



# Bliss Baby Charter: The Princess Royal Telford Hospital

We are pleased to confirm that The Princess Royal (Telford) Hospital Neonatal Unit has achieved Gold accreditation, having evidenced robust procedures, effective practices, and appropriate facilities that enable parents and carers to play an active role as partners in care. This includes meaningful involvement in shared decision-making, hands-on participation in their baby's care, and a clear understanding of each family's circumstances and availability, allowing care to be genuinely individualised. Together, these elements establish a strong and sustainable foundation for Family Integrated Care.

These are the evaluation findings of the Bliss Baby Charter accreditation assessment, which was carried out both in person and virtually with The Princess Royal (Telford) Neonatal Unit on 21<sup>st</sup> January 2026. The assessment was carried out by Bliss Baby Charter Programme Officer, Charlotte Damiral and Scottish Bliss Baby Charter Programme Officer Jade Ormiston, Bliss Baby Charter Programme Lead Rachel Quartermaine, and Volunteer Assessors, Oliver Rackham, and Nadia Griffin. The Baby Charter lead for the unit was Sam Petridis.

## Summary

The assessment team observed that The Princess Royal (Telford) Unit demonstrated a high level of cohesion across all professional disciplines. The Unit benefits from a dedicated Allied Health Professional and Psychological (AHP&P) team that is fully integrated within the multidisciplinary team (MDT). Effective communication, including regular MDT huddles, supports shared understanding and coordinated care. The nursing and AHP&P teams demonstrated a strong awareness of the needs of families, recognising the value of parental knowledge and the importance of supporting emotional wellbeing as part of holistic care delivery.

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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 is supported by a full and dedicated Multidisciplinary Allied Health Professional (AHP) team, providing comprehensive and coordinated care to meet the complex needs of babies and their families.
- The Breastfeeding lead for the Unit is particularly dedicated in her role and is keen to ensure that all staff both medical and nursing have the best information and education to assist them. She has created a brilliant, comprehensive learning resource which assists all staff with BFI accreditation and useful breastfeeding information.
- The Unit benefits from a strong relationship with the local hospice. There is a clear board about the services the hospice can provide, and a hospice link nurse joins the MDT weekly. If there is a family that requires support from Hope House, then the link nurse will visit the Unit in person.
- Following feedback from families the Unit have recently increased the number of people allowed cot side from 3 to 4 people excluding siblings within these numbers. This allows families to spend quality time with their babies together without the need for a parent/carer to be waiting outside of the room. Additionally, the Unit has an open policy for other family members meaning quality time can be spent with grandparents, aunts, uncles etc.
- The Unit has several clear, concise, and informative boards displayed around the Unit. Each board has been carefully thought out and enables families to see and access information clearly. The Unit has a welcome board with lots of pictures of families that represent the local community. It was brilliant to see the psychosocial information board, that was created in conjunction with the psychology team.
- The Unit show dedication to improving services for all parents/carers. Previously they had feedback from families saying they were unaware of the food provisions on offer on the Unit. This has prompted the Unit to ensure all parents/carers are aware of the food available and to make sure they eat. The Unit housekeeper goes round each family every morning asking them what meal they would like. This approach ensures that not only are the family aware of the food offer but reminds them to eat. The Unit also arranged for a second microwave to be added to the parent kitchen so that families could eat their meals together.
- Alongside the microwaveable meals that the Unit offer there is a selection of dry foods available for parents/carers and siblings in the kitchen. This is provided by a local food bank.
- Alongside the 'flats' the Unit has to offer parents/carers when staying overnight. There are ample camp beds available for families to use at cot side if they wish to stay closer to baby. These have recently been updated to replace some that were broken. It was pleasing to see that the Unit staff are actively encouraging families to stay overnight.

- The Unit have developed timetable posters for both the AHP&P's and Breastfeeding lead to show families and carers when these professionals are on the Unit. There is a clear timetable on display with days of the week that can be ticked when they are on Unit. This means that both families and staff can plan for support when required.
- The Unit have photo boards on display of staff on the ward. This is supported by TV screens which have staff pictures and roles displayed. There is a plastic square to indicate the consultant and ANNPs of the week making it easy for families to identify these key roles.
- To give families the opportunity to make memories one staff member created a journey keepsake box for all families including a notebook and bonding hearts. This is presented in a box that then allows the family to keep mementoes such as the first dummy etc.
- The Unit have an excellent amount of breast pumps for cots located on the ward with each cot space and flat having its own pump. To support independence with expressing and storing the birthing parents own breast milk there is a lockbox for each individual baby located within the fridges in each ward. After each admission, the boxes are locked using a unique code which allows families to freely access the milk as required.
- The psychology provision available for families on the ward is outstanding. All members of the family can access support, and it was clear from the assessment day how useful and valued this is within the team. The Unit benefits from full BAPM recommend support and has both a male and female psychologist. The Unit feels that they have really been able to benefit from having a male psychologist for the support of Dads in particular.
- It was amazing to hear that the Unit has recently appointed an outreach/transitional care lead. The position has been created to oversee the development of both Transitional care and the Outreach team.
- The Unit designed and organised implementation of a Peri prem trolley to be used by staff on the Unit. This has been well received by staff and passed on to the ODN to demonstrate around other units in the Network.
- The Unit are supported by a brilliant multi faith chaplaincy team. Who the Unit can lean on for wellbeing support of families as well as religious ceremonies/conversations. It was great to hear from the Chaplain in the interview, we noted that she can speak multiple languages so could be a great support for families whose first language is not English.
- The parent sessions, facilitated by the Occupational Therapist and Psychologist, provide a valuable opportunity for peer support and connection among families. These sessions create a safe and relaxed environment that encourages engagement and relationship-building. They also serve to introduce families to additional support opportunities. The therapeutic nature of the sessions, alongside structured themes and activities, enhances family wellbeing and contributes to a positive and supportive experience.
- The assessment team received positive feedback from all families interviewed. Some of the quotes are as follows:

- *“Staff are lovely and really personable. They chat normally and provide some light relief.”*
- *“...Support from Abby (Psychologist) has been amazing...”*
- *“Being on the Neonatal Unit puts you in the best position to be equipped for looking after your pre-term baby. I look back on it as such a positive experience that I am grateful for.”*
- *“Staff were really patient and good with one of her siblings.”*

## 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

- Although the Unit can offer free parking when a baby is an inpatient, there are no designated spaces for neonatal families. Feedback from both families and staff on the assessment day highlighted that finding a parking space is a particular issue. It is recommended that the Unit explores a way that this could be addressed to help ease stress for families.
- The signage to direct families to the Unit was great from the Women’s and Children’s centre with clear and obvious signs. However, it was noted from the main hospital entrance the Women’s and Children’s centre/Neonatal is not clearly sign posted, with minimal signage down a long corridor (only one sign seen towards the end). One assessor had to ask several people for directions to the Unit including at the help desk without receiving any effective assistance. It is recommended that the Unit work with the hospital to erect some more obvious signage for those that may be arriving from the main entrance and are unfamiliar with the location of Women’s and Children’s.
- The Unit currently have a buzzer to access the ward. It was noted by families in interview that this sometimes led to lengthy delays in accessing the ward particularly because the buzzer was also linked to the postnatal ward. It is recommended that the Unit consider other means to enable quicker access for families. Some units use fingerprint access or Bluetooth connection.
- Although families have access to an accessible wet room when staying cot side on the Unit, it was noted that there is not a hook or chair in place for families to stop their things

getting wet whilst they freshen up. It is recommended that the Unit add a hook and chair within this room to give families space for their belongings.

- The Unit have made it clear they would like families to be around during ward rounds however this is not always possible. It was noted that there is currently no facility to allow families to join remotely. It is recommended that the Unit put procedures in place to tackle this, for example using video links for families who cannot attend during ward round.
- It was felt during the assessment day that although the Unit has great parent/carer facilities in the way of a parent kitchen, quiet room and 'flats' to stay in these are all very clinical looking areas. It is recommended that the Unit consider additionally renovating these spaces to give more of a homely feel and less clinical. This could easily be achieved with some mural paintings, making the beds up in non-hospital bedding, small amenities, paintings etc.
- It was noted during the tour that some of the spaces were extremely hot particularly in the quiet room and parent bedrooms. We understand the importance of making sure nurseries, ITU and HDU are warm enough for babies however it is recommended that the Unit investigate the non-clinical spaces and see if this can be adjusted to create a more comfortable surrounding for parents/carers.
- As mentioned earlier the Unit have some great display boards however it was noticed on the tour that all the information available is only in English. There was nothing displayed for families whose first language is not English. It is therefore recommended that the Unit consider adding some translated posters/QR codes for translated material to their displays. Additionally, a Welcome poster in different languages to become more inclusive.
- To the Units great credit, a family whose first language was not English was put forward for the interview. Unfortunately, the booked translator did not attend, and significant issues were encountered with the online translation tool. In the interview, the family appeared to be unsure of the great psychological support package offered by the Unit. It is recommended that the Unit considers investigating the effectiveness of the translation services currently in use, with particular focus on whether parents/carers whose first language is not English have fully understood discussions and the support services offered on the Unit.
- It was noted during the tour that the Unit still have old NNAP data displayed on the walls. It is recommended that the Unit remove this information and display only the latest NNAP data posters for families/carers and family members to see.
- Although the Unit have some new protocols in place for families with disabilities it was noted that none of the reclining chairs have removable arms to assist wheelchair users. It

is therefore recommended that the Unit consider purchasing some to become accessible to all.

- It was noted during the interview with Psychologists that their Psychological provision for families is excellent. However, here appears to be a gap in formal staff wellbeing provision, alongside a clear desire for this to be in place. It is recommended that the Unit develops a staff wellbeing programme.
- Through discussions regarding feeding and expressing, opportunities were identified to further strengthen collaboration between neonatal and postnatal services. It is recommended that the Unit considers initiatives to support and enhance these working relationships.
- The Unit has several excellent initiatives and developments planned. However, during the assessment day it was frequently noted that plans were described as 'coming soon' or as future intentions. It is recommended that the Unit focuses on starting and completing the implementation of the initiatives discussed on the day, for example the use of the 'All About Me' board and the Bliss Early Conversations tool.
- The team were pleased to hear of the outreach role recently recruited. It is recommended that the Unit use the opportunity of this role to further develop the transitional care with a focus on relationships with maternity services and appropriate support.

Congratulations on achieving Gold Status. The assessment team thoroughly enjoyed meeting the staff and gaining a deeper understanding of the Unit. We look forward to seeing the Unit continue to grow from strength to strength.

4<sup>th</sup> February 2026

**Charlotte Damiral**

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**Bliss Baby Charter Programme Officer**

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