

Livewell Southwest

## **School Nursing Team Operational Policy**

Version No 2.1  
Review: January 2019

**Notice to staff using a paper copy of this guidance.**

**The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

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East Locality**

**Asset Number: 850**

## Reader Information

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<b>References/Source</b>	Department of Health (2009) Healthy Lives, Brighter Futures – <a href="https://www.gov.uk/government/publications">https://www.gov.uk/government/publications</a>  Department of Health (2009) Revised health guidance ‘Promoting the Health and Wellbeing of Looked After Children’ <a href="https://www.gov.uk/government/publications">https://www.gov.uk/government/publications</a>

	<p>Department of Health ( 2012) Getting it Right for Children and Families <a href="https://www.gov.uk/government/publications/getting-it-right-for-children-young-people-and-families">https://www.gov.uk/government/publications/getting-it-right-for-children-young-people-and-families</a></p> <p>Department of Health (2009) The Healthy Child Programme: 5-19 years <a href="http://www.dh.gov.uk">http://www.dh.gov.uk</a></p> <p>National Child Measurement Operational Guidance (2015) <a href="https://www.gov.uk/government/publications/national-child-measurement-programme-operational-guidance">https://www.gov.uk/government/publications/national-child-measurement-programme-operational-guidance</a></p> <p>Department of Health (2007) Immunisation against infectious diseases 'The Green Book' <a href="https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book">https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book</a></p> <p>Department of Health (2009) The Framework for the Assessment of Children in Need and their Families <a href="http://www.education.gov.uk/">http://www.education.gov.uk/</a></p> <p>Department for Education (2009) Common Assessment Framework <a href="http://www.plymouth.gov.uk/caf_for_practitioners_national_guidance.pdf">www.plymouth.gov.uk/caf_for_practitioners_national_guidance.pdf</a></p> <p>Statistics for pupils in schools(2013) <a href="http://www.gov.uk/government/organisations/department-for-education/series/statistics-school-and-pupil-numbers">www.gov.uk/government/organisations/department-for-education/series/statistics-school-and-pupil-numbers</a></p> <p>NMC (2009) Record keeping guidelines <a href="http://www.nmc-uk.org/Publications/Guidance/">http://www.nmc-uk.org/Publications/Guidance/</a></p> <p>NMC (2004) Standards of proficiency for Specialist Public Health Nurses <a href="http://www.nmc.org.uk/standards/additional-standards/standards-of-proficiency-for-specialist-community-public-health-nurses1/">http://www.nmc.org.uk/standards/additional-standards/standards-of-proficiency-for-specialist-community-public-health-nurses1/</a></p> <p>National Institute for Health and Care Excellence <a href="http://www.nice.org.uk/">http://www.nice.org.uk/</a></p> <p>Supporting pupils at school with medical conditions. ( Dec 2015) <a href="https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3">https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3</a></p> <p>South West Child Protection Procedures South West Safeguarding board <a href="http://www.plymouth.gov.uk/homepage/socialcareandhealth/childrensocialcare/localsafeguardingchildrenboard.htm">http://www.plymouth.gov.uk/homepage/socialcareandhealth/childrensocialcare/localsafeguardingchildrenboard.htm</a></p>
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	<p>Sexual Health Best Practice Guidance for Local Authorities 2013 <a href="http://www.gov.uk/government">www.gov.uk/government</a></p> <p>Public Health England <a href="http://www.phe.org.uk">http://www.phe.org.uk</a></p> <p>Working together to safeguard children (March 2015) <a href="http://www.gov.uk/government/publications">www.gov.uk/government/publications</a></p> <p>You're Welcome (2011) <a href="https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services">https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services</a></p>
<b>Associated documentation</b>	Equality Analysis form.
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### Document review history

Version No.	Type of Change	Date	Originator of Change	Description of Change
0.1	New policy	01/08/13		Development of the first operational policy following service specification and new structure for School Nursing Team from April 2013
1	Ratified	4/9/13	Policy Ratification Group	Ratified.
2	Updated policy	08/01/16	Team manager School Nursing Service	Updated to include SystemOne and organisational changes, updates on references - plus transfer flowcharts in appendices . Future plan to add best practice pathways
2.1	Update to Appendix	16/11/16	Team manager School Nursing Service	Appendix D added.

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## School Nursing Team Operational Policy

### 1 Introduction

- 1.1 The School Nursing team is a centrally based, city wide team delivering a universal and targeted service to children and young people of school age 5 -19 years, and their families. Universally – working with partner agencies delivering the Healthy Child programme 5 -19 yrs. (DOH 2009) and progressively implementing the Getting it Right for Children and Families - Call to Action - School Nurse Development Plan (DOH 2012).
- 1.2 School Nurses work closely with education, social care, primary and secondary health services public health and the voluntary sector to identify vulnerable children, reduce inequalities and improve the future health outcomes for children, young people and their families across the city.
- 1.3 School nurses have a public health role and are committed to the concepts of prevention protection and promotion. The health targets identified in Healthy Lives Healthy Futures (DOH 2012) represent key areas where school nurses can make a difference.

### 2. Purpose

- The purpose of this document is to provide clarity regarding the role and function of the school nursing team for the staff within the team, all staff within Livewell Southwest, service users, and other stakeholders.
- The policy provides an outline of school nurse practice and objectives and the key services delivered.

### 3. Duties & Responsibilities

- 3.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.
- 3.2 **Directors - LSW** - are responsible for identifying, producing and implementing Livewell Southwest policies.
- 3.3 **Locality Managers** - are responsible for ensuring that the relevant policies are effectively implemented within the appropriate team or service.
- 3.4 **Team Manager** - is responsible for ensuring that all team members are aware of

the policy and implement it effectively. Plus update it as required - 2yrly.

- 3.5 **Line Managers / or Specialist role** within Team e.g. Community Practice Teacher (CPT), Child Protection Supervisor (CPT) are responsible for implementing the policy as part of induction of new staff, SCPHN students, pre-registration students and within development of competencies, line management and appraisals.
- 3.6 **Staff within the team** – are expected to have read, understood and adhere to the operational policy and any policies and protocols referenced within the document.

#### **4. Definitions**

- 4.1 CAF – Common Assessment Framework – is a multidisciplinary model of assessment, undertaken in partnership with parents to offer early intervention and support.
- 4.2 CAMHS – Child and Adolescent Mental Health Services.
- 4.3 ICPC – Initial Child Protection Conference, - Multidisciplinary meeting to ascertain whether a child is at significant risk of harm.
- 4.4 Immunisations - Human Papilloma Virus - (HPV)  
Diphtheria Tetanus and Polio – (Dtp)  
Bacille Calmette - Guerin - (BCG)  
Meningitis C superseded by Meningitis ACWY
- 4.5 NCMP - National Child Measurement Programme - National programme is offered annually and involves measuring reception and year 6 children in Schools.
- 4.6 NICE – National Institute of Clinical Excellence. Providing evidenced based guidance for clinical work.
- 4.7 Livewell Southwest - policies available on the intranet and Accessible through- ([www.livewellsouthwest.co.uk/](http://www.livewellsouthwest.co.uk/))
- 4.8 SHINE Self Help Independence Nutrition and Exercise - Healthy eating and exercise programme.
- 4.9 ACE - Alternative Curriculum Education.
- 4.10 EHE - Elective Home Education.
- 4.11 SystmOne - IT system - Electronic data system for patient records.
- 4.12 SCPHN- Specialist Community Public Health Nurse.

## 5. Structure and Demographics

- 5.1 The School Nursing Team is based centrally at :

Admin Block  
Mount Gould Hospital  
Mount Gould Rd  
Plymouth  
PL4 7QD

Tel. 01752 434119

- 5.2 Hours of Business: 0900hrs - 1700hrs Mon - Fri excluding bank holidays. It is a year round service with more capacity available during term time. Evening and weekend work takes place for specific programmes.

- 5.3 Client group: School aged children 5 – 19, and their families.

The team members are divided into 4 localities – North, West, South and East. Locality Map: available on Livewell website. Within these localities there are presently 18 Senior Schools, 4 Special Schools and 70 primary schools. Plymouth has a population of over 260,000 of this number approximately 58,000 are children and approximately 37,000 are of school age (gov.uk 2013).

- 5.4 The School Nursing Team has incorporated a skill mix model to address the complex and routine nature of the identified work.

All **School Nurses** will have completed the **Specialist Community Public Health Nursing (SCPHN)** qualification at degree or masters level following their original registration as a 1<sup>st</sup> level nurse. (NMC Standards 2009).

**Community Public Health Nurses (CPHN)** are qualified 1<sup>st</sup> level nurses (NMC 2004) who will complete and maintain competencies to work in the community, supporting school nurses and improving outcomes for children and young people.

**Family Health Workers** do not hold a health qualification but have completed training, study and practice in fields pertaining to children, at various levels. They will have completed competencies to support SCPHN's and CPHN's with identified pieces of work, plus deliver health promotion in schools and identified venues.

The **Team Manager** will hold a SCPHN qualification and will have completed areas of study at master's level.

The **Child Protection Supervisor** will hold a SCPHN qualification and have completed specific training at Level 3 Safeguarding and in supervision skills.

The **CPT Community Practice Teacher** will hold a SCPHN qualification and have completed a further teaching qualification at Degree or Masters Level.

The **Office Manager** and clerical staff will have qualifications at NVQ level and

support the Team in the planning and delivery of both School Nursing and the SHINE Programme.

- 5.5 The school nursing service provides a locality link nurse for each senior school and their feeder schools within a locality, including special educational units for children with moderate learning or behavioural problems. The team also offers access to young people who are electively home educated (EHE) or who are receiving alternative curriculum education (ACE) in satellite school units. The team offers a link liaison to the private independent schools, and similarly liaise with identified doctors and nurses who offer enhanced access and provision of care for children with profound and multiple physical and learning disabilities, in specialist schools.
- 5.6 The school nurse team offer appointments for screening and assessment within schools, at home, or in clinics, in response to client need.
- 5.7 Access to the school nurse team is via the admin office single point of contact or by a referral form which is available in schools, or on request from the administration team via electronic route.
- 5.8 SystmOne is the electronic system by which patient information and patient care is documented. However there is still a large amount of historical records which are reviewed and entered where appropriate onto the system. The system allows for oversight of waiting lists and prioritisation of referrals to be responded to in a timely and equitable way. Allocation is carried out weekly by the locality link nurse to the relevant practitioners.
- 5.9 Appointments will be generated for screening or assessments. Those appointments not attended will be followed up in accordance with organisational policy.

## **6. Service Delivery**

- 6.1 The school nurse team delivers both a universal and targeted service based on the Healthy Child Programme 5-19 (DOH 2009) and the documents listed in the references section above. This approach is consistent with the Health Visitors Healthy Child 0-5 yrs. programme and supports a philosophy of early intervention (Munroe 2011).
- 6.2 The school nurse team have a Core and Progressive approach to service delivery and utilise the model set out in School Nurse Development plan.(DOH 2012) The process ensures that children and families who require additional support can receive a level of service tailored to individual need and vulnerability.

## Model of Service Delivery

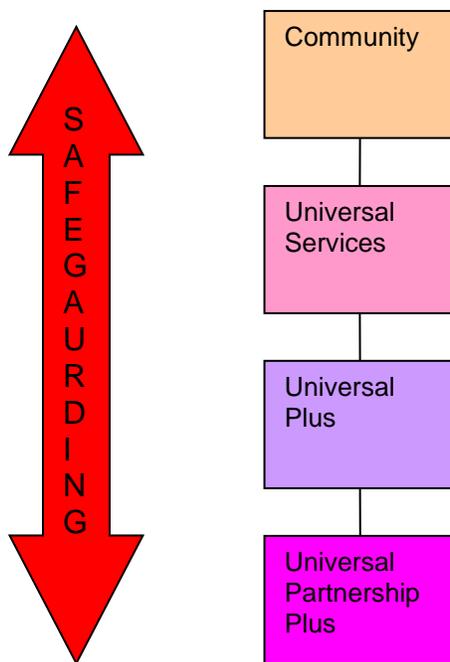


FIG 1.

### 7. Community

- 7.1 School nurses work with schools and local communities, offering advice, Information, health promotion and health education. Signposting to other agencies as required. School nurses have an understanding of the local health needs and access to profiles of schools and localities; this facilitates strategic planning and analysis of any gaps in provision.
- 7.2 In response to The British Youth Council (2012) who highlighted that young People wanted their school nurse to be more visible and accessible; school nurses advertise their secondary school 'drop in' service and promote access to the team through leaflets, posters, newsletters, and web pages.
- 7.3 Each School has an identified locality link , an annual service letter is sent to head teachers to inform and update them of any changes , and a resource folder with referral forms, contact details, and links to other potential local agencies are available in every school . These are updated regularly.
- 7.4 School nursing team support training of both pre-registration and post registration students, maintaining links with the relevant local and national higher educational establishments.

## **8. Universal**

- 8.1 School nurse timeline maps the planning of the universal delivery of the service on an annual basis. This is available on the school nurse shared drive and is updated each academic year.
- 8.2 Health questionnaires - school nurses offer a health questionnaire at school entry, and at transition to secondary school. This can be found on the school nurse shared drive.  
Plus when notified Health questionnaire will be sent to EHE (Electively Home Educated) and to those school aged children who 'Transfer in' from out of area.
- 8.3 Health concerns identified from returned Health Questionnaires will be telephone triaged and offered appropriate advice, or become a referral for assessment. This will include a follow up referral for BCG vaccine if identified.
- 8.4 Promotion of dental and visual health will be signposted or referred as required.
- 8.5 The National Child Measurement Programme is conducted in partnership with Public Health Team .This is an annual national programme collecting data on reception and year 6 children in schools. The school nurse team measure children in schools and proactively respond to identified 'very underweight' or 'very overweight children'.
- 8.6 Immunisations are available for school aged children in school setting or if required clinic settings. School nurses administer vaccines under Patient Group Directives. Training is in accordance with Public Health England guidance , and incorporates anaphylaxis, the safe management of sharps, inoculation contamination and blood bourne virus policies, plus storage and maintenance of cold chain requirements . (For further information on immunisation programmes see DH Green Book 2006 and Public Health England website and Livewell Southwest Policies ).
- 8.7 School nurses offer talks prior to vaccination programmes in schools to improve the understanding, increase uptake, and enable young people to participate in the decision making process.
- 8.8 School Nurse Drop in – is a confidential service offered weekly during term time at each secondary school /academy.
- 8.9 Personal Health and Social Education (PHSE)  
School nurses offer a programme of health education to primary and secondary schools. This is in negotiation with the Head Teachers and PHSE Coordinators; it is planned within the schools' own sexual education policy. School nurses will signpost if appropriate to available sexual health services within the locality (DH 2013).

## **9. Universal Plus**

- 9.1 School Nurses identify health needs within physical health, emotional wellbeing, the public health agenda, and health promotion, and offer early help through assessment and the provision of care. This provision is targeted, time limited and evidenced based and referral to specialist services will be made as required.
- 9.2 Assessment - All children seen by the school nursing service with an on-going health issue will receive a holistic assessment of that need. The Framework of Assessment (DOH 2009) will be utilised to assess the child's presenting situation and seek the parent and the child's view. Within the context of their family and their environment, the assessment will acknowledge any presenting risk to the child, and a plan of care will be developed with the agreement of parents / carers. Support and input will be based on NICE guidance where available, and other valid evidence based research. Care pathways are updated regularly and can be accessed through the shared database.
- 9.3 NCMP -Proactive follow up of identified children, includes advice support and input, plus signposting to further support programmes and activities if required.

## **10. Universal Partnership plus**

- 10.1 Common Assessment Framework (CAF). Where children and families present with multiple needs the school nurse will consider the CAF process to engage families in a multi-agency care plan - School nurse acting as lead professional when appropriate ( see updated CAF guidance 2013).
- 10.2 Looked after Children - School nurses will carry out annual health assessments utilising the Framework of Assessment and the British Association of Adoption and Fostering (BAAF) assessment documentation.
- 10.3 Where school nurse involvement is identified the school nurse will offer a health appraisal and advice to specific groups of young people who are in the youth offending system, with complex health needs or those with life limiting conditions.
- 10.4 Where administration of emergency medication in school is required the school nurse will deliver training to school staff for specific emergency treatments. E.g. Epipen /Midazolam (Supporting pupils with Medical Needs DfEs 2014).
- 10.5 As part of the public health targets school nursing has incorporated Self Help Independence Nutrition and Exercise (SHINE) into its provision. This is an evidence based programme to support children and young people who have been identified as very overweight, to improve their future outcomes from the associated health risks of obesity.

## **11. Children and Young People Safeguarding -**

- 11.1 Livewell Southwest has a Safeguarding Children Policy and this policy should be consulted and followed whenever harm to a child or young person is considered

or identified. The following relates only to the specific Safeguarding responsibilities of the Health Visiting and School Nursing Service and which are not applicable to other services within Livewell Southwest. It should be read in conjunction with the children's safeguarding policy.

- 11.2 The policy for review health assessments for children and young people who are looked after by the local authority can be found on the organisations intranet.
- 11.3 It is a specific safeguarding role within this team that the school nurse will offer a health assessment to any child at risk of significant harm, prior to, or having been made subject to a child protection plan.
- 11.4 It is a specific safeguarding role within this team that a professionally qualified member of the school nurse team will, when a school age child is subject to a Child Protection Plan, attend and provide a report for the initial case conference. At the first core group, or by the first review meeting, if there are no identified health needs requiring intervention by a member of the School Nurse Team the case may be closed and the decision confirmed in writing to the social worker.
- 11.5 It is a specific safeguarding role within this team that the school nurse will accept local transfers of care of vulnerable children aged 4-5 years from the health visiting service where there are present or past concerns of welfare or child protection. The process is described on a flowchart that can be found at Appendix A (Transfer of Care from the Health Visiting to the School Nursing Service).
  - It is necessary for the records relating to the child to be collated in a chronological order and be secure and complete. At present School Nursing operates with both hard copy and electronic records so transfers in and out must include information from both where relevant.
  - The Safeguarding Office will be notified by Health Visitor/School Nurse and will update child health system. (using universal records transfer form).
  - A formal handover of records will take place between the transferring and receiving practitioner.
  - When a child is subject to a Child Protection Plan or there are safeguarding issues, moves to another area in Plymouth the transfer of the case must be in the best interests of the child. The Child Protection Supervisor and health professional must ensure:-
    - a) The history and current assessment and plan have been discussed and agreed with the receiving health practitioner.
    - b) The receiving area Child Protection Supervisor is aware of the transfer.
    - c) Where there is a history of frequent family movement or change in health professional which has resulted in an inability to complete a comprehensive child and family assessment every effort should be made to ensure consistency of health practitioner.

- d) The receiving health practitioner should ensure that practitioners in health and other agencies are aware of the transfer.
- e) The episode of care open to supervision will be transferred to the new supervisor.
- f) On receipt of the transfer from the safeguarding team will update Child Health.
- g) If families with children (including unborn babies) move in to temporary accommodation, the responsibility for the pre-school child remains with the Health Visitor from the original area in Plymouth.

11.6 It is a specific safeguarding role within this team that the school nurse will accept national transfers via the safeguarding team where there is present or previous child protection concerns. The process is described in a flowchart that can be found at Appendix B (Transfer of Records to Health Visiting and School Nursing in Plymouth).

11.7 It is a specific safeguarding role within this team that the school nurse will transfer the records for school age children where there are child protection concerns and who move out of Plymouth. A flowchart that describes this process can be found at Appendix C (Transfer of Records of Vulnerable Children to Health Visiting and School Nursing out of Plymouth).

- If the child transfers out and the address is unknown and unobtainable through colleagues in other services, please seek advice of the Safeguarding Children Team as a missing children alert may need to be circulated, either locally or through custodian of the list of children who who are the subjects of a child protection plan?

11.8 When the school nurse actions are complete, the Safeguarding Team will complete the process by:

- Supply an immunisation print out from child health for inclusion in the records at point of transfer.
- The Safeguarding Children Team will maintain a record of the transfer and forward to the Named or Designated Nurse for Safeguarding Children in the new LSW area of residence, this will be by recorded delivery. The records will be forwarded with the standardized pro-forma letter, including the request to acknowledge receipt.
- Transfer details will be recorded on SystemOne and child health system by safeguarding administration.
- The Named Nurse will inform her counterpart in the receiving authority that the family and records are on their way.

11.9 It is a specific safeguarding role within this team that the school nurse will respond to information received from partnership agencies where there is a

level of concern which is likely to impact upon the child e.g. attendances at Emergency dept. and notified instances of domestic violence.

## **12. The Lead Practitioner**

- 12.1 It is a specific responsibility within the team to take a Lead Practitioner role for children subject to Child/ young people Protection Plan or where there are Child/ young people welfare concerns.
- 12.2 School nurses will negotiate with health visiting colleagues in regard to who should take the lead for work with vulnerable children, or those subject to a safeguarding plan if they are attending school but still under 5yrs . Best interests of the child will be considered to maintain a consistent and cohesive process for the child and family.
- 12.3 The Team Manager/s of the Health Visiting and School Nursing Teams in consultation with the Team Band 6 practitioners will decide who is best placed to meet the presenting health and development needs of a child and family (for example if a family have a child attending an early years setting and siblings at school with identified health needs then the School Nurse will in most instances be best placed to be the Lead Practitioner). However if there are very young children with siblings at Primary School then the Health Visitor will be Lead Practitioner.
- 12.4 Where there are families with extensive chronic child welfare, health and development issues which require periods of intensive input the Team manager in consultation with the Band 6 Practitioner will decide if a separate Lead Practitioner for the 0-4 Years and the 5-19 Years children/ young people is required. This will be dependent on number of children, complexity of the situation and identified health needs.
- 12.5 The Lead Practitioner will be a Specialist Community Public Health Nurse.
- 12.6 The Lead Practitioner will be responsible when children are subject to child protection plans and/or where there are child welfare concerns for:
  - Ensuring Child and Family Health Assessments are up to date and reflect any changes that may impact on the child.
  - Ensuring that planned interventions by other practitioners and grades of staff within the team are completed and records written as per NHS Plymouth clinical records and note keeping policy.
  - The Lead Practitioner is identified on the Electronic record.
- 12.7 Attending and Preparing for Child Protection Meetings
  - The Lead Practitioner is the person who will attend meetings and prepare reports as described in the Livewell Southwest Safeguarding Children Policy.

- Where the issues are very complex/ large families and more than one Lead Practitioner is identified each practitioner will submit a report to Chairing and review team 48 hour prior to the meeting and may attend.

### **13. Referral / Eligibility Criteria**

- 13.1 School nurse service users are required to be on roll in a local school/ academy/ college/ ACE or if home educated, known to the local education authority.
- 13.2 School nurse referrals will be accepted for physical health problems including chronic illness , allergies , continence issues and physical disabilities which have potential to impact upon the child or young person's growth or development, and their ability to engage and benefit from education.
- 13.3 School nurse referrals will be accepted for emotional wellbeing concerns, including behavior problems, self-harm, eating problems, poor self-esteem bereavement loss and relationship issues.
- 13.4 School Nurse referrals will be accepted for public health issues, sexual health, smoking, immunisations, substance misuse, and obesity.
- 13.5 School Nurses referrals will be accepted for children young people with welfare concerns or who are vulnerable and at risk of significant harm .
- 13.6 With the exception of school nurse delivered immunisation sessions, the school nurse team does not respond to acute or emergency situations - where medical attention and assessment of injury or ailment is required.
- 13.7 The school nurses do not operate or respond as First Aiders in schools.
- 13.8 School nurse referrals will be allocated on a weekly basis within localities, those not meeting eligibility criteria will be advised and/ or signposted to an appropriate service.

### **14. Referral Method**

- 14.1 Referrals can be made via the school nurse team office or within the child or young person's school.
- 14.2 Referrals may be made by any children, young people and their parents, health professional, educational staff , youth workers , police , social workers and voluntary agencies, with the child young persons or parents' consent.

### **15. Communication**

- 15.1 Staff working in the community is required to follow the lone working policy (Livewell Southwest lone working policy). Each member of staff will also have a mobile contact number utilised within their working hours.
- 15.2 Staff will offer clients who have English as a Second Language - access to

translators and translated information.

- 15.3 Staff will offer access via suitable media for clients with visual hearing or other communication impairments.

## **16 Training Implications**

- 16.1 Each member of staff attends the corporate mandatory induction training.
- 16.2 Each new member of staff will complete competencies specific to their role, within an agreed time frame.
- 16.3 Each member of staff will have an identified line manager who will monitor and support their personal and professional development, sickness, absence, and annual leave, in the required time frames. (Organisation appraisal and management policies).
- 16.4 Each member of staff maintains and updates their required mandatory training and safeguarding training specific to their role within time frames specified by the organisation. Bespoke training will be offered within the team by school nurses who have an identified education and/or link role, or by visitors and recognised trainers.

## **17. Monitoring Compliance and Effectiveness**

- 17.1 School Nurse Team will monitor compliance and effectiveness by engaging with and actively following up areas identified for improving the service:
- Annual record keeping and child protection audits
  - Agreed yearly audits as identified to improve service – e.g. uptake of immunisations
  - Patient information surveys - as required
  - Care Quality Commission – Key Lines of Enquiry
  - Health and Safety and VDU assessments annually or as required
  - A risk register is maintained and updated bi monthly
  - Incident reporting
  - Compliments and Complaints
  - Feedback and action plans from audits will be disseminated via team meetings and line Management
  - ESR - Electronic Staff Register reports will be utilised to monitor training and personal development plans from annual appraisals .
- 17.2 The School Nurse Team is committed to delivering quality care to all their clients and feedback from service users and stakeholders is encouraged. Staff are expected to highlight any concerns or incidences which can be addressed to improve the service through the appropriate channels.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

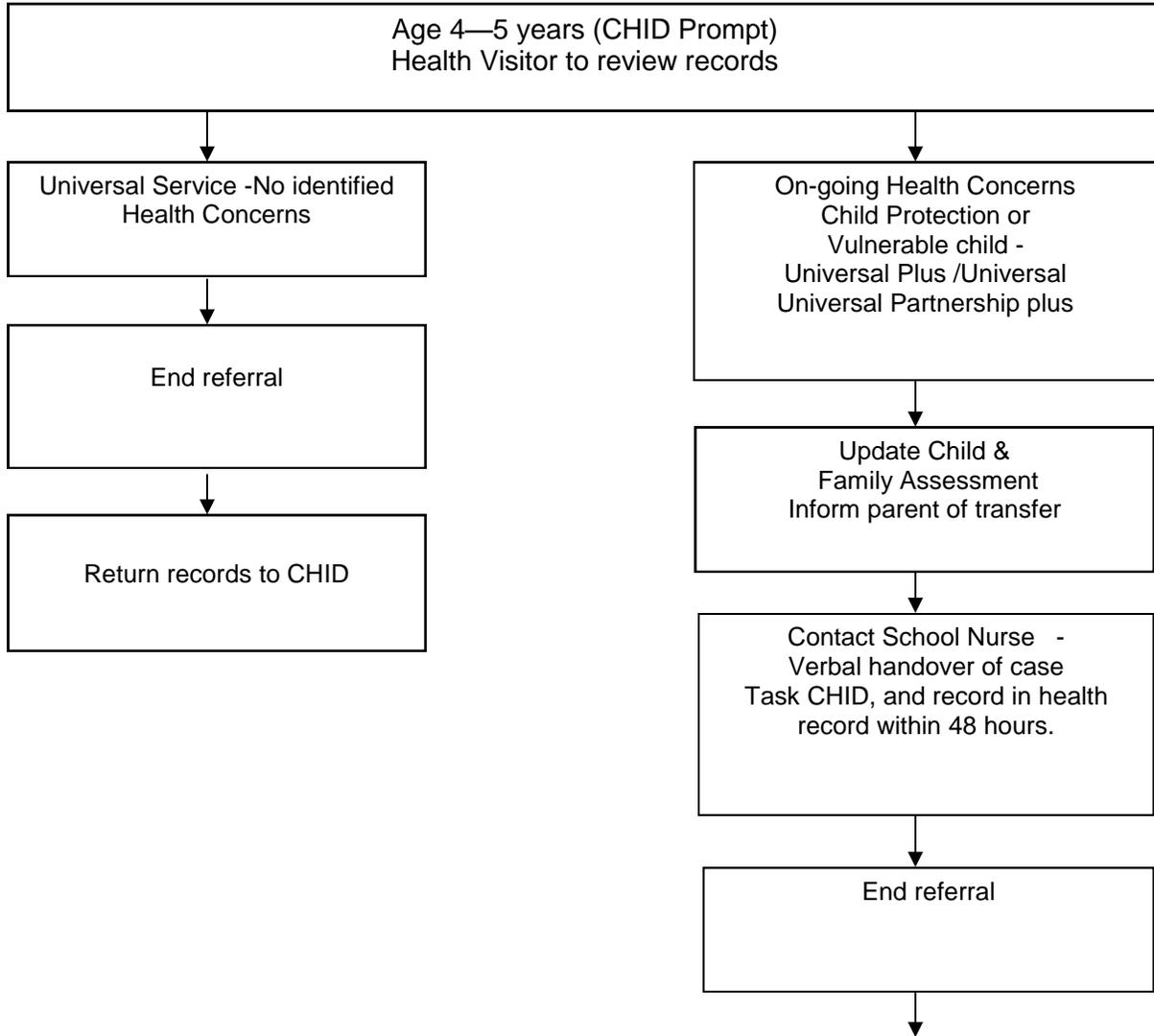
**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Operations

Date: 20<sup>th</sup> January 2016

Appendix A

**Transfer of Records from Health Visiting to School Nursing within Plymouth**

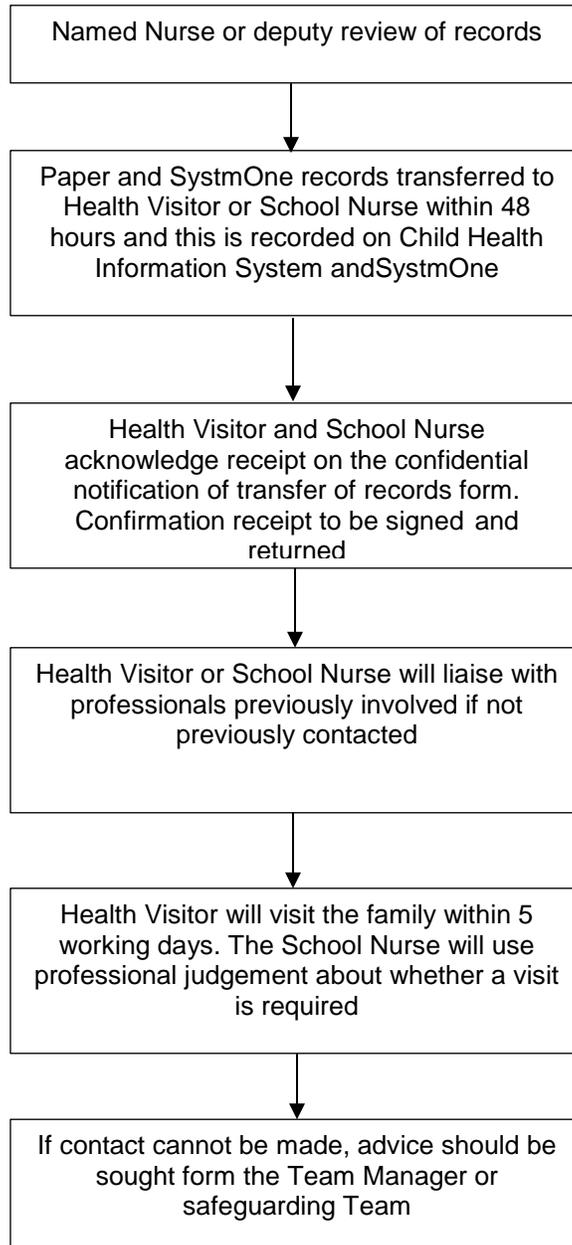


When considering handover of case consider the best interests of the child – see section 12

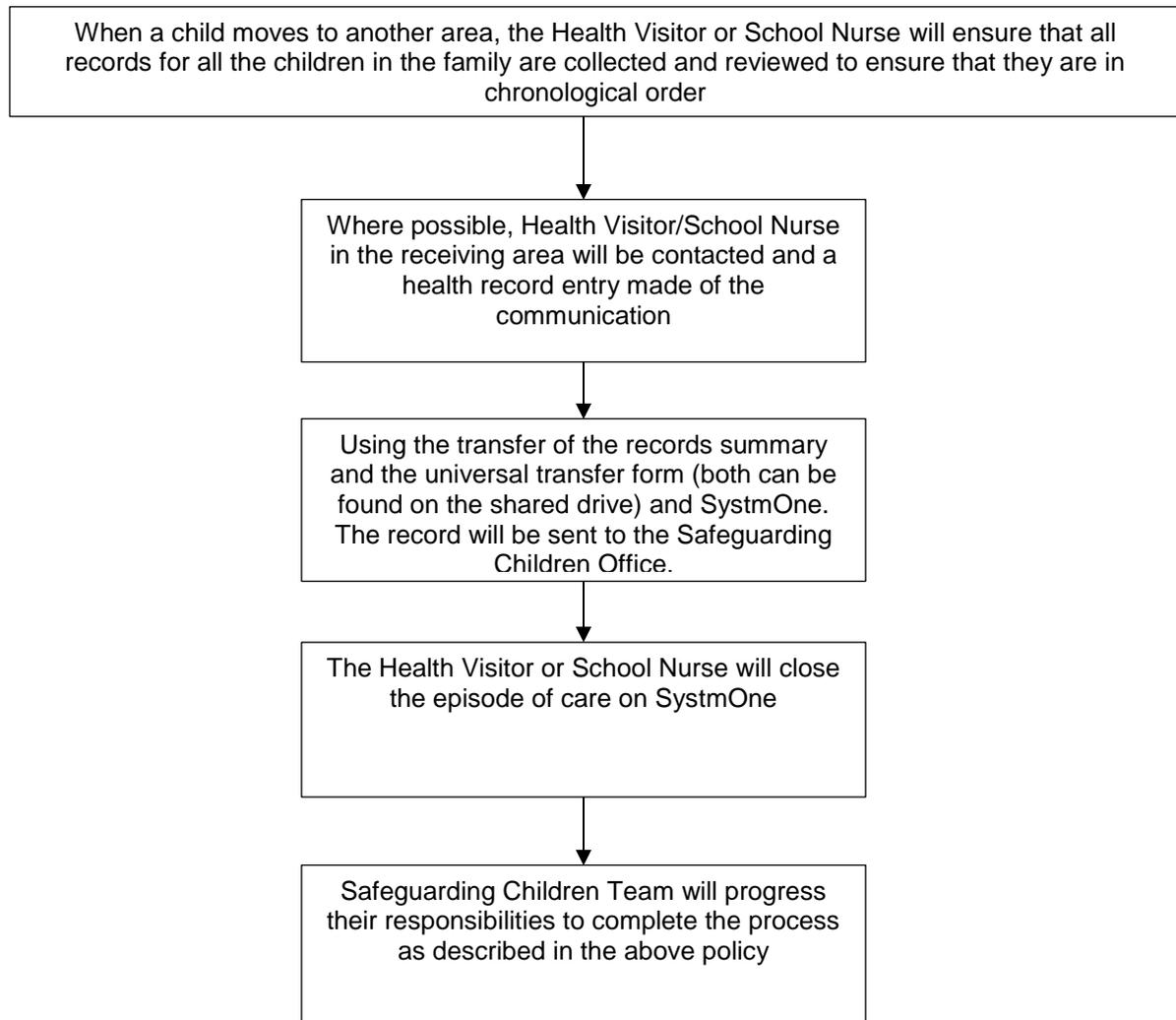
Appendix B

**Transfer of Records of Vulnerable Children to Health Visiting and School Nursing in to Plymouth**

Notice of transfer from the Named Nurse for Child Protection. Safeguarding Team will record receipt on SystmOne and the Child Health System



## Transfer of Records of Vulnerable Children to Health Visiting and School Nursing out of Plymouth



## Appendix D

### **Child Protection Rotational Team**

#### **Purpose**

The Child Protection rotational team has been devised to manage the high levels of child protection cases that require a response by the School Nursing Service.

#### **Background**

The initial concept of the CP rotational team was introduced in 2015 following workload review, which identified large caseloads of complex CP cases especially in the School Nursing West Locality of Plymouth, and a Children, Young People & Families Services OFSTED report, which indicated a 41% overall rise in child protection cases. In considering the capacity of the team, the increase in demand of CP and the prospect of no additional resource, it was agreed to allocate the child protection caseload across the available workforce. The aim was to alleviate the pressures and impact on a small number of staff continually working with high numbers of complex CP cases.

The service recognises there are advantages and disadvantages to the CP rotational team, but has endeavoured to ensure continuity and safety for the child, family and practitioner, whilst maintaining an equitable universal school nursing programme across the city. It allows SCPHNs to retain their skills in all areas of school nursing whilst having some respite from the reactive nature of CP demands and complex cases.

#### **Process**

- One Specialist Community Public Health Nurse from each locality team, joins the CP team for 6/7 weeks (½ term period), commencing at the start of each half term on a predetermined rota. There are 3 CP teams, who cover 2 x 6/7 week periods each per year.
- As many staff work term time only, the incoming team will pick up CP work which has been covered by duty SCPHN over the school holiday periods.
- During the CP rota period the SCPHN will respond to strategy meetings and Initial Child Protection Conferences (ICPCs), allocated by the duty nurse.
- On notification of an ICPC, if it is identified that the child has an open episode of care, or the child/family are previously known to an identified SCPHN, in the best interest of the child and for continuity of care the identified SCPHN will attend the ICPC where ever possible. A discussion with the CP supervisor might consider the benefit of working the case jointly with a CP rotational team member.
- Approximately a week before the SCPHNs are due to rotate onto the CP team, they will endeavour through supervision and caseload management to lower their

existing caseloads, ready for the new work .Where possible, they will allocate existing work to CPHN's if appropriate, but maintain lead practitioner oversight and supervision, They will keep any current CP cases.

- SCPHNs will not usually take on work from the waiting list whilst on the rotational team, but will attend weekly allocation meetings in their locality, to maintain oversight of waiting lists and receive updates.
- During the 6/7 week period the SCPHNs on the child protection rotational team might have to support the School Nursing Service with the delivery of universal work. The SCPHN on the child protection rotational team would be expected to maintain their line management roles, link roles and to review safeguarding events.
- The cases allocated to SCPHNs whilst in the CP team remain with them on caseload until the case is closed. The practitioner will take CP supervision before closing the case, when all identified health needs have been appropriately addressed.
- If a case has been closed by the SCPHN but is still open to CYP&F Services on a Child Protection plan, and a new health need is highlighted, then the case will return to the original SCPHN practitioner.
- If a SCPHN attends an Initial Child Protection Conference but threshold is not met and the family are supported by a Child in Need plan, the SCPHN can consider the best interests of the child, whether she allocates the case to a CPHN in her own or the child's locality and this can be agreed with locality link nurse.
- If a case is closed to a Practitioner but remains open to CYP&F Services, the SCPHN will continue to receive the minutes and review them. When the case is ended by CYPF&S the child's record will be updated to indicate that the Child Protection plan has been discontinued.
- If a child becomes accommodated under the care of the Local Authority as an outcome of the child protection process, the SCPHN responsible for the original case will respond to requests for health information in relation to the IHA proforma form.
- During the rotational period the duty nurse and CP team will meet weekly to review allocation, existing workload and any particular concerns or issues.

**School Nursing Service Oct 2016.**

Appendix E (To follow)

Universal Best Practice pathways