AGENDA FOR CHANGE
NHS JOB EVALUATION SCHEME
JOB DESCRIPTION TEMPLATE

1. JOB IDENTIFICATION

Job Title:	Health Visitor
Reports to:	Practice Lead (Early Years)
Department, Ward or Section:	Health Visiting
Operational Unit/Corporate Department:	Highland Council/Highland HSCP
Job Code:	**NATEVALNHSSHIGH26H**
No of Job Holders:	TBC
Date:	**December 2018**

2. JOB PURPOSE

The main role for the Health Visitor (HV) is to be the designated named HV for all Children within their caseload from antenatal to school entry age, excluding the unborn child. This requires the HV to commence the Childs planning process. To discharge these responsibilities the postholder will have a responsibility to monitor the child's wellbeing and assess if a need is identified they will work in partnership with the child's family and all involved agencies to produce a child's plan which will require to be monitored.

In discharging these responsibilities the postholder is responsible and accountable for maintaining clinical, staff and information governance.

3. DIMENSIONS

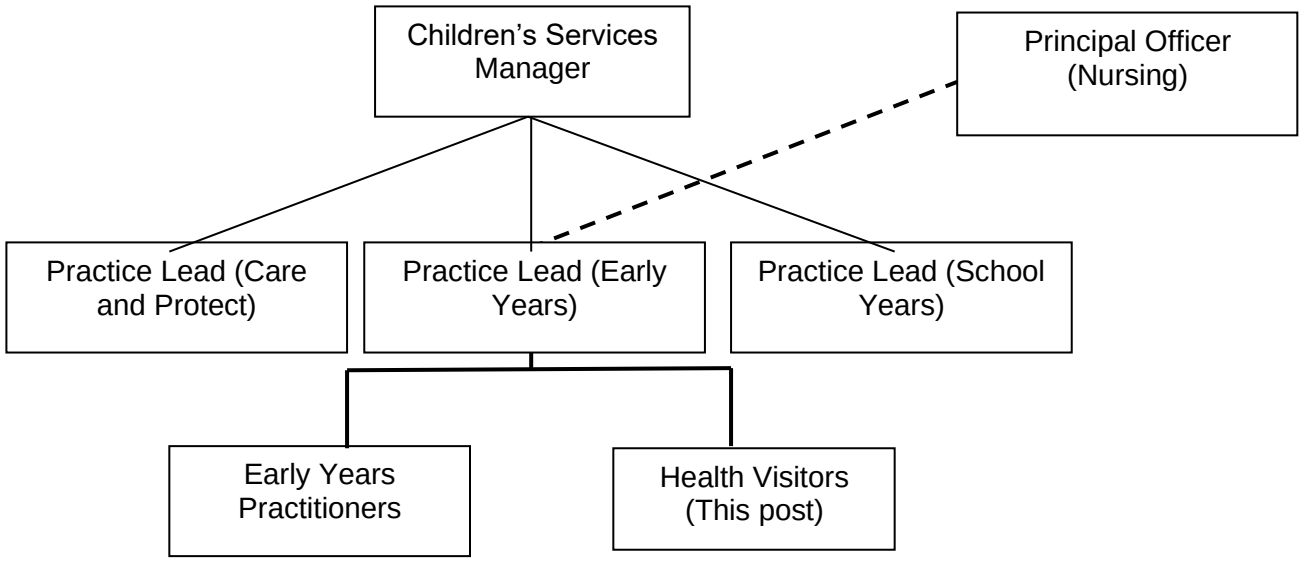
Highland Council Care & Learning Directorate provides an integrated children's health, social care & education service. It is currently commissioned by NHS Highland to provide the health visiting service within north Highland.

Population size approximately 250,000 (0-19yrs= 68500)

There are 9 Family Teams each with overall management from a Children's Services Manager and comprising of Practice Leads for the Early Years, School Years and Care & Protect functions of the team. This post sits within the early years function together with Health Visitors and Community Early Years Practitioners. (Management restructure underway)

Health Visitor caseload sizes are determined by the national caseload weighting tool which is re-run every 2 years.

4. ORGANISATIONAL POSITION



5. ROLE OF DEPARTMENT OR SECTION

The role of Health Visiting is to promote the well being of Children and their families in accordance with the Universal Health Visiting pathway The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits those families with Children aged 0-5 can expect from their health visitor, regardless of where they live in Scotland.

6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

Clinical Responsibilities:

1. To undertake statutory duties on behalf of NHS Highland with respect to individual children within your caseload to assess improve and support the wellbeing of children.

2. To work with all professionals involved with the child or young person and their families to assess, analyse, develop and agree a multiagency child's plan based on the agreed policies and procedures. Implement and monitor the plan to endeavour to ensure the child's needs are met and desired outcomes achieved.

3. To work in partnership with individual children's families, working with other agencies and key stakeholders to ensure that all parties undertake their responsibilities to within the agreed plan.

4. The Health Visitor will work from the antenatal period to School Entry, but excluding the unborn child), the HV will be responsible for receiving wellbeing concerns from a variety of sources in partner agencies (e.g. police reports) and from any member of the community. The HV will be responsible for ensuring that all information received is analysed and included in the assessment of the child's wellbeing, needs and potential risks. The HV may through assessment of the information known and from direct contact with the family, decide that the level of concern requires instigation of Child Protection procedures. If the child's needs are not met the HV will escalate their concerns to their line and or professional manager as determined by professional standards, policies and procedures.

5. The HV will provide key input in relation to Child Protection and other vulnerable children. The HV will play a key interagency role in family assessment, planning and delivery of Child Protection services. The HV will participate in regular supervision of child protection cases and work within the child protection policies and guidelines.

6. The HV will be responsible for making professional judgment and decision about the sharing of information about each child and family. This will require a complex analysis of the level of risk to a child; the reason information needs shared, the conditions for processing under Data Protection law, GDPR and the conditions for sharing in relation to confidentiality law, and the conditions for sharing in relation to human rights (family privacy) law. The HV will follow law and guidance, but will use conservable professional judgment to each decision to share or not share information.

7. The HV will deliver the universal pathway to all children on the caseload, to ensure that their health and wellbeing needs are assessed. This will include being responsible for delivery of a suite of developmental and wellbeing assessments, and being highly skilled in the use of validated tools, using a strengths based and empowering approach to the therapeutic relationship working in partnership with families. The HV requires to be an expert in the assessment and analysis of these tool results to ensure that referral to other services is made in a timely fashion to ensure that each child's needs are met.

8. Support and contribute to continuous quality improvement of families' care through the use of audit and monitoring compliance to service and professional standards, for example Clinical Quality Indicators (CQI), working in conjunction with the Team Manager to implement corrective action plans. Ensure appropriate audits are undertaken.

9. To maintain effective written and verbal communications with families/carers and other members of the multidisciplinary team to ensure family needs are met and appropriate information is shared and documented in the locally agreed record keeping system in accordance with NMC guidelines and current legislation.

10. To support NHS Scotland's values of quality, teamwork, care and compassion, dignity and respect, and openness, honesty and responsibility through the application of appropriate behaviours and attitudes.

Team Work:

11. In accordance with NMC codes of practice and as a member of a team working in partnership with other agencies, actively contribute to the creation of an environment that supports assessment and learning of all staff, providing mentorship and clinical supervision to enable all team members to continuously update, develop and implement current knowledge and skills to meet changing needs of the service.

12. Support the Team Manager to resolve complaints in line with NHS Board policy. Understand and share the learning points emerging from the investigation of complaints, ensuring structured feedback systems are in place and support implementation of action plans to enhance the delivery of the service and improve family care experience.

13. As the named person the HV will need to contribute in the development and implementation of local procedures, protocols and ensure adherence of current legislation at all times. Monitoring standards of care, ensuring these comply with the defined policies, procedures, standards and protocols of the area to ensure delivery of a high quality service.

14. To participate in projects regarding future service development, developing and implementing identified changes to the routine and delivery of routine care.

15. Support the Team Manager to ensure that all aspects of health and safety are implemented, and that staff, children, young people and families' safety is paramount.

16. Support the Team Manager to undertake risk assessment (including patient behaviours and working environment) and incident management, including implementation of agreed action plans and associated learning to ensure ongoing compliance with related legislation and guidelines, including Health and Safety at Work Act and NHS Highland Health and Safety policy and reporting systems, to safeguard patients, visitors and staff.

7. EQUIPMENT AND MACHINERY USED

The postholder will be expected to be responsible and knowledgeable in the safe use of all clinical and non clinical equipment used within the area, ensuring this is checked and maintained and, where problems are identified, resolve them so that all equipment is fit for purpose.

Note: New equipment may be introduced as the organisation and technology develops; however, training will be provided.

8. SYSTEMS

The following are examples of systems which will be used when undertaking the role:

- HR Systems for recording of all staff information, training activity, pay information.
- Supplies and equipment ordering systems.
- Parent and Child information recording systems.
- Range of systems/databases for report writing as required in role.
- Risk assessments.
- Staff bank ordering system.
- Health and Safety Risk Assessments /Incident Reporting policies and procedures.

Note: New systems may be introduced as the organisation and technology develops; however, training will be provided.

9. ASSIGNMENT AND REVIEW OF WORK

Workload will be generated by the delivery of the universal pathway antenatal to preschool for all children on the HV caseload. The size of the HV caseload will be guided by the national caseload weighting tool, and will be sensitive to SIMD data and local intelligence.

The postholder will work without direct supervision and will delegate work to other members of the health visiting wider team as necessary.

The postholder will initiate the child's planning process from birth for all pre-school children. This will include assessment, analysis and the formation of a child's health plan. They will also make decisions on when to engage with other professionals and agencies to gather information, and will share this information appropriately. During the child's planning process the Health Visitor, in partnership with the child and family, may decide to call a Child's Planning Meeting to agree required actions with involved agencies.

The postholder will be responsible to the Team Manager and or their professional lead for clinical governance, clinical guidance and professional management, work review and formal appraisal of performance, ensuring that all governance standards are met.

The postholder must review their clinical work in line with local and national directives and policies e.g. Supervision sessions.

As the named person work will also be generated via other agencies key stakeholders and other concerned individuals via the agreed referral protocol.

10. DECISIONS AND JUDGEMENTS

The postholder, as Named Person, will receive information about children on their caseload from other agencies and will be required to made an assessment of this information in relation to child wellbeing and risk assess this situation. The postholder has a delegated duty from the Board professional and a legal duty as HV and Named Person under the Children and Young People (Scotland) Act 2014. In this duty the postholder would assess the total information known at that time

and assess if a referral under child protection protocols is required.

In making this assessment, the postholder also has to make a complex judgment and decision about parental consent and information sharing in line with the law and guidance in relation to information governance.

In addition to referrals made by the postholder themselves, the postholder will be actively involved in case conferences and make decisions in conjunction with other professionals regarding the referral, support and management of children and families where there are concerns around the wellbeing of the child.

The postholder is expected to clinically and professionally, on a daily basis, anticipate problems or needs in day to day delivery of the service, managing the team and resolve them autonomously, e.g. staff management, utilisation of resources.

The postholder will make professional decisions on a case by case basis each day regarding care, child wellbeing, child protection within clinical/professional guidelines. As determined by the employer legal duties and responsibilities.

The postholder utilises resources and deploys staff to ensure correct and effective use of available skill mix.

11. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

Ensuring that information sharing decisions reflect the law and guidance in relation to information governance and are well recorded.

Working in partnership with families using strength based approach to empower families around parenting.

Support of children and vulnerable adults which could include: court appearance/reports, multi-agency meetings/forums (e.g. case conference, core group meeting) working with families identified as vulnerable/child protection issues.

Work autonomously and be able to make and act on own decisions; including the delegation of responsibilities within own service and other agencies.

To meet the families care needs by using the available staffing resource appropriately and effectively and to problem solve when unusual or challenging situations arise.

Work in conjunction with the Team Manager to motivate and inspire the multidisciplinary team to ensure effective collaborative working is achieved.

Support the provision of service within finite financial envelope, taking account of competing demands and resources and the unpredictability of the environment.

12. COMMUNICATIONS AND RELATIONSHIPS

The establishment of a therapeutic relationship with the child and their carers/parents and other key providers of services for the child.

Communicate verbally and in writing to members of the multidisciplinary team and other agencies – such as members of Primary Health Care Team, Social Care; statutory and non-statutory services with the ability to express professional views within group settings and support client advocacy.

The requirement for communications of information on a child or family must be assessed and considered in line with legal parameters for data protection, confidentiality, family privacy and public protection. The communication of information must be proportionate and legal and follow national guidance, local policy and NMC code.

In addition to the above, other contact falls into the following main categories in relation to healthcare, staffing and service issues:

- The family/carer and the multidisciplinary team involved in the provision of care.
- Staff regarding care, allocation of work, workload issues.
- Partnership, Trade Union and Professional Organisation representatives in relation to service and staffing issues.

The HV is responsible for ensuring a multi-disciplinary team approach including interacting with key staff in service delivery.

To attend clinical supervision sessions as required by local or national directives.

13. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Examples may include:

Physical Skills:

- Skills required to undertake appropriate clinical interventions.

Physical Demands:

- Regularly kneeling and bending for long periods. Carrying equipment daily.
- Regularly working in cramped and restricted conditions. Stairs – frequently.
- Stand/walking for the majority of shift.

Mental Demands:

- Frequent concentration required whilst undertaking both managerial and clinical aspects of role which may be unpredictable and complex. The postholder will be subject to frequent direct and indirect interruptions.
- The ability to act expediently and appropriately when responding to crisis situations. This happens on a frequent basis.
- Ability to adapt to complex clinical situations when they arise, often without immediate medical support.
- Prolonged concentration required when working with vulnerable families, court-related work i.e. precognitions, and report writing.

Emotional Demands:

- Communicating with distressed/anxious/worried parents and carers. Supporting families with children with complex needs or life-limiting illness.
- Child death – occasionally.
- Child abuse/vulnerability concerns – potentially on a daily basis.
- Domestic violence.
- Family breakdown.

Working Conditions:

- Exposure to body fluids.
- Distressed patients.
- Home environments on a daily basis, e.g. hygiene, ergonomics, pets, passive smoking. Travel in inclement weather.

14. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

The Job Registration requirements:

- Registered nurse or midwife at degree level or equivalent.
- Post-registration qualification in Health Visiting/Public Health Nursing and be registered on Part 3 of the NMC register.

Qualifications & knowledge:

- Educated to Masters level in a relevant nursing area, or
- Can demonstrate an equivalent level of knowledge gained through, for example, completion of NES modules on Assessment, Leadership, and Critical Thinking.
- Can provide advice using significant understanding and application of legislation relating to information sharing, data storage and public protection.
- Knowledge of health and social care pathways related to safeguarding, early intervention and protection.

Qualities and skills:

Can demonstrate the following skills and attributes:

- Experience of caseload management and planning to meet deadlines.
- Experience of using a strength based approach working in partnership with families.
- Able to use a number of assessment tools used to decide referral pathways.
- Management of risks and concerns using critical thinking to enable effective decision making.
- Ability to provide professional advice within a multi-agency setting that puts children's interests and safety first.
- Can lead discussions and make decisions based on an assessment of a range of actors in complex situations.
- Ability to develop and implement policies, procedures, service standards and improvements.
- An ongoing commitment to continuing professional development.

15. JOB DESCRIPTION AGREEMENT	
I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing. Job Holder's Signature: Manager's Signature:	 Date: Date: