



# Bliss Baby Charter

Helping to make family-centred care  
a reality on your neonatal unit

[bliss.org.uk](http://bliss.org.uk)

**Bliss**  
for babies born  
premature or sick

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# Foreword

The *Bliss Baby Charter Standards* are based on the UN Rights of the Child. The Standards evolved from the *Bliss Baby Charter*, originally published in 2005, which was an aspirational document aiming to inspire staff to continually deliver the highest quality of family-centred care (FCC).

This new resource is now also in line with the statements outlined in All Wales Neonatal Standards, 2nd Edition (2013) and Neonatal Care in Scotland: A Quality Framework (2013).

It is a practical guide to help hospitals provide the best possible family-centred care for premature and sick babies, an approach which places the parents at the centre of their baby's care.

This booklet is part of the Bliss Family Friendly Accreditation Scheme (BFFAS), which recognises and rewards hospital units caring for premature and sick babies for embedding the principles of FCC.

Our aim is that BFFAS becomes a quality standard that serves as a meaningful and effective benchmark for assessing performance, rewarding achievement and driving improvement.

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## Introduction

At Bliss, we are passionate about family-centred care, an approach which places parents at the centre of their baby's care. We know family-centred care is beneficial to both healthcare professionals and parents.

To help healthcare professionals assess how their unit is doing, we developed the *Bliss Baby Charter Audit Tool*, which complements the *Bliss Baby Charter*. It's divided into seven sections (principles), which summarise the care and support babies, parents and families should receive.

The *Bliss Baby Charter Audit Tool* is based on national guidelines and supports the Department of Health's Toolkit for Neonatal Services (2009), All Wales Neonatal Standards, 2nd Edition (2013) and Neonatal Care in Scotland: A Quality Framework (2013). The aim is to support healthcare professionals in improving the experience of being on a neonatal unit for babies and their family.

## Participation

Each unit taking part in the Bliss Family Friendly Accreditation Scheme (BFFAS) has to be committed to continuous improvement and development.

Every member of the neonatal team should know that their unit is undertaking the BFFAS accreditation scheme, understand what this means and have the opportunity to contribute and feel welcome to participate. Members of unit staff and parents should be made aware the unit is working towards accreditation. Bliss has resources available to support you in this.

Please let your Bliss contact know that you're looking to become accredited, even if you'd previously signed up to undertake the *Bliss Baby Charter Audit Tool*. You'll have to share a list of team members involved in the audit.

Once your unit has selected a lead and a team, you're also asked to pick one or more volunteer healthcare professionals. They'll act as assessors at other local units taking part in the scheme. Bliss will assist you with this process.

It is important that the team working on the audit is multi-disciplinary and includes parents. You may wish to involve parents by speaking to them on a one-to-one basis, or in groups, or through a questionnaire.

You may be able to draw some of your information from the National Parent Survey, conducted by Picker Institute Europe, if your unit has participated.

## Self assessment ratings

The tool is divided up using the seven principles of the Bliss *Baby Charter*. The objectives for each principle, as well as any necessary evidence, are clearly set out.

Each standard's rating should be agreed by your unit's BFFAS team and should reflect your unit's current level of delivery against the criteria listed.

We have included a note of who should assess each criterion – staff (S), parents (P) or both (B).

Please note that the evidence listed in each principle is not an extensive list, but only a starting point.

Where the 'Assessment type' column refers to parent survey, this will not be conducted by Bliss, but should be included, among other questions, within your research with parents.

## References

- Department of Health Toolkit for High Quality Neonatal Services (2009)
- All Wales Neonatal Standards, 2nd Edition (2013)
- Neonatal Care in Scotland, A Quality Framework (2013)
- NICE Specialist neonatal care quality standard (2010)
- British Association of Perinatal Medicine (BAPM) Service Standards for Hospitals Providing Neonatal Care 2010/2014.

**Depending on your current systems and processes you will either rate your unit as:**

**GREEN**

Fully delivering against all aspects of the criteria.

**AMBER**

Delivering some or most of the aspects required, but not all.

**RED**

Delivering none or very few of the aspects required to fulfil that criterion.

## Justifying your rating

If you assess yourself as being **GREEN**, write down in the template provided, the reasons or evidence that justify this rating.

If you rate yourself as either **AMBER** or **RED** against any criteria, make a note of what action(s) you plan to take to improve your rating to **GREEN**.

At the end of each chapter there is room in the 'Summary of actions' to list all the criteria in that principle which require further consideration and / or action.

## **Parental involvement**

We ask units to include parents' opinion throughout the auditing process. This can be done in a way that works best for individual units; you can use different techniques of receiving feedback throughout your audit.

We strongly recommend that at least one parent is part of the team undertaking the accreditation. In addition, you can consult parents by conducting informal interviews, asking them to complete questionnaires or by using anonymous suggestion boxes.

There are certain criteria where parental input is required in order to give as much insight as possible. Please look at the column labelled 'staff/parents/both' to see where this is needed.

In order to adequately advertise the fact you are working towards accreditation, we supply a poster that you can put up on the unit. Please contact Bliss for more information on this.

## **Action plan**

Using your summaries from the end of each of the criteria, focusing on the **AMBER** and **RED** categories, develop an action plan with timelines. This should outline the changes you would like to make to improve the delivery of family-centred care on your unit in those particular areas, as well as clearly assigning one member of the audit team as the lead for each action point.

It is important that staff and parents are continuously consulted on potential changes and that any actions taken as a result are communicated to them. This can be done via posters or a meeting for example.

## **Making change happen**

We know implementing changes or new working practices isn't always easy, particularly if staff feel that changes are being imposed on them.

The following suggestions were provided by those units that participated in a pilot of the *Bliss Baby Charter Audit Scheme* and have been included for your consideration:

- Be clear why the proposed change is taking place and what it will achieve.
- Be able to explain the reason using concise, simple language.
- Provide a realistic timeframe in which to effect the changes.
- Allow for a consultative process with sufficient time to address people's concerns.
- Display colour posters and graphics on the unit promoting the new activity.
- Ask for volunteers to take responsibility for different sections of the action plan as part of their personal development.
- Invite everyone to contribute and give feedback.
- Make sure that you feed back regularly to staff and parents on positive progress.

## Progress and development stage

Once you have achieved accreditation\*, it is valid for three years. However, once you are happy that the Bliss *Baby Charter* action plan has been implemented successfully, it is still important to come back to the document and re-audit your unit.

Re-auditing will provide you with clear evidence of progress and allow you to demonstrate that your unit has improved its delivery of family-centred care.

We recommend that units re-audit every 12 months to ensure that changes are sustained and high quality family-centred care processes are maintained.

\* Please ask your Bliss contact for the document explaining the Bliss Family Friendly Accreditation Scheme process.

## The coloured boxes

You will notice that the boxes around the criteria references are differently coloured. Each of the ten colours indicates which category of family-centred care (as defined by Bliss) that criteria belongs to.

The ten categories, and their related colours, are:

**A - Active care by parents and staff**

**B - Parent and family support**

**C - Communication**

**D - Developmental care**

**E - Empowered decision making**

**F - Facilities**

**G - Guidelines and policies**

**H - Staff skills and training**

**I - Information provision**

**J - Service improvement and parent involvement**

Although the standards and criteria have been grouped according to the principles of the Bliss *Baby Charter*, you may find some benefit in comparing the criteria within one category against another.

# Baby Charter Principles

## Principle 1

Every baby should be treated as an individual and with dignity, respecting their social, developmental and emotional needs, as well as their medical and surgical needs.

*Rationale: Respecting the baby's individual rights – including private time for the baby and the family, and providing care that maximises the comfort of infant and family, can have a positive impact on the infant's health and development, and the wellbeing of infant and family.*

## Principle 2

Neonatal care decisions are based on the baby's best interest, with parents actively involved in their baby's care. Decisions on the baby's best interest are based on evidence and best practice, and are informed by parents, who are encouraged and supported in the decision-making process and actively participate in providing comfort and emotional support to their baby.

*Rationale: Parents have a right to be involved in decisions about their children's treatment. Integrating parents fully into the care of their baby on the neonatal unit can have benefits for both infant and parents.*

## Principle 3

Babies receive the nationally recommended level of specialist care in the nearest specialist unit to the baby's family home. Parents actively participate in providing comfort and emotional support to their baby.

*Rationale: Parents have a right to be involved in decisions about their children's treatment. Integrating parents fully into the care of their baby on the neonatal unit can have benefits for both infant and parents.*

## Principle 4

Units encourage parents to be involved in plans and processes for continuous service improvement, and outcomes of care are benchmarked against local and national standards.

*Rationale: Monitoring outcomes of care enables local trends to be observed and compared to local, national and even international benchmarks. A culture of continuous improvement, that involves and is informed by parents, promotes high quality care that is responsive to the needs of each baby and family. A commitment to delivering national standards ensures local levels of excellence.*

## Principle 5

Parents are informed, guided and supported, so that they understand their baby's care processes and become confident in caring for them. Parents should have access to information about clinical conditions, tests and treatment, infant development, as well as practical issues such as breastfeeding, financial support, transferring between units, local facilities and support services. Information needs to be available in different formats, different media and different languages (according to local population).

*Rationale: It is important that parents have equal opportunities for information regardless of age, education, ethnicity, language or health status. Information can help to alleviate stress and anxiety. Parents need to know how they can care for their baby on the unit so that they have opportunities to develop parenting roles and feel confident about taking their baby home.*

## **Principle 6**

Breast milk expression and breastfeeding are actively promoted, and mothers receive appropriate information and practical support to achieve successful lactation. Relevant health professionals are equipped with appropriate knowledge and skills to facilitate and support lactation following a preterm birth.

*Rationale: Nutrition is an important part of neonatal care and the benefits of colostrum and breast milk, particularly for preterm infants, are scientifically established. Breastfeeding has important benefits for baby and mother. Lactation and breastfeeding outcomes are influenced by the quality of support mothers receive.*

## **Principle 7**

Discharge should be a seamless and supported transition from the neonatal unit to home. Discharge planning is facilitated and coordinated from admission to discharge to ensure both the baby and the family receive the appropriate care and access to resources.

*Rationale: Good discharge planning facilitates safe, early discharge to home; it reduces the risk of future hospital admissions and ensures that any ongoing health or social care needs are met in a timely way.*

# **Bliss Baby Charter Principle 1\***

## **Aim**

Every baby should be treated as an individual and with dignity, respecting their social, developmental and emotional needs as well as their medical and surgical needs.

## **Objectives**

- All parents are able to have regular private time with their baby.
- Care provision is designed to minimise the stress of the NICU environment.

## **Outcomes**

- There is a positive impact on the infant's health and development.
- There is a positive impact on the wellbeing of both the infant and their family.
- There is a strong attachment between the baby and their family which is actively supported by staff on the unit.

## **Resources and training:**

- **The Newborn Individualized Developmental Care and Assessment Program (NIDCAP)**
- **Matching Knowledge and Skills for Qualified in Specialty (QIS) Neonatal Nurses: a core syllabus for clinical competency (BAPM, Bliss SNNG, NNA, May 2012)**
- **Guide to the Baby Friendly Initiative standards for neonatal units (Unicef UK, November 2012)**
- **The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards (Unicef UK, 2013)**
- **National Service Specification - Neonatal (NHS Commissioning Board, 2014)**
- **Department of Health Toolkit for High Quality Neonatal Services (2009)**
- **All Wales Neonatal Standards, 2nd Edition (2013)**
- **Neonatal Care in Scotland, A Quality Framework (2013)**
- **NICE Specialist neonatal care quality standard (2010)**
- **British Association of Perinatal Medicine (BAPM) Service Standards for Hospitals Providing Neonatal Care 2010/2014**
- **Royal College of Obstetricians and Gynaecologists**

- Lullaby Trust - Back to Sleep factsheet.

#### **Examples of documents:**

- Guidelines
- Visitors' book
- Welcome pack
- Ward rounds
- Bliss publications: *Look at me - I'm talking to you and Skin-to-skin with your premature baby.*

**Please note:** See page 7 for colour key and explanation of criteria references.

\*The evidence and resources listed are suggestions of evidence your unit may be able to provide to demonstrate that you are meeting the criteria set out in the following principles. For more information, please contact the Project Manager at Bliss or refer to the Bliss Best Practice Bank.

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 1.1 - Dignity and privacy</b>					
<b>1.1A</b> All babies are referred to by their given name and parents/care givers are referred to by their preferred name.		B		<ul style="list-style-type: none"> <li>Information about infant's gender, forename (if given), surname, and parents' name preferences are easily accessible to all staff approaching baby and family.</li> <li>Baby is referred to by appropriate gender and name.</li> <li>Parents report they are always addressed by an appropriate name/title.</li> <li>Baby is referred to by given name and surname during handover and in records.</li> </ul>	<ul style="list-style-type: none"> <li>Parent interview/questionnaire.</li> <li>Check information is accessible.</li> <li>Monitor staff practice.</li> </ul>
<b>1.1B</b> All parents have unrestricted access to their baby, unless individual restrictions can be justified in the baby's best interest.		DH Toolkit 3.3; BAPM 6.1; QF ref: 3.1.2;		<ul style="list-style-type: none"> <li>Parents are not referred to or regarded as visitors.</li> <li>Parents are welcomed 24 hours a day, including during ward rounds and handovers (possibly limited during emergencies). This is a clearly displayed policy.</li> <li>As far as possible, ward rounds and other discussions are conducted in such a way that parents can be present without jeopardising confidentiality (eg. outside the nursery, or with parents wearing headphones).</li> <li>A policy allowing parents to invite their visitors, such as key people who provide support, is clearly displayed and accessible.</li> <li>The unit has a welcome booklet that contains information on parental access and facilities eg. for meals and rest, financial support available and on visitors. (See also Principle 5.2G).</li> <li>Safeguarding procedures are in place and are adhered to as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Inspect notices and literature.</li> <li>Check policy is clearly displayed and easily accessible.</li> <li>Parent interview/questionnaire.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>1.1C 1.1E <b>see also 6.1K and 6.2B</b></b>	<p>Privacy is available for parents, either in a separate room or cot side with screens (as the baby's condition allows):</p> <ul style="list-style-type: none"> <li>When feeding their baby, during skin-to-skin care and when clinical procedures are taking place.</li> <li>To have private time with their baby.</li> <li>If baby needs palliative care.</li> </ul>	QF ref: 3.1.2; QF ref: 3.1.4; NHS Service Spec. 1.2 and 3.2.14.6	B	<ul style="list-style-type: none"> <li>Privacy and dignity are integral to the unit philosophy and are in the mission statement, which is clearly displayed.</li> <li>Guidelines on privacy and dignity are part of staff training.</li> <li>Breastfeeding/expressing room and side rooms are available within unit.</li> <li>Individual, moveable screens are available and staff respect the privacy of parents when these are in place (parent feedback).</li> <li>A treatment area is available for clinical procedures and examinations (where a baby can be moved to easily).</li> <li>When procedures and examinations are carried out at the bedside, staff ensure privacy and dignity for baby and family (please explain how this is done).</li> <li>Parents' room is available for parents to have private/alone time with baby, if the baby's condition allows.</li> <li>For palliative care on the unit, baby and family are moved to a side room (ideally situated so that the family can come and go without having to meet other parents).</li> </ul>	<ul style="list-style-type: none"> <li>Parent interview/questionnaire.</li> <li>Check available space and how utilised.</li> <li>Information provided in welcome pack / unit information / visiting guidelines.</li> <li>Parents informed on induction.</li> <li>Signage on unit to advise visitors.</li> </ul>
<b>1.1D</b>	<p>Parents and visitors are encouraged to respect other babies' and families' privacy on the unit e.g. not approaching other cots or accessing other babies' medical information.</p>		B		<ul style="list-style-type: none"> <li>Parent interview/questionnaire.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>1.1F</b> <b>see also 2.1H and 2.4A</b>	Unit makes provision for private consultation with health professionals in an appropriate environment.	NICE 5a and 5b; QF ref: 3.1.4; NHS Service Spec 1.2; QF ref: 3.4.7	B	<ul style="list-style-type: none"> <li>Parent-friendly consulting room(s) situated within or near to the unit.</li> <li>Doctors are available by mutual agreement/or at specific times for consultation with parents.</li> <li>Parents have the opportunity to consult staff in private.</li> </ul>	<ul style="list-style-type: none"> <li>Parent interview/questionnaire.</li> <li>Check facilities available.</li> </ul>
<b>1.1G</b>	Parents are involved in the choice of clothing for their baby as their clinical condition permits.		B	<ul style="list-style-type: none"> <li>Parents are encouraged to bring in their own baby clothes as baby's clinical condition allows.</li> <li>Information about suitable clothing for preterm infants, or other infants receiving treatments, is available (e.g. clothing that is easy to get on and off or is suitable for infants with IV lines).</li> <li>A variety of clothing is available within the unit and parents are encouraged to select clothes for their baby on an as needed basis.</li> <li>A note is displayed if the baby is wearing own clothes so that they are saved for the parents to wash.</li> </ul>	<ul style="list-style-type: none"> <li>Parent interview/questionnaire.</li> </ul>
					<p style="text-align: center;"><b>Standard 1.2 – Comfort</b></p>
<b>1.2Ai</b>	Unit has a guideline for reducing infant stress that is adhered to.	NICE 5b; DH Toolkit 3.5; RCOG 15.2; QF ref: 3.4.7	S		<ul style="list-style-type: none"> <li>Information about how parents can comfort their baby is displayed where all parents can see it. This information is illustrated with clear pictures.</li> <li>The unit has guidelines for infant comfort, and all professional staff are taught to use appropriate comfort strategies when interacting with infants eg. care and procedures, examinations etc. (Evidence of training).</li> <li>Bliss booklets <i>Look at me - I'm talking to you</i> and <i>Skin-to-skin with your premature baby</i>.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
1.2Ai	Unit uses a range of techniques to minimise pain and distress for baby during and after interventions.	B		<ul style="list-style-type: none"> <li>A pain assessment tool is used from admission, which all staff know how to use</li> <li>There are agreed guidelines about response to pain scores (e.g. threshold scores), and systematic medical and nursing checks to identify sources of discomfort.</li> <li>All professional staff (medical and nursing) are taught, and are expected to achieve competency in, the implementation of non-pharmacological pain and stress management strategies.</li> <li>The unit has a pain management lead who ensures that pain management is audited and actively reviews and updates pain management protocols and guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Unit visit assessment.</li> </ul>
1.2B 1.3B	Staff are expected to observe and respond appropriately to the baby's behavioural cues in line with established models of individualised family centred developmental care.				<ul style="list-style-type: none"> <li>All staff, medical and nursing, attend study days and workshops with content on behavioural observation (record available).</li> <li>Staff have access to educational videos / e-learning tools to learn about behavioural observation (e.g. VIDA Healthcare) (record of use available).</li> <li>Unit has staff lead trained in behavioural observation (e.g. NBAs or NIDCAP) who can promote developmental care, organise training and provide guidance for other staff (record of guidance available).</li> <li>Staff record infant's behavioural responses in their daily reports and include this information in handovers.</li> <li>Staff routinely ask parents for their observations / opinions about their infant's behavioural responses and take their comments into consideration during care.</li> <li><i>Look at me - I'm talking to you</i>, published by Bliss, is available to all parents.</li> <li>Staff have received training from one of the following: NIDCAP, Foundation Training, unit-based training.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>1.2C</b>	Timing and pacing of care takes into account the availability of parents, the individual baby's sleeping pattern, stress thresholds and tolerance of handling.	B		<ul style="list-style-type: none"> <li>• Nurse responsible for baby makes a plan for the day, taking into account procedures that are required and the family's planned presence, in order to maximise family participation.</li> <li>• Pacing and timing of care giving is individualised to fit the baby's stress thresholds and to maximise opportunities for rest (ie. care giving is baby-led rather than unit routine-led).</li> <li>• Parents are encouraged and supported to watch their baby so that they learn to recognise their baby's ways of communicating and this involvement is recorded.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent interview/questionnaire.</li> </ul>
<b>1.2D</b>	The baby's responses to care giving, positive or negative, are documented in their records.	B		<ul style="list-style-type: none"> <li>• At handovers staff share evidence of effectiveness of strategies that support the baby.</li> <li>• Parents are invited to contribute their own knowledge and experience of their baby's responses to the baby's records and care plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent interview/questionnaire.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 1.3 – Touch</b>					
<b>1.3A</b>	Close contact between parents and their babies is integral to the unit philosophy. Whenever possible, comforting touch should be baby-led and individualised by interpreting the baby's cues.	NICE 5b; DH Toolkit 3.5; RCOG 15.2	B & S	<ul style="list-style-type: none"> <li>Principle is demonstrated in the unit's mission statement, which is displayed.</li> <li>Policies and guidelines are in place for achieving positive experience for both the baby and the parents through close contact, such as skin-to-skin and positive touch. These are adhered to and respected by all members of the team, including at delivery. The guidelines emphasise the importance of loving interactions between infant and parents.</li> <li>All staff are competent to guide and support parents to feel comfortable about giving appropriate touch to their baby through all stages of neonatal care, from delivery to discharge.</li> <li>Information about how parents can touch, comfort and hold their baby is displayed where all parents can see it. This information is illustrated with clear pictures.</li> <li><i>Look at me - I'm talking to you</i>, published by Bliss, is available to all parents.</li> <li>Evidence that shows that skin-to-skin/Kangaroo Care is routinely and safely offered and supported, including when initiated, frequency, duration.</li> <li>Evidence that staff are competent in supporting skin-to-skin/Kangaroo Care safely and enjoyably for parent and infant.</li> </ul>	
<b>1.3C</b>	Responses to contact between parent and baby are documented in clinical notes/care pathway documentation.	B		<ul style="list-style-type: none"> <li>The baby's responses to interactions with staff and family, positive or negative, are documented in the baby's records.</li> <li>Parents are invited to contribute their own knowledge and experience of their baby's responses to the baby's records and care plans.</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Standard 1.4 – Positioning	Assessment type
<b>1.4A</b>	Your unit implements evidence based guidelines for positioning that are readily available.	QF ref: 3.4.7	S	<ul style="list-style-type: none"> <li>• Guidelines for positioning infants are available and refer to strategies for:</li> </ul>	<ul style="list-style-type: none"> <li>a. Avoiding cranial malformation.</li> <li>b. Avoiding secondary postural problems as a result of inappropriate positioning/ muscle shortening.</li> <li>c. Minimising heat loss and energy expenditure.</li> <li>d. Facilitating self-regulatory behaviours.</li> <li>e. Identifying need for referral to therapist.</li> <li>f. Maximising comfort and stability.</li> <li>g. Use of positioning aids.</li> <li>h. Criteria for utilising prone, supine and lateral positions.</li> <li>i. Preparing infant and family for compliance with SIDS recommendations (Lullaby Trust).</li> </ul> <ul style="list-style-type: none"> <li>• Adherence to guidelines is regularly audited and the results displayed for all staff to see.</li> <li>• Positioning guidelines are explained to parents as part of their infant's care plan.</li> </ul>	
<b>1.4B 1.4D</b>	The baby's position is changed according to individual needs and responses to position changes are recorded		S		<ul style="list-style-type: none"> <li>• Changes in position, the reasons for, and response to the change are documented in the infant's care plan.</li> <li>• Position is one of the items checked on systematic comfort checks.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff explain to parents benefits of the positions the baby is nursed in.</li> <li>• Staff invite parents to comment on the baby's positioning preferences and to contribute this to the care plan.</li> </ul>
<b>1.4C</b>	Staff discuss with parents optimal positioning strategies for their baby.	QF ref: 3.1.2	B			<ul style="list-style-type: none"> <li>• Parent interview/ questionnaire.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 1.5 – Light</b>					
<b>1.5A</b>	Your unit has evidence-based guidelines for lighting that are safe and comfortable for infants, parents and staff, and these are readily available.	QF ref: 3.4.7	S	<ul style="list-style-type: none"> <li>• Evidence-based guidelines for management of lighting are available.</li> <li>• The guidelines refer to safe and comfortable lighting for: <ul style="list-style-type: none"> <li>a. Infants at different ages and stages.</li> <li>b. Parents and other adults in the NNU.</li> <li>c. For staff to work safely.</li> </ul> </li> <li>• Light meters are used for monitoring and auditing lighting.</li> <li>• Adherence to lighting guidelines is audited regularly and results are made public.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
<b>1.5B</b>	The unit uses a range of mechanisms to minimise stress from bright or continuous light.		B	<ul style="list-style-type: none"> <li>• The unit has resources available to protect infants from bright light and to provide lighting levels that can be adjusted to suit the developmental needs of individual infants. For example: <ul style="list-style-type: none"> <li>a. Incubator covers.</li> <li>b. Adjustable blinds at windows and doors.</li> <li>c. Dimmer lights.</li> <li>d. Individual lights for each bed.</li> <li>e. Protection from phototherapy light.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Parent interview/questionnaire.</li> <li>• Unit visit assessment.</li> </ul>
<b>Standard 1.6 – Sound</b>					
<b>1.6A</b>	Your unit has evidence-based guidelines to create a safe and comfortable sound environment for infants, parents, and staff, and these are readily available.	QF ref: 3.4.7	S	<ul style="list-style-type: none"> <li>• An evidence-based guideline for managing noise is available, is reviewed regularly and updated as new evidence becomes available.</li> <li>• Equipment suitable for monitoring sound levels in different parts of the room and inside incubators is available.</li> <li>• Sound levels are audited regularly and the results are made public.</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>1.6B</b>	Your unit promotes a quiet and restful environment at all times and has strategies to optimise communication and minimise stress caused by noise.	B		<ul style="list-style-type: none"> <li>• Parents are encouraged to look for signs that their baby is listening to them and to adjust their voice and visual proximity to the baby to achieve the baby's best response.</li> <li>• Staff are trained on induction about importance of quiet and rest.</li> <li>• Signs on the unit are clearly displayed, indicating 'quiet zones', such as babies' rooms.</li> <li>• Parents are taught, and staff recognise and enforce, that rest/quiet times are a protected time for the parent and the baby, allowing the opportunity to bond, eg. through Kangaroo Care.</li> <li>• The unit uses a variety of strategies to create an appropriate sound environment:           <ul style="list-style-type: none"> <li>a. Sound warning system.</li> <li>b. Low settings for equipment / alarms eg. silencers on CPAP.</li> <li>c. Bleeps set to vibrate.</li> <li>d. Telephones outside the nursery.</li> <li>e. Noisy equipment such as printers outside the nursery.</li> <li>f. Slow-closing bin lids.</li> <li>g. Remote control for silencing alarms.</li> <li>h. Mobile phones on silent, not used in rooms.</li> </ul> </li> <li>• Staff follow guidelines for reducing sounds caused by personnel eg.           <ul style="list-style-type: none"> <li>a. By talking quietly.</li> <li>b. Wearing soft-soled shoes.</li> <li>c. Responding to alarms promptly.</li> <li>d. Closing doors and drawers carefully.</li> <li>e. Not knocking or placing objects on the incubators.</li> </ul> </li> <li>• Regular environmental audits are carried out with action plans where necessary</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 1.7 – Taste and smell</b>					
1.7A	Your unit has evidence-based guidelines for optimising the olfactory environment for infants.	S		<ul style="list-style-type: none"> <li>• An evidence-based guideline for managing the olfactory environment is available, is reviewed regularly and updated as new evidence becomes available.</li> </ul>	
1.7B	Your unit uses a range of strategies to optimise the olfactory environment for infants.	B		<ul style="list-style-type: none"> <li>• Strategies for managing the olfactory environment include:           <ul style="list-style-type: none"> <li>a. Discouraging use of noxious smells and perfumed products eg. alcohol, smoke, cleaning products.</li> <li>b. Opportunities for pleasant tastes (eg. expressed breast milk).</li> </ul> </li> <li>• Parents are given information about the importance of olfaction as part of the attachment process.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent interview/questionnaire.</li> </ul>

# Bliss Baby Charter Principle 2

## Aim

Neonatal care decisions are based on the baby's best interest, with parents actively involved in their baby's care. Decisions on the baby's best interest are based on evidence and best practice, and are informed by parents, who are encouraged and supported in the decision-making process and actively participate in providing comfort and emotional support to their baby.

## Objectives

- Multi-disciplinary neonatal care is responsive to the psychosocial needs of babies.
- Decisions made are based on evidence, best practice, and are made in the best interest of the baby.
- Decisions are informed by parents who are encouraged and supported in the decision-making process.
- Parents are actively supported to participate in providing comfort and emotional support to their baby.

## Outcomes

- Parents feel respected and act confidently as partners in their baby's care.
- Positive impact of parents' integration into the care of the infant and the family as a whole.

## Resources and training:

- Defining Research – National Research Ethics Service ([National Patient Safety Agency, 2009](#))
- Neonatal Data Analysis Unit ([Imperial College London, Department of Medicine](#))
- Consent for common neonatal investigations, interventions and treatments ([BAPM, October 2004](#))
- FaB – for more information please see the Best Practice Bank section of the Bliss website
  - The neonatal care pathway ([Together for short lives, 2009](#))
- Palliative Care: A framework for clinical practice in Perinatal Medicine ([BAPM, August 2010](#))
- Practical Guidance for the management on palliative care on neonatal units ([RCPCH and Chelsea & Westminster Hospital NHS Trust, 2014](#))
- Making critical care decisions ([Bliss](#))
- Family handbook or Your special care baby: a guide for families ([Bliss](#))
- Stillbirth and Neonatal Death Charity ([Sands](#))

- Child Bereavement UK (CBUK)
- Listening to parents: the impact of stillbirth and neonatal death (Royal Society of Medicine, 2014).

### **Examples of documents:**

- Communication notes (in patient file)
- Discharge questionnaire
- Care plans
- Information leaflets or documents
- Welcome packs
- Guidelines
- Staff training records.

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 2.1 - Information and decision-making</b>					
<b>2.1A</b>	On admittance all families receive a copy of the Bliss <i>Family handbook or Your special care baby</i> .	QF ref: 3.1.1	B	<ul style="list-style-type: none"> <li>• Admission/discharge checklist.</li> <li>• Regular order to Bliss.</li> <li>• Sample admission pack.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
<b>2.1B</b>	Parents receive adequate and timely communication regarding their baby's condition.	NICE 5a and 5b; BAPM: 6.1; QF ref: 3.1.1; NHS Service Spec. 3.2.14.3	B	<ul style="list-style-type: none"> <li>• Use of dedicated communications sheets in patient notes that are clearly labelled for parents' use.</li> <li>• Discharge questionnaire.</li> <li>• Daily nursing entry.</li> <li>• Badger for recording early conversation with senior clinician.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
<b>2.1C</b>	Clear guidelines on consent are followed and parents are sufficiently informed and understand when consent is needed.	QF ref: 3.1.1	B	<ul style="list-style-type: none"> <li>• Evidence of consent in notes (may be Trust-specific).</li> <li>• Evidence in patient notes.</li> <li>• Consent policy/child health red book/information booklets.</li> <li>• Generic consent form in clinical note signed by carer.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>2.1D</b> <b>2.1E</b> <b>2.1F</b>	For routinely anticipated care, immediate interventions and all significant changes in the baby's condition requiring new interventions or care, an explanation is given as soon as possible (ideally in advance), signed consent is obtained and filed where necessary, discussions are documented and parents are referred to local leaflets or Bliss publications.	QF ref: 3.1.1	B	<ul style="list-style-type: none"> <li>• Evidence of local, Bliss and other key leaflets.</li> <li>• Discharge pathway.</li> <li>• Patient notes.</li> <li>• Nursing and medical notes.</li> <li>• Consent forms.</li> </ul>	
<b>2.1G</b>	Decisions/changes in care where parents may express a preference should always involve them.	NICE 5a and 5b; QF ref: 3.1.2	B	<ul style="list-style-type: none"> <li>• Patient notes.</li> <li>• Nursing and medical notes.</li> <li>• Family care plans.</li> </ul>	
<b>2.1H</b>	Parents have regular access to their baby's named consultant or senior medical staff and are invited to be present at ward rounds.	QF ref: 3.1.1; NHS Service Spec. 3.2.14.4	B	<ul style="list-style-type: none"> <li>• Patient notes.</li> <li>• Badger entries.</li> <li>• Patient leaflet.</li> <li>• Ward rounds.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>
<b>2.1I</b>	Parents are provided with information about how to access their baby's records.	BAPM 6.1	B	<ul style="list-style-type: none"> <li>• Information leaflet.</li> <li>• Parent information boards.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 2.2 - Care plans</b>					
<b>2.2A</b>	Staff follow pathways and use the prompts within the pathway to direct or anticipate care.		S	<ul style="list-style-type: none"> <li>Patient notes checked against care pathways.</li> <li>Examples of hospital and/or Trust care pathways.</li> </ul>	
<b>2.2B</b>	Care plans are reviewed regularly and kept up to date.		B	<ul style="list-style-type: none"> <li>Examples of care plans.</li> <li>Patient notes.</li> </ul>	
<b>2.2C</b>	Parents of babies with complex needs have an identified individual, who proactively provides regular information on the care pathway and provides support during transition and discharge.		NICE 5a; DH Toolkit 3.9; BAPM: 6.1; QF ref: 3.1.2; NHS Service Spec. 3.2.14.4	<ul style="list-style-type: none"> <li>Outreach/discharge liaison nurse.</li> <li>Evidence of discharge liaison meetings.</li> <li>Discharge policy.</li> <li>Checklists.</li> <li>Named consultant for complex babies.</li> </ul>	
<b>2.2D</b>	Parents are provided with information about who to contact on the unit with queries or advice regarding their baby's condition and treatment and know where to go for further information, including useful websites.		RCOG 16.9; QF ref: 3.1.1; NHS Service Spec. 3.2.14.3	<ul style="list-style-type: none"> <li>Issuing of welcome booklets.</li> <li>Regular order of Bliss publications.</li> <li>Discharge checklist.</li> <li>Patient noticeboard.</li> </ul>	<ul style="list-style-type: none"> <li>Unit visit assessment.</li> </ul>
<b>2.2E</b>	Parents are provided with ongoing information, by trained staff, about their baby's long-term outcomes.		QF ref: 3.1.1; NHS Service Spec. 3.2.14.3	<ul style="list-style-type: none"> <li>Discharge liaison nurse.</li> <li>Medical staff entry in notes.</li> <li>Communication sheet.</li> </ul>	<ul style="list-style-type: none"> <li>Unit visit assessment.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>2.2F</b>	Health visitors are informed of a new admission as soon after birth as possible and mechanisms are in place to facilitate appropriate contact with the family on the unit, particularly in preparation for discharge.	DH Health visitor implementation Plan 2011-15; NHS Service Spec. 3.2.17.2	S	<ul style="list-style-type: none"> <li>• Health visitor book.</li> <li>• Entry/evidence/child health record.</li> <li>• GP/HV sent Badger admission sheet.</li> <li>• Discharge liaison.</li> </ul>	
<b>Standard 2.3 - Psychosocial support</b>					
<b>2.3A</b>	Families, including siblings, are offered social, psychological and/or spiritual support throughout their neonatal journey.	DH Toolkit 3.8 and 3.12; BAPM 6.4; RCOG 16.9; QF ref: 3.1.3 and 3.2.4; NHS Service Spec. 3.2.14	B	<ul style="list-style-type: none"> <li>• Availability of counsellor.</li> <li>• Discharge liaison.</li> <li>• Family support group.</li> <li>• Online support.</li> <li>• FaB.</li> <li>• Referral to Bliss Helpline.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
<b>2.3B</b>					
<b>2.3C</b>	Staff provide families with written information about local social/psychological support and advice services, organisations and networks, including relevant literature and information on how to contact them when they are ready.	QF ref: 3.1.1; NHS Service Spec. 3.2.14	B	<ul style="list-style-type: none"> <li>• Bliss Family handbook or Your special care baby and booklets.</li> <li>• Noticeboards information and poster – for example how to register baby.</li> <li>• Telephone numbers/addresses.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
	<b>Refer to 5.3</b>				

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 2.4 - Sensitive news</b>					
<b>2.4A</b>	Your unit provides comfortably furnished private rooms for parents to have confidential, sensitive or difficult discussions.	QF ref: 3.1.4; NHS Service Spec. 1.2	B	<ul style="list-style-type: none"> <li>• Designated room (not used for other purposes).</li> <li>• Lock on door.</li> <li>• Signage – ‘room in use’, ‘engaged’.</li> </ul>	
<b>2.4B</b>	Staff have received specific training on how to communicate difficult news (as appropriate)	RCOG 16.9; QF ref: 3.1.1; NHS Service Spec. 3.2.13	S	<ul style="list-style-type: none"> <li>• Training records.</li> <li>• Study day attendance recorded/monitored.</li> </ul>	
<b>2.4C</b>	When staff break sensitive or difficult news to parents, they try to have at least two members of the family present to support each other.			<ul style="list-style-type: none"> <li>• Evidence of policy.</li> <li>• Patient notes.</li> </ul>	
<b>2.4D</b>	Families are offered psychological/emotional support after receiving sensitive news.	BAPM 6.1; NHS Service Spec. 3.2.14	B	<ul style="list-style-type: none"> <li>• Discharge pathway/checklist.</li> <li>• Counsellor available.</li> </ul>	
<b>2.4E</b>	Staff help families to access bereavement counselling if their baby has died on the unit.	QF ref: 3.1.3	S	<ul style="list-style-type: none"> <li>• Evidence of bereavement pathway.</li> <li>• Bereavement officer.</li> <li>• Memory boxes available.</li> <li>• Staff with bereavement training.</li> </ul>	
<b>2.4F</b>	Parents have access to or are offered faith/spiritual support within the hospital.	QF ref: 3.1.3	B	<ul style="list-style-type: none"> <li>• 24/7 access to faith/spiritual support.</li> <li>• Hospital rota available.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 2.5 - Palliative and end of life care</b>					
<b>2.5A</b>	Units have clear criteria for assessing which babies require palliative care, taking into account diagnosis and prognosis.	QF ref: 3.1.2; NHS Service Spec. 3.1	S	<ul style="list-style-type: none"> <li>• Evidence of criteria.</li> <li>• Staff can discuss use of important documents eg. BAPM, Bliss, Together for short lives.</li> </ul>	
<b>2.5C</b>	Palliative care is coordinated by a named lead professional and involves a multi-agency, multi-disciplinary team.	QF ref: 3.4.1	S	<ul style="list-style-type: none"> <li>• Badger discharge letter.</li> <li>• Discharge/outreach lead.</li> <li>• Palliative care lead.</li> </ul>	
<b>2.5D</b>	The baby's documented end of life/palliative care plan is agreed with parents and decisions are based on a multi-disciplinary assessment.	QF ref: 3.1.2	B	<ul style="list-style-type: none"> <li>• Bliss booklet <i>Making critical care decisions</i>.</li> <li>• Use of neonatal integrated comfort care pathway.</li> <li>• Patient notes.</li> <li>• Discharge liaison input.</li> <li>• Discharge pathway.</li> <li>• Training records for senior staff.</li> <li>• Distribution of booklets.</li> <li>• Patient notes.</li> <li>• Liaison input documented.</li> </ul>	
<b>2.5B</b>	A lead clinician talks through the Bliss booklet <i>Making critical care decisions</i> with parents and notes the conversation in the baby's record.				
<b>2.5G</b>	There is an ongoing discussion with parents about relevant topics, such as personal faith or spiritual wishes and place of death.				

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>2.5E</b>	Units have links with children's hospices to support parents and their choices on the baby's place of death.	BAPM 6.1; QF ref: 3.1.2	S	<ul style="list-style-type: none"> <li>• Discharge pathway.</li> <li>• Information on local hospice.</li> <li>• Evidence of meeting between unit and hospices.</li> <li>• Staff liaison.</li> </ul>	
<b>2.5F</b>	Staff are experienced in supporting palliative care and have received appropriate training.		S	<ul style="list-style-type: none"> <li>• Training records.</li> <li>• Evidence of staff competencies.</li> <li>• Bliss booklet <i>Making critical care decisions</i>.</li> </ul>	
<b>2.5H</b>	Bereavement support coordinated by a named professional is made available if needed.	QF ref: 3.4.1	S	<ul style="list-style-type: none"> <li>• Bereavement pathways.</li> <li>• Evidence of multi-disciplinary approach.</li> <li>• Referral to Sands.</li> </ul>	

## **Bliss Baby Charter Principle 3**

### **Aim**

Babies receive the nationally recommended level of specialist care in the nearest specialist unit to the baby's family home.

### **Objectives**

- All units have sufficient numbers of trained health professionals with the specialist skills and competencies required to care for babies in neonatal care.
- Units have clear arrangements for transfers to the most appropriate unit as determined by the baby's condition.

### **Outcomes**

- Parents are confident that their baby is in expert hands.
- Parents are able to access the neonatal services their baby needs as close to home as clinically possible.
- Increased opportunities for parental involvement in their baby's care.
- Reduced impact of hospitalisation on the family.

### **Resources and training:**

- NHS Service Specification - Neonatal (NHS Commissioning Board, 2014)
- Royal College of Nursing Competency Framework
- NICE Guidelines
- NHS Service Specifications for Neonatal Services (England)
- BAPM 2010
- Neonatal Care in Scotland: A Quality Framework (2013)
- All Wales Neonatal Standards, 2nd Edition (2013).

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 3.1 - Trained specialist staff</b>					
<b>3.1A</b> <b>3.1B</b> <b>3.1D</b> <b>3.1E</b>	<p>Adequate numbers of staff are specifically trained to meet nationally agreed minimum clinical standards in all levels of neonatal care</p> <p>All staff competent and able to stabilise the baby assess them and initiate an action plan.</p>	<p>BAPM 2010; DH toolkit 2009 - Principle 2; QF ref: 3.2.2 and 3.2.3; QF ref: 3.2.7; NHS Service Spec. 3.1</p>	<p>S</p>	<ul style="list-style-type: none"> <li>• Staff numbers/rotas.</li> <li>• National Service Specification.</li> <li>• Training record.</li> <li>• Child protection records.</li> <li>• Safeguarding training in accordance with local trust guidelines.</li> <li>• Welsh Network Data.</li> <li>• Clevermed.</li> <li>• Scottish Network Data.</li> </ul>	
<b>3.1C</b>				<p>Staff training included components to develop knowledge and skills in baby and family-centred care, including the areas listed in 3.1C.</p> <p>Staff are trained in safeguarding procedures and are aware of indications to prompt.</p>	<p>NHS Service Spec. 3.2.13</p> <p>S</p> <ul style="list-style-type: none"> <li>• Example of competency framework.</li> <li>• Example of Preceptor Programme (eg. Thames Valley and Wessex)</li> <li>• Working towards Unicef accreditation (Baby Friendly Initiative, BFI)</li> <li>• Named lead for breastfeeding, developmental care, discharge planning.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 3.2 - Multi-disciplinary team</b>					
<b>3.2A</b>	Babies have timely access to allied health professionals with specific neonatal or paediatric training.	DH Toolkit 2.5; QF ref: 3.2.4	B	<ul style="list-style-type: none"> <li>Patient notes.</li> </ul>	<ul style="list-style-type: none"> <li>Unit visit assessment.</li> </ul>
<b>3.2B</b>	Families have access to social workers for assessment and provision of support services or are signposted to the relevant local agencies.	QF ref: 3.1.3	B	<ul style="list-style-type: none"> <li>Patient notes.</li> </ul>	<ul style="list-style-type: none"> <li>Unit visit assessment</li> </ul>
<b>3.2C</b>	Care plans reflect a multi-disciplinary approach to neonatal care, both within primary care and community teams.	QF ref: 3.1.2	S	<ul style="list-style-type: none"> <li>Patient notes.</li> <li>Clear pathways for signposting.</li> </ul>	<ul style="list-style-type: none"> <li>Unit visit assessment.</li> </ul>
<b>Standard 3.3 - Near to home</b>					
<b>3.3A</b>	Your unit follows network transfer guidelines for admission to appropriate specialist services or return to an appropriate local service.	QF ref: 3.5.3, 3.6.3 and 3.6.4	S	<ul style="list-style-type: none"> <li>Copy of network transfer guidelines.</li> <li>Enforcement of transfer guidelines.</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>3.3B</b> <b>3.3C</b> <b>3.3D</b>	<p>Parents are involved in possible transfer of their baby including:</p> <ul style="list-style-type: none"> <li>Given an explanation and involved in discussions on transfers.</li> <li>Given comprehensive information on transfer.</li> <li>Given choice to accompany their baby.</li> <li>Encouraged and have the chance to visit a new unit in advance of transfer.</li> </ul>	NICE 5a and 5b; DH Toolkit 3.2, 3.4 and 3.8; BAPM 6.1; QF ref: 3.1.2	B	<ul style="list-style-type: none"> <li>Patient notes.</li> </ul>	<ul style="list-style-type: none"> <li>Unit visit assessment.</li> </ul>
<b>3.3E</b> <b>Ref 5.3A,</b> <b>B, C</b>	Parents who have had a long-distance transfer are offered a range of support, including an agreed financial package.	QF ref: 3.1.3	B	<ul style="list-style-type: none"> <li>Examples of support – finance leaflets, funding.</li> <li>FaB.</li> </ul>	
<b>3.4B</b>	Your unit has the same visiting policy as other units of equal clinical level within your network.			<ul style="list-style-type: none"> <li>Information on visiting times and corresponding unit times.</li> <li>Information on visiting times and corresponding unit times.</li> </ul>	<ul style="list-style-type: none"> <li>Unit visit assessment.</li> </ul>

### Standard 3.4 - Consistency across the neonatal network

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>3.4C 3.4A</b>	Your unit is involved in developing, implementing and supporting both medical and nursing network guidelines.		S	<ul style="list-style-type: none"> <li>• Example of shared guidelines such as breastfeeding, infection control, palliative care, pain, developmental care, nutrition.</li> <li>• Example of attending and participating in network meetings and activities.</li> </ul>	

## **Bliss Baby Charter Principle 4**

### **Aim**

Units encourage parents to be involved in plans and processes for continuous service improvement, and outcomes of care are benchmarked against local and national standards.

### **Objectives**

- Units monitor their care outcomes against local/national/international benchmarks.
- Units fully commit to delivering national standards and ensuring local levels of excellence.

### **Outcomes**

- There is a culture of continuous improvement, that involves and is informed by parents.
- There is evidence that high-quality care standards are being met and maintained.
- Local/national/international trends are observed and compared.

### **Resources and training:**

- **NHS Service Specification - Neonatal (NHS Commissioning Board, 2014)**
- **Department of Health Toolkit for High Quality Neonatal Service (2009)**
- **National Parents' Survey**
- **Neonatal Data Analysis Unit (NDAU)**
- **National Neonatal Auditing Programme (NNAP)**
- **Bliss You said, we did report (2013)**
- **Best Practice Bank Bliss**
- **Neonatal Care in Scotland: A Quality Framework (2013)**
- **All Wales Neonatal Standards, 2nd Edition (2013)**

### **Examples of documents:**

- **National Parent Survey**
- **Audits**

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 4.1 - Monitoring and benchmarking</b>					
<b>4.1A</b>	Benchmarking activity is routinely included in your unit's quality improvement programme.	QF ref: 3.4.5	S	<ul style="list-style-type: none"> <li>• Neonatal Dashboard.</li> <li>• NDAU (Neonatal Data Analysis Unit).</li> <li>• NINAP (National Neonatal Audit Programme).</li> <li>• Every unit to have an information/data coordinator.</li> <li>• National Parent Survey.</li> <li>• Every unit to complete parent experience questionnaires.</li> <li>• IT support from Trust.</li> </ul>	
<b>4.1B</b>	Feedback from parents is regularly sought, collated and fed into decision-making processes.	NHS Service Spec. 3.2.15	B	<ul style="list-style-type: none"> <li>• Unit and network parent reps who visit regularly, feeding back and inputting.</li> <li>• Public Patient Engagement Framework (PPE).</li> </ul>	
<b>4.1C</b>	Your unit works together with other units within your network on agreed benchmarking/audit programmes.	QF ref: 3.4.5	S	<ul style="list-style-type: none"> <li>• Example of joint network collaboration.</li> </ul>	
<b>4.1D</b>	Your unit participates in the national neonatal audit programme.	QF ref: 3.4.5	S	<ul style="list-style-type: none"> <li>• Details of submitted audits.</li> </ul>	
<b>Standard 4.2 - Service improvement</b>					
<b>4.2C</b>	Benchmarking and audit inform future service improvement activities and action plans.		S	<ul style="list-style-type: none"> <li>• Examples of changed practice.</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>4.2A</b>	There is a process in place for involving parents and staff in improving service delivery, including:	NHS Service Spec. 3.2.15	B	<ul style="list-style-type: none"> <li>• Example of parent survey.</li> <li>• Parent groups.</li> <li>• Staff and parent focus groups.</li> </ul>	
<b>4.2B</b>					
<b>4.2D</b>					

## **Bliss Baby Charter Principle 5**

### **Aim**

Parents are informed, guided and supported, so that they understand their baby's care processes and become confident in caring for them. Parents should have access to information about clinical conditions, tests and treatment, infant development as well as practical issues such as breastfeeding, financial support, transferring between units, local facilities and support services. Information needs to be available in different formats, different media and different languages (according to local population).

### **Objectives**

- All parents receive relevant verbal and written information about all aspects of their baby's care, tests and treatment, breastfeeding, financial support, transfers to other units and local facilities (in an appropriate format and language) throughout their baby's stay on the unit.
- All parents receive information regardless of age, education, ethnicity, language or health status.
- All parents are supported in learning how they can help to care for their baby while on the unit and in preparation for discharge.

### **Outcomes**

- Parents feel fully informed and supported.
- A relationship is supported between parents and their baby.
- Parents are confident in caring for their baby on the unit and feel fully prepared for discharge.
- Reduced stress and anxiety due to receiving enough information.

### **Resources and training:**

- **NHS Service Specification - Neonatal (NHS Commissioning Board, 2014)**
- **Compassion in Practice - Nursing, Midwifery and Care Staff. Our Vision and Strategy (NHS Commissioning Board, 2012)**
- **Bliss publications**
- **Department of Health Toolkit for High Quality Neonatal Service (2009)**
- **NICE Specialist neonatal care quality standard (2010)**
- **Local network or unit leaflets**
- **The 6 'Cs' of Nursing - Royal College of Nursing (2012)**
- **Bliss Best Practice Bank.**

**Examples of documents:**

- Admissions pack/information
- Parent questionnaire
- National Parent Survey
- Communication sheet (in patient notes)
- Parent passport
- Competency records.

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 5.1 - Introduction to the unit</b>					
<b>5.1A</b>	Parents with a predicted need for neonatal care should be offered a prior visit to the unit and an opportunity to meet staff.	NICE 5a and 5b; DH Toolkit 3.1; QF ref: 3.1.1	B	<ul style="list-style-type: none"> <li>• Links with midwifery antenatal.</li> <li>• Diary of tours and visits.</li> <li>• Virtual tour available/promoted.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>
<b>5.1B 5.1E</b>	<p>All parents are fully inducted on entry to the neonatal unit so they can orient themselves. Information includes:</p> <ul style="list-style-type: none"> <li>• Awareness of different equipment and noises or alarms within the unit</li> <li>• Relevant policy and procedures on the unit, ie. infection control.</li> </ul>	NICE 5a and 5b; DH Toolkit 3.2; BAPM 6.1; QF ref: 3.1.1; NHS Service Spec. 1.2 and 3.2.14.2	B	<ul style="list-style-type: none"> <li>• Admission information/pack.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>
<b>5.1C</b>	Attention is paid to those mothers who have not been able to access the unit straight away, either due to their own health or having one or more babies in a different unit.	NICE 5a and 5b; QF ref: 3.1.1 and criteria review	B	<ul style="list-style-type: none"> <li>• Admission information/pack.</li> <li>• National Parent Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Parent questionnaire.</li> <li>• National Parent Survey.</li> </ul>
<b>5.1D</b>	Parents know who to contact for practical queries and advice, either a named nurse, nurse on each shift or shift coordinator.	NHS Service Spec. 3.2.14.3	B	<ul style="list-style-type: none"> <li>• Admission Pack information.</li> <li>• Communication sheet.</li> <li>• Shift board.</li> <li>• Photo board.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>5.1F</b>	Unit staff introduce themselves to parents and explain their role in relation to their baby's care and the running of the unit.	NICE 5b; DH Toolkit 3.2	B	<ul style="list-style-type: none"> <li>• Staff practice.</li> <li>• Parent questionnaire.</li> <li>• Picker survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
<b>5.1G</b>	Parents are provided with a 'welcome pack' (ideally provided in languages and formats relevant to local community) giving practical information about the unit.	DH Toolkit 3.8.3.12; QF ref: 3.1.1; NHS Service Spec. 1.2 and 3.2.14.6	B	<ul style="list-style-type: none"> <li>• Example of welcome pack.</li> <li>• List of contents of welcome pack.</li> <li>• Information clearly displayed on unit.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
<b>5.1H</b>					<p>Parents should also receive information about local amenities, such as taxi service, free or reduced parking, meal vouchers, restaurants, particularly if they have not been admitted to their local unit.</p> <p>Written information explaining the local neonatal network and how it operates should be available in languages and format appropriate to the local community. This should include basic information about each unit and an explanation of the transfer service.</p>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>5.11</b>	The unit has staff photo and uniform information boards or screens which are kept up to date.	B		<ul style="list-style-type: none"> <li>Unit visit assessment.</li> </ul>	
<b>Standard 5.2 - Facilities</b>					
<b>5.2A</b>	Babies are safe and secure while on the unit and parents are informed of security arrangements.	DH Toolkit 3.11	B	<ul style="list-style-type: none"> <li>Detail entry/security info.</li> </ul>	
<b>5.2B</b>	Parents of baby's on the neonatal unit are able to access overnight accommodation with bathroom facilities, as close as possible to their baby and without cost.	NICE 1e and 1f; DH Toolkit 3.11; BAPM 6.3; QF ref: 3.1.4; NHS Service Spec. 3.2.14.6	B	<ul style="list-style-type: none"> <li>Provide information on accommodation available (eg. number of rooms, availability, on unit/off-site).</li> </ul>	<ul style="list-style-type: none"> <li>Unit visit assessment.</li> </ul>
<b>5.2C</b>	Parents and families have easily accessible facilities available to store their personal and baby's belongings safely and securely	QF ref: 3.1.4	B	<ul style="list-style-type: none"> <li>Provide information on storage.</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>5.2D</b> <b>5.2E</b> <b>5.2F</b> <b>5.2G</b> <b>5.2H</b>	<p>Unit facilities for families are clean and comfortable, free of charge and of an appropriate size to the scale of the unit. They include easy access to:</p> <ul style="list-style-type: none"> <li>• A parent/family sitting room.</li> <li>• A small kitchen to make hot drinks and snacks as well as information on the canteen and other facilities for having meals within the hospital.</li> <li>• Child-friendly areas for siblings.</li> <li>• A dedicated room for counselling or private conversations with staff.</li> </ul>	QF ref: 3.1.4; NHS Service Spec. 1.2 and 3.2.14.6	S	<ul style="list-style-type: none"> <li>• Highlight facilities available.</li> <li>• How is this information relayed to parents?</li> <li>• Discharge or other parent survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 5.3 - Support networks</b>					
<b>5.3A</b> <b>5.3B</b> <b>5.3C</b>	Parents are given information on: <ul style="list-style-type: none"> <li>Useful websites with information, advice and support (including financial advice/aid).</li> <li>National and local support groups (eg. Bliss).</li> <li>Local parents for peer support and contact is facilitated as appropriate.</li> </ul>	DH Toolkit 3.8 and 3.12; BAPM 6.4; RCOG 19.4; QF ref: 3.1.1; NHS Service Spec. 3.2.14.3	B	<ul style="list-style-type: none"> <li>Explain information and support provided, including places directed to, eg. Bliss, local charity, children's centre etc.</li> <li>Discharge or other parent survey.</li> </ul>	<ul style="list-style-type: none"> <li>Parent survey.</li> </ul>
<b>Standard 5.4 - Consistent information</b>					
<b>5.4A</b>	Parents are fully involved in discussions about their baby's care and receive consistent information from staff caring for their baby.	QF ref: 3.1.2; NHS Service Spec. 3.2.14.4	B	<ul style="list-style-type: none"> <li>Parent questionnaire.</li> <li>Stated in baby's notes.</li> <li>Stated in parent passport.</li> </ul>	<ul style="list-style-type: none"> <li>Parent survey.</li> </ul>
<b>5.4B</b>	Verbal and written information is provided at appropriate times to help parents' understanding of neonatal care (including clinical conditions, procedures, risks, complications, tests, investigations etc).	NICE 5a and 5b; DH Toolkit 3.4 and 3.9; QF ref: 3.1.2; NHS Service Spec. 3.2.14.4	B		

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>5.4C</b>	Translation services and/or professional interpreters are accessible and secured in a timely way.	NICE 5a and 5b; DH Toolkit 3.9; BAPM 6.4; QF ref: 3.1.2	B	<ul style="list-style-type: none"> <li>• List of available services and resources.</li> <li>• Evidence of local services.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
<b>5.4D</b>	Health professionals understand the potential difficulties parents may face in taking in complex information and there are unit strategies to overcome this.		S	<ul style="list-style-type: none"> <li>• Communication tailored to meet individual needs.</li> <li>• Examples of approach.</li> <li>• Implementation of 6 'C's' of Nursing.</li> <li>• Provision of written information/diagrams etc.</li> <li>• Parents owning care plan.</li> </ul>	
<b>Standard 5.5 - Use of data</b>					
<b>5.5A</b>	Staff understand data protection principles and inform parents how data about their baby is used.		S	<ul style="list-style-type: none"> <li>• Highlight training provided.</li> </ul>	
<b>5.5B</b>	Parents are fully informed about clinical trials and the consent process and value of research.		B	<ul style="list-style-type: none"> <li>• Explain how this information is shared</li> <li>• How is consent obtained from parents?</li> <li>• How is information about the different research trials shared?</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
<b>5.5C</b>	Staff are taught how to transmit information to third parties securely and confidentially.		S	<ul style="list-style-type: none"> <li>• Highlight training provided.</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 5.6 - Daily cares</b>					
<b>5.6A</b>	Both mothers and fathers are supported to learn to carry out their baby's day-to-day cares and are actively encouraged to do so.	NICE 5b; DH Toolkit 3.5; BAPM 6.1; QF ref: 3.1.2; NHS Service Spec. 3.2.14.5	B	<ul style="list-style-type: none"> <li>• Parent craft classes documented.</li> <li>• Parents asked what they have learnt.</li> <li>• Parent passport.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
<b>5.6B</b>	The level of involvement of the parents in the baby's daily care is facilitated and increased from admission.	NICE 5b; DH Toolkit 3.5; QF ref: 3.1.2	B	<ul style="list-style-type: none"> <li>• Competency record.</li> <li>• Parent passport.</li> </ul>	

## Bliss Baby Charter Principle 6\*

### Aim

Breast milk expression and breastfeeding are actively promoted, and mothers receive practical support to achieve successful lactation. Relevant health professionals are equipped with appropriate knowledge and skills to facilitate and support lactation following a preterm birth.

### Objectives

- Health professionals are competent in facilitating, and have the knowledge and skills required, to support breastfeeding and/or expression
- Mothers are supported to breastfeed by trained staff and have access to facilities designed to encourage the initiation of successful lactation and, when appropriate, to start breastfeeding.
- Parents are informed of the benefits of breastfeeding their baby, that it is medicinal, not just nutritional, and understand why staff promote it on the unit.

### Outcomes

- Babies benefit from improved growth and tolerance of enteral nutrition.
- Risk of infection is minimised, including reduction of complications such as necrotising enterocolitis.
- Mothers feel valued and have improved self-esteem in relation to their role as the baby's parent (and primary care provider).

### Resources and training:

- Baby Friendly Initiative standards for neonatal units (Unicef UK, November 2012)
- Guidelines for making up special feeds for infants and children in hospital (HM Government, 2010). NB: New guidelines will be published in late 2015
- Guide to bottle feeding (NHS, June 2012)
- UKAMB
- Best Beginnings - *Small Wonders* DVD
- NEC Care Bundle
- Donor breast milk banks: the operation of donor milk bank services (NICE, Feb 2010)
- Scottish standards
- Welsh standards

- Bliss Best Practice Bank
- Bliss leaflets, eg. *The best start.*

### **Examples of documents:**

- Unicef Baby Friendly Initiative (BFI)
- Communications (in patient files)
- Care plans
- Breastfeeding/pumping logs
- Information leaflets/documents
- Staff training guidelines
- Guidelines
- Policies.

**\*Note: If you have achieved Unicef Baby Friendly accreditation, you are not required to complete this principle. We will ask you to provide us with the relevant documents.**

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type		
<b>Standard 6.1 - Promote and support breast milk expression</b>							
<b>6</b>	Unit is undertaking Unicef Baby Friendly Initiative.	S	Are you taking part in Unicef Baby Friendly Initiative?	<p>Yes      No</p> <p><i>If Yes, please complete the remainder of this page, then go to Charter Ref 6.3.</i></p> <p><i>If No, complete the rest of Principle 6.</i></p>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul> <p>Which stage of BFI are you at?</p> <p>Certificate of Commitment Stage 1 Accreditation Stage 2 Accreditation Full Accreditation</p> <p>When was this awarded? -/-/-/-</p> <p>When will you be reassessed? -/-/-/-</p> <p>Have you completed the maternity or neonatal standards?</p> <table> <tr> <td>Maternity</td> <td>Neonatal</td> </tr> </table>	Maternity	Neonatal
Maternity	Neonatal						

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence type
<b>6.1A</b>	Unit has a breastfeeding policy adhered to by staff.		S	<ul style="list-style-type: none"> <li>• Evidence breastfeeding policy.</li> <li>• Information and plan on training workforce.</li> </ul>
<b>6.1B</b>	<p>Following the birth of any preterm or sick baby, unit takes into consideration:</p> <ol style="list-style-type: none"> <li>a. Status of mother's recovery from birth.</li> <li>b. Mother's level of energy.</li> <li>c. Any previous breastfeeding experience.</li> <li>d. Any antenatal breastfeeding preparation.</li> <li>e. Mother's feelings about breastfeeding.</li> <li>f. Mother's support network.</li> <li>g. Mother's general health and any prescribed medication.</li> </ol>	B		
<b>6.1C</b>	Mothers receive practical support to enable them to establish lactation in the first six hours after birth.		B/S	<ul style="list-style-type: none"> <li>• Parent survey.</li> <li>• Communication between areas should be documented.</li> <li>• Communication between NNU and postnatal ward staff essential.</li> <li>• Reference to when baby and mother separated (different hospitals).</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>6.1D</b> <b>Also see 6.1G &amp; 6.1I</b>	To ensure good milk production in the following ten to 14 days, mothers are shown how to make the best use of techniques such as double pumping and skin-to-skin.	B	<ul style="list-style-type: none"> <li>• Written documentation - care plan and pumping log.</li> <li>• Massage and hand expressing useful until around 10ml can be expressed, then instruction on use of electric pump by an experienced nurse/ midwife.</li> <li>• Pumping assessment, type of pump (including funnel fit), at night, and other support.</li> <li>• Breastfeeding log, including information on frequency and duration of expression.</li> </ul>	<ul style="list-style-type: none"> <li>• Attach information given to parents.</li> <li>• Should include Bliss breastfeeding booklet <i>The best start</i>.</li> <li>• Small Wonders DVD if admitted in antenatal period.</li> </ul>	
<b>6.1E</b>	Parents are given clear and consistent information on the benefits of breastfeeding and the importance of frequent expression is explained.	B			
<b>6.1G</b> <b>Also see 6.1D &amp; 6.1I</b>	The unit has a dedicated professional to support mothers in establishing lactation and increasing milk production in the following days.	S	<ul style="list-style-type: none"> <li>• Describe training professional has undergone (eg. UNICEF Neonatal Course as a minimum requirement) and experience of working with preterm breastfeeding mothers and babies.</li> <li>• Explain team approach.</li> <li>• Use of peer counsellors.</li> <li>• Describe support offered to mothers.</li> </ul>	<ul style="list-style-type: none"> <li>• Training syllabus - should cover all principles and be mandatory training for new staff within six months of taking up post. Yearly practical skills reviews.</li> </ul>	
<b>6.1H</b>	Staff receive training on the benefits of breast milk, physiology of lactation and how to provide practical support to mothers.	NHS Service Spec. 3.2.13	S	<ul style="list-style-type: none"> <li>• Training syllabus - should cover all principles and be mandatory training for new staff within six months of taking up post. Yearly practical skills reviews.</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>6.11</b> <b>Also see 6.1D &amp; 6.1G</b>	Your unit has adequate stock of equipment for all mothers wishing to express their breast milk, including breast pumps, different sized funnels and storage bottles etc.	NICE 6; DH Toolkit 3.10; BAPM 6.2; RCOG 15.5; QF ref: 3.1.4	B	<ul style="list-style-type: none"> <li>• Brief list of equipment – ideally with ratio.</li> <li>• Provision of hospital grade breast pumps to lend mothers if they are discharged home before baby.</li> </ul>	
<b>6.1J</b>	Your unit promotes safe and hygienic handling, storage and transport of breast milk and ensures parents are informed of these measures.	NICE 6; DH Toolkit 3.10; BAPM 6.2; RCOG 15.5	B	<ul style="list-style-type: none"> <li>• List information provided.</li> <li>• Attach guideline on safe-handling.</li> <li>• Ensure mothers know storage times are different at home post-discharge.</li> <li>• Details around communication with parents.</li> <li>• Training log.</li> </ul>	
<b>6.1K</b>	Private and comfortable facilities are provided for mothers to express their milk and expression at the baby's cot side is encouraged.	QF ref: 3.1.4; NHS Service Spec. 1.2 and 3.2.14.6	B	<ul style="list-style-type: none"> <li>• Explain facilities/equipment (rooms, screens, chairs etc).</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>
<b>6.1L</b>	Your unit has a policy for and consistent practice guidelines on the fortification of breast milk.		S/B	<ul style="list-style-type: none"> <li>• Confirm/attach guideline on fortification of breast milk.</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 6.2 - Breastfeeding</b>					
<b>6.2A</b>	Parents receive adequate and timely support to aid transition from tube feeding to breastfeeding - for example with recognition of feeding cues, help with attachment and positioning, and signs that baby is feeding well.	B		<ul style="list-style-type: none"> <li>• Documentation.</li> <li>• Breastfeeding 'Top Up' chart.</li> <li>• Unicef Breastfeeding assessment sheet.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>
<b>6.2B</b> <b>See also</b> <b>1.1C</b> <b>1.1E</b>	Mothers are provided with a private and comfortable space for breastfeeding.	NICE 6; DH Toolkit 3.10; BAPM 6.2; RCOG 15.5, 16.5 and 15.7; QF ref: 3.1.4; NHS Service Spec. 3.2.14.6	B	<ul style="list-style-type: none"> <li>• Use of rooming in facilities, if available.</li> <li>• Descriptions of rooms or space provided.</li> <li>• Parent views documented.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>
<b>6.2C</b>	Mothers are consistently supported to establish breastfeeding on the unit before going home.		B	<ul style="list-style-type: none"> <li>• Parents views of support available.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>6.2D</b>	Breastfeeding is a discrete part of a discharge planning process in which mothers are provided with the support and motivation necessary to continue breastfeeding/expression once at home.	NHS Service Spec. 2.11	B	<ul style="list-style-type: none"> <li>• Show evidence of a post-discharge support network.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>
<b>6.2E</b>	Senior nursing and medical staff provide leadership in promoting the practice of breastfeeding and encourage a supportive culture.		B	<ul style="list-style-type: none"> <li>• Information provided to parents.</li> <li>• Information provided to staff.</li> <li>• Training or study days.</li> <li>• Literature clearly displayed.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>
<b>Standard 6.3 - Alternative to maternal breast milk</b>					
<b>6.3A</b>	Parents are informed on how to donate any surplus milk, if they meet donor criteria.		B	<ul style="list-style-type: none"> <li>• Information provided to parents.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>
<b>6.3B</b>	Parents and carers are supported and shown how to make feeds and sterilise bottle and teats.	BAPM 6.1; RCOG 15.6	B	<ul style="list-style-type: none"> <li>• DH bottle feeding leaflet given to reinforce verbal information.</li> <li>• Staff should also follow guidelines for making up special feeds for infants and children in hospital.</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>6.3C</b>	The unit follows the NICE Guideline Donor Breast Banks and the United Kingdom Association for Milk Banking (UKAMB) Guideline(s) on the collection and use of donor breast milk.	S	<ul style="list-style-type: none"> <li>• Unit guideline.</li> <li>• Evidence of knowledge and usage.</li> </ul>		
<b>6.3D</b>	The unit has access to donor breast milk for babies who would benefit from it and who do not have access to their mother's expressed milk. (Donor milk is available to any neonatal unit that requests it and free couriering is usual).	S	<ul style="list-style-type: none"> <li>• Evidence of knowledge about how to access this.</li> </ul>		
<b>6.3E</b>	The unit has a policy on using preterm formulae (appropriate formula, follow-on milk, nutritional supplements etc) which is adhered to by staff.	DH Toolkit 2.5.11	S	<ul style="list-style-type: none"> <li>• Information/attach policy/guideline.</li> <li>• Access/advice from dietitian.</li> </ul>	

# **Bliss Baby Charter Principle 7**

## **Aim**

Discharge planning is facilitated and coordinated from initial admission to discharge date, to ensure both the baby and their family receive the appropriate care and access to resources.

## **Objectives**

- Discharge plans are coordinated from the baby's admission onto the unit.
- Resources are available to ensure that staff can provide a seamless and supported journey from the unit to home.
- Parents are signposted to appropriate support groups in their community.

## **Outcomes**

- Babies are discharged home early, safely and appropriately.
- Families feel confident to continue caring for their babies at home.
- Families feel confident that their baby's ongoing health and social care needs will be met after discharge.
- A seamless transition from unit to home is facilitated.

## **Resources and training:**

- *Bliss Community Health Professionals' Information Guide (CPiG)*
- *Bliss Going home - the next big step*
- *Bliss Going home on oxygen*
- FaB
- Department of Health Toolkit for High Quality Neonatal Service (2009)
- NICE Guidelines
- Department of Health Neonatal Service Specifications for England
- Bliss and independent family support groups
- Bereavement Services (see Principle 2)
- Neonatal Care in Scotland: A Quality Framework (2013)

- All Wales Neonatal Standards, 2nd Edition (2013)

### Examples of documents:

- Policies
- Guidelines
- Discharge planning documents
- Parent passport
- Care plans.

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>Standard 7.1 - Coordinated discharge planning</b>					
<b>7.1A 7.1C</b>	Unit has an established discharge planning policy whereby discharge plans are established from the point of admission and are continually reviewed.	NICE 7a and 7b; DH Toolkit 3.15; BAPM 6.4; NHS Service Spec. 23.2.17 and 3.2.19	S	<ul style="list-style-type: none"> <li>Information/attach policy.</li> <li>Comments on staff adherence.</li> <li>Discharge planning documentation.</li> <li>Review of some of the documentation to ensure it is completed and used.</li> <li>Evidence of when discharge planning takes place.</li> <li>Ensure evidence of different languages Bliss etc and local information and contact.</li> <li>GP/HV sent Badger admission sheet and discharge letter.</li> </ul>	
<b>7.1B</b>	Your unit demonstrates a multi-disciplinary approach to discharge planning, which incorporates parents, and includes facilitating access to social services and other support professionals.	QF ref: 3.1.3 NHS Service Spec. 3.2.12.2, 23.2.17 and 3.2.19	S	<ul style="list-style-type: none"> <li>MDT meeting minutes/guidance.</li> <li>Information on who is invited, how these staff are accessed/ invited</li> <li>Attendance records.</li> <li>Complex needs pack, FaB input. Could be included in evidence and discharge paperwork.</li> </ul>	
<b>7.1D</b>	Baby's discharge plan is well-coordinated and managed throughout with a high level of continuity between staff.	NHS Service Spec. 23.2.17 and 3.2.19	S	<ul style="list-style-type: none"> <li>Documentation in notes/discharge plan to illustrate there is an allocated person.</li> <li>Include parental interview to be assured that they are aware.</li> <li>Need evidence of parental involvement with discharge planning.</li> </ul>	

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>7.1E</b>	Parents have access to emotional/psychological support during and post discharge, ideally by a trained professional.	QF ref: 3.1.3	B	<ul style="list-style-type: none"> <li>• Policy for referral.</li> <li>• Job descriptions if employed by the Trust.</li> <li>• Guidelines for identifying parents in need.</li> <li>• Local referral pathway for formal counselling vs informal local unit support group.</li> <li>• Local support groups with midwife/neonatal involvement.</li> <li>• Information on what is available locally, how this is accessed and how parents are made aware of what is on offer.</li> </ul>	
				<b>Standard 7.2 - Rooming in</b>	
<b>7.2A</b>	Sufficient rooms are available on or adjacent to the unit for rooming in (with space and resources for any oxygen equipment) to help the family prepare for the discharge.	NICE 1e, 1f and 7b; DH Toolkit 3.15; QF ref: 3.1.4; NHS Service Spec. 1.2	B	<ul style="list-style-type: none"> <li>• Review of rooms by visiting teams/parents.</li> <li>• Parent interview.</li> </ul>	
				<b>Standard 7.3 - Meeting the baby's needs at home</b>	
<b>7.3A</b> <b>7.3B</b>	Parents are prepared for discharge from admission through appropriate information and training to deliver all aspects of their baby's care (including basic life support) to make sure they are able to meet their baby's ongoing needs at home.	NICE 1e, 1f and 7b; DH Toolkit 3.15; QF ref: 3.1.2; NHS Service Spec. 3.2.17	B	<ul style="list-style-type: none"> <li>• Review of documentation as above.</li> <li>• Bliss <i>Going home</i> booklet</li> <li>• Relationship with HV/community team.</li> <li>• Training records.</li> <li>• Interview with parents (eg. resus, drug administration, feeding cares etc).</li> <li>• Parent passport.</li> <li>• Discharge Checklist.</li> <li>• Tube Feeding Competency.</li> <li>• Drug Administration Competency.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent survey.</li> </ul>

Charter ref	Summary of criteria	Standards ref	Staff (S) Parent (P) Both (B)	Evidence	Assessment type
<b>7.3C</b>	Community support is provided by an integrated hospital-community neonatal team or an identifiable team of community health professionals.	DH Health visitor implementation plan 2011-15; QF ref: 3.2.2; NHS Service Spec. 3.2.20	S	<ul style="list-style-type: none"> <li>• Service specification.</li> <li>• Staffing numbers/toolkit compliant.</li> <li>• Information on community team.</li> </ul>	
<b>7.3D</b>	Before discharge, parents are given the opportunity to meet with the community team supporting them at home.	DH Health visitor implementation Plan 2011-15; NHS Service Spec. 3.2.20	B	<ul style="list-style-type: none"> <li>• Documentation - referral to whom? Explain clinical pathways etc.</li> <li>• Interview parents.</li> <li>• Opportunity to meet with external agencies such as health visitors prior to discharge, evidenced in paperwork and survey results.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>
<b>7.3E</b>	Community health teams are given up-to-date information about baby and any home care arrangements from care plan, as well as the opportunity to meet neonatal staff and parents before discharge.	DH Health visitor implementation Plan 2011-15 NHS Service Spec. 3.2.20	S	<ul style="list-style-type: none"> <li>• Review care plans/notes.</li> <li>• Discharge documentation what will be defined a timely (e.g. at least 48 hrs prior to discharge but ideally much sooner.) Badger discharge summary.</li> </ul>	
<b>7.3F</b>	Parents are informed and understand who to contact should the baby become unwell at home, and when they may need to take them to hospital.		B	<ul style="list-style-type: none"> <li>• Discharge documentation.</li> <li>• Review who it is sent to.</li> <li>• Parent interview.</li> </ul>	<ul style="list-style-type: none"> <li>• Unit visit assessment.</li> </ul>

## Notes



## About Bliss

Bliss champions the right for every baby born premature or sick to receive the best care. We achieve this by empowering families, influencing policy and practice, and enabling life-changing research.

Our work includes:

- Information and support for families
- A confidential helpline
- Campaigning
- Championing best practice in the care of premature and sick babies and their families

**We rely on voluntary donations and support from trusts, foundations and corporate partners to maintain and develop our services.**

**If you'd like to donate, or to support Bliss in other ways, please call 020 7378 1122 or visit our website, [bliss.org.uk](http://bliss.org.uk)**

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