



Unicef UK Baby Friendly Initiative

Stage 2 assessment report
Health Visiting Service

Harrogate and District NHS Foundation Trust
0-5 Health Visiting

on 25-26 April 2018

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Contents

| | |
|--|----|
| Assessment result..... | 3 |
| Any additional advisory comments | 4 |
| Achieving Sustainability | 5 |
| What happens next? | 7 |
| The results in detail | 8 |
| The sample | 8 |
| Standard 1 – Antenatal care | 8 |
| Standard 2 – Enabling continued breastfeeding | 8 |
| Standard 3 – Informed decisions regarding the introduction of food or fluids other than breast milk..... | 9 |
| Standard 4 – Close and loving relationships | 10 |
| Communication | 10 |
| Supporting information | 11 |
| Appendix: About the Baby Friendly Initiative | 14 |

Assessment result

What we found overall:

We found that Harrogate and District NHS Foundation Trust 0-5 Health Visiting has met all of the standards to enable Stage 2 assessment to be passed.

Harrogate and District NHS Foundation Trust 0-5 Health Visiting presents a positive approach towards implementing the Baby Friendly standards and has consistently displayed enthusiasm and commitment towards providing an effective training programme. The assessment revealed the staff are equipped with the knowledge and skills to implement Baby Friendly standards to support parents to have close and loving relationships with their baby, promote breastfeeding and support mothers with feeding their baby.

The service covers an enormous geographical area and large number of staff. The assessment team were very impressed by the approach taken to ensure that education of staff has been organised on such a large scale, resulting in excellent results. This has been well supported by managers, many of whom acknowledged that this process was largely due to the effectiveness of the Infant Feeding Co-ordinator, who was described as 'gold dust'. In addition all staff interviewed were fully engaged in the process and were keen to be successful in order to provide best care for mothers and babies in Harrogate and District Health Visiting services.

The assessment team's recommendation to the Designation Committee is that Stage 2 be considered passed and that Harrogate and District NHS Foundation Trust 0-5 Health Visiting is now eligible to move onto Stage 3 assessment.

Janette Westman
26 April 2018

Any additional advisory comments

Advisory suggestions relate to areas where we feel some change would be beneficial or could readily be achieved. They are offered purely as advice and do not affect designation of the facility as Baby Friendly, either now or in the future (unless the assessment criteria nationally are changed, in which case prior notice would be given).

1. Whilst staff had excellent knowledge about the benefits of close and loving relationships for mother and baby and talked fluently about how this is implemented antenatally, a few staff needed prompting about discussion of the physical health outcomes of breastfeeding. We would advise that caution is taken to ensure that this important information continues to be discussed with mothers.
2. We are aware that much work has taken place around the International Code of Marketing Breastmilk Substitutes prior to this assessment and staff were excellent in stating that they would only recommend first milks to formula fed babies. Moving forward we would advise that weighting is also given to the influential effects that advertising has to ensure that staff understand that mothers need unbiased, evidence based information and that health professionals should not appear to endorse products.
3. Whilst most staff were excellent at explaining how they would teach a mother how feed her formula fed baby, a small number talked about pacing, without really describing what this involved. We would advise that staff need to understand about the technique and angle of the bottle in order that baby can limit how much he takes and show signs that he has had sufficient.

Achieving Sustainability

Unicef UK is aiming for the Baby Friendly Initiative standards to become sustainable over time, thereby reducing the need for the current level of continued external re-assessments. In order to achieve this, we anticipate that facilities will start working towards new Achieving Sustainability standards which are summarised below. These standards will help facilities to embed and maintain Baby Friendly practices in the longer term.

For further guidance on Achieving Sustainability and how to implement these standards please visit unicef.uk/sustainability

| Themes | Standard/Criteria |
|--------------------|--|
| Leadership | <ul style="list-style-type: none"> • Baby Friendly lead/team with sufficient knowledge, skills and capacity. • Effective updating for Baby Friendly team • Baby Friendly Guardian in post • Leadership structures support proportionate responsibility and accountability • Managers are educated to support the maintenance of the standards |
| Culture | <ul style="list-style-type: none"> • Support for ongoing staff learning • Mechanisms to support a positive culture • Positive feedback from staff, managers and mothers |
| Monitoring | <ul style="list-style-type: none"> • Robust, consistent monitoring and reporting mechanisms in place • Evidence of analysis and action planning |
| Progression | <ul style="list-style-type: none"> • Demonstrates innovation and progress • Improvement in outcomes • Evidence of integrated working |

Comments:

1. All managers interviewed had good knowledge around the implementation of Baby Friendly standards and as well as understanding the challenges faced. Manager's training is planned for the near future and in addition some thought has been given into providing education and services in innovative ways, such as virtual clinics/skype meetings etc.
2. As previously mentioned, the area is huge and this brings challenges both geographically and culturally, which will need some consideration both for future assessments and for sustainability.
3. Discussion took place with managers around the role of the Infant Feeding Co-ordinator whose role is currently jointly funded by Middlesbrough. Many acknowledged that they didn't know what they would do without her, however there is some concern for the size of her role, particularly as the area continues to grow, with an anticipated 1,000 staff across

sites. Plans have been discussed around providing support for the IFL in each area with Band 7 leads and champions. The team feel that it is vital that management support continues to support Debbie's passion and enthusiasm.

- 4.** There are currently 25 champions and children's centre Service leaders who help the infant feeding Co-ordinator with training and audit. Staff knowledge and skills were excellent around practical issues and it was clear that staff are implementing this into practice, with many staff talking about how much they liked that breastfeeding assessment tool and how useful they found it for use with mothers. This will be a real asset as the service moves towards full accreditation.
- 5.** There are robust, consistent monitoring and reporting mechanisms in place and the Infant Feeding Co-ordinator attends a Quality Care and Business meeting every month.
- 6.** There is good working relationships with Children's Centres/North Yorkshire County Council 0-19 prevention service, with joint training and audit as above. Work with maternity services is more challenging, due to the large number of maternity services across the district. A plan is in place to look at how more input can be given to vulnerable families, without reducing the universal care currently in place.
- 7.** The specialist service has been set up with champions and a referral pathway in place. However very few referrals have been made and the team were unsure as to whether the existing support is reducing the numbers needing referral to specialist clinics, or whether some mothers are being missed. Audits of mothers and evaluation of the specialist service is recommended to see whether the service needs to be reviewed.

What happens next?

Plan for Stage 3 assessment
by **April 2019**

- Plans should be made for Stage 3 assessment to be carried out by **April 2019**.

The results in detail

The sample

All staff were randomly selected for interview:

| | |
|-------------------------------------|-----------------------------|
| Number of staff interviewed: | 30 (25 + 5 managers) |
|-------------------------------------|-----------------------------|

Standard 1 – Antenatal care

| Criterion | Result | Standard required |
|---|--------|-------------------|
| Staff who were able to give effective information about feeding | 92% | 80% |
| Staff can explain the importance of close relationships | 100% | 80% |

Standard 2 – Enabling continued breastfeeding

| Criterion | Result | Standard required | |
|-------------------------------|---|-------------------|-----|
| Recognising effective feeding | Staff who were able to describe how they would recognise effective feeding | 96% | 80% |
| Positioning and attachment | Staff who were able to demonstrate/describe how they would support a mother with positioning and attachment | 96% | 80% |
| Hand expression | Staff who were able to demonstrate/describe how they would support a mother with hand expression | 92% | 80% |

| | | | |
|--------------------|--|------|-----|
| Responsive feeding | Staff who were able to describe baby led feeding and how to recognise feeding cues | 100% | 80% |
| | Staff who were able to describe responsive feeding | 100% | 80% |

Standard 3 – Informed decisions regarding the introduction of food or fluids other than breast milk

| Criterion | | Result | Standard required |
|-------------------------|---|--------|-------------------|
| Maximising breastmilk | Staff who understood how to support mothers to maximise breastmilk | 100% | 80% |
| Formula feeding mothers | Staff who demonstrated understanding of how to support formula feeding mothers with making up feeds | 96% | 80% |
| | Staff who demonstrated understanding of responsive bottle feeding | 88% | 80% |
| Starting solids | Staff who understood about why waiting until around six months of age is important | 100% | 80% |
| The Code | Staff who were able to discuss the International Code of Marketing of Breastmilk Substitutes | 88% | 80% |

Standard 4 – Close and loving relationships

| Criterion | Result | Standard required |
|---|---------------|--------------------------|
| Staff who understood the importance of close and loving relationships and how to support this | 100% | 80% |

Communication

| Criterion | Result | Standard required |
|---|---------------|--------------------------|
| Staff who demonstrate that they could communicate in a mother centred way | Yes 100% | Yes |

Supporting information

| Criteria | Result | Standard required |
|---|-----------------|--------------------------|
| Staff who have been orientated to the policy | >80% | 80% |
| Staff who have completed the training programme | >80% | 80% |
| The written curriculum meets the standards | Meets standards | Meets standards |

Background information

| Breastfeeding statistics | | | | |
|--|-----------------------------------|------------------------------|---------------------------|----------------|
| The most recent infant feeding statistics provided by the facility are as follows: | | | | |
| Age/stage collected | Feeding category | | | |
| | Full / total breastfeeding | Partial breastfeeding | Artificial feeding | Unknown |
| Initiation | | | | |
| 10 day figures | 47.3% | 12.4% | 38.0% | 1.2% |
| 6/8 week figures | 36.2% | 10.3% | 50.9% | 2.5% |
| Population coverage: | | | | |
| Period of collection: 01/01/17 – 31/12/17 | | | | |
| Notes: | | | | |

| | |
|--|---|
| Baby Friendly accreditation history | Stage 1 accreditation awarded April 2016. Stage 2 assessment due April 2018. Registered intent October 2014 |
| Births per year | 6,000 |
| Number of facilities | Health Centre's = 4 Children's Centre's = 25 (Some satellite units) GP Surgeries = 90 Well baby clinic sessions per week = 29 Well baby clinic sessions per fortnight = 11 Well baby clinic sessions per month = 16 Breastfeeding Groups per week = 17 Breastfeeding Groups per fortnight = 1 |
| Local demographics | Covering over 3000 square miles, North Yorkshire ranges from isolated rural settlements and farms to market towns such as Thirsk and Pickering and larger urban conurbations such as Harrogate and Scarborough. Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are nevertheless areas of profound deprivation, including some parts of the County that are ranked within the 10% most deprived areas in England. The County is also home to a significant military presence, including UK Army's largest garrison at Catterick in the North of the County. It is |

| | |
|--|--|
| | estimated that 17,000 MOD personnel may be based in North Yorkshire and this figure is likely to grow with redeployment to this area. |
| Infant feeding lead hours | 37.5 hours |
| Any additional support for the infant feeding lead | <p>There are about 20 Health Visiting Breastfeeding Champions who help the Community Infant Feeding Co-ordinator with training and audit.</p> <p>There are 4 Children's Centre Service Leader's who help the Community Infant Feeding Co-ordinator with training and audit.</p> <p>The Community Infant Feeding Co-ordinator gains monthly supervision and support from her manager which is beneficial.</p> |
| Classroom training (hours provided) | <p>The BFI 'Breastfeeding and Relationship' training that we are undertaking in our area is a joint approach and run over half a day, one day or two days dependent on roles.</p> <p>'Day 1' training is for all Health Visiting staff members and Children's Centre staff members who are working directly with families.</p> <p>'Day 2' training is for Health Visitors only.</p> <p>The Half Day (3 hours) training is for HDFT Health Visiting Services and NYCC Children's Centre Services clerical and administration staff.</p> <p>BFI Annual Update training sessions are now being rolled out. They continue to be run as a joint approach. The first 1.5 hours is for all HDFT Health Visiting Staff members and Children's Centre staff members and the second part of the session (1.5 hours) is for Health Visitors only. The training curriculum is devised from the audit results obtained.</p> |
| Practical skills review (hours provided) | <p>The practical skills reviews are covered within the 'Day 2' training session.</p> <p>The practical skills review generally takes about 30 – 45 minutes each health visitor.</p> |
| Training for GPs (hours provided or package of information) | n/a |

Appendix: About the Baby Friendly Initiative

The Baby Friendly Initiative is a worldwide programme of the World Health Organization and Unicef. It was established in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding and to practise in accordance with the International Code of Marketing of Breastmilk Substitutes. The Unicef UK Baby Friendly Initiative subsequently extended the principles to include community health-care services and university programmes for midwifery and health visiting/public health nursing.

In 2012, following a comprehensive review, the Baby Friendly standards were updated to include parent infant relationship building and very early child development, plus enhanced requirements in communication skills for staff. The new standards were introduced over several years of transition with full compliance from July 2017.

Initial accreditation as a Baby Friendly facility takes place in three stages:

Stage 1 of the assessment procedure is designed to ensure that the necessary policies, guidelines, information and mechanisms are in place to allow health care providers to implement the Baby Friendly standards effectively.

Stage 2 involves the assessment of staff knowledge and skills.

Stage 3 assesses the implementation of the Baby Friendly standards in the care of pregnant women and new mothers.

Re-assessment takes place after two years with the aim of ensuring that the standards are maintained. Ongoing assessment is carried out every three-five years with the same goal of ensuring the maintenance of standards.

The work of the Baby Friendly Initiative within the UK is overseen by the Designation Committee, a panel of impartial experts in the field of breastfeeding and neonatal care including representatives from paediatrics, midwifery and health visiting, voluntary organisations and mother support groups as well as representatives from Baby Friendly accredited facilities. The findings from all assessments are reviewed by the Designation Committee in order to ensure consistency and fairness.

