Bliss Baby Charter Audit Tool

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

www.bliss.org.uk

Bliss

for babies born too soon, too small, too sick

1st edition, 2012

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Registered charity no. 1002973
Scottish registered charity SC040878

Foreword

The *Bliss Baby Charter* is based on the seven key principles of Human Rights and the UN rights of the child. It evolved from the *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 that they could.

However, the 2005 Charter did not really say what this level of care should look like, or include. So, in 2007, Bliss began to develop the charter further; it now comprises of seven principles, which each have a subset of standards and criteria on how to meet these standards.

The new Charter was also developed in light of Principle 3 of the Department of Health *Toolkit for high-quality neonatal services* as well as the POPPY recommendations.

The new *Bliss Baby Charter Audit Tool* has been specifically designed to provide a framework for units to examine key aspects of their unit's service provision, and to help staff make family-centred care a reality.

Acknowledgements

Bliss would like to thank the following people without whom the development of this audit tool would not have been possible.

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Julie Harcourt and the staff of the Birmingham Women's Hospital neonatal unit

Michelle Perry and the staff of Birmingham Children's Hospital neonatal unit

Janis Dodds, Barbara Goodey and the staff of the Hereford County Hospital neonatal unit

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Introduction

The Bliss Innovations Team is proud to launch the audit tool, which has been designed to accompany the *Bliss Baby Charter (BBC)*. This tool has been developed to help units identify and celebrate their achievements and to recognise the benefits of moving towards the charter's principles. We hope this will motivate staff as they themselves will be involved with identifying improvements and suggesting solutions. By working with Bliss you will be able to share good practice across the country by helping with ideas that others have tried and tested.

By participating in the self-assessment audit tool, the unit and network are displaying a commitment to delivering family-centred care. By supporting families to care for their baby, it releases time for nurses to dedicate more time to clinical duties.

The *BBC* helps organisations focus on and improve their neonatal service. Units that meet these standards show they put babies and families at the heart of their service and aim to constantly improve and give value for money.

The audit tool will demonstrate to families, commissioners and external reviewers the commitment to provide a service that puts the baby and the family at the centre of the service.

The *BBC* is based on national guidelines and supports the Department of Health's *Toolkit for high-quality neonatal services* (2009) to help health professionals with examples of how they can improve the experiences for the family and baby.

Participation

Each unit that takes part must be committed to continuous improvement and development. Each unit will need to identify a clinical lead and an audit team; Bliss will support you in this process.

Each unit will be sent a copy of the self assessment tool and they must inform Bliss that they intend to carry out an audit. In order for some of the issues raised in the *BBC* to be addressed, a discussion with unit colleagues (multi-disciplinary) and parents will have to take place so that you understand what is really happening on your unit.

You may wish to talk to parents on a one-to-one basis, in groups, or carry out a questionnaire. Whichever way you contact parents it is very important that they are part of the improvement process.

You may be able to draw some of your information from the National Parents Survey if your Trust or network has participated.

Self assessment ratings

The tool is divided using the seven principles from the *BBC*. The objectives of each principle are clearly set out, as well as the outcomes that units can expect to see if they adhere to the standards as outlined in each principle.

For each standard, you need to agree with the other members of your *BBC* audit team the rating which best reflects your unit's current level of delivery against the criteria listed.

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 to meet the criteria but not all.**

RED **Delivering none or very few of the aspects required to fulfil that criteria.**

Justifying your rating

If you assess yourself as being GREEN, you will need to think about, and write down in the box provided the reasons or evidence that you have for giving yourself this rating.

If you rate yourself as either AMBER or RED against any criteria, it is important that you make a note of what action(s) you think will need to be taken 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.

Writing your *Bliss Baby Charter* action plan

Using the summaries from the end of each principle, develop an action plan (with timelines) which will outline how you would like to improve your delivery of family-centred care in the areas you have rated yourself RED or AMBER. It is important to ensure that the information in this action plan, and any potential changes to practices on the unit are discussed openly with the rest of the unit staff and parents (e.g. via a poster/meeting). The resource pack on our website provides useful tips on engaging and involving parents and getting feedback.

Bliss wants to make sure that the *BBC* is used in a constructive way. A key part of the *BBC* audit is to develop a set of improvement goals. Each unit should have specific timeframes stating when these goals should be achieved.

Making change happen

We know it is not always easy to implement new changes or working practices, particularly if the staff feel that these changes are being imposed upon them.

The following suggestions were provided by the units who participated in the *Bliss Baby Charter* audit pilot, and have been included for your consideration.

When putting their action plans into place, the pilot sites found it was useful to:

- Be clear on why you are making this change and what outcomes you hope to achieve.
- Be able to explain the reason using concise, simple language.
- Provide a realistic timeframe in which to effect the change.

- Allow sufficient time to address people's concerns.
- Display colourful posters on the unit promoting the new activity(s).
- Ask for volunteers to take responsibility for different sections of the action plan as part of their personal development.
- Make sure that you feedback regularly to staff and parents on positive progress.

Measuring your success

Before you implement your *Bliss Baby Charter* action plan it is important to put together a success timeline.

A success timeline sets out the timeframe within which you would like to see improvement take place. It will allow you to identify the points at which you will stop, review progress and check if any adjustments need to be made to your action plan in order to ensure the desired change does takes place.

Sustaining change

Once you are happy that the *Bliss Baby Charter* action plan has been implemented successfully it is important to come back to this 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 once every 18 months to ensure that changes are sustained and high quality family-centred care processes are maintained.

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.

This will both provide you with an overall picture of how you are delivering across the spectrum on care, and also allow you to see which aspects you are doing particularly well in.

Next steps: what to do

- Discuss your intention to complete the audit with your unit.
- Gain support from Trust management.
- Inform the network.
- Inform Bliss by completing the following page and sending this information back to Bliss.
- Set up an audit team that includes parents.
- Identify ways to communicate with parents to get their views.
- Carry out the audit. This may be done as part of a discussion with parents as the staff view of breastfeeding support may be very different from that of the parents.
- Complete the audit and agree an action plan with the audit team.
- Tell the rest of the unit staff and parents, for example, via a poster, what you have identified as good practice and your action points.
- Return the audit form to Bliss. We will send you a self-assessment certificate.
- Bliss may be in touch to celebrate examples of good practice.
- Bliss will be in touch in 12 months' time to encourage the unit to carry out the audit again addressing your action plans.

Bliss Baby Charter Audit Tool

Unit: .....

Level: .....

Trust / Health Board: .....

Network: .....

Bliss Baby Charter audit lead

Name: .....

Contact Number: .....

Email: .....

Name and job of your *Bliss Baby Charter* audit team members

- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....

Bliss Baby Charter 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.

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

- Babies' long-term developmental outcomes are enhanced.
- There is a strong attachment between the baby and their family which is actively supported by staff on the unit.

Green (G) = Unit fully meets criteria	Amber (A) = Unit partially meets criteria, more work needs to be done	Red (R) = Unit does not currently meet any aspect of the criteria

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 1.1 - Dignity and privacy						
1.1A	All babies are referred to by their given name	NPS D11				
1.1B	All parents have unrestricted access to their baby, unless individual restrictions can be justified in the baby's best interest	NICE 5b; DH Toolkit 3.3; BAPM 6.1				
1.1C	Parents are offered privacy when feeding their baby, during skin-to-skin care and when clinical procedures are taking place					
1.1E	Parents have the opportunity for private time with their baby in a separate room or cot side with screens, as their baby's condition allows					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
1.1F	Your unit makes provision for private consultation with health professionals in an appropriate environment	NICE 5a, 5b; NPS D5				
1.1G	Parents are involved in the choice of clothing for their baby as their clinical condition permits					
Standard 1.2 - Comfort						
1.2A	Your unit has a guideline promoting comfort which is regularly referred and adhered to by staff	NPS E3, F2; NICE 5b; Toolkit 3.5; RCOG 15.2				
1.2A	Your unit uses a range of techniques to minimise pain and distress for the baby during and after interventions					
1.2B	Staff are trained to observe and interpret baby's cues and respond appropriately					
1.2B	Information about 'touch' and their baby is shared in active partnership with parents					
1.2C	Timing, pacing and clustering of care takes into account the individual baby's stress thresholds and tolerance for handling					
1.2D	The baby's responses to interventions are documented					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 1.3 - Touch						
1.3A	Your unit has a guideline for social interaction and touch which is regularly referred and adhered to by staff	NPS E4; NICE 5b; DH Toolkit 3.5; RCOG 15.2				
1.3A	The guideline for social interaction and touch is promoted and shared with parents					
1.3C	Responses to touch/social interaction are documented in clinical notes/care pathway documentation					
Standard 1.4 - Positioning						
1.4A	Your unit has a guideline on positioning that is regularly referred and adhered to by staff	NPS F2				
1.4B	The baby's position is changed according to individual needs and cues as appropriate					
1.4C	Staff inform parents about placing babies in the most appropriate and comfortable positions to regulate babies' comfort and stability					
1.4D	The baby's responses to position changes are recorded					
Standard 1.5 - Light						
1.5A	Your unit has a guideline that is regularly referred and adhered to by staff	NPS F2				

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
1.5B	The unit uses a range of mechanisms to minimise stress from bright or continuous light					
Standard 1.6 - Sound						
1.6A	Your unit has a guideline on sound that is regularly referred and adhered to by staff					
1.6B	Your unit uses a range of mechanisms to minimise a baby's stress from loud and continuous noise					
1.6D	Your unit promotes a quiet and restful environment e.g scheduling specific periods for the baby and the parents, with no clinical cares					

Principle 1 SUMMARY OF ACTIONS			
Criteria rated RED or AMBER	**Suggested action / improvement to be taken forward for development**	**Person responsible**	**Review date**

Bliss Baby Charter Principle 2

Neonatal care decisions are based on the baby's best interest, with parents actively involved in their baby's care.

Objectives

- Multidisciplinary neonatal care is responsive to the medical, surgical and psychosocial needs of babies.
- Decisions made in 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.
- 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.
- The balance between baby and family-centred care is maintained.

Green (G) = Unit fully meets criteria	Amber (A) = Unit partially meets criteria, more work needs to be done	Red (R) = Unit does not currently meet any aspect of the criteria

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 2.1 Decision making						
2.1A	On admittance all families receive a copy of the Bliss *Family Handbook*					
2.1B	Parents receive adequate and timely communication regarding their baby's condition	NPS B10; NICE 5a,5b; BAPM 6.1				
2.1C	Clear guidelines on consent are followed and parents are sufficiently informed and understand when consent is needed					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
2.1D	For routinely anticipated care, explanations are given in advance and parents are referred to local leaflets or Bliss publications	NPS G4; NICE 5a; DH Toolkit 3.9; BAPM 6.1				
2.1E	For immediate interventions, an explanation is given as soon as possible and any discussion is documented	NPS D3, E6; NICE 5a, 5b; DH Toolkit 3.4; BAPM 6.1				
2.1F	All significant changes in the baby's condition requiring new interventions or care are discussed with parents as soon as possible. Where necessary, signed consent is obtained and filed	NPS D3, E6; NICE 5a, 5b; DH Toolkit 3.4; BAPM 6.1				
2.1G	Decisions/changes in care where parents may express a preference should always involve them	NPS E7; NICE 5a; DH Toolkit 3.4; BAPM 6.1				
2.1H	Parents have regular access to their baby's named consultant/senior medical staff and are invited to be present at ward rounds	NPS E5; NICE 5a, 5b; DH Toolkit 3.4; BAPM 6.1				
2.1I	Parents are provided with information about how to access their baby's records	NPS G6; NICE 5a; DH Toolkit 3.4,3.9; BAPM 6.1				
2.2B	Care plans are reviewed regularly and kept up to date					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 2.2 Care plans						
2.2C	Parents of babies with complex needs have an identified individual, who proactively provides regular information on the care pathway	NPS G5; NICE 5a; DH Toolkit 3.9; BAPM 6.1				
2.2D	Parents are provided with information about who to contact with queries or advice regarding their baby's condition and treatment and know where to go for further information, including useful websites	NPS D4; RCOG 16.9				
2.2E	Parents are provided with adequate information by trained staff about their baby's long-term outcomes					
2.2F	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 Imple-menta-tion Plan 2011-15				
Standard 2.3 Psychosocial support						
2.3A	Families, including siblings, are offered social and/or psychological support while on the unit	NPS G7; DH Toolkit 3.8, 3.12; BAPM 6.4; RCOG 16.9				
2.3B	Families, including siblings, have access to support from community neonatal teams while on the unit					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
2.3C	Staff provide families with written information about local services and organisations, advice on lay support networks, relevant literature and information on how to find websites which may be of assistance when they are ready to make contact					
Standard 2.4 Sensitive news						
2.4A	Your unit provides comfortably furnished private rooms for parents to have confidential, sensitive or difficult discussions	NPS F1				
2.4B	Staff have received specific training on how to communicate difficult news (as appropriate)	NPS D6, D7; RCOG 16.9				
2.4C	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					
2.4D	Families are offered psychological/emotional support after receiving sensitive news					
2.4E	Staff help families to access bereavement counselling if their baby has died on the unit					
2.4F	Parents have access to or are offered faith/spiritual support within the hospital after hearing sensitive news					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 2.5 Palliative and end of life care						
2.5A	Units have clear criteria for assessing which babies require palliative care, taking into account diagnosis and prognosis					
2.5B	End of life/palliative care decisions are made following discussion between parents and senior/suitably trained clinicians					
2.5C	Palliative care should be coordinated by a named lead professional and involve a multiagency, multidisciplinary team					
2.5D	The baby's documented care plan is agreed with parents and based on a multidisciplinary assessment, ongoing discussion with parents incl. personal, faith or spiritual wishes and place of death					
2.5E	Units have links with children's hospices to support parents and their choices on the baby's place of death					
2.5F	Staff are experienced in supportive end of life care and have received appropriate training					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
2.5G	A lead clinician talks through the Bliss booklet *Making Critical Care Decisions* with parents and notes the conversation in the baby's record					
2.5H	Bereavement support coordinated by a named professional is made available if needed					
2.5I	Staff support the rapid discharge of a dying baby to home if the parents wish it. They are competent in involving a GP in this process and can provide a discreet level of support to the family during this time period					

Principle 2 SUMMARY OF ACTIONS			
Criteria rated RED or AMBER	**Suggested action / improvement to be taken forward for development**	**Person responsible**	**Review date**

Bliss Baby Charter Principle 3

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 preterm babies.
- Units have transparent 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.

Green (G) = Unit fully meets criteria	Amber (A) = Unit partially meets criteria, more work needs to be done	Red (R) = Unit does not currently meet any aspect of the criteria

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 3.1 Trained specialist staff						
3.1A	Adequate numbers of staff are specifically trained to meet nationally agreed minimum clinical standards in all levels of neonatal care					
3.1B	All staff are competent and able to stabilise the baby, assess them and initiate an action plan	DH Toolkit 5.1.1				
3.1C	The unit has an identified competency framework including developmental care, breastfeeding and discharge planning that staff are regularly assessed against					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
3.1D	Staff training includes components to develop knowledge and skills in baby and family-centred care, including the areas listed in 3.1C					
3.1E	Staff are trained in safeguarding procedures and are aware of indications to prompt interventions					
Standard 3.2 Multidisciplinary team						
3.2A	Babies have timely access to allied health professionals with specific neonatal or paediatric training					
3.2B	Families have access to social workers for assessment and provision of support services					
3.2C	Care plans reflect a multidisciplinary approach to neonatal care, both within primary care and community teams					
Standard 3.3 Near to home						
3.3A	Your unit follows network transfer guidelines for admission to appropriate specialist services or return to an appropriate local service					
3.3B	Parents are encouraged, and have the chance to visit a new unit in advance of a transfer	NPS C5; NICE 5a,5b; DH Toolkit 3.4				

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
3.3C	If transferred, parents are given comprehensive information on the new unit in advance	NPS C7; DH Toolkit 3.2,3.8				
3.3D	Parents are given an explanation and involved in discussions on transfers, with the choice to accompany their baby	NPS C4; NICE 5a,5b; DH Toolkit 3.4; BAPM 6.1				
3.3E	Parents who have had a long-distance transfer are offered support, including an agreed financial support package					
Standard 3.4 Consistency across the neonatal network						
3.4B	Your unit has the same visiting policy as other units of equal clinical level within your network					
3.4C	Your unit follows network-wide guidelines on procedures on breastfeeding, day-to-day cares, developmental care etc					

Principle 3 SUMMARY OF ACTIONS			
Criteria rated RED or AMBER	**Suggested action / improvement to be taken forward for development**	**Person responsible**	**Review date**

Bliss Baby Charter 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.

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.
- Families are confident that high-quality care standards are being met and maintained.

Green (G) = Unit fully meets criteria	Amber (A) = Unit partially meets criteria, more work needs to be done	Red (R) = Unit does not currently meet any aspect of the criteria

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 4.1 Monitoring and benchmarking						
4.1A	Benchmarking activity is routinely included in your units' quality improvement programme					
4.1B	Feedback from parents is regularly sought, collated and fed into decision-making processes					
4.1C	Your unit works together with other units within your network on agreed benchmarking/audit programmes					
4.1D	Your unit participates in the national neonatal audit programme					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 4.2 Service improvement						
4.2A	There is a continuous process for involving parents in improving your delivery of family-centred care					
4.2B	Parents are included in the planning and development of service improvements throughout the network					
4.2C	Benchmarking and audit inform future service improvement activities and action plans					
4.2D	Improvements are introduced to the unit in response to feedback from both staff and parents					

Principle 4 SUMMARY OF ACTIONS			
Criteria rated RED or AMBER	**Suggested action / improvement to be taken forward for development**	**Person responsible**	**Review date**

Bliss Baby Charter Principle 5

Parents are informed, guided and supported to help them understand their baby's care processes and feel confident in caring for their baby.

Objectives

- All parents receive relevant verbal and written information about clinical conditions, 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 are proactively shown/informed 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.
- There is strong relationship between the parents and their baby.
- Parents are confident in caring for their baby on the unit and feel fully prepared for discharge.
- Parents are happy that they know how to achieve the best possible quality of life for their baby after discharge.

Green (G) = Unit fully meets criteria	Amber (A) = Unit partially meets criteria, more work needs to be done	Red (R) = Unit does not currently meet any aspect of the criteria

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 5.1 Introduction to the unit						
5.1A	A prior visit to the unit and an opportunity to meet staff should be offered to parents with a predicted need for neonatal care, or a transfer to another unit for ongoing care	NPS A2; NICE 5a,5b; DH Toolkit 3.1				
5.1B	All parents are fully inducted on entry to the neonatal unit, so they can orient themselves and are aware of the all different equipment and noises or alarms within the unit	NPS B13; NICE 5a,5b; DH Toolkit 3.2; BAPM 6.1				

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
5.1C	Attention is paid in particular to those mothers who have not been able to access the unit straight away, either due to their own health or to having one or more other babies in a different unit	NPS B5, B6; NICE 5a,5b				
5.1D	Parents are given a named contact for practical queries and advice					
5.1E	Staff inform parents about relevant policy and procedures on the unit, i.e. infection control	NPS B12, B14; DH Toolkit 3.2; BAPM 29.5				
5.1F	Unit staff introduce themselves to parents and explain their role in relation to their baby's care and the running of the unit	NPS D1; NICE 5b; DH Toolkit 3.2				
5.1G	Parents are provided with a 'welcome pack' (ideally provided in languages and formats useful to the local community) giving practical info about the unit. Parents should also receive information about local amenities, such as taxi services, restaurants, particularly if they have not been admitted to their local unit	NPS G8, DH Toolkit 3.8, 3.12				

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
5.1H	Written information should be available (in languages and formats appropriate to the local community) about their neonatal network and networks in England. This information should cover: i. Transfer service and repatriation ii. Services to which a baby is being transferred, including a named contact and telephone number					
5.1 I	The unit has staff photo boards at the entrance to the unit which are kept up to date					
Standard 5.2 Facilities						
5.2A	Babies are safe and secure while on the unit and parents are informed of security arrangements	NPS F1, F4; DH Toolkit 3.11				
5.2B	Parents of babies in intensive care are able to access accommodation with bathroom facilities, as close as possible to their baby and without cost. One bed per intensive care cot should be available	NPS F5; NICE 1e, 1f; DH Toolkit 3.11; BAPM 6.3				
5.2C	Easily accessible facilities are made available for parents to store their personal belongings safely and securely					
5.2C	Families are provided with informal storage at the cot side for their own and their babies belongings					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
5.2D	Unit facilities for families are clean and comfortable, free of charge and of an appropriate size to the scale of the unit					
5.2E	Families have easy access to a parent/family sitting room, and a small kitchen to make hot drinks and snacks	NPS F8; DH Toolkit 3.11				
5.2F	Child-friendly areas for siblings are available, easy to access and safe					
5.2G	Families are informed on the whereabouts and opening hours of the hospital canteen and other facilities for having meals within the hospital					
5.2H	Parents have access to a dedicated separate room for counselling and/or to have private conversations with staff					
Standard 5.3 Support networks						
5.3A	Parents are given information on how to contact national and local support groups (e.g. Bliss)	NPS G9; DH Toolkit 3.8, 3.12; BAPM 6.4; RCOG 19.4				
5.3B	Parents are informed on where to get further information, including advice on financial support and useful websites					
5.3C	Parents are made aware of local parents for peer support and contact is facilitated as appropriate					

Standard 5.4 Consistent information						
Ref	**Summary of criteria**	**ref**	**G**	**A**	**R**	**Outline of current practice and / or requirements for ACTION PLAN**
5.4A	Parents are fully involved in discussions about their baby's care and receive consistent information from staff caring for their baby					
5.4B	Verbal and written information is provided at appropriate times to help parents' understanding of neonatal care (incl. clinical conditions, procedures, risks, complications, tests, investigations etc)	NPS G1; NICE 5a,5b; DH Toolkit 3.4,3.9				
5.4C	Translation services and/ or professional interpreters are available and contacted promptly	NPS G2; NICE 5a,5b; DH Toolkit 3.9; BAPM 6.4				
5.4D	Health professionals understand the potential difficulties parents may face in taking in complex information and there are unit strategies to overcome this					
Standard 5.5 Use of data						
5.5A	Staff understand data protection principles and inform parents how data about their baby is used					
5.5B	Parents are fully informed about clinical trials and the consent process and the value of research					
5.5C	Staff are taught how to transmit information to third parties securely and confidentially					

Standard 5.6 Daily cares						
Ref	**Summary of criteria**	**ref**	**G**	**A**	**R**	**Outline of current practice and / or requirements for ACTION PLAN**
5.6A	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	NPS E1, E2; NICE 5b; DH Toolkit 3.5 BAPM 6.1				
5.6B	The level of involvement of the parents in the baby's daily care increases prior to discharge	NPS E9; NICE 5b; DH Toolkit 3.5				

Principle 5 SUMMARY OF ACTIONS			
Criteria rated RED or AMBER	**Suggested action / improvement to be taken forward for development**	**Person responsible**	**Review date**

Bliss Baby Charter Principle 6

Breast milk expression and breastfeeding are actively promoted, and mothers receive practical support to achieve successful lactation.

Objectives

- Health professionals are supported to gain the knowledge and skills required to facilitate and support breastfeeding and/or expression following a preterm birth.
- Mothers are supported to breastfeed by trained staff and have access to facilities designed to encourage successful lactation.
- Parents are informed of the benefits of breastfeeding their baby, and understand why staff promote it on the unit.

Outcomes

- Babies benefit from improved growth and tolerance of enteral nutrition.
- Fewer babies contract infections or suffer from related 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).

Green (G) = Unit fully meets criteria	Amber (A) = Unit partially meets criteria, more work needs to be done	Red (R) = Unit does not currently meet any aspect of the criteria

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 6.1 Promote and support breast milk expression						
6.1A	Your unit has a breastfeeding policy adhered to by staff					
6.1C	Mothers receive practical support to enable them to establish lactation in the first six hours after birth	NPS E10, E14; NICE 6; DH Toolkit 3.10; BAPM 6.2, 6.4; RCOG 15.5				

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
6.1D	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					
6.1E	Parents are given clear and consistent information on the benefits of breastfeeding and the importance of frequent expression is explained					
6.1G	The unit has a dedicated professional to support mothers in establishing lactation and increasing milk production in the following days					
6.1H	Staff receive training on the benefits of breast milk, physiology of lactation and how to provide practical support to mothers					
6.1 I	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	NPS E11; NICE 6; DH Toolkit 3.10; BAPM 6.2; RCOG 15.5				
6.1 J	Your unit promotes safe and hygienic handling and storage of breast milk and ensures parents are informed of these measures	NPS E13; NICE 6; DH Toolkit 3.10; BAPM 6.2; RCOG 15.5				

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
6.1 K	Private and comfortable facilities are provided for mothers to express their milk and expression at the baby's cot side is encouraged					
6.1 L	Your unit has a policy for and consistent practice guidelines on the fortification of breast milk					
Standard 6.2 Breastfeeding						
6.2A	Parents receive adequate and timely support to aid the 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					
6.2B	Mothers are provided with a private and comfortable space for breastfeeding	NPS E14, E15; NICE 6; DH Toolkit 3.10; BAPM 6.2; RCOG 15.5, 16.5, 15.7				
6.2C	Mothers are consistently supported to establish breastfeeding on the unit, before going home					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
6.2D	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					
6.2E	Senior nursing and medical staff provide leadership in promoting the practice of breastfeeding and encourage a supportive culture					
6.2F	Parents are informed on how to donate any surplus milk, if they meet donor criteria					
Standard 6.3 Alternative to maternal breast milk						
6.3A	Both mothers and fathers are supported and are shown how to make feeds and sterilise bottles and teats	NPS E16; BAPM 6.1; RCOG 15.6				
6.3B	The unit follows the NICE Guideline Donor Breast Milk Banks and the United Kingdom Association for Milk Banking (UKAMB) guideline(s) on the collection and use of donor breast milk					
6.3C	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					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
6.3D	The unit has a policy on using preterm formulae (appropriate formula, follow on milk, nutritional supplements etc) which is adhered to by staff					

Principle 6 SUMMARY OF ACTIONS			
Criteria rated RED or AMBER	**Suggested action / improvement to be taken forward for development**	**Person responsible**	**Review date**

Bliss Baby Charter Principle 7

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 admission.
- Resources are utilised to ensure that staff can provide a seamless and supported journey from the unit to home.

Outcomes:

- Babies are safely, appropriately and effectively discharged home.
- Families feel confident that their baby's ongoing health and social care needs will be met after discharge.

Green (G) = Unit fully meets criteria	Amber (A) = Unit partially meets criteria, more work needs to be done	Red (R) = Unit does not currently meet any aspect of the criteria

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
Standard 7.1 Coordinated discharge planning						
7.1A	Your unit has an established discharge planning policy which is adhered to by staff	NPS H11, H12; NICE 7a, 7b; DH Toolkit 3.15; BAPM 6.4				
7.1B	Your unit demonstrates a multidisciplinary approach in its discharge planning, which includes facilitating access to social services and other support professionals					

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
7.1C	Discharge plans are established from the point of admission and are continually reviewed, involving both parents and a multidisciplinary team					
7.1D	The unit identifies a dedicated individual to coordinate a baby's discharge plan from the moment of admission					
7.1E	Parents have access to a health professional who can provide emotional/ psychological support during and post discharge					
Standard 7.2 Rooming in						
7.2A	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	NPS H4; NICE 1e, 1f, 7b; DH Toolkit 3.15				
Standard 7.3 Meeting the baby's needs at home						
7.3A	Before discharge, the family is given relevant and appropriate information to make sure they are able to meet their baby's ongoing needs at home	NPS H7, H8; NICE 5b, 7b; DH Toolkit 3.8, 3.15;				
7.3B	The family is supported through appropriate training to deliver all aspects of their baby's care at home (including basic life support)	NPS H7, H8; NICE 5b, 7b; DH Toolkit 3.8, 3.15;				

Ref	Summary of criteria	ref	G	A	R	Outline of current practice and / or requirements for ACTION PLAN
7.3C	Community support is provided by an integrated hospital-community neonatal team or an identifiable team of community health professionals	DH Health visitor Imple-menta-tion Plan 2011-15				
7.3D	Parents are given the opportunity to meet with the community team supporting them at home before the baby is discharged from the unit	DH Health visitor Imple-menta-tion Plan 2011-15				
7.3E	Community health teams are given timely information about the baby and any home care arrangements from the baby's care plan, as well as the opportunity to meet neonatal staff and parents before discharge	DH Health visitor Imple-menta-tion Plan 2011-15				
7.3F	Parents are informed and understand who to contact should the baby become unwell at home, and when they may need to take them back to hospital					

Principle 7 SUMMARY OF ACTIONS			
Criteria rated RED or AMBER	**Suggested action / improvement to be taken forward for development**	**Person responsible**	**Review date**

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for babies born too soon, too small, too sick

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