

Document Type:	Standard Operating Procedure	
Reference Number : 2010	Version Number: 3	Next Review Date: 22 November 2022
Title:	The Universal 6 to 8 Week Review by the Specialist Community Public Health Nursing (SCPHN) Health Visiting (HV) Team	
Document Author:	General Manager Public Health	
Applicability:	All Patients	

1. Purpose of this document:

1.1 This document offers best practice guidance on the 6 to 8 week review by the Specialist Community Public Health Nursing (SCPHN) Health Visitor (HV) team.

2. Scope of this SOP:

2.1 This Standard Operating Procedure (SOP) will be followed by all Torbay and South Devon NHS Foundation Trust (TSDFT) Specialist Community Public Health Nurse Health Visitor teams.

2.2 This SOP is applicable to all families and carers with a 6 to 8 week old baby who are resident permanently or temporarily in the Borough of Torbay.

3. Competencies required:

3.1 Practitioners undertaking reviews are expected to be trained in recognising the range of normal child development and the factors that influence health and well-being – <https://www.e-lfh.org.uk/> (last accessed 13/09/18)

3.2 SCPHN HV teams will be aware of the South West Child Protection Procedures <https://www.proceduresonline.com/swcpp/> (last accessed 20/08/18) and how to refer to the Multi-Agency Safeguarding Hub (MASH) where concerns are present for the welfare of a child.

3.3 SCPHN HV team members will be competent in the use of The Signs of Safety tool.

3.4 The SCPHN team members will be competent in making a (Targeted Support) referral.

3.5 All SCPHN/HV staff will (have) attended:

- 2 day Solihull Foundation training
- 2 day UNICEF Baby friendly training
- annual prescribing update
- iHV Domestic Abuse training or equivalent
- iHV Perinatal Mental Health training or equivalent
- iHV Infant Mental Health Champion training or equivalent
- annual immunisation update or equivalent training

4. Procedure / Steps:

- 4.1 All parent and carers with a baby aged between 6 and 8 weeks will be offered a face to face contact in the family home to complete the universal 6 to 8 week review by a nurse member of the SCPHN team.
- 4.2.1 The HV team will check all the 6 to 8 week reviews required each month and allocate to an appropriate team member. It is best practice for the HV who completed the antenatal and new birth contact to complete the 6 to 8 week review wherever possible.
- 4.2.2 The HV team will review the mother and child's electronic records prior to the 6 to 8 week contact, including the Family Health Needs Assessments (FHNA), the Lone Working Risk Assessment and the consent page.
- 4.3 If the parent or carer does not accept the invitation resulting in a no access visit, the HV will make a professional decision on the level of risk to this child. If the child is receiving a Universal level of service, a second appointment will be sent. Following a second non-attendance, a letter offering future support will be sent, no further appointment offered. Attendance and non-attendance and the action taken by the HV will be recorded on the Child's Health (Paris) record.
- 4.4 Where the HV (or other members of the Primary Health Care team) have identified that the child requires a Universal Plus or Universal Partnership Plus level of service, the HV is responsible for contacting the family to make a professional decision on future actions. It may be necessary to liaise with members of the team and other relevant agencies in making this decision. Staff will use the TSDFT SOP [Disengagement with Community Services in relation to children](#). V2 Date 20.4.16 –03.06.2018 to support decision making. (last accessed 22/8/18)
- 4.5 The HV team will give the parent or carer the opportunity to discuss any concerns or parenting issues at the 6 to 8 week contact. If an interpreter is required information is available for translation and interpretation services on ICON.
- 4.6 The HV will offer to weigh and measure the length of the baby and measure the baby's head circumference recording the measurements in the Personal Child Health Record (PCHR – Red Book)
- 4.7 The HV will enquire if the parent or carer has received an appointment for the 6 to 8 week NHS New-born and Infant Physical Examination (NIPE screen) by their General practitioner (GP) and the baby's first immunisation appointment.
- 4.8 The HV will promote immunisation specifically as follows:
 - a) To give the family or carer the opportunity to discuss the Child Health Immunization Schedule.
 - b) To review if the babies hepatitis B schedule in accordance with Public Health England (PHE) publication [Hepatitis B: what does my positive screening result mean?](#) (last accessed 22/08/18)
 - c) To review if the baby requires a BCG tuberculosis vaccination in accordance with the TSDFT BCG Vaccination in the Newborn Protocol, if required with parental consent.

- 4.10 The HV will check the status of all screening results and take prompt action to ensure appropriate referrals and treatment pathways are followed in line with UK National Screening Committee (NSC) Standards. By 6 to 8 weeks, the parent or carer will have received the blood spot results by post; the HV will ensure these results are recorded in the PCHR.
- 4.11 The family will be contacted earlier if the screen is positive: the TSDFT Newborn Blood Spot Screening Protocol Ref: 0744, version 10 describes the care pathways for babies with a positive result.
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0744.pdf (last accessed 22/08/18)
- 4.12 For children moving in from abroad, the Health Visitor must check if he/she has been offered a new-born blood spot screening and, if so, that a record of the result has been recorded in the Child's Health (Paris) record. If not, arrangements should be made to offer screening, in line with the National Standards "within 15 days of notification of the residency". To arrange for the screening test to be undertaken, the HV will contact the Paediatric Outpatients department at Torbay Hospital (Tel: 01803 656356) and request an appointment for the Blood Clinic. The HV will ensure the mother takes the child's PCHR with her. The HV should complete the attached letter and return to Child Health. (Appendix 1)
- 4.13 The HV should ensure that mothers have the opportunity to discuss responsive feeding, and should reassure mothers that breastfeeding can be used to feed, comfort, and calm babies. Breastfeeding can be long or short. Breastfed babies cannot be overfed or 'spoiled' by too much feeding and breastfeeding will not, in itself, tire mothers any more than caring for a new baby without breastfeeding. Parents will be given information about local parenting groups that are available such as Feeding Groups and the breastfeeding support mobile number (0750 095 2216 – office hours only) recorded in the PCHR.
- 4.14 When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and mothers will be supported to maximise the amount of breast milk their babies receive. Mothers will be given the opportunity for a discussion about their options for continued breastfeeding (including responsive feeding, expression of breast milk and feeding when out an about or going back to work), according to individual need. Mothers will be sign posted to <https://www.nhs.uk/start4life/baby/breastfeeding> (last accessed 17/08/18), to promote complementary foods from 6 months (26 weeks) of age.
- 4.15 The HV will advise parent or carer on what to do if their child is ill and check that the Sepsis Assessment and Management (SAM) insert is in the PCHR.
- 4.16 The HV will discuss positional plagiocephaly directing children to the 0 to 19 website putting the web address sticker in the child's Red Book.
- 4.17 The HV will provide information on Action for Children Children's Centres and other support groups locally.
- 4.18 The HV will review the mother's mental health in accordance with SCPHN SOP No 4, The Perinatal Infant Mental Health Contact, and the Initial Assessment of Early Attachment by the SCPHN HV.
- 4.19 The HV will ask the routine enquiry questions if safe to do so. (Appendix 2)

- 4. 20 The HV will review and update the Family Health Needs Assessment (FHNA) parental capacity section and complete the mother or father targeted assessment for the 6 to 8 week review. When a member of the household smokes the family should be signposted to the Torbay Stop Smoking service and a referral made with consent.
- 4.21 The Family and Friends questionnaire will be sent out with each appointment letter and the HV team will ask the family if this has been completed and returned to the addressee.
- 4.22 The HV will ask the family or carers if they have accessed the TSDFT 0-19 web site and inform them of the next universal contact at 12 weeks. The HV will book the 12 week contact with the family or carer at this contact for families who require a universal plus or universal partnership plus level of service.
- 4.23 The universal 6 to 8 week contact will be recorded on the mother and child Paris record as a Screening Client Profile assessment with a case note, activity recording and level of service. The breast feeding status should be completed on the 6 to 8 week review page in the child's red book.
- 4.24 The HV will update the registration page with any changes to the family's circumstances.

5 Monitoring tool:

Standards:

Item	%	Exceptions
Key Performance Indicator quarterly reporting to commissioners	95%	90%

Equality Statement.

The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and [Equality Impact Assessments](#) please refer to the [Equality and Diversity Policy](#)

References:

1. 2015-16 National Health Visitor Core Service Specification (NHS England)
NICE guidance: Antenatal and Postnatal Mental Health: Clinical Management and Service Guidelines, Dec 2014
<https://www.nice.org.uk/guidance/cg192/resources/antenatal-and-postnatal-mental-health-clinical-management-and-service-guidance-pdf-35109869806789> (last accessed 22/08/18)
2. [Signs and Symptoms](#) (SAM) leaflet for parents (last accessed 29/03/18)
3. The Code: Professional standards of practice and behaviour for nurses and midwives: NMC 21/03/2015 <https://www.nmc.org.uk/standards/code/> (last accessed 22/08/18)
4. PHE screening: Revised newborn blood spot screening standards published 26/01.17 <https://phescreening.blog.gov.uk/2017/01/26/revised-newborn-blood-spot-screening-standards-published/> (last accessed 05/09/18)

Appendices

1. [Letter for blood spot](#)
2. [Routine enquiry questions](#)

APPENDIX 1

BLOOD SPOT RESULTS FORM FOR CHILDREN MOVING IN FROM ABROAD

Child Health Department
Vowden Hall
Torbay Hospital
Lawes Bridge
TORQUAY TQ2 7AA

Date:

Dear colleague

Name:
Date of Birth:
NHS number:
Address:
GP:

The above named child has moved in from abroad and an appointment has been made at the blood clinic on:

The following tests are required:-

- TSH
- CYF
- MCADD
- PKU
- SCA
- MSUD
- HCU
- IVA
- GA1

Yours faithfully

Health Visitor
Copy to GP

ROUTINE ENQUIRY QUESTIONS FOR SCPHNs

Domestic abuse: IS IT SAFE TO ASK THIS QUESTION?

As violence in the home is so common we now ask contacts about it routinely.

Before asking questions consider the environment:

- Is the woman/man alone?
- Do not ask with any other adult present or a child over 2 years.
- Use an interpreter/create the opportunity.

Validate before asking questions below by clarifying the above.

Direct question:

“Are you in a relationship with someone who hurts or threatens you?”

or, if there is evidence of injuries:

“Did someone cause these injuries to you?”

Assess:

- ***“Is your partner with you?”***
- ***“Where are the children?”***
- ***“Do you have any immediate concerns?”***
- ***“Do you have a place of safety?”***

Sign-post person to appropriate support.

If the questions were not asked, document why in service user records.

Document when planning to ask questions i.e. clinic/next contact/next home visit.

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2010		
Document title:	The Universal 6 to 8 Week Review by the Specialist Community Public Health Nursing (SCPHN) Health Visiting (HV) Team		
Purpose of document:	This document offers best practice guidance on the 6 to 8 week review by the Specialist Community Public Health Nursing (SCPHN) Health Visitor (HV) team		
Date of issue:	22 November 2019	Next review date:	22 November 2022
Version:	3	Last review date:	
Author:	General Manager Public Health		
Directorate:	Care and Clinical Policy Group		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policy Group		
Date approved:	19 September 2018		
Links or overlaps with other policies:	<ul style="list-style-type: none"> • South West Child Protection Procedures (https://www.proceduresonline.com/swcpp/) (last accessed 19/03/18) • Torbay and South Devon NHS Foundation Trust (TSDFT) Policy for the Protection of Adults at Risk from Abuse (last accessed 29/03/18) • TSDFT Management of Lone Working (last accessed 29/03/18) • Disengagement with Community Services in relation to children. (last accessed 30/08/18) • TSDFT SCPHN SOP No 4: The Perinatal Infant Mental 		

	<p>Health Contact and the Initial Assessment of Early Attachment by the Specialist Community Public Health Nurse (SCPHN) Health Visitor (HV) 2017 (last accessed 30/08/18)</p> <ul style="list-style-type: none"> • TSDFT SCPHN SOP No 7: The Transfer In and Out Process by the SCPHN HV Team (last accessed 30/08/18) • TSDFT New-born Blood Spot Screening (last accessed 20/08/2018) (last accessed 22/08/18) • CT Medium Chain acyl COA Dehydrogenase Deficiency and other Medium Chain Oxidation Disorders (MCAD Deficiency) Ref: 1564 Version 2 (last accessed 30/08/18) <p>TSDFT BCG Vaccination in the Newborn (Last accessed 20/08/2018)</p>
--	---

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
22 August 2018	1	Updated for C&CP Group	Service Manager Professional Lead SCPHN
17 September 2018	2	Comments from C&CP	Service Manager Professional Lead SCPHN
22 November 2019	3	Revised	Care & Clinical Policies Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdfd@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.