

Excellence in Practice

Health Visiting Case Studies



FOREWORD

We are delighted to publish this collection of health visiting case studies from across the East of England. They are derived from good practice identified by health visitor peer reviewers who supported a Rapid Appraisal project during the Health Visitor Programme.

In selecting the case studies for publication we looked particularly for those that are sustainable and could be replicated by other organisations.

Thank you so much to the health visitors that participated as peer reviewers, to the authors of these case studies and to Jenny Gilmour for coordinating this work.

We hope you enjoy reading this booklet and are able to use some of the examples in your own area of health visiting practice.

Julia Whiting

on behalf of the HEEoE
HV Programme Team

RAPID APPRAISAL PEER REVIEWERS



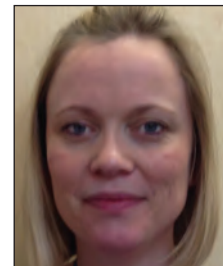
Kim Chenery



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CHAPTER 1: INITIATIVES TO SUPPORT HEALTH VISITING OUTCOMES

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HV TEAM MEETINGS IN CHILDREN'S CENTRE WITH DROP IN FOR OTHER PROFESSIONALS

- Health visitors attend the weekly children's centre referral meeting. At the meeting new cases are discussed with needs identified and a plan of care identified/proposed.
- Current cases are also discussed and consideration of cases that are suitable to be closed by the children's centre.
- These opportunities for face to face meetings allow negotiations and recommendations to be discussed enabling information sharing on cases which are for joint working and any liaison required which is fed back to/ by the NHS named practitioner.
- This opportunity promotes a multi-agency approach, supports team working and achieves a holistic approach to delivery of appropriate care packages.
- The meeting highlights good practice and identifies areas that can be improved.
- This way of working supports staff

in dealing with complex cases and encourages ownership from different agencies and skill mix of staff.

- It promotes networking and supports team work/building as well as promoting positive working relationships between children's centre staff and NHS staff.
- Attendance identifies opportunities for learning and development and some of these can be addressed through invited guest speakers thus supporting and promoting the event with a culture for continued learning.
- The arrangements promote openness and transparency between agencies and helps to break down barriers in communication.
- This is seen as a quality assurance mechanism for Luton CCS organisation which benefits all practitioners, evidences partnership working and contributes to the best outcomes for the children and families we serve.

Top 3 Key points/outputs/outcomes for sharing/noting

1. High standards of care assured.
2. Interagency and partnership working demonstrated.
3. Promotes and achieves delivery of best practice



Cambridgeshire Community Services NHS Trust - Luton

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FRIENDS AND FAMILY QUESTIONNAIRE

The Patient Experience team have worked with Universal Children's Services in South East Essex to implement the Friends and Family test across all service areas. Patient experience questionnaires are made available in clinical areas and during visits to families with young children. The questionnaire is comprised of six simple questions to gauge how satisfied the client is with their experience of the service they are receiving and the environment they receive it in. They are also given the opportunity to make any written comments about the service.

Clients are able to complete the questionnaire at the time of contact or they can complete at their leisure and return by pre-paid post. This also allows for confidentiality should the client wish to make a negative comment. Returns collected by the teams are sent back to the central Patient Experience team who collate the results and provide a bi-monthly report which is shared with the teams. Staff are encouraged to consider negative experiences and use the feedback to review service delivery as a result. Evidence of this is made available

to clients in the form of "You said..., We did....." posters.

An example of where we have been able to address comments from clients of the health visiting service includes 2 comments we received from clients that indicated that whilst they were very happy with their care after being discharged post-delivery, their experience in hospital had been less favourable. One comment also referred to having to repeat information twice to the midwife and the health visitor.

Recognising that the client was not making the distinction between the two services when completing the form we were able to liaise with the midwifery service clinical leads to alert them to the concerns raised about the care in hospital. We have also been working closely with our midwifery colleagues to roll out the health visiting ante-natal offer and the comments relating to duplication of information have been feed into those discussions to try and ensure that clients do not have to repeat information.

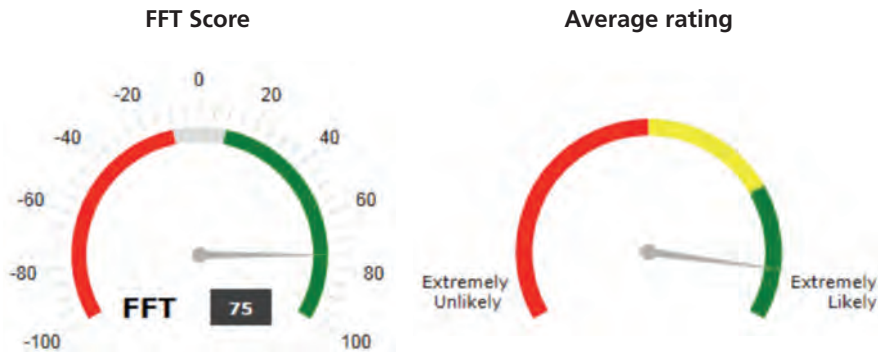
Another example was a comment about the cleanliness of the environment for a health visiting child health clinic and measures were taken to address this promptly.

One of the most valuable outcomes from the Friends and Family test have been from the comments made by clients which confirm that for the overwhelming majority, they have had a very positive experience and took the opportunity to give their thanks to teams and/or individuals by naming them in that feedback.

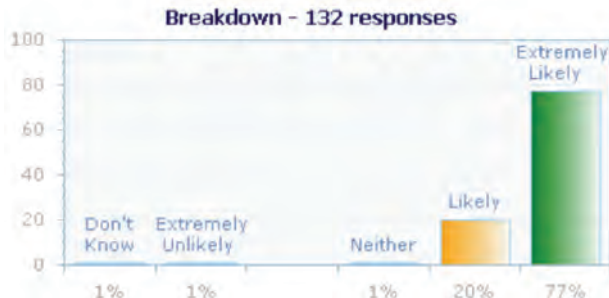
Top 3 Key points/outputs/outcomes for sharing/noting

1. The value of parent experience feedback.
2. Ensuring response and action is evident from that feedback.
3. Being able to thank staff for the quality of the care they are giving as evidenced by the returns.

Examples of the graphs provided in the reports are shown below:



Scores across the range



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- SE Essex**

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STANDARD OPERATING PROCEDURE

NCH&C best practice guidance document, dubbed 'The Purple Pages', provides an evidence based framework, in line with the Healthy Child Programme (HCP) which outlines activities and outcomes associated with all health visitor (HV) contacts. All activities are underpinned by safeguarding and child protection procedures and policies.

The document opens with the NCH&C health visitor mission statement (written by NCH&C HVs)

"Health visitors are specialist nurses visiting children and families in their own homes and communities to support good choices for a healthy life"

and cites the health visitor values:

"I am a specialist community public health nurse

I am part of a trusted team of health visitors

I invest my professional care and passion into each and every child and family I work with

I will build relationships to help every child and family get the care and support they need."

The document is divided into six distinct offers of care, each with their own pathways:

1. Core Universal Offer (antenatal, new birth, six-eight week, three to four month review, one year and two year review, transfer in/out of area and transfer to the School Nursing service pathways).
2. Universal Plus Offer (Care Of Next Infant (CONI); maternal mental health; infant mental health; minority populations; young parents; domestic violence; substance misuse and smoking cessation pathways).
3. Universal Partnership Plus Offer - (HV for domestic abuse, stalking and honour based violence (DASH) assessments, Looked After Children (LAC); link HV roles to GPs, children's centres, early years providers and midwifery pathways).

4. Public Health Offer (new born bloodspot screening, breastfeeding, nutrition and healthy weight pathways).

5. Your Community Offer (child health clinics; Building Community Capacity (BCC); breastfeeding peer support; patient experience; Pregnancy Birth and Beyond pathways).

6. Team Working (corporate working; vacant caseload pathway; duty HV role; HV with Specialist Interest (HVwSI) pathways).

Overall this document takes each of the pathways listed and clearly and precisely documents not only health visitors best practice standards and possible health visiting activities but showcases the diverse tool kit and skills aspired to and evidenced by Norfolk health visitors within each.

By doing this it more importantly highlights the possible outcomes for Norfolk families, in line with the Public Health Framework.

The additional value of this work in progress is that it articulates the latest evidence base and service standards for health visiting and describes how the craft of health visiting is delivered and shows how health visiting supports the health, learning and developmental outcomes of children, in order that they reach their full potential. It is available for all staff to access and use in practice.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Best practice guidance can be used by all to support and guide outlined HV service delivery providing a thorough reference list and evidence base.
2. Clear guidance documents clearly detail the activities and outcomes of the health visiting service offer to all.
3. Compiling and maintaining a document such as our 'Purple Pages' is only possible with the investment of all of those who use it and own it. Workshops across the county provided an opportunity for staff to

contribute and feel they continue to have some investment in and shared ownership of this working document.



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COMMUNITIES OF PRACTICE

In order to ensure that the Essex Communities of Practice (COP) events are effective for sharing evidence based and innovative practice across all the health visiting teams within Essex and Thurrock we have developed and established a robust process.

Each team across the Essex and Thurrock areas of NELFT have an allocated COP champion. The role of the champion is strengthened by attendance at a local steering group two months before a planned event. This enables the champions to have direct involvement with the planning of the event and the topics presented.

The champions are tasked with promoting the event and ensuring that one representative from each team registers to attend. This ensures that across Essex and Thurrock we have an even distribution of staff represented.

As the COP events have a limited number of places it is essential that the key messages and evidence base is subsequently shared within the teams

so that everyone can benefit from the events. Therefore, the champions support the health visitors who attended the COP event to cascade the information and feedback to their teams.

The champions attend an additional local steering group within a week of the COP event in order to evaluate the content of the presentations and consider how to implement the learning. This result of this is the production and development of an action plan for how Essex and Thurrock will embrace the evidence base shared during the presentations and how to take forward any learning. This ensures that the events are evaluated, that new relevant learning is shared and evidences how this innovation will have a direct impact on service delivery.

The action plan is shared with the Service Managers for Essex and Thurrock and when they have agreed the action plan, it is further shared and discussed at the health visitor implementation meetings.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Champions across all teams ensures fair distribution.
2. Having a robust process in place helps the cascade of information.
3. Producing a formal action plan following the COP events helps to track progress.

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CHAPTER 2: EDUCATION AND TRAINING:

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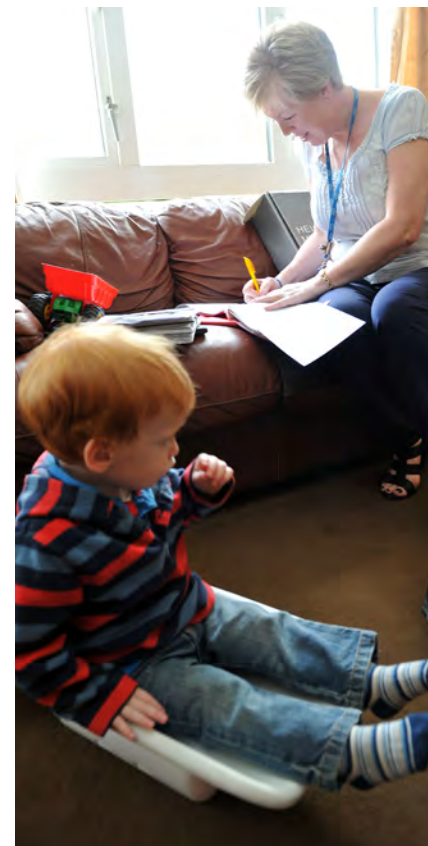
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PEER REVIEW / CLINICAL OBSERVATION

A comprehensive tool has been devised to measure quality standards and competence post registration and provide a robust framework to evidence safe practice and services delivered. It has a reflective focus to enable the practitioner to develop through self-awareness. The model is strength based and the design is linked to the Knowledge and Skills Framework (KSF) core dimensions to enable practitioners to evidence their practice during their annual appraisal. Gaps in knowledge or practice can also be identified which then are developed into an action plan.

Each practitioner has a minimum of 2 observations each appraisal year. It is the responsibility of the practitioner to plan and allow time for the observation ensuring there is time for feedback following the contact.

A self-assessment audit tool has been designed, measuring the practitioner's confidence in their ability, skills, theoretical knowledge and safeguarding knowledge.

A standard operating procedure is in place to inform and direct requirement to engage with the process. All practitioners are appraised of the individual and corporate benefits as part of the process and time is made to discuss any apprehension or anxieties. As over half of the workforce has now been qualified less than 3 years there is a natural acceptance of observations which is seen as a continuation to the Practice Teacher and student learning process.

The model was designed 2 years ago and due to the enormity of changes within health visiting this has affected the speed of implementing the tool, slowing it down. However from the results so far it is proving far more effective and positive than any training course through the guided self-analysis of practice.

Top 3 Key points/outputs/outcomes for sharing/noting

1. The practitioner needs to understand both the value of the observations

and identified needs and how it will impact upon their practice and the service delivery.

2. For transparency and understanding of the process it is important to have fully developed and implemented the standard operating procedure. The methodology used feeds into individual appraisals and also the management system if there are concerns about practice and when an action plan is written.
3. Strategic use of the tool enables identification of gaps in practice or training which are evident and this then forms intelligence to plan future service training.

Cambridgeshire Community Services NHS Trust

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ROLE OF PRACTICE TEACHER (PT) POST MARCH 2015

Within CCS, the peripatetic 'roving' Practice Teacher (PT) role will no longer be needed post 2015, due to training smaller numbers of student health visitors; it has been imperative to plan for the evolution of the role. Every PT has been involved in developing and shaping the future of their role.

The PTs are already seen as clinical experts and form part of a professional development team. As 'Call to Action' draws to an end it is planned that this team will facilitate mandatory 'bi-monthly' topic based sessions for all practitioners. The aim of this will be to develop knowledge, maintain equity of standards to ensure quality of care is delivered and that evidence based and best practice is shared.

PTs as members of the professional development team will facilitate training programmes and workshops for all health visiting (HV) staff, evidencing their role as the leaders of clinical practice as well as active involvement in projects to develop practice pathways and therefore expected to be the

drivers of change within the service. They will be supported to remain up to date with clinical practice through protected time and subscription to relevant journals/associations with the expectation that this knowledge is shared and communicated effectively across the service. They will also have the opportunity to access mentoring and leadership development.

PTs are leaders of the preceptorship programme through individual and group support. They are also the 'work place advisors' supporting the Building Community Capacity (BCC) projects. BCC projects within CCS have proved exceptionally successful and the majority of them have flourished after the handover into the community. The PTs are crucial in teams: working with families in caseloads, supporting newly qualified staff and developing the culture and team ethos to form our vision. It is imperative to retain all staff and maintain their motivation, in particular the newly qualified HVs as they continue their journey towards expert practice. In addition, all of the PTs are clinical

supervisors and using the 'restorative supervision' model will supervise HVs and support the service.

The pilot of the peer reviewing through clinical observations is complete. This will roll-out in September 2014 using a self-assessment audit of competence, structured assessment tool and standards that will link into the management system when an action plan is developed. This initiative will ensure that quality of care and service delivered remains consistently high and will support practitioners to reflect upon their consultations, offering feedback and development as required .

PTs will also be part of the leadership team supporting the team manager with 1:1s, appraisals, inducting new staff, supporting clinical decisions, buddy system, demonstrating good team and office management and acting as a deputy.

During the transformation of health visiting PTs have started to lead projects to ensure there is equity and standards

are high across the Trust. For example the development of leaflet packs at universal contacts and student/ mentor and / PT packs. PTs will be responsible for leading future projects and being the driving force for education post 2015.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Evolution of student workshops to include new starters and other practitioners to update and share practice skills, knowledge and evidence based practice.
2. Clinical observations are accepted by the service as an extension of the practice teacher role. The 1:1 clinical reflection is an effective process to develop and change practice therefore raising standards and quality of interaction.
3. Developing a professional development team with roles and responsibilities to develop evidence based practice, pathways and share good practice.



Cambridgeshire Community Services NHS Trust

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ROLE OF PRACTICE TEACHER (PT) POST MARCH 2015

CPFT has a transition plan for the role of the PT post March 2015. This plan is live and flexible to accommodate the ever changing learning and practice needs of the service. A current PT student has proposed to conduct a qualitative piece of research into the future role of the PT and the outcomes of this will influence the plan.

The plan makes use of the practice experience and teaching skills the PTs offer which have been enhanced by managing large cohorts of Specialist Community Public Health Nurse (SCPHN) health visitor students during the Health Visitor Implementation Plan - 'a call to action' 2011-2015

In addition to supporting future Specialist Community Public Health Nurse (SCPHN) health visiting students, the PTs will also actively engage in supporting:

Preceptorship - continue to lead and offer a year long preceptorship programme to all newly qualified SCPHN health visitors.

Building Community Capacity (BCC)

- offer support/be a Work Place Advisor (WPA) for new and ongoing BCC projects.

Research - undertake research where necessary as suggested by the Department of Health (DH) (2012) to allow PTs to influence policy development by working in partnership with multi-professional education and training colleagues.

Audit - PTs will use their knowledge and experience to work with relevant colleagues to audit records and service provision to ensure equity and best practice.

Professional development - PTs will support the monthly service-wide provision of professional development by using the opportunity as a platform to update all clinicians on new evidence and changes to practice and policy. PTs will also act as a conduit for information from the Higher Education Institutions (HEIs) to the health visiting service.

Journal clubs - use their own continued professional development and undertake searches for new information to facilitate journal clubs within the health visiting service to generate and lead discussion and enthusiasm for ongoing professional learning and continuous improvement to ensure HVs remain fit for practice in terms of the evidence base for commissioned service delivery.

Peer review clinical practice - teaching and assessment skills will be utilised to undertake annual peer assessments of clinical practice skills.

Restorative Supervision - where appropriate PTs will offer restorative supervision

Group Clinical Supervision - PTs will be responsible for arranging clinical supervision groups for all Band 7 staff to share new evidence based practice and help ensure this staff group has up to date and relevant knowledge given their leadership role.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Recognising value of PTs skills, leadership and influence on the whole service.
2. PT role in professional development of HV workforce.
3. PT role in delivering Preceptorship and promoting/supporting continued delivery of BCC.

Cambridge and Peterborough Foundation Trust

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PEER PRACTICE TEACHERS MARKING OF PORTFOLIOS

The Health Visitor Implementation Plan - a call to action required large numbers of health visitors (HV's) to be trained between 2011- 2015. It was essential for Provide to increase its Practice Teacher (PT) numbers to support the student commissions. In doing this Provide had to develop solutions with the PT's and managers for competency and sign off. These solutions had to be reliable and robust for the safety and delivery of quality for the student's success and attainment.

The method chosen was one of peer review and the introduction of a group determination of marking and ratifying of portfolios.

The PT's met as two groups and each student's portfolio was reviewed and marked by the group with the provisional grade awarded by the PT ratified prior to submission to the university.

This ensured consistency of marking and the creation of ownership and shared responsibility for the success and

education of each individual student. It allowed for supervision and reflection to be undertaken in a meaningful way by peers with positive outcomes for practice. It also gave the trainee PT's and inexperienced PT's opportunities to discuss with their more experienced peers where students portfolios might be lacking and in need of development as well as the ability to share examples of good practice.

We also believed that the key operational performance targets of quality and safety were upheld by this model.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Shared responsibility.
2. Peer review.
3. Quality and Safety initiative.



Provide

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STUDENT SUPPORT PROGRAMME CONCEPT

At the beginning of the Health Visitor Implementation Plan- a call to action, Provide's health visiting Practice Teachers (PT's) and managers expressed concerns of the possibility of the lowering of practice educational standards. This was due to the capacity issues of the PT's, the increase in student commissions and the time that was needed with each student health visitor to ensure that the links with theory and practice were understood and robust.

A way forward was agreed with a series of workshops to be created for the health visiting students which they would attend on a Friday morning when they would usually be in self-directed study. Some of the workshops were delivered by in-house specialists, some by the PTs, and some by partner agencies or purchased from external specialists. The manager would arrange the programme and book these to reduce the pressure on PTs supporting more than two students each.

The wide ranging programme consisted of areas such as leadership, a

commissioning workshop and UNICEF breast feeding training, which were planned to compliment the modules being undertaken in university or practically related to the stage of independent visiting that the students were most likely to be focused on. All mandatory training requirements for safeguarding, domestic abuse and looked after children were also built into the workshop schedule. Library facilities were available at the venue and some members of the large group of students would arrange to meet to study together after the workshops or to share experiences.

At the end of their training the students completed an evaluation regarding the content of the workshops and any help that the staff had given them in supporting the learning process. The results were overwhelmingly positive with only one workshop receiving some negative reviews. Without exception all other subject matters were given 100 % rating for the value-added experience. As a result these workshops have continued for all three years of the

larger health visiting student cohorts. Now Provide has reverted to smaller training numbers they are organised and delivered by the PT's.

Some examples of comments made by the students were:

“the value the workshops gave in linking theory to practice”, “the identity it gave the students of feeling connected to the organisation”, “value placed upon themselves that these were delivered extra to basic training ” and “being able to ask questions they did not feel able to do in a large impersonal cohort at university” and how they felt that it enabled them to “connect as a sub group at a time when student cohorts were so large” and “enabled a peer support mechanism ”

Provide has experienced very little attrition during the Call to Action SCPHN HV training cohorts.

Top 3 Key points/outputs/outcomes for sharing/noting

1. PTs and managers working in partnership to find solutions.
2. Investing additional time in staff heightens identity with the organisation and recruitment / retention post qualifying.
3. Attrition rates lower than anticipated.

Provide

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SPECIALIST EDUCATION LEAD ROLE

In Hertfordshire, between September 2014 - February 2015, 101 health visiting students are at varying points in training. In order to lead and support the work required to develop the HV students in high quality placements Hertfordshire received support from HEE to put in place an Education Lead (EL) role for health visiting.

The role is and has been a critical success factor in ensuring that all students, PTs and Mentors receive the support that they need in order to maximise the student potential and minimise attrition rates to achieve the growth in the workforce in line with the HVIP 2011-2015.

It was recognised in early 2013 that an innovative approach to managing the student practice placement time was required, and that our ambition for the health visiting service in Hertfordshire is to achieve consistently high standards of evidence based practice. An important part of this journey has been additional clinical training days organised and led by the EL to support the university education, so that our budding student health visitors receive

consistent messages about important strands of day to day clinical operational practice such as jaundice, weaning and sleeping.

The EL plays a pivotal role in the early interception of any student issues and as a result been working closely with the University of Hertfordshire to ensure that all students receive the very best support available in order to succeed.

Another key part of this EL role has been the support for newly qualified health visitors and the development of a robust two week preceptorship programme for two completing student cohorts launching the newly qualified health visitors into professional practice. The intensive programme includes training in Solihull, Ages and Stages Questionnaire assessment, My Baby's Brain, Graded Care Profile, and policies for and management of issues such as bruising, domestic abuse, asking the question and assessing risk.

This EL role has afforded the opportunity to link user feedback to improvements and continuous service development

and to develop the links with the newly qualified health visitors and clients. As a direct result an example of a service development is the enhanced pathway for parents of babies in SCBU and NICU and the health visiting service which is now completed and ready for launch.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Focussed capacity to support and care creatively for students is essential to success.
2. Clinical days support consistent evidence based practice messages.
3. Creating time and space to work with client groups and evidencing these approaches with the new cohorts of students for continuous improvement of care.

Hertfordshire Community NHS Trust

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PRECEPTORSHIP, PROBATIONARY PERIOD, PEER SUPERVISION

It is recognised that completing the Specialist Community Public Health Nursing (SCPHN) qualification commences a journey of continuous learning, growth and professional development. The preceptorship programme devised in our organisation has been reviewed and developed in particular recognition of the need to improve support for newly qualified health visitors, Return to Practice (RTP) health visitors and school nurses.

As a service we have undertaken to provide protected time for staff to participate in the preceptorship programme with the desired outcome that, on successful completion, the registered practitioner will have been supported to become an effective, confident, autonomous individual, who is able to deliver high quality care for service users and improve outcomes for children.

Our programme has continually been informed by the experience and on-going evaluation by preceptees to ensure that it adapts to meet their identified learning needs.

The programme has three distinct elements in order to help the individual build confidence in the delivery of the role they have been trained in and employed to do, and to empower them to give safe, competent and high quality care. This is supported by a robust preceptorship policy updated in September 2014. These elements are the induction period and support of a relevant mentor, the preceptorship programme including both elements of co-operative and management supervision.

Prior to the commencement of their new roles, each practitioner is contacted by their new manager and invited to come and meet their new teams.

Preceptorship Programme

All preceptees receive a welcome explanatory letter and a folder which contains a set of information such as programme content, the name of their identified team mentor and a copy of the preceptorship policy. The preceptee is requested to consider their specific

learning needs using the provided proforma. Negotiation on topics to be covered ensures prior learning and identified needs are considered.

The nine preceptorship programme monthly meetings are mandatory to attend demonstrating both practitioner and organisational commitment to investment in the new staff member. Facilitated sessions encourage a co-operative format for supervision. Group members take responsibility for their own personal development and commitment to support and challenge their peers. Peer supervision is also available as well as safeguarding supervision.

Induction/Mentor

The manager identifies the new practitioner's mentor within the team, whose role is to support them on a regular basis with practical day to day issues for up to a year. Each practitioner has a two week induction period to allow them to become knowledgeable about the team/area/partnership

agencies. During this time there is the expectation that they will undertake very little direct contact with service users. Practitioners then start to take on responsibility for service delivery building up to being involved in safeguarding after 3-6 months in post, dependent on the practitioner's confidence levels with support.

Management Supervision

Management supervision runs alongside the preceptorship programme four weekly to include ongoing review of the progress of the preceptee ensuring that a clear understanding of their job description and the detail of the Knowledge and Skills Framework (KSF) core and special dimensions for their role, is being evidenced in practice. This should inform and include establishment of the ongoing learning objectives. At six months the manager conducts an observational side-by-side session to include a record keeping audit.

From this stage the management supervision may take place six weekly. At month ten, the preceptee has a personal development review to include formation of a personal development plan.

In our ongoing development of the programme we continue to seek evaluation from the preceptees/ preceptors. This year we will widen the evaluation to include the team mentors. We are also aiming to develop competencies for Band 6 staff new to role to be included in the programme.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Tailored programme for preceptees built on evaluation from previous participants and current individual identified learning objectives.
2. Structured induction programme.
3. Efficacy of programme continually monitored through evaluation and reflection of all involved with attention paid to national agendas.

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CHAPTER 3: WORKING IN PARTNERSHIP

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HEALTH VISITOR LED ENGAGEMENT WITH LOCAL TRAVELLING COMMUNITY

ACE has identified a health visitor with a special interest in Travelling communities (HVvSI) who over the past three years has developed her knowledge skills and expertise in working with this vulnerable client group. In September 2011 she was invited to attend the first Traveller forum meeting to discuss the proposed new 12 pitch Traveller site to be built within the local area where she worked. The site opened in March 2012 amongst a storm of protest from the local community. As a result of the opposition, security was put in place which included 24 hour guard dogs on site and the entry gates were permanently locked preventing ease of access for all visitors.

On her initial visit to the site the HVvSI was accompanied by a student and although the guards and dogs were intimidating they were able to gain entry.

During this visit initial introductions were made to each pitch and information given regarding the local HV service. Families were welcoming, although initially suspicious, and helpful data

was gained regarding family dynamics, culture and practices within the community. In addition basic health need assessments were undertaken. Over the next twelve months with regular visiting and service input the families became more open, receptive to advice offered and actively sought HV input on a variety of topics. Often on a scheduled visit with a client other site residents would opportunistically seek advice from the practitioner.

For the HV the focus of delivery of the Healthy Child Programme (HCP) was at Universal Plus and Universal Partnership Plus service level and required skilful development of trusting relationships with the client group and other primary care and local services.

The role has included liaison with local GP and dental clinics to persuade them to allow the families to register as the women themselves felt there were barriers. Also a local outlet was successfully sought which was prepared to renew families' electricity cards as a shop keeper had refused to serve them.

Special relationships were built up with particular families, one of whom had a baby with a major medical condition. They did not want anyone on site to know for fear of being ostracised. However they did accept the HVvSI input and support. The family did not want the paediatric nurses visiting them on site but agreed to attend the local GP surgery and hospital for treatment and care. The mother did develop trust with the practitioner and would call regarding requests for repeat prescriptions or problems at their local chemist.

Other examples of diverse needs being met have included requests for reading letters and form completion as none of the women have many literacy skills. A computer session was arranged at the local library for one resident to support her application for a loan caravan.

Immunisation compliance remains a challenge and is difficult to address as some of the families have a fear of 'the needles' and continued reservations regarding vaccine safety which is due to their matriarchal society. However,

following last year's measles outbreak in Wales, the clinician was able to gain consent for measles vaccine to be given via the immunisation outreach team.

Liaison with Education and Transport departments has also been undertaken to enable children to access school places and the practitioner is currently attempting to support an application for a transport contract for the site.

In partnership with the local children's centre, a craft and play session at the site has been developed and delivered. Also, the Specialist Community Public Health Nursing HV student had developed a "vitamin D sun awareness" health promotion display board for use on the site.

In working with the Traveller community the HVwSI has gained valuable knowledge and understanding of their culture which she has shared with colleagues and wider teams as well as gaining respect and acceptance in the local Traveller community. There are future plans for the

development of a Rapid Response Team which will include a health visitor; school nurse and immunisation nurse to offer health screening services, general health promotion and advice on how to access education. This team will visit a number of illegal Traveller sites in order that vulnerable families can receive rapid health interventions before they are evicted or moved on.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Innovation in HV practice to a marginalised vulnerable client group.
2. Creativity in practice to meet diverse needs and build specialist expertise and knowledge.
3. Importance of local relationship building and partnership working.



Anglia Community Enterprise Community Interest Company

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ANTENATAL CLINICS FOR ETHNIC GROUPS WITH INTERPRETER

Prepare for parenthood

This programme commenced following funding as a result of a presentation at a Health Education East of England Conference. The initial funding was for development assessments in families where English is not a first language and resources for continued support towards preparation for school. However whilst setting up the programme it was agreed that we should start with the offer of a comprehensive service from ante natal period up to school entry in line with the Healthy Child Programme (HCP).

The programme commenced in January 2013 and illustrates working in partnership with midwives, children's centre and health visitors. The philosophy is to invite all parents to an antenatal session that covers many aspects about birth of the baby, breast feeding, introduction to health visiting and the Children's Centre. What makes this different is that it is offered weekly on a four week rolling programme, each session has an interpreter for Polish, Lithuanian and Latvian speaking parents/



carers. Therefore any questions are answered immediately and all attending clients are informed of local services available to support them following the birth of their baby.

All attending parents complete a questionnaire before and after the session and in 100% of cases there is an increase in knowledge. A recent audit highlighted that 20% of the local population are using this group, which is now funded by the children's centre.

In January 2014, we added a breast feeding support group to run alongside 'Prepare for Parenthood' which aims to help parents with any issues to speak to someone in their own language and offers/gives the support that they may need and encourages social inclusion through attendance at the sessions. Based on the success of these initiatives we are now planning to commence an 'Introduction to Solids' session which will continue to run on the same day, an hour after the 'Prepare for Parenthood' finishes and this will be run in the same successful format.

Recently we decided to relaunch the programme because we feel we would like to improve on the 20% local attendance rates. Initially the sessions were advertised by posters and verbal invitation. We have now designed a corporate invite using the Cambridgeshire Community Services Communications Team (CCS CT) for the design and County Council interpreters for translation and printing. Each parent will now be invited individually with their name on the invitation to make it personal to them. We have the same plans for the breast feeding group and introduction to solids sessions. Updated posters will still be in General Practice surgeries and other communal centres.

The CCS CT are supporting the relaunch and we hope it will be promoted in the local paper to coincide with the delivery of the programme. The next stage will be to include the 10-12 month assessment and continue with this approach to offer support in this way through the HCP until school entry age is reached.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Effective working together to achieve added value.
2. Services offered based on and addressing local need.
3. Continuous reassessment, updating and development.

Cambridgeshire Community Services NHS Trust

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URGENT CARE PATHWAY MINOR ILLNESS

Bedfordshire Clinical Commissioning Group was awarded funding from Bedfordshire and Hertfordshire Workforce Partnership Transformation Funds to undertake a project to promote Urgent Care Pathways currently in use to reduce the number of Bedfordshire children and young people presenting at Accident and Emergency (A&E).

Four paediatric pathways were included in the project: Asthma (implemented by a paediatric nurse from Bedford Hospital) Bronchiolitis, Fever and Gastroenteritis (implemented by health visitors seconded to the project from SEPT-Beds).

All of the pathways are endorsed by the Institute of Innovation and Improvement and backed by guidance from the National Institute for Health and Care Excellence (NICE), Scottish Intercollegiate Guidelines (SIGN) and the British Thoracic Society (BTS) and considered to be best practice.

A Group of 10 health visitors were seconded to the project for one day per week with the aim to design and

deliver parent education sessions across Bedfordshire to support parents in feeling more confident in managing minor illness at home, knowing where to gain appropriate support when required and recognising when a child does require support from A&E.

In addition to this a paediatric nurse was seconded from Bedford Hospital to promote the Asthma pathway and train practice nurses in the use of the pathway and the associated Asthma Management Plan.

Five GP localities Champions were recruited to promote the pathways to their peers.

All practitioners involved in the project undertook the Specialist Children's Assessment Knowledge and Skills (CAKES) training to equip them with skills and knowledge required to drive the project forward.

Achievements

A cohort of 10 health visitors are now fully conversant with the pathways and skilled in delivering content to parents via parent education sessions held in various forums as well as opportunistic 1:1 sessions.

Education presentation and audit tools have been designed and developed.

Urgent Care Pathway Awareness

Workshops have been delivered across the 0-19 service to enable all 0-19 practitioners to highlight and promote the pathways from as early as the antenatal contact.

The pathways have been included in the SEPT Bedfordshire Parent Held Record (Red Book).

Evaluation from parents following the parent education sessions overwhelmingly (99%) answered 'yes' when asked if they would recommend the session to friends and family.

Challenges

Lack of time to roll out and implement the project fully (four months) meant that although a great deal was achieved, the full of the impact of the project will need to be evaluated at a later time.

Seconded staff found the juggling of the project along with their high caseload challenging at times.

Future Planning

A follow up questionnaire to parents who took part in the project is planned for October/Nov 14 to ascertain whether the education sessions have a measurable impact on parental decision making when their child has presented with a minor illness.

SEPT-Beds are currently looking at ways to maintain the extended clinical skills gained by the 10 health visitor Project Implementers. In the short term they have the opportunity to shadow key staff to maintain skills. In the longer term consideration is being given to the

viability of CAKES trained staff being able to support the delivery of minor illness clinics and is yet to be discussed/ agreed with commissioners.

Top 3 Key points/outputs/outcomes for sharing/noting

1. The project gave health visitors the opportunity to extend their skill set with the potential of developing a future role that offers clients additional specific local resource to address identified needs around their own better management of minor illness for their children.
2. All staff involved in the project despite tight deadlines and high work load remained enthusiastic and dedicated.
3. Sufficient time needs to be given to a project to enable full evaluation.



South East Partnerships Trust - Beds

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INTEGRATED 2 YEAR DEVELOPMENT REVIEW WITH EARLY YEARS

Context

Health visitors (HV) carry out a Health Review for children between two and two and a half years as part of the Healthy Child Programme (HCP) which is the holistic universal public health programme for all children and families in the UK (Department of Health (DH) 2009a). The review at this stage is key for promoting speech and language, physical social and emotional development as well as providing parental support and guidance (DH 2009b). HVs are responsible for leading and co-ordinating the 2-2½ year review in conjunction with other services essential for effective delivery.

The revised Early Years Foundation Stage (EYFS) statutory framework is designed to support practitioners in identifying a child's development at an early stage and plan appropriate interventions to promote learning and development. As with the two year health review parents/carers should be active in the process of assessment. It would therefore seem sensible that

joint working between 0-19 and EYP's would enable a more effective and efficient service for children and families.

Families will benefit from the multiagency working and joint knowledge and skills of the two workforces assessing the development of the children together. Undertaking the reviews in either children's centres or education settings will also encourage parents to utilise these settings at alternative times to access early interventions and programmes which support development and readiness for school.

This integrated model depends on knowledge of children and their vulnerability status to ensure that the most appropriate offer is made for the 2-2½ review.

Identifying vulnerability

Factors which are associated with vulnerability are identified and categorised using the upper two

of the four levels of health visiting service delivery offer which are Community, Universal, Universal Plus (social, emotional and physical) and Universal Partnership Plus where the factors identified in UP have resulted in Child Protection or Child In Need Plan or identified eligibility for two year education funding due to poverty in the household.

Implementing the model

The 0-19 teams identify who requires a review at the appropriate age, meeting with the children's centre staff to highlight any vulnerability factors and identify them as universal, universal plus and universal partnership plus to ensure children receive the appropriate invitation.

Universal Children are invited to a group session (four - six children) preferably in a children's centre to be facilitated by the 0-19 team (HV/ community nursery nurse where a parent led focus on health topics from two years and development queries

are freely discussed enhancing the opportunity for parents to learn from parents and health professionals alike.

Universal Plus Children are invited to a small group session (two - three children max.) in a children's centre to be facilitated by a member of the 0-19 team and a member of the children's centre staff or an early years practitioner. Experience has shown that in this group development identified from the Ages and Stages Questionnaire 3 (ASQ-3) tends to be more high profile in the discussion.

Universal Partnership Plus Children are invited to an individual joint review at the education setting in which they are placed including the parents, HV and Educator (nursery or child minder). The HV will invite the family in consultation with the educator regarding appointment time.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Inviting children to the appropriate integrated review increased attendance in the universal plus group of children who would previously had a high number of Did Not Attends.
2. There is increased referral and early help offered and taken up in the universal plus group when reviews are undertaken this way.
3. When HVs and children's centres are able to collaborate together they have a better understanding of what families in their area need and are able to develop bespoke early interventions to meet these needs.



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CHAPTER 4: WORKFORCE

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CONTINUOUS IMPROVEMENT CULTURE

The health visiting (HV) service in ACECIC is undergoing significant expansion in line with regional and national requirements. The current health visitors are adapting to the demands of the rapidly growing workforce undertaking a wide range of roles including mentoring, preceptorship, being Practice Teachers, Maternal Early Childhood Sustained Home visiting (MECSH) supervisors and champions, also workplace advisors, clinical supervisors and Sustain Steps trainers. To enable health visitors to deliver these functions a range of ongoing training and support has been devised and provided.

To understand the underpinning principle of delivering evidence-based practice and developing our workforce we undertook a comprehensive training needs analysis. A detailed two year health visiting training and development plan has been drawn up. There are plans in progress to develop health visitor practitioners with special interest (HVwSI) roles to give additional clinical advice and support to the

workforce. These HVwSI have been identified from community profiles, the service specification, commissioning requirements, local knowledge together with Public Health information from the latest reports, the Joint Strategic Needs Assessment and NICE guidelines. The HVwSI roles include: Domestic Violence, Atopic Diseases, Marginalised Communities, Bereavement, Drug and Alcohol, Smoking Cessation, Teenage Parents, Mental Health, Healthy Lifestyles, Complex and Special Needs. As adjunct roles this makes them local and accessible to teams and they are being incrementally implemented as the service reaches its full growth trajectory. Current HVwSI roles already in place include MECSH champions and supervisors, clinical supervisors and Special Interest champions.

Information was also drawn from the personal development plans completed by staff during their annual appraisal which enabled them to identify their personal training needs in line with organisational corporate objectives. Teams were given a further training needs

proforma to complete and return to the service lead to help identify additional training and development requirements. The plan identifies courses already undertaken and those required and requested by staff to ensure continuing skills development for HV service offer delivery.

A monthly health visiting professional forum has been introduced and gives staff the opportunity to share best practice and further enhance their knowledge and expertise.

The organisation values the contribution that all staff make towards the development of service areas. The health visiting management team have put in place a number of mechanisms which give staff the opportunity to offer their views, ideas and opinions on current and future service delivery and training with a view to improvement and changes where appropriate. Examples of these opportunities have included listening sessions convened with staff teams, newly qualified staff, and Specialist Community Public Health Nurse

Health Visitor (SCPHN HV) students. In addition an evaluation questionnaire was distributed to SCPHN HV students at a celebration event at the end of their training course, the results were subsequently collated and the report distributed within the service. Staff feedback captured from all the meetings has been compiled and a range of action points taken forward resulting in a positive impact on staff morale and an improvement in staff training and development opportunities.

Top 3 Key points/outputs/outcomes for sharing/noting

1. The value of listening to staff views and opinions and implementing changes where appropriate.
2. The importance of a robust plan to ensure the provision of ongoing staff training and development. This will enable the service to be adequately skilled and competent to continue to deliver high quality evidence based services.
3. With increasing service requirements and additional capacity within the workforce the necessity to identify and develop staff with special interests to enable wider skills and competencies to be utilised in the service is essential.



**Anglian Community Enterprise
Community Interest Company**

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PEOPLE MATTERS PROGRAMME

In house training for managers on recruitment, engagement, attendance and performance.

One of the main actions ECCH took as a result of the staff survey results was to design and deliver a management training programme called 'People Matter'. The programme had four main themes; Attendance Matters, Recruitment Matters, Performance Matters and Engagement Matters.

- Attendance Matters - looked at how to get the best out of our occupational health provision and looked at issues around stress, employee wellbeing and organisation culture.
- Recruitment Matters - looked behind the importance of making the right selection decisions, based on transparent, fair and evidenced recruitment processes.
- Performance Matters - understanding why the performance of our people matter and the drivers behind poor

performance and learning how to apply the practicalities of managing performance on a day to day basis.

- Engagement Matters - this was designed to enable managers to actively engage with their teams to assist understanding of how they contribute to the success of ECCH. Managers gained skills to encourage involvement and participation from their staff.

A further theme; Workforce Matters, is being rolled out in September 2014. This will help managers understand the journey to plan and support successful staff development.

All staff that had management or supervision responsibility were required to attend, with other staff that were looking to develop people management skills having the option to attend.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Managing performance - Setting out

expectations with staff, if they do not know what is expected of them or do not know that they are not meeting those expectations how can they perform. The training gives ways to identify and address performance issues in a practical way, making it a more comfortable experience for the staff member and the manager. Clear guidance on the processes and policies is available to support managers in handling performance problems.

2. Recruitment - this session gives the confidence to get it right from the beginning. There are tips on advert writing to attract the right sort of candidate, questioning techniques, job descriptions and what you can and cannot do legally throughout the process.
3. Attendance - this is an issue for all managers at some point and has an impact on service delivery and team morale. Focusing on the return to work interview and making adjustments to get staff back to work earlier are key aspects.

“I have been a manager for many years and thought I knew a lot about managing staff behaviour but these sessions were a breath of fresh air. As they were delivered in house they were modelled around our own policies and organisational issues which made it more tangible. There were great practical tips on managing different situations and I found the recruitment session brilliant for advert writing. I cannot wait for the Workforce Matters. These sessions have also been offered to potential leaders of the future, those staff keen to progress their career but often find it difficult to get the practical experience. I know that these staff have embraced the opportunity and put what they have learned to use within their teams.”

Karen Jordan, Clinical Locality Manager,
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East Coast Community Healthcare

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CALENDAR OF PRACTICE / SERVICE SUCCESS

A retrospective and prospective 'Calendar of Success' documenting service developments, achievements and successes month by month by the Luton health visiting teams was initially developed in 2013.

The Calendar is regularly shared at team meetings, 0-19 team meetings and at whole service meetings. It has been considered for the staff intranet so that it can be more easily accessed and widely shared.

This initiative was suggested and continues to be led by a small group of health visitor students who are now qualified health visitors and is a resource which is maintained by staff for staff.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Motivates staff through the visual display of success/reported progress.
2. Captures and records service initiatives, developments and successes in one place.
3. Records the progressive effect of 'a call to Action' programme.



Cambridge Community Services NHS Trust - Luton

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DETAIL, VISION, OWNERSHIP INCLUSIVE

Provide believes in staff involvement and engagement in decision making at all levels of the organisation, as a social enterprise we actively encourage staff to become members and to elect governors of the organisation.

Within Children's Public Health services we ensure that all monthly communications are disseminated to front line staff, all new initiatives are not only shared by email but discussed within team meetings with locality managers. All staff have a one to one with a line manager every 4-6 weeks so their views can be heard and captured in the organisation and concerns escalated whilst also making sure that compliance and understanding or requirements are in place.

Termly meetings /workshops are usually held with the Assistant Director (AD) to explore staff view of the systems and to update on any changes anticipated. The vision was formulated by facilitating a whole service away day with contributions from all staff welcomed. The documentation produced being

circulated for comments before finalisation by the AD. The AD has an open door policy for staff to contact her directly and works out in bases alongside staff at least weekly to understand their views. Students shadow the AD during the leadership module and she will work alongside practitioners in bases.

Staff are involved at all grades via opting onto development groups to produce any new work streams or processes. In the last three years differing staff have produced new templates, weaning programmes, breast feeding groups, new parents groups, post natal support, and BCC projects. Staff have also taken part in audits, focus groups etc. We have an ethos of all staff being essential and having the opportunity to make an equal contribution for the smooth delivery of the service.

All staff are given developmental opportunities e.g. Bands 3 being able to contribute towards SystmOne development, processes and communications, Band 6 HV Staff undertaking the Sustain train the trainer

STEPS to Excellence programme for delivery to all grades of staff. A Band 6 HV is supporting newly qualified as a work place advisor to deliver BCC. We have trained trainers for perinatal mental health. A member of staff is currently being given protected time to explore integrated reviews.

We see our Practice Teachers as our role models and to ensure the sustainability of their role/grade post implementation plan they have all undertaken Family Partnership Model champions training as well as restorative supervision training and are actively supporting staff. As a result, they will retain their grading post a call to action due to the vital role they play.

A modernisation and training programme has been implemented across the service to upskill or refresh all staff. Provide has invested in all of their HV staff including most recently completing STEPS to Excellence and this initiative is inclusive of all grades.

We utilise flexible working agreements to accommodate staff wishing to input data from home to enable them to meet personal requirements. This enables working some working mums to continue full time employment and allow us to utilise their expertise and participation in the workforce

Top 3 Key points/outputs/outcomes for sharing/noting

1. Communication pathways both formal and informal.
2. Engagement of all staff in developing vision and pathways.
3. Knowing the staff as individuals and valuing their contribution.

Provide

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MOBILE WORKING

The consistent introduction of electronic record keeping took place in Provide from November 2010. Provide now operates as a paperlite organisation where possible, for health visiting services this means that vast numbers of records have now been scanned into SystmOne and all new records since November 2010 have existed in an electronic format only. As a result many Information Governance obstacles have been overcome and support developed for revised processes and templates to quality assure SystmOne to operate effectively as both a reporting tool but most vitally as an electronic record to enable mobile working solutions.

All staff may choose from a range of three devices depending on personal preference or abilities. Staff can choose from either: a) a full sized lightweight laptop; b) a note book sized computer or c) a small tablet with removable keyboard and electronic pen which can be used to write records by hand and convert into typed records. The latter option also enables parents to sign consent and referral forms or CAFs

without the need for HV staff to return to the home for a second visit as they can be both shared and signed at one visit. Staff report that an advantage of a tablet over a standard computer is the size and that they can use it much less obtrusively than typing into a computer which is often felt to be a barrier in communication.

Alongside the device of choice all staff have a smart phone which acts as a wireless service connector and links to their Microsoft Outlook. The computers all accommodate a smart card to link directly into SystmOne and in case reception in rural areas is poor the practitioner can download the days' records into the secure mobile working solution component which allows them to access records from anywhere and upload inputting back into SystmOne by placing into the docking station on return to base.

The advantages include being able to: have access to records or reports as needed, complete records within the home if wished, input directly into

records at clinics, or choose where to write up records which has enabled us to be more flexible as an organisation in not only meeting the needs of clients but also staff members who may require differing working patterns.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Flexible working creates happy workforce with less sickness.
2. Reduction of paper costs, storage etc.
3. Improved percentage of face-to-face time with clients and improved client experience.

Provide

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FLEXIBLE WORKING PATTERNS / MOBILE WORKING

The concept of mobile working through the use of a mobile device (Elite/Toughbook) was introduced to the health visiting service in 2011. Mobile devices allow staff to access the full electronic patient record working in the community setting i.e. client's homes and the range of community bases. This enables record keeping as near to the point of contact as possible and contemporaneous record keeping.

Mobile devices allow staff to work flexibly, beginning the working day from home. Staff are encouraged to use their time as effectively as possible to maximise client facing time, and by using a mobile device staff can go straight to a first contact, pick up messages from SystmOne during the course of the day and divert to support parents with more urgent issues such as breastfeeding difficulties.

Staff are able to work more flexibly and can access SystmOne from the home environment which allows staff the opportunity to complete agreed pieces of work at home (retaining

confidentiality).

Staff can access records for the purposes of case conferencing and relevant information sharing with partner agencies.

HCT clearly recognises the need for robust staff support and supervision and all teams are required to ensure team time to connect, review priorities and workloads, debrief and exchange ideas and best practice.

Connectivity has challenged staff at times and HCT continues to work to improve this.

Top 3 Key points/outputs/outcomes for sharing/noting

1. Mobile working offers a more flexible approach to the working day.
2. Robust work allocation processes, supervision and team time are essential.
3. Supports interagency working.



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