

## STANDARD OPERATING PROCEDURE I(S)PHNS – 6-8 WEEK REVIEW

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<b>Ratified and Quality Checked by: Date Ratified:</b>	0-19 Clinical Governance Meeting 11 April 2024
<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	

**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	April 2024	New SOP. Approved at 0-19 Clinical Governance Meeting (11 April 2024).

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## 1. INTRODUCTION

This document is to provide a standardised assessment and referral process across Hull and East Riding I(S)PHNs on the delivery of the 6-8 week review.

All health visitors with an identified role or responsibility for the planning, undertaking or management of the 6-8 week visit are required to adhere to the requirements of this SOP.

## 2. SCOPE

The 6-8 week review is a core contact within the Healthy Child Programme (2009) and will allow the Hull and East Riding 0-19 I(S)PHN team to offer a universal health review to all parents of infants aged between 6-8 weeks, in order to provide early interventions that will support healthy development. The Health Visitor will provide a health and developmental assessment of the infant, family health education and advice to promote positive parenting.

- All families with new babies between 6 weeks and 7 weeks and 6 days days will be offered the contact, this will be altered if baby is still hospitalised with the contact undertaken at the earliest opportunity after discharge.
- This review will be delivered in the home setting by the named health visitor. If the named health visitor is absent the review will be undertaken by a qualified health visitor in their place.

## 3. DUTIES AND RESPONSIBILITIES

**Service Manager/Modern Matron** is responsible for:

- reviewing and updating the guidance at agreed time intervals or sooner if prompted by changes in legislation or best practice requirements.
- cascading the new revised information to all staff.
- arranging periodic audits of records to demonstrate continuous quality improvement.

**Clinical Team Leaders** are responsible for:

- ensuring staff compliance to the guidance including comprehensive training and induction.
- providing support and advice to staff as needed.
- escalating issues that cannot be managed directly by themselves - to be discussed with service manager/modern matron.
- ensuring records are reviewed in supervision, in accordance with Humber Supervision Policy.

**Health Visitors** are responsible for:

- management of caseload and appropriate delegation to a student specialist public health nurse (health visiting student).
- providing support and supervision to delegated student including overview of record keeping.
- escalating issues that cannot be managed directly by themselves – to be discussed with the clinical team leader.

**All Clinical and Admin Staff Having Contact with Patients via the Telephone** are responsible for:

- entering contemporaneous record keeping and factual documentation details into the electronic care record (ECR) about appointments and telephone conversations with the parent/carer or health professional about the child.

## 4. PROCEDURES

### 4.1. 6-8 week review Offer Process

- HV universal offer process -
- HV targeted, specialist (inc. EFSP) offer process -
- N-072 Was not brought and no engagement policy –

### 4.2. Content of Assessment

Holistic review of child and family health, assessment of health needs:

1. Review if newborn screening tests have been carried out and recorded,  
[Screening tests for you and your baby \(STFYAYB\) - GOV.UK \(www.gov.uk\)](#)
2. Review whether the infant 6-8 week screening examination (NIPE) has been carried out and recorded. If this has not yet been carried out enquire if an appointment with GP has been made.  
[Newborn and infant physical examination \(NIPE\) screening: programme overview - GOV.UK \(www.gov.uk\)](#)
3. Review whether newborn hearing screening programme tests have been completed and results recorded.  
[Newborn hearing screening: programme overview - GOV.UK \(www.gov.uk\)](#)
4. Review if family have received the results of the Newborn blood spot screening and that results are in parent held records. If a suspected result has been communicated follow the newborn bloodspot SOP for informing families.  
[ISPHNS - Newborn Blood Spot Screening 0-19 SOP23-046.pdf \(humber.nhs.uk\)](#)  
[Newborn blood spot screening: programme overview - GOV.UK \(www.gov.uk\)](#)

Where the test has not been undertaken arrange for this to be done by relevant practitioner. If results are not available contact Child Health.

Where parents and carers have declined reviews provide evidence based information and guidance. Support parents and carers to take decisions about their health by developing a collaborative relationship with families, using a strengths or asset based approach to build on their strengths and attributes and address concerns.

5. Review whether infants who are eligible for hepatitis B and tuberculosis (TB) vaccination have been offered vaccination according to the selective neonatal immunisation programmes  
[Hepatitis B: guidance, data and analysis - GOV.UK \(www.gov.uk\)](#)  
[Hepatitis B: the green book, chapter 18 - GOV.UK \(www.gov.uk\)](#)  
[TB, BCG and your baby - GOV.UK \(www.gov.uk\)](#)  
[BCG vaccine for tuberculosis \(TB\) - NHS \(www.nhs.uk\)](#)
6. Review whether the mother is protected against rubella for future pregnancies and has had 2 doses of MMR vaccine  
[MMR \(measles, mumps and rubella\) vaccine - NHS \(www.nhs.uk\)](#)  
[Thinking of getting pregnant? \(publishing.service.gov.uk\)](#)
7. Review if infants have been registered with a GP. If not registered provide information and guidance on the importance of registering early and how to arrange this. Ensure that appointment has been made for postnatal check for both mother and infant.
8. Review if a child's birth has been registered with registry office. If not registered provide guidance on the importance of doing this and advice on how to arrange.

9. Review health and wellbeing of infants, for example look for signs of prolonged jaundice or consider any concerns parents or carers may have about their infant. Document in the new baby review page of the parent held child record.  
[Neonatal Jaundice Identification and Management SOP23-029.pdf \(humber.nhs.uk\)](#)
10. Accurately measure, record and plot growth, including weight, head circumference and length. Interpret and explain result to family. Record in red book (PCHR). Ensure baby is unclothed. Follow protocols for any concerns.  
[What, When and How to Measure \(rcpch.ac.uk\)](#)
11. Provide evidence based information and guidance on nutrition and infant feeding to help families make informed decisions on feeding choices. This includes the benefits of breastfeeding, implications of not breastfeeding and safe formula feeding. Provide advice on feeding including help for multiple births, engorgement, poor positioning and attachment. Refer to services if a tongue tie is observed.
12. Complete infant feeding assessment and document in parent held record. Refer to specialist infant feeding service or peer support as appropriate.  
[Infant Feeding Policy N-056.pdf \(humber.nhs.uk\)](#)
13. Provide advice on vitamin D supplements for all babies who are exclusively breastfed. Ensure that families who qualify for Healthy Start know they are entitled to free vitamin drops.
14. Review infant sleeping practices with parents and carers. Offer to view day and night time sleep area and document.  
[How to reduce the risk of SIDS for your baby - The Lullaby Trust](#)  
[Co-sleeping with your baby: advice from The Lullaby Trust - The Lullaby Trust](#)  
[What is sudden infant death syndrome \(SIDS\)? - The Lullaby Trust](#)
15. Raise awareness of accident prevention in and out of the home, including, choking, falls, bath time, pet safety, safe use of baby equipment and car seat safety  
[Reducing unintentional injuries among children and young people - GOV.UK \(www.gov.uk\)](#)  
[ihv.org.uk/for-health-visitors/resources-for-members/resource/ihv-tips-for-parents/managing-minor-illness-and-reducing-accidents/how-to-reduce-unintentional-injuries-in-children-under-5-years-accident-prevention/](#)  
[Child Safety Advice | Child Accident Prevention Trust \(capt.org.uk\)](#)
16. Immunisations - confirm vaccination status, reinforce information on the benefit and discuss barriers or concerns to accessing immunisation program  
[NHS vaccinations and when to have them - NHS \(www.nhs.uk\)](#)
17. Minor ailments - function as a source of advice and support to parents by providing proactive information on recognising illness and accessing appropriate health care.  
[Looking after a sick child - NHS \(www.nhs.uk\)](#)  
[Home \(hnyhealthiertogether.nhs.uk\)](#)
18. Smoking - highlight the associated health risks to child and parent; discuss smoke free areas. Refer/ signpost to smoking cessation services unless smokers in the household choose to opt out. Record if there is a smoker or vaper within the household in the parents held record and on system one.  
[Hull stop smoking service - SmokeFree Hull \(changegrowlive.org\)](#)  
[Quit Smoking | Smoking Cessation Help in East Riding \(healthier-futures.co.uk\)](#)  
[Passive smoking - NHS \(www.nhs.uk\)](#)
19. Review mother's mental health and that of any partner. Ask and record answers to Whooley questions and General Anxiety Disorder (GAD)2. Provide evidence based information and resources to support positive mental wellbeing. Where there are concerns about parental mental

health complete an assessment to identify needs and strengths. Refer onto other services e.g. perinatal mental health, GP, talking therapies. Offer listening visits. Document in mothers SystemOne record.

<https://whooleyquestions.ucsf.edu/>

<https://www.hiv.uw.edu/page/mental-health-screening/gad-2>

[Andy's Man Club | #ITSOKAYTOTALK | Andy's Man Club \(andysmanclub.co.uk\)](http://andysmanclub.co.uk)

[Home - Let's Talk - Hull Depression & Anxiety Services \(letstalkhull.co.uk\)](http://letstalkhull.co.uk)

[Mental health services - NHS \(www.nhs.uk\)](http://www.nhs.uk)

20. Review bonding and attachment, check that parents have an understanding of what constitutes good infant mental health/parent infant relationships.
21. Provide information about support available to the family for their overall health and well-being. Raise awareness of local services and national resources available to support families in their transition to parenthood.  
[Children's Centres \(eastriding.gov.uk\)](http://eastriding.gov.uk)  
[Home – Family Hubs \(familyhubshull.org.uk\)](http://familyhubshull.org.uk)
22. Where there are safeguarding concerns , follow statutory guidance and local safeguarding procedures.  
[Worried about a child | Hull City Council Reporting concerns \(erscp.co.uk\)](http://erscp.co.uk)
23. Routine Enquiry: ask parent about Domestic abuse (where safe to do so). Appropriate referral/signposting or advice given depending on disclosure.  
[Hull DAP - Domestic Abuse Partnership Domestic Violence & Abuse Partnership \(DVAP\) Resources \(ersab.org.u](http://ersab.org.uk)

#### **4.3. Evidence of service outcomes**

- Early identification of developmental delay/physical or emotional health needs and referrals made as appropriate.
- Health promotion delivered and referrals made where appropriate to improve health and development.
- Promotion and support to access immunisation program.

#### **4.4. Training Requirements**

- Prior to undertaking any tasks outlined within this SOP, all staff with an identified role or responsibility must be trained and assessed as competent.

#### **4.5. Performance Indicators**

- All families/children offered a 6-8 week review visit within timescale.
- Documented action taken to contact families that did not receive a face-to-face visit.
- All completed 6-8 week review contacts documented contemporaneously.

#### **4.6. Abbreviations**

- SOP – Standard Operating Procedure

### **5. REFERENCES**

- Department of Health (2009) Healthy Child Programme: Pregnancy and the First 5 Years of Life. London.
- Department of Health (2009) Healthy Child Programme: the new Birth Visit. London
- PHE (2021) Best start in life and beyond: improving public health outcomes for children, young people, and families. Public Health England. London

## **Appendix 1 – East Riding 0-19 Service Process Model Flowchart Link**

[East Riding 0-19 Service Process Model Flowcharts](#)

(Any documentation to be inserted into client records must be in the approved Trust format and accessed via the Trust's intranet.)

## Appendix 2 – Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **I(S)PHNS - 6-8 Week Review (SOP24-017)**
2. EIA Reviewer (name, job title, base and contact details): **Jennie Batty , service manager**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy.**

<b>Main Aims of the Document, Process or Service</b> <b>To set out the requirements of the 6-8 week contact with in the 0-19 service.</b>
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?  Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups:  Older people Young people Children Early years	Low	This policy applies to all families regardless of age.
<b>Disability</b>	Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day-to-day activities:  Sensory Physical Learning Mental health  (Including cancer, HIV, multiple sclerosis)	Low	This policy applies to all regardless of any disability
<b>Sex</b>	Men/Male Women/Female	Low	This policy applies to all regardless of sex.
<b>Marriage/Civil Partnership</b>		Low	This policy applies to all regardless of marriage / civil partnership.
<b>Pregnancy/ Maternity</b>		Low	This policy applies to all regardless of pregnancy.
<b>Race</b>	Colour Nationality Ethnic/national origins	Low	This policy applies to all regardless of race.
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This policy applies to all regardless of religion or belief.
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	Low	This policy applies to all regardless of sexual orientation.



Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This policy applies to all regardless of gender identity.

**Summary**

<p>Please describe the main points/actions arising from your assessment that supports your decision.</p> <p>This policy applies to all families and there is no circumstance where any groups would not be considered.</p>	
EIA Reviewer: Jennie Batty	
Date completed: 26.01.2024	Signature: Jennie Batty