



# Bliss Baby Charter: Royal Surrey County Hospital

We are delighted to announce that Royal Surrey County 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 both in person and virtually with Royal Surrey neonatal unit on 11th December 2025. The assessment was carried out by Bliss Baby Charter Programme Lead, Rachel Quartermaine, Bliss Baby Charter Officer Charlotte Damiral and Volunteer Assessors, Rita Mahey and Emily Gorrod-Smith. The Baby Charter lead for the unit was Giezl Pulanco.

## Summary

The assessment team observed that the Unit at Royal Surrey is an impressive and highly welcoming environment for families, where parent experience is clearly central to its approach. The Unit demonstrated excellent team cohesion and appeared to be well supported by senior clinical leadership within the hospital. The team also has a strong and effective relationship with the MNVP, which enables close collaboration with families to deliver the best possible Family Integrated Care (FiCare).

# 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 was impressed by the strong support the Unit receives from senior leadership across Children's and Maternity Services. Clinical Directors made themselves readily available to the assessment team, both during the Unit tour and for interviews. It was clear to the assessors that the Neonatal team is highly valued and well supported by senior leadership. A designated Breastfeeding Guardian within the senior leadership team provides oversight and ensures consistent messaging and support across Children's and Maternity Services. The Guardian regularly attends neonatal meetings and maintains direct engagement with neonatal families, speaking with families daily during their stay, which provides further assurance of leadership visibility and commitment to family-integrated care.
- The Unit offers a supportive, family led approach to ward rounds where families are actively encouraged to update the team about their baby and ask questions first rather than having to wait until the end. Each cot space had a crib sheet to aide families during ward rounds. The families interviewed mentioned that they really valued this approach.
- The team were delighted to hear from a very proactive Outreach team during the interviews. It was excellent to hear that the Unit were able to offer IV antibiotics at home to reduce time spent on the Unit. It was also lovely to hear that all families no matter if they are eligible or not for outreach receive a follow up call from the team, this is a great service and one we are sure is much appreciated by families. We look forward to seeing some of their other plans over the coming years.
- The assessment team was really pleased to see the support from the local MNVP rep. It was fantastic to be told about the collaborative work that was undertaken and that it was felt the Unit staff really listened to the feedback from families and ensured that improvements were being made quickly. This really demonstrated the Units proactive continuous learning and development attitude.
- It was great to see that Bliss information was prominently on display. This was both on wall displays and QR codes within information booklets such as the parent passport.
- The Unit provides free meals and free parking for families. The Unit had also sources snacks for the family room from a local charity and are supported by Sophie's Legacy for the hosting of a regular family pizza night.
- Whilst the Unit has priority criteria for the use of the family bedroom the Unit actively encourage parents to stay whenever it is available to make maximum use of it. They also

encourage either parent to sleep cot side in recliner chairs whenever they would like- some parents stay every night.

- The Unit was well decorated on arrival with both annual and seasonal decorations. This made for a very welcoming environment.
- The Unit host "positive touch" sessions approximately every 6 weeks in a local hall. These allow families that have been discharged to come together with HCP.
- The whole team provided very natural and joined up answers to the questions that were asked during the assessment. This gave the feeling of a team that was knowledgeable, cohesive and worked well together. FiCare appeared to be well embedded and a real priority for all staff members.
- The Unit spoke about how they actively ask about family including extended family and any care requirements they may have. They ensured that these requirements were included in discharge planning providing them with any necessary training/information if needed. For example, a grandparent that may require tube feeding training.
- The Unit encourage families to take part in pram walks when their baby is well enough.
- The MNVP and the staff spoke about an initiative that has been introduced alongside the post-natal team to ensure that birthing parents do not miss out on meals/medication whilst on neonatal. Each birthing parent on postnatal is provided with a laminated card saying that they are on NICU that could be left on display on their post-natal bed. This ensures that the post-natal team are able to call NICU and ask for the birthing parent to attend any necessary checks/medication or arrange for meals to be delivered to them.
- The Unit has been supported by a band 8A Psychotherapist for a number of years. All members of the family including siblings are offered support whilst on the Unit which can be separately or as a family Unit. She has also recently expanded her service to offer support to families once discharged from the Unit, offering up to 3 sessions once they have returned home if needed.
- All families that were interviewed gave high praise to the unit – they had all been made to feel very welcome and were fully involved in their baby's care. They said they trusted all of the team and that there was always support when they needed it. They all felt listened to and their feeding choices always informed and then respected and supported by staff. Families described feeling confident and really encouraged to care for their baby with partners always involved too. Similarly in the evidence there was lots of family feedback forms which all praised the unit highly. Families struggled to think of anything the unit could do better.
- "The team offered so much care and re-assurance– they went over and beyond."

- “Once I was discharged from post-natal and spending all my time on SCBU, they arranged for me to still have access to the Shere ward for post-natal follow up”
- “It felt like being with a load of Angels – every single nurse was amazing and so personable - nothing was too much trouble for them.”
- “The doctors were always approachable, making everything clear and re-explaining whenever I needed. As soon as we raised any concerns it was dealt with straight away. We attended ward round but nurses afterwards would also come and check that everything made sense and if we had any further questions – so if we had missed ward round I know that we’d have been updated as soon as we arrived at the unit.”
- “Ongoing care and love was inherent in all of the staff, I can’t praise them enough.”
- “Breastfeeding support was amazing – they always allowed space when needed.”
- “I couldn’t fault them. From day 1, I trusted them with my babies and was encouraged to take little breaks, knowing my baby was in good hands.”

## 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

- Currently the Unit has limited dedicated AHP support with cover provided for SALT, OT and physiotherapy from the Trust. This was highlighted by the Clinical Directors as an area for development and business cases were in process. It is recommended that the Unit continue to pursue dedicated hours for all AHP.
- Although the Unit is supported by a band 8A Psychotherapist she is only allocated 0.2WTE a week. This is currently below BAPM manning levels. It is recommended that the Unit increase the amount of psychological support to come into line with BAPM manning levels.
- It was noted by the team that the coffee mornings for families with the MNVP were providing in unit coffee mornings monthly. The families that were interviewed were unaware that these sessions were held on the Unit, however it was mentioned in the HCP interviews that group meetings were not often well attended and as such the MNVP rep usually met on a 1:1 basis with families. Group sessions can often provide valuable contact for families with others experiencing similar feelings and emotions. Given that Royal Surrey is a SCBU and often families are only in for a short period of time it is

recommended that the Unit consider if more regular coffee mornings would be of benefit to families to allow all the opportunity to attend. These could also be expanded to include group sessions with the developmental care team/psychotherapist by holding activities such as craft/meditation/mindfulness etc within these sessions to encourage families to attend.

- It was great to see that the Unit had reclining chairs for each cot space. It was noted however that these chairs did not have moveable arms and only some had an electric recline button. It is recommended that the Unit investigate sourcing more chairs with electric recline options and moveable arms to support wheelchair users and birthing parents who have had a c-section with self-transfer.
- The rooming in room had a quite clinical feel to it. The family room was also quite plain. It is recommended that the Unit investigate ways to make the spaces more welcoming and friendly. This could include lamps, murals, soft furnishings and toiletries.
- It was noted by one of the families that were interviewed that there had been some issues when transferring from the Level 3 Unit where Royal Surrey had been unable to get in contact prior to transfer. This led to the family not feeling as informed as they would have liked. It is recommended that the Unit work with the Level 3 Unit to make a more formalised process for the passing of information including a link to the 3D tour and general information to prepare families for transfer.
- Whilst the Unit provides free parking and meals it was felt by the team that there could be more information easily available for other financial support within the area. Some families will struggle with asking for support so having a noticeboard available with details of local baby and food banks for example would be beneficial. It is recommended that the Unit create a financial support board and ensure that staff are aware of the local support available and actively have conversations with families about support.
- The assessors found that there were a few inconsistencies within the information on the Royal Surrey hospital website about the Unit. It is recommended that the Unit conduct an audit of the website and ensure that the information is up-to-date.
- It was noted that the Unit booklet was a little unclear that parents are not expected to leave during ward rounds and handovers. It was also noted that parking procedures had very recently changed compared to the information given. It is recommended that the Unit update the booklet ensuring that the information is explicitly clear eg you can remain with your baby 24/7 and will not be asked to leave the Unit apart from exceptional circumstances.
- It was felt by the assessment team that the signage around the hospital did not make it clear about how to find the Unit. All signs referred to SCBU, a term it was felt new parents to the Unit may not know at the start of their journey. It is recommended that the

Unit investigate the signage and see if it can be updated to a more obvious name such as special care baby unit or neonatal unit.

*RcQuartermaine*

Rachel Quartermaine  
Bliss Baby Charter Programme Lead  
19<sup>th</sup> January 2026

**Bliss**  
for babies born  
premature or sick