



Bliss Baby Charter: Worcester Royal Hospital

We are delighted to announce that Worcester Royal 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 Worcester Royal Hospital on 23rd June 2026. The assessment was carried out by Charlotte Damiral, Baby Charter Programme Officer, Rachel Quartermaine, Bliss Baby Charter Programme Lead and Baljit Wilkhu and Nadia Griffin volunteer assessors. The team were supported by Cheryl Curson from the West Midlands Perinatal Network. The Baby Charter lead for the Unit was Mel Pople.

Summary

The assessment team observed that the Unit at Worcester Royal Hospital demonstrated strong teamwork, with staff at all levels actively engaged in, and knowledgeable about, Family Integrated Care (FICare) and the wider family support services available on the Unit. There was clear evidence of a shared commitment to placing families at the centre of care, with staff consistently recognising the importance of involving parents and carers as partners in their baby's care and celebrating these steps with them. This family-integrated approach was reflected in the Unit's ongoing dedication to improving services, embedding good practice, and implementing initiatives that enhance the experience and support available to families. The assessment team noted that this commitment was evident across the multidisciplinary team and contributed to a positive, inclusive culture within the Unit. The team was particularly impressed by the level of psychological and trauma-informed awareness demonstrated not only by the Psychologist, but by staff across the wider multidisciplinary team, reflecting a shared understanding of the emotional impact of neonatal care on families.

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 has developed a weekly teaching initiative known as "The Nugget", designed to share key information with staff in an accessible and engaging way. Each week focuses on a different topic, ranging from Neonatal Leave and Pay to updates on unit policies and practice. Information is prepared in poster format and discussed as part of a group teaching session during ward handovers, giving staff the opportunity to ask questions and clarify key points. Following the session, the posters are displayed on the back of staff toilet doors to support ongoing visibility and reinforce learning.
- Staff at Worcester Royal are committed to improving services and addressing inequalities within healthcare. As part of this commitment, they have developed a "Culture Club" to provide staff with a space to share and celebrate different aspects of their cultures, including religion, food, traditions and personal experiences. This initiative supports greater understanding between colleagues, encourages inclusivity, and helps to strengthen a workplace culture where diversity is recognised and valued. This increased cultural awareness can also support more personalised and sensitive care for babies and families from a range of cultural backgrounds.
- On admission all families are gifted a book to read with their newborns. The unit have thoughtfully sourced books in multiple languages to gift the families when they arrive. They have also secured picture books to gift in place when they are unable to acquire one in the families first language, the idea being that parents/families can look through the picture book describing the pictures in their own language to their baby.
- The unit consistently keeps siblings at the centre of care, recognising their important role within the family unit. A range of thoughtful initiatives are in place to support siblings, including sibling packs, access to play therapy services, and the gifting of a book and certificate to celebrate becoming an older sibling. The unit also promotes sibling involvement by offering 24-hour access and, where appropriate, enabling siblings to stay overnight in the unit accommodation. These measures help foster family inclusion, strengthen sibling bonds, and support the emotional wellbeing of the whole family during their neonatal journey.
- Each baby is provided with a personalised name card, alongside a clear cot card that displays the baby's name as well as details of their named nurse and consultant for the day. This supports communication and helps families feel more connected to the care team.
- The unit has also created a 'My Family and Friends Tree', which enables families to record important people in their baby's life and celebrate their wider support network. In

addition, the tool captures information that helps staff better understand each family's circumstances, including their first language, the length of time it takes them to travel to the hospital, and whether they have access to their own transport or rely on family members or public transport. This thoughtful approach helps promote personalised, family-integrated care and supports staff in identifying and responding to individual family needs.

- New murals throughout the unit have helped to create a brighter, more welcoming environment for families. The parent kitchen and parent bedrooms have particularly benefited from the addition of sky-themed window murals, which help to open up the spaces and create a calmer, more relaxing atmosphere. These enhancements contribute to a more comfortable and supportive environment for families spending extended periods on the unit.
- The Unit benefits from a dedicated and supportive outreach team that operates seven days a week. The outreach team can offer a home phototherapy service enabling babies who require phototherapy to be discharged home sooner. This means families can spend valuable time together in the comfort of their own home while continuing treatment. The service has significant benefits for family wellbeing, helping parents recover and adjust to life at home while also enabling babies to be with their siblings and wider family network. As part of the phototherapy home treatment families can stay at home to wait for blood test results, reducing the need for unnecessary hospital visits and potentially lengthy waits on the unit.
- It was evident during the interview how highly valued the outreach team is by families. The assessment team learned that outreach nurses provide proactive and practical support to parents, including assistance with completing complex forms for Disability Living Allowance (DLA) and Blue Badge applications. By helping families provide the necessary information and supporting them through these processes, the outreach team helps to reduce additional stress and facilitates a smoother transition from hospital to home. This personalised support demonstrates the team's commitment to addressing both the clinical and wider needs of families.
- It was clear from discussions with both the Psychologist and other members of the multidisciplinary team that the unit has a strong commitment to psychological and trauma-informed care. Staff demonstrated a clear awareness of the emotional impact that a neonatal admission can have on babies, parents, siblings, and the wider family. This shared understanding was evident in both the culture of the unit and the way support is embedded within day-to-day practice, helping to ensure families feel understood, supported, and cared for throughout their neonatal journey.
- The unit places a strong emphasis on memory-making and creating meaningful keepsakes for families throughout their neonatal journey. Staff support families to

celebrate important occasions and milestones through initiatives such as handprints for Mother's Day and Father's Day, milestone cards, and personalised baby diaries. Embedded into practice for around three years now, the diaries can be uploaded to Badger Notes and include photographs and reflections on key neonatal moments, providing families with a lasting record of their baby's journey and treasured memories to look back on after discharge.

- During the tour, the assessment team noted the presence of an Allied Health Professional (AHP) information board, which clearly displayed the availability and schedule of the different AHPs supporting the unit. This resource provides families with easy access to information about when specific professionals will be available, enabling them to plan their time on the unit and ensuring they can speak with the AHPs most relevant to their baby's and family's needs. This simple but effective initiative helps improve communication, accessibility, and family involvement in care.
- The assessment team received positive feedback from all families interviewed. Some of the feedback is as follows:
 - *"The nurses are there for you. You are included in groups and decisions. When having Skin to Skin baby stopped breathing, Mom was really looked after, they took her away to get some tea and a biscuit. You can tell they love their jobs."*
 - *"Came back to some footprints of baby which was a nice surprise.....Nurses are great and came to see them on TCU..."*
 - *"Neonatal Staff facetimes on Postnatal with updates....Mel has been outstanding – using inserts, measured nipples and tailored advice given"*
 - *"The staff know them and will have normal conversations with them, not just about baby, which they appreciate. They can name all the staff that have looked after baby."*

Recommendations for the future

- Although the unit has a range of facilities available to support parents, including parent bedrooms, buddy beds, and reclining chairs, it was noted that there are currently no reclining chairs with movable arms. It is recommended that the unit consider investing in this type of chair to further enhance accessibility for parents and carers who use wheelchairs. This would help ensure that all families can comfortably participate in their baby's care and access the Unit's facilities in an inclusive and equitable way.
- During the tour, it was noted that some of the information displayed throughout the unit was out of date. It was also observed that bottle-feeding information was openly displayed, it is our understanding that this information should be provided to parents and families as part of individual discussions when bottle feeding is being considered. It

is recommended that the unit review the placement of bottle-feeding resources and consider providing them directly to families as appropriate. In addition, it is recommended that all information leaflets and display materials are reviewed regularly to ensure the most up-to-date versions are available and being distributed to families, helping to promote accurate, consistent, and family-centred information sharing.

- The unit currently provides hot meals for mothers and birthing people through the postnatal ward trolley service. To further enhance FICare, it is recommended that the unit explore opportunities to extend access to hot meals to all parents and carers, including non-birthing parents. This could be achieved through a business case for additional meal provision, such as microwaveable meals on the unit or vouchers for use within the hospital canteen. Expanding this support would help ensure that all parents and carers are able to remain close to their baby and focus on their family's wellbeing during what can be a challenging time. It is noted this was previously investigated however it is extremely important and Bliss would be happy to provide a letter of support with this
- Although the unit has established a Culture Club and is actively working to celebrate and promote cultural diversity, it was noted that only one multilingual poster was visible during the assessment. It is recommended that the unit consider increasing the number of posters and information resources displayed in the most commonly spoken languages within the local community. In addition, the unit may wish to introduce a welcome display near the entrance featuring the word 'Welcome' in a range of languages. These simple initiatives could help create a more inclusive and welcoming environment, ensuring that families from diverse cultural and linguistic backgrounds feel recognised, respected, and valued.
- It was noted within the welcome pack that the unit map is likely to be a valuable resource for families, helping them to navigate the unit and become familiar with the environment. However, during the tour the assessment team was unable to locate a map displayed on the unit. It was also noted that the map available within the welcome pack was out of date, referring to areas as HDU and ITU, which have since been renamed Ladybird, Dragonfly, and Bumble Bee. It is recommended that the unit update the map within the welcome pack to reflect the current layout and naming of clinical areas. Consideration could also be given to displaying the map prominently near the unit entrance to support wayfinding and help families feel more confident and familiar with the ward environment.
- During the tour, the assessment team were shown a range of information displays, including NNAP data and the unit's Quality Improvement (QI) board. While it was positive to see this information being made available, it was noted that these displays were located in an area at the end of the unit that appeared to be primarily a staff-only space.

It is recommended that the unit consider relocating these displays to a more prominent area where parents and families are more likely to see and engage with them. This would help increase the visibility of the unit's performance and improvement work, further supporting openness, communication, and family involvement.

- Providing a quiet, confidential environment would enhance the delivery of emotional and psychological support, ensuring families have an appropriate space to discuss challenging issues and receive support during their neonatal journey. Currently the unit is having to use accommodation as a dual use room thereby reducing its availability. It is recommended that the unit consider developing a business case for a dedicated private space for psychological support and sensitive conversations. This would support the already fantastic psychological support provided by the Psychologist and provide a space that could be used for sensitive conversations by the wider MDT.
- It was recognised during the unit tour that space is limited, which can make it challenging to provide dedicated areas for family education, peer support, and other family-centred activities. To help maximise the available environment, it is recommended that the unit explores opportunities for existing spaces to serve multiple purposes where appropriate. For example, consideration could be given to whether the incubator cleaning area could also function as a family education space when not in use for its primary purpose. Adopting flexible, multi-purpose use of available areas may help to increase opportunities for family learning and support despite the constraints of the physical environment.
- Although the unit benefits from a seven-day outreach service, it was noted that there are gaps in psychology provision and AHP staffing levels when compared with current BAPM recommendations. It is recommended that the unit consider developing a business case to increase psychology and AHP capacity, with the aim of bringing provision more closely in line with BAPM guidance. Strengthening these services would further enhance the support available to babies and families, ensuring timely access to specialist input throughout the neonatal journey.
- During the interview portion of the assessment, it was noted that there appeared to be limited training available to staff regarding supporting trans and non-binary parents with breast/chest feeding. Credit should be given to the Infant Feeding Lead who had independently undertaken research on this topic in her own time. To further strengthen inclusive infant feeding support, it is recommended that the unit explore training opportunities relating to trans and non-binary breast/chest feeding and review relevant hospital guidelines to ensure this area is appropriately addressed. Where gaps are identified, consideration should be given to updating guidance to reflect inclusive practice and support the needs of all families.

- As highlighted earlier, the AHP timetable board is a valuable resource for parents and families, providing clear information about the availability of AHP and helping families plan opportunities to speak with the most appropriate team members. However, it was noted that the board was relatively small and may be difficult for some families to read. It is therefore recommended that the unit considers developing a larger and more prominent AHP board to improve visibility and accessibility of this important information.
- The assessment team recognises and welcomes the provision for postnatal partners to remain with mothers and babies 24 hours a day. However, it was noted that partners of families on the Transitional Care Unit are currently required to leave overnight. To further support FICare principles and promote parental involvement, it is recommended that the unit explore opportunities for partners to stay overnight where possible. This will enable families to remain together and support parents' active participation in their baby's care.
- During the family interviews, some parents shared that they would have valued a follow-up conversation about infant feeding after their initial discussions, to review whether their needs, circumstances, or feeding preferences had changed over time. It is therefore recommended that the unit consider ways to ensure these conversations are revisited more consistently throughout a family's journey, supporting personalised care and enabling parents to make informed feeding decisions that reflect their current wishes and circumstances.

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