



Bliss Baby Charter: Wishaw Hospital

We are delighted to announce that Wishaw 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 relate to the Bliss Baby Charter accreditation assessment, for the Wishaw Hospital neonatal unit. The assessment was conducted virtually on 30th October 2025, followed by an in-person tour on 12th February 2026. The assessment team included Bliss Baby Charter Officers Charis Samuels, Charlotte Damiral and Volunteer Assessor Rita Mahey (October 2025), and Rachel Quartermaine, Bliss Baby Charter Lead and Jade Ormiston, Bliss Baby Charter Officer, (February 2026), along with Volunteer Assessor Jane Tate, who participated on 4th December 2025. The Baby Charter leads for the unit were Denise Prentice and Mhairi McFarlane.

Summary

The assessment team observed that Wishaw has a very strong team, that has maintained a high standard of care while navigating a difficult 12 months (with bereavements amongst the staffing team). They are clearly passionate about FiCare and the experience of families whilst they are on the unit and beyond, with accessible peer support, psychological support and outpatient rooms on the ward. The assessment team observed this through the tour, interviews with healthcare professionals and the strong parent feedback. The ethos of families staying in touch with the unit was demonstrated through their strong social media presence and the board in transitional care where families could share their stories with other families. This support is reciprocal; one family funded a room, used for palliative care or rooming in, in memory of their child who sadly passed away on the unit.

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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:

- Parents are always at the forefront of the Unit's priorities. With fingerprint access, they can visit at any time: 24 hours a day, 7 days a week, without needing to wait for a member of staff to let them in. This places parents and carers at the centre of their babies' care, giving them full autonomy over access to the Unit. The reception desks are staffed around the clock, ensuring parents can receive immediate support if they experience any difficulties using the fingerprint system and to support visitors without fingerprint access.
- The Unit has psychologists who can offer support to families including siblings and this is on offer up to a year after discharge.
- The Unit has a monthly peer support group 'Nicu Natters' that is open to families both inpatient and outpatient, that takes place in the hospital, with a member of the neonatal staff that goes along to support the families.
- The interactions between staff and families, showcased how the Unit gives a 'family feel'. Additionally, the staff have multiple ways to champion each other such as 'you've been mugged' - where they pass a mug of goodies to another member of staff that they feel has gone above and beyond and award schemes they can nominate one another for.
- The staff on the ward are well connected with Neonatal transport services, and they have a specific SOP that enables babies to be transported to family members in other hospitals to have skin to skin.
- The Unit can provide parent education sessions and carry these out at a time that is suitable for families, assessors were able to watch a swaddle bath demonstration with a family. We noted the natural interactions with the family and the support that was provided by the nurse.
- The Unit have multiple notices about how families can feedback about the unit, including in the waiting room. This feedback was then noted on the 'What matters to you' board, the Unit noted that they had purchased more chairs due to parental feedback. They also conducted a dietetics feedback survey, this was due to having a high number of babies with Type 1 diabetes and so wanted to ensure that families had felt adequately supported.
- The Unit has a strong Infant Feeding team that clearly supports parental choice and has successfully improved NNAP figures for babies receiving colostrum within the first six hours. This improvement is linked to the introduction of a 'golden bag', which contains everything families need to hand-express colostrum when direct breastfeeding is not possible. The team works closely with maternity and antenatal services so that these bags

can be provided in cases of high-risk pregnancy or when a baby is likely to require neonatal care.

- The Unit also maintains an excellent relationship with the Glasgow Milk Bank, ensuring that donor milk is available to all families when needed. Donor milk is routinely offered as the first option for top-up feeds, and parents who wish to donate milk are fully supported to do so.
- The Unit utilise their translator on wheels service that they can transport around the unit. This also means that they can offer tours to non-English speaking or BSL families. They can also offer in person translators as required and have a member of staff that is training in BSL.
- The Unit has a dedicated member of staff that is active on social media to keep the Unit engaged with the community and the families that have been part of their neonatal unit. They regularly make posts about families that have been part of their community around specific milestones that the family share with them.
- The staff discussed how they have supported families of different religions to have faith leaders in the Unit and are responsive to support specific family needs. The Unit has a specific SOP in place to support their local population who may wish for rapid discharge.
- The Unit has a suite called the 'Coorie room' for bereavements or parents to stay over. This was funded by a family that had a child who sadly died on the unit, the room was designed with feedback from families in mind, who wanted a double bed to 'feel more like a family.' The Unit benefits from strong links with post-natal which allows for extra accommodation for families. Staff support families to access the Young Patient Family Fund for accommodation and food expenses, they can arrange for this to be paid on a daily basis if required by the family.
- A sanctuary garden is open to all families of babies who have a stay on the Unit with a focus on bereavement and palliative families. Staff mentioned how positive this has been for families with a bereavement within the Unit. The unit have privacy prams on order for bereaved families who want to take their baby to the garden/transfer to the mortuary.
- The Unit have Sanitary products placed in the bathrooms free of charge for families. Although a small act of kindness this lessens the load of remembering period products or buying them whilst their baby has a stay on the Unit.
- Photo making on the Unit is started at admission to make memories for all families. This helps everyone remember the NICU journey and progress each baby makes. With permission the Unit also dress babies up in outfits to celebrate different occasions whilst taking pictures for families memory boxes.

- To support keeping families together childcare for siblings of NICU babies in the hospital nursery is offered to parents. They can utilise this service so whilst their babies are inpatients on the Unit, they have childcare for older siblings if needed.
- The Unit have strong links with Health visitors, the community outreach team, the community breastfeeding team and follow ups can take place in the neonatal unit providing strong evidence of continuity of care.
- The assessment team received positive feedback from all families interviewed. Some of the quotes are as follows:
 - “Having an insight into 2 units we can see that Wishaw has a family feel. You get to know the staff and they are compassionate and kind.”
 - “Amazing team, we would have not got through without them. They care for tiny humans and also parents and make them all feel like a family. We are extremely grateful for the support and attention. Every unwell baby should have the opportunity to be cared for by this team.”
 - “Everything was positive. Always made to feel comfortable and welcome any time....Social nights helped to make continued friendships....Rooming in was homely and space for dad staying 2 nights made going home seem normal...All appointments and catch up discussed.”

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

- The Unit has a lovely family room in the waiting area; it is well stocked with toys for siblings. We recommend that the Unit look at using a smaller table in the room so that wheelchair users have adequate space to access the room. We would recommend that the Unit purchases books that explain the neonatal journey to siblings.
- The Unit allow for two people at cot side (not including siblings), we recommend the Unit look at whether they could open this up to three people so that both parents/carers can stay cot side whilst accompanied by a visitor. The staff said that they do informally do this, but it would be helpful to update this in the visiting policy.

- We recommend that the Unit consider acknowledging a wider range of celebrations that reflect the diverse society we live in and celebrate these in similar ways. We also recommend creating a welcome poster in multiple languages to ensure all families feel included. Additionally, when reviewing Unit displays, it may be helpful to ensure that photographs on the walls are representative of all cultures.
- The welcome pack was cohesive with a lot of great information but was only readily available in one other language. We would recommend the Unit look into developing an online platform, such as Padlet, that could be used to store additional information for families. This could also be used to link to information in other languages.
- We would recommend that the Unit add in an extra column in the competency section to ensure that both parents/carers can receive support from staff on caring for their baby.
- We recommend that cot cards are adjusted to allow for sibling's names to be added.
- As mentioned above, the staff have a strong team and they mentioned that they can get support from the psychologist, However we would recommend the Unit consider holding a regular wellbeing session for staff and if possible, have a designated safe space just for staff for this purpose.
- We recommend that the Unit review its policy on assistance dogs to ensure all staff are aware of the guidance and are prepared to support any families who may require one.
- The Unit had several boards, some of which were very clear and lovely (the one on the front of the Unit), but others contained lots of information making it difficult to see what it was trying to demonstrate (such as the information board in the family kitchen). We would recommend that the Unit cohesively group information in titled boards to ensure the information is easier to assimilate for families, The should ensure that this includes a separate financial board with information about local food/baby banks/grants that families can access.
- The Unit currently only allow cold drinks by the cot side; we would recommend that the Unit purchase lidded cups so that family members can have a warm drink at cot side.
- The Unit offer hot meals to families in Transitional care, but advised that they can order meals into NICU, if families ask. We would recommend that all families are asked daily to ensure that they are aware of the option to have a hot meal brought to the unit.

- We noted the lovely decoration in the Coorie room. However, we recommend that the Unit review the room layout, as the cot was positioned on the wider side of the room, leaving the left-hand side too narrow to accommodate a wheelchair or walker. This may impact accessibility for families with disabilities.



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