was good to hear it described so positively.

Recommendations for the future

Following the review of the audit and the assessment visit, we would like to make a few recommendations for the unit to review over the next three years:

- Parents described some inconsistency in the information provided by different staff members. One family received conflicting advice from a physiotherapist and a nurse, which required the consultant to become involved to resolve. The same family noted they would have appreciated a care plan from the very beginning of their baby's admission and that once this was in place things became much clearer. It is recommended that the Unit reviews how and when care plans are established, with a view to ensuring they are in place from admission for all families and serve as a consistent reference point across the team.
- Several parents noted that accessing the buzzer system could involve a wait, particularly at weekends when a receptionist was not always present. The team acknowledge this is a challenge many neonatal units face. It is recommended that the team continue to explore practical solutions to keep waiting times to a minimum for families.
- One parent noted that while there is a dedicated breastfeeding room for women, there is an issue with signage ('ladies only') which has triggered some discussion on the Unit about how best to retain privacy for expressing parents while considering gendered language. A possible suggestion was a privacy 'engaged/free' sliding sign and 'knock before entering'. Similarly, in the parent lounge, a sign read 'Information for Mum & Dad'. Considering the diversity of family dynamics, this can be amended to 'Information for Families'. It is recommended that the Unit conduct a review of signage with regard to language that is used to ensure that it is inclusive and representative of all families.
- The Welcome Box provided to families is a lovely, thoughtful gesture. There is some disparity between how many different gifts (e.g. hand cream, vest top) given to parents

of babies under 34 weeks and those with babies over this age. This disparity could cause parents to feel less important on the unit. A possible solution is to provide all families with the cheaper Welcome Box option, no matter their baby's gestational age, in order to bring these in line while considering the financial difficulties of offering free gifts to all parents. It is recommended that the Unit conduct a review of the boxes and contents to ensure that all families feel equally important.

- Financial support is available and some families were aware of free parking and relevant services, but the information was not always shared proactively, and for some parents the volume of information given at admission made it hard to take everything in. It is recommended that a dedicated, clearly visible financial support resource (a noticeboard or a section of the Padlet) so families can find out what is available to them at any point during their stay, not just at the start.
- Families interviewed had different levels of awareness of Bliss and its support services. While the About Neonatal Care booklet was given to at least one family, not all parents could recall receiving it or being told specifically about Bliss peer support, Bliss Champions or the hello@bliss.org.uk email. It is recommended that the Unit looks at its induction process to ensure Bliss resources are consistently signposted to all families from admission.
- Although the Unit is supported by a fantastic Psychologist this is only at 0.2WTE. We would recommend 0.8WTE at a minimum of Band 8a to cover in-patient support with further hours needed to cover out-patient follow up. It is recommended that the Unit/Trust look at securing funding for increased Psychology hours. Similarly, it would be fantastic to expand the unit's excellent outreach service to a 7 day per week service.
- It was noted by one parent during interview that the consistency of support for feeding across staff varied at times. It is recommended that the Unit to continue working on this as part of their ongoing training and development.

7th April 2026

Nikki Sage

Baby Charter Officer, Bliss