



Family Nursing & Home Care

Standard Operating Procedures Health Visitor Duty Service

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Document Profile

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Version Control / Changes Made

Date	Version	Summary of changes made
Dec 2022	1.1	SOP 4 amended – ‘movement in’ visits may now be undertaken by a Community Staff Nurse

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Introduction

This Health Visitor (HV) Duty Service (single point of access) is required for all incoming enquiries by phone, email or post to the Health Visiting Teams by way of a single point of access. This will facilitate enquiries to be managed and responded to in a timely manner by the HV and Administrator on duty. [Appendix 1](#) outlines the Health Visitor Duty administration undertaken by this service.

Wherever reference is made to the allocation of cases, the HV Duty practitioner is required to consider the Family Nursing & Home Care (FNHC) Delegation Policy ([Appendix 2](#)) and the requirements of appropriate, safe and professional delegation of work.

SOP 1 Management of General Enquiries

Purpose

Management of general enquiries received by duty HV

Scope

Emails, phone calls and post from multiagency partners, intra agency colleagues and clients will be received by duty, these will be prioritised / triaged / actioned / allocated / responded to between 09:00-15:00 Monday to Friday

Core Requirements

First action for shift is to access HV duty outlook mailbox and calendar (see [Appendix 3](#))

Duty HV will respond to/action a phone or email enquiry and ALL interactions to be documented on the client's records within a specific EMIS duty template.

'Location' to be dictated as DUTY when record opened for coding/auditing purposes.

Client/multiagency call received – Duty HV to take name and Date of Birth of child, detail/outcome of enquiry to be shared with known HV if requested by parent/caller and proportionate or if MECSH/safeguarding/new birth.

Cases where Duty HV assesses need for allocation are to be forwarded to HV Team Leaders.

Standard visits will be allocated directly into diaries by HV Duty Admin i.e. antenatal, new birth visits and movement in visits.

Duty inbox emails actioned/dealt with should be moved to completed list having recorded actions/ outcome on duty template

Any referrals required should be completed by duty HV.

Hard copy post retrieved from duty pigeon hole by Duty HV or HVA once or twice daily, opened and read through by HV – actioned/tasked to allocated HV if necessary, then stamped for scanning by Duty HVA.

EMIS Duty template to be completed

SOP 2 Management of Safeguarding Correspondence

Purpose

Management of safeguarding correspondence received in duty – MARAC, DV notifications, MASH tasking, strategy meetings/outcomes, Child protection meetings/outcomes

Scope

Duty will be single point of access for safeguarding correspondence relating to pre-school children from Business Enablement Team in Children's Services, Standards and Quality, Police, Health Safeguarding (in association with FNHC safeguarding Lead and Paediatric Liaison Nurse (PLN))

Core Requirements

MARAC

Requests for relevant health information forwarded to duty by FNHC safeguarding Lead (Jenny Querns)

If named/allocated/assigned HV known, MARAC's request for information to be shared with them via tasking for awareness

Duty HV to complete and return research using MARAC research form on EMIS attached to clients record (found in documents – 'create letter') to safeguarding lead if assigned HV unavailable/ agreeable to this

Duty template on child's EMIS record to be completed

Domestic Violence Notifications

These are received by FNHC admin hub/enquiries and forwarded to Duty HV and Safeguarding Operational Lead.

Duty HV to check if notification has been attached to child's record by Admin Hub. If not, Duty HV or Duty HVA to attach to record.

If allocated/assigned HV – to be notified (under 5's)

If not allocated, to be tasked to Team Leader for allocation

Over 5's to be forwarded to school nurses - schoolnurses@fnhc.org.je and Jo Davies (Team Lead) if not already copied in.

Duty template on child's EMIS record to be completed and marked/coded as '*significant event reported*'.

MASH Tasking

MASH tasking request received in duty inbox from Health MASH

If named/allocated/assigned HV known, MASH's request for information to be shared with them via tasking for awareness.

Duty HV to complete and return tasking on tasking document (and saved to child's EMIS record in documents) to Health MASH if assigned HV unavailable/ agreeable to this.

If unallocated/no named HV, Team Leaders to be informed once tasking completed, for allocation purposes.

Duty template on child's EMIS record to be completed and marked/coded as '*significant event reported*'

Strategy Meetings



FINAL Strategy
meeting Standard O

Strategy meeting invitations received in duty inbox from Children's Service Business Enablement Team, duty to ensure FNHC Safeguarding Lead and Operational Lead have been copied in to the invitation.

Duty HV to attend strategy meeting, in exceptional circumstances named HV can attend if they prefer to and have capacity (not having to rearrange core business/visits).

If a Child Protection medical assessment has been carried out by a Consultant Paediatrician as an outcome, a copy of this report should be requested at the Strategy Meeting if staff feel this will inform care planning.

Duty template on child's EMIS record to be completed and marked/coded as '*significant event reported*'

Child Protection Conference Invitations/Minutes/Decisions

Child protection conference invitations received in duty inbox from Business Support Administrator with Standards & Quality, duty to ensure FNHC Safeguarding Lead and Operational Lead have been copied in to the invitation.

Invitations for conference to be forwarded to name HV or for Duty to attend meeting if HV not available/allocated (Microsoft Teams Invitation to remain in duty inbox until meeting attended).

Minutes and outcomes from meetings to be attached to record and named HV to be notified.

If unallocated/no named HV, Team Leaders to be informed once correspondence attached to records, for allocation purposes.

Duty template on child's EMIS record to be completed and marked/coded as '*significant event reported*'.

SOP 3 Management of Hospital Emergency Department and Robin Ward Admission Liaison

Purpose

Management of Jersey General Hospital Emergency Department (ED)/Robin Ward admission liaison.

Scope

Duty HV receives screened list of ED admission from FNHC Paediatric Liaison Nurse (PLN).

Duty HV receives Robin Ward admission and discharge liaison from FNHC Admin Hub.

Core Requirements

Emergency Department Admissions

PLN receives a hard copy list of all childhood attendances to the ED and these will be screened and flagged based on specific identified criteria and secondly on professional judgment

Flagged cases will have a PLN email communication as to the rationale for flagging. This will highlight cases to be looked at more closely by the allocated staff. Allocated staff should triage these PLN cases.

The remaining hard copies are passed to Duty HV. They should look through them to see if there are other cases they might foreground.

Duty HV to contact by phone, parents/carers out of courtesy and to offer advice/support/signposting.

Duty HV to task Team Lead to allocate cases assessed as requiring face to face contact in clinic or at home.

Duty HVA will then send all clients not telephoned an ED attendance letter.

Duty template on child's EMIS record to be completed and marked/coded as '*significant event reported*'.

OR Duty HV to document on EMIS template if PLN flagged cases have been assessed for '*no further action required - letter sent*'

Robin Ward Admissions

HV duty can pass on to next Duty HV if child still on ward (discharge summary not received) to avoid contacting family 'too early' – in cases where the child/family have not left the hospital or are still on their way home. TrakCare can be accessed to confirm discharge status.

In case of Duty HV identifying safeguarding concerns relating to admission, to raise them with Safeguarding Lead and PLN (or FNHC representative) for presentation at weekly Health and Community Services safeguarding meeting.

Named/assigned HV to be tasked re admission/outcome for information or if further follow up required.

If not allocated and HV duty assesses as requiring allocated HV, to go to Team Leaders for allocation.

Duty template on child's EMIS record to be completed and marked/coded as '*significant event reported*'.

SOP 4 Management of Referrals for HV Antenatal Contact, HV New Birth Visit and Movement-in Contact

Purpose

Management of referrals for HV antenatal contact, HV New Birth Visit (NBV) and movement in contact

Scope

Requests for client antenatal HV contact received by duty from FNHC MECOSH lead, NSPCC Pregnancy in Mind, FNHC Baby Steps, HCS midwifery service

Birth Notifications received from Child health Department in to FNHC Admin Hub

Notification of change of demographic details form (New to Island - under 5's) received from Child Health Department in to FNHC Admin Hub

On the direction of the Duty Health Visitor or Team Leader, the Duty Health Visitor Administrator (Duty HVA) can allocate the following contacts directly into the relevant EMIS diaries:

- Antenatal and New Birth visits should be prioritised **for Health Visitor contact only**
- visits following a 'movement in' notification may be allocated **to a Health Visitor or Community Staff Nurse only**

Core Requirements

Antenatal

Liaison requesting HV antenatal allocation/contact to be added to client EMIS record by FNHC admin hub or duty HVA.

If antenatal mother already allocated to a HV, for them to be notified of additional information/referral/request for contact.

If unallocated/no named HV, Team Leaders to be informed once correspondence attached to records, for allocation purposes.

Team Leader allocates Antenatal contacts to practitioners and shares via a team allocations sheet. This is a **Health Visitor contact only** and not for delegation to any other members of the team.

Duty HVA can book these directly into allocated HV's EMIS diary.

Allocated HV should be assigned as keyworker and tasked.

Ongoing pregnancy should be established by allocated HV again and just before the antenatal visit is arranged.

Duty template on client's EMIS record to be completed.

New Birth Visits

Maternity discharge summaries to be added to client EMIS record by FNHC admin hub – mother's discharge on maternal EMIS record and baby discharge of infant EMIS record.

First visit form is sent to Team Leader by FNHC admin hub for allocation.

If mother of new born was already allocated to a HV antenatally, the same HV should be allocated for NBV unless unavailable to achieve visit within 10-14 days postnatally.

If no antenatal HV allocation, Team Leader allocates New Birth Visit contacts to practitioners and shares via a team allocations sheet. This is a **Health Visitor contact only** and not for delegation to any other members of the team.

Duty HVA can book the NBV directly into a newly allocated HV's EMIS diary. Allocated HV should be assigned as keyworker and tasked.

Duty template on client's EMIS record to be completed

Movement In (New to Island)

Notification of change of demographic details form sent to duty HV via inbox

Team Leaders to be informed once correspondence attached to records, for allocation purposes.

Team Leader allocates 'Movement In' contacts to practitioners and shares via a team allocations sheet. This is a **Health Visitor or Community Staff Nurse (CSN) only** visit and not for delegation to any other members of the team.

Duty HVA can book these visits / contacts directly into allocated HV's/CSN's EMIS diary.

Allocated HV/CSN should be assigned as keyworker and tasked.

Duty template on client's EMIS record to be completed.

SOP 5 Management of Antenatal Client Contact

Purpose

Management of antenatal client contact from FNHC

Scope

Antenatal clients requiring an introductory letter from FNHC

Core Requirements

Once per month, a list will be forwarded by FNHC Business Hub of antenatal client names. Where it is unclear if the pregnancy is ongoing, this needs to be established before antenatal letters are sent and HV contact is made.

Clients whose pregnancies are confirmed are flagged for FNHC antenatal letters to be sent by the FNHC Hub.

Each client needs to be researched on TrakCare for current and ongoing pregnancy by the HV in Duty. This includes a review of clinical records and not just the flag on TrakCare.

If TrakCare research does not confirm a current, ongoing pregnancy then a call to the midwives should be made in order to establish this information.

A call to the midwives can be made by HV or administrative staff.

Each client should have identification of pregnant or not, as a consequence of the research. This should populate alongside the list of clients.

The entire list should then be returned to FNHC Business Hub so that letters are sent where appropriate.

FNHC Business Hub then send out antenatal letters.

This whole process should be completed on the same day.

In exceptional circumstances, then into the next day, if necessary.

If the process is delayed beyond this then consideration needs to be given as to whether the process begins again. (There needs to be a minimal time gap between researching and FNHC letters being sent where there is a potential miscarriage/stillbirth)

The updated list is then sent by HV Duty to FNHC Business Hub

SOP 6 Management of Development Assessment Appointments (one & two year olds)

Purpose

Management of development assessment appointments (one & two year olds)

Scope

Phone call to duty line or email received into HV duty inbox from parent/carer requesting appointment for routine development assessment as per Healthy Child Programme

Core Requirements

Details of child and request forwarded by Duty HV to Duty HVA

If child has allocated /named HV (UPP) request for appointment to be shared with named HV or appointment to be scheduled into named HVs EMIS diary and task sent to inform them.

Duty template on child's EMIS record to be completed.

SOP 7 Management of Staff Sickness and Appointment Diary

Purpose

Management of staff sickness and appointment diary

Scope

Diary management for staff off sick to be coordinated/addressed so that visits/meetings/appointments not missed and clients receive contact/assessment as required

Core Requirements

Member of staff off sick to report into Duty HV/HVA at soonest convenience.

Team leader and Operational Lead to be notified of sick leave

Duty HV/HVA to work together to cancel, reschedule, reallocate appointments

- Visits
- Clinic
- Development checks
- Meetings
- Scheduled phone calls

EMIS diaries of staff off sick and those covering work to be updated and cover HV informed.

Any correspondence to be documented on duty template on child's EMIS record

Appendix 1 - HV Duty Admin

Admin Duty Support

Coordinate and plan the duty rota. This is then placed in the respective staff EMIS diary.

Update the Child Health Clinic rota with allocated staff.

Organise cancellations/bookings for visits and clinics, developmental assessments for HV sickness.

Point of contact of HV/CNN sickness to enable cover. This is in addition to line management.

Upload all safeguarding strategy minutes of meetings onto client EMIS records.

Upload any HV Duty emails with attachments only to client EMIS records.

Pick up client calls related to developmental checks, detail changes, cancellations and rearranging appointments.

Book new birth visits.

Assist HV regarding workload management i.e. HV Duty emails, work carried over from previous day, post.

Administrator will answer calls when HV is not available, keep a log and handover to HV when they return to the room. The administrator is not the first responder, in general, and does not triage calls.

Non HV Duty Administration

Book all 1 year checks

Update details Movement in/out, Change of Address.

Scan letters

Appendix 2 – Delegation policy



Delegation policy
HV team FINAL.pdf

Appendix 3 - HV Duty Outlook Calendar

Viewing the HV Duty Outlook Calendar

- Go to calendar (this will probably just show your own)
- Click 'open calendar' on the top ribbon
- Choose 'from address book'
- Then type in HV
- When HV appears click on it
- This should then open the calendar