

**Standard Operating Procedures**

**Health Visitor Duty Service**

August 2025

**Document Profile**

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**Version Control**

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| **Date** | **Version**  | **Summary of changes made** |
| June 2022 | 1 | New SOP |
| Dec 2022 | 1.1 | SOP 4 amended – ‘movement in visits may now be done by a Community Staff Nurse |
| Aug 2025 | 2 | All SOPs - HV Team Leaders not currently a role - refers to HV duty/coordinator instead Additional roles in the HV team – CSN (community staff nurse) HP (Health Practitioner)SOP 1 - actioned emails no longer stored in ‘completed’ (deleted instead)SOP 2 - names of safeguarding lead and school nurse team leader removed. Strategy meeting SOP link updatedSOP 3 - PLN (paediatric liaison nurse) no longer a role, refers to HV duty/coordinator or omits to refer to PLNJersey Neonatal Unit (JNU) liaison added MAXIMs now in place of Trak Care SOP 5 ongoing pregnancy to be confirmed before FNHC letter posted out |

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# Introduction

This Health Visitor Duty Service (HV Duty) is required for all incoming enquiries by phone, email or post to the Health Visiting Team by way of a single point of access. This will facilitate enquiries to be managed and responded to in a timely manner by HV and administrator on duty

# SOP 1 Management of General Enquiries

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| ***Purpose*** |

Management of general enquiries received by duty HV

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| ***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

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| ***Core Requirements/Procedure*** |

Duty HV starts the day accessing HV duty outlook mailbox and calendar ([Appendix 1](#_Appendix_1_HV)) and picking up voicemails on desk phone.

Duty HV will respond to / actions phone or email enquiries.

**ALL interactions to be documented on the clients records within a specific EMIS duty template**.

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

Client / Multiagency calls received – duty HV to take name and DOB of child, detail/outcome of enquiry to be shared with named HV (if assigned) and if requested by parent/caller and proportionate, or if MECSH/safeguarding/new birth/antenatal client.

Cases where Duty HV assesses need for allocation to be tasked to HV Coordinator, using *DUTY, Health Visitor (HV) as task addressee.*

Standard visits will be allocated directly into diaries by HV Duty Admin. ([Appendix 2](#_Appendix_2_Admin)) i.e. Antenatal, NBV, 6-8 weeks and movement in visits.

Duty inbox emails actioned / dealt with should be deleted once actions/ outcome recorded on duty template.

Any referrals required should be completed by duty HV as appropriate. (using EMIS referral process where appropriate.

‘Hard copy’ post retrieved from duty pigeonhole by duty HV or HVA daily, opened and read through by HV (or delegated staff member) – actioned / tasked to allocated HV if necessary, then stamped for scanning by Duty HVA/Admin Hub.

Where appropriate, practitioner should document any additional information relevant to the paperwork for scanning, on the Duty EMIS template.

# SOP 2 Safeguarding Correspondance

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| ***Purpose*** |

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

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| ***Scope*** |

HV Duty will be single point of access for safeguarding correspondence relating to pre-school children from Government of Jersey Children and Families Hub, Business Enablement Team/ Children’s Services, Standards and Quality, Police/Public Protection Unit/ PPU, Health Safeguarding (in association with FNHC safeguarding lead and Operational Lead) ([Appendix 4](#_Appendix_4_Safeguarding))

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| ***Core Requirements/Procedure*** |

**MARAC**

Requests for relevant health information forwarded to HV Duty by FNHC Safeguarding Lead.

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

HV Duty to complete and return research using MARAC research form on EMIS attached to client’s record\* (found in documents – ‘create letter’) to safeguarding lead if assigned HV unavailable/ agreeable to this. (\*mother’s record not child – to signpost to mother’s record from child’s for info.)

Duty template on child’s EMIS record to be completed

**DOMESTIC VIOLENCE NOTIFICATIONS**

Received by FNHC Admin hub/Enquiries and forwarded to HV Duty and Safeguarding/Operational Lead.

HV Duty to check if notification has been attached to child’s record by Admin Hub if not HV Duty to attach.

If allocated/assigned to HV they should be notified. (under 5’s)

If case requires HV allocation, to be done do by HV Duty / Coordinator.

Over 5’s to be forwarded to school nurses - schoolnurses@fnhc.org.je 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 HV inbox from Health MASH. Health-MASH@gov.je

If 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/unassigned, Duty HV / Coordinator to consider allocation.

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

**STRATEGY MEETINGS**

**Strategy Meetings SOP 2024** available at [Procedure Library | Family Nursing & Home Care](https://www.fnhc.org.je/procedure-library/)

Strategy meeting invitations received in duty inbox from Children’s Service Business Enablement Team, Duty HV to ensure FNHC Safeguarding Lead and Operational Lead have been copied in to the invitation, and school nurse team where appropriate.

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

Where practitioners would benefit from receiving a copy of the CP medical, as outcome and to inform care planning for children, this should be requested at the Strategy Meeting.

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 HV inbox from Business Support Administrator with Standards & Quality, duty to ensure FNHC Safeguarding Lead and Operational Lead have been copied into 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 be accepted into Duty HV calendar and added to Duty HV EMIS calendar.

If named HV attending conference, Duty HV can accept meeting invitation ‘tentatively’ in case of sick leave and need to attend in absence of named practitioner.

Once received by email, minutes and outcomes from meetings to be attached to child’s EMIS record and named HV to be notified.

If unallocated/no named HV, Duty HV / Coordinator to allocate.

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

# SOP 3 Emergency Department/Robin Ward Admission Liaison

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| ***Purpose*** |

Management of Jersey General Hospital (JGH) Emergency Department (ED) / Robin Ward / Jersey Neonatal Unit (JNU) admission liaison with FNHC HV team.

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| ***Scope*** |

Duty HV receives by email, whole list of ED admissions from FNHC Admin Hub / Enquiries (Enquiries@fnhc.org.je)

Duty HV receives Robin Ward admission and discharge liaison from FNHC Admin Hub / Enquiries (Enquiries@fnhc.org.je)

Health Practitioner (HP) liaises with JNU weekly, attends Consultant led fetal medicine meetings monthly, information is shared with Duty HV via task +/- email and documented on EMIS.

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| ***Core Requirements/Procedure*** |

**ED admissions**

Duty HV receives by email, an electronic list of all childhood ED attendances/discharge summaries daily. Duty HV triages and flags cases, based on criteria and professional judgement.

Cases to be referred to the Health Weekly Safeguarding Meeting (WSM) where deemed appropriate by Duty HV.

Duty HV to contact by phone, parents/carer out of courtesy and to offer advice/ support/signposting. These calls can be delegated to other HV team members by the Duty HV. This delegation must be documented on child’s EMIS record ([Appendix 3](#_Appendix_3_Delegation)).

Duty HV/Coordinator to allocate cases assessed as requiring face to face contact in clinic or at home.

All ED attendances to be documented on EMIS Duty template and coded *significant event reported.*

Duty HVA will then send all clients not telephoned, an ED attendance letter. (Unless recently received.

**Robin Ward Admissions**

Duty HV receives by email, electronic attachments of all Robin ward discharge summaries.

Cases to be referred to the Health Weekly Safeguarding Meeting (WSM) where deemed appropriate by Duty HV ([Appendix 4](#_Appendix_4_Safeguarding)).

Where appropriate, Duty HV to follow up with phone call to parent / carer if required once discharge summary has been 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.) MAXIMs can be accessed by HV duty to confirm discharge status. The telephone call can be delegated by the Duty HV to another practitioner, where known to them or appropriate. (Health Practitioner, Health Visitor, Community Staff/Nursery Nurse)

Where known, named/assigned HV to be tasked re admission / outcome for information or if further follow up required.

If not already allocated/delegated, Duty HV to assess and allocate if necessary / appropriate to HV, HP, CSN or CNN.

**Jersey Neonatal Unit (JNU) Admissions**

JNU send admission and discharge information to FNHC Enquiries or direct to Duty HV this is attached to the child’s EMIS record, where not already copied in, the Duty HV is informed by FNHC Enquiries.

HV allocation by Duty HV/coordinator and for home ‘new birth visit’ to be arranged, or for named HV to contact parent/JNU to arrange contact on the unit if appropriate.

All JNU admissions to be documented on EMIS Duty template and coded *significant event reported*

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

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| ***Purpose*** |

Management of referrals for HV antenatal contact, HV New Birth Visit and movement in contact.

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| ***Scope*** |

Requests for Antenatal HV contact received by Duty HV from client, FNHC MECSH lead, FNHC Baby Steps, HCS midwifery service.

New Birth Notifications created by FNHC Admin. Hub once new baby information retrieved from MAXIMs daily.

Notification of change of demographic details form (New to Island - under 5’s) received from Child health Department into FNHC Admin Hub.

New to Island children can also be identified by FNHC Admin Hub & HV Duty Coordinator from ED attendances, direct emails from clients or visiting HV team practitioners who may have identified additional children at contacts.

These specific contacts will / can be allocated by Duty HV Admin. directly into HV EMIS diaries following discussion with Duty HV / Coordinator. These initial assessment visits should be prioritised for HV only and not for delegation to CSN or CNN.

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| ***Core Requirements/Procedure*** |

**Antenatal**

Liaison requesting HV antenatal allocation/contact to be added to client EMIS record by Duty HV / Coordinator, FNHC Admin. Hub or Duty HV Admin.

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

If unallocated/unassigned HV, Duty HV/Coordinator to allocate to HV or HP.

Duty HV Admin. can book these directly into allocated HV/HP’s EMIS diary.

Allocated HV/HP should be assigned as keyworker and tasked. This can be documented on the EMIS Duty Template.

Ongoing pregnancy should be established by HV upon allocation, and just before the antenatal visit is arranged.

**New Birth Visit**

Maternity discharge summaries to be added to client EMIS record by FNHC Admin hub. Mothers discharge on maternal EMIS record and baby discharge of infant EMIS record.

Hard copy of HV First Visit forms collected by HVA and stored in duty office for HVs to collect prior to visit, copy also attached to EMIS record by FNHC Admin Hub when created.

If mother of newborn was already allocated to a HV/HP antenatally, the same HV/HP should be allocated for NBV unless unavailable to achieve visit within 10-14 days postnatally. Where cases held by HPs move from universal to safeguarding or MECSH eligible, reallocation to HV to be considered by Duty HV/Coordinator.

If no antenatal HV allocation, Duty HV Admin. can book the NBV directly into a newly allocated HV’s EMIS diary following review by Duty HV/Coordinator.

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

**Movement In**

Notification of change of demographic details form emailed of tasked by FNHC Admin. Hub to Duty HV.

Duty HV / Coordinator to allocate once correspondence attached to EMIS record. This is a HV only visit and not for delegation to CSN/CNN.

Duty HV Admin. can book these visits / contacts directly into allocated HV’s EMIS diary.

Allocated HV should be assigned as keyworker and tasked.

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

# SOP 5 Management of Antenatal Client Contact from FNHC

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| ***Purpose*** |

Management of antenatal client contact from FNHC.

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| ***Scope*** |

 Antenatal clients requiring an introductory letter from FNHC

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| ***Core Requirements/Procedure*** |

Once per month a list of antenatal client details will be forwarded by FNHC Admin. Hub. Where it is unclear if the pregnancy is ongoing. This needs to be established before antenatal letters and HV contact is made.

Each client needs to be researched on MAXIMs, for current and ongoing pregnancy by FNHC Admin Hub manager, if ambiguous they will inform the Duty HV to research further. This includes a review of clinical records and not just a flag on MAXIMs or contact with midwifery if required to establish up to date and correct information.

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

Clients whose pregnancies are confirmed, will be sent FNHC antenatal letters by the FNHC Admin. Hub.

If the process is delayed, then consideration needs to be given as to whether the process begins again. (There needs to be a minimal time gap between researching and posting letters to avoid 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 Development Assessment Appointments

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| ***Purpose*** |

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

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| ***Scope*** |

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

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| ***Core Requirements/Procedure*** |

Details of child and request forwarded by Duty HV to Administrators who coordinate the one a two-year development assessment appointments.

If child has allocated /named HV, 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 Staff Sickness

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| ***Purpose*** |

Management of staff sickness and appointment diary.

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| ***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.

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| ***Core Requirements/Procedure*** |

Member of staff of sick to inform Duty HV / HV Admin at soonest convenience. This is in addition to and does not replace guidance under lateness and absence procedures in the staff handbook.

Staff Handbook found in [Procedure Library | Family Nursing & Home Care](https://www.fnhc.org.je/procedure-library/)

Duty HV to ensure C&FS Operational Lead has been notified of sick leave.

Duty HV/HV Admin. 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. Covering practitioner HV to be informed of changes as soon as possible.

Any correspondence re. appointment changes, to be documented on duty template on child’s EMIS record.

# Appendix 1 HV Duty Outlook Calendar

Viewing the HV Duty outlook calendar

Go to calendar (this may only show your own currently)

Click ‘open calendar’ on the top ‘classic’ ribbon

Choose ‘from address book’

Then type in HV

When HV appears click on it (HV@fnhc.org.je)

This should then open the calendar

# Appendix 2 Admin Duty Support

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

Point of contact of HV/HP/CSN/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, details changes, cancellations and rearranging appointments.

Book new birth visits.

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

Administrator may answer calls/take messages when Duty 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 1 year development assessment appointments.

Update details Movement in/out, Change of Address.

Scan letters

# Appendix 3 Delegation Policy

Delegation Policy found in [Procedure Library | Family Nursing & Home Care](https://www.fnhc.org.je/procedure-library/)

# Appendix 4 Safeguarding Policy

Safeguarding Policy found in [Procedure Library | Family Nursing & Home Care](https://www.fnhc.org.je/procedure-library/)