##  **FNP NU Quality Assurance Questionnaire for Sites**

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| **Site:**  |

|  |  |
| --- | --- |
| **Date of call:**  | **CQUIT member**  |

### **Team**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Redeployment of Staff** | **Yes/No/Planned****If yes/planned date started** | **Usual no of staff** | **No/% redeployed** | **Destination** |
| Supervisor |  |  |  |  |
| Family Nurses |  |  |  |  |
| QSO |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No of WTE FNs available |  | Total no active clients |  |

|  |  |  |
| --- | --- | --- |
| If home visiting do you have appropriate safe working practices | Yes/No | Further details:  |

### **Supervision and Learning**

|  |  |
| --- | --- |
| Who is providing FN supervision if SV redeployed FT |  |

|  |  |  |
| --- | --- | --- |
| **Do the team have access to:**  | **Yes/No** | **Further detail** |
| Weekly Supervision for FNs |  |  |
| Named Nurse Safeguarding |  |  |
| Weekly Team Meetings |  |  |
| Team Learning/case based supervision |  |  |
| Psychologist |  |  |

### **Clients**

|  |  |  |
| --- | --- | --- |
| **Client Contact** | **Yes/No** | **Further Details** |
| Recruiting new clients |  |  |
| Clients assessed and prioritised for contactIf yes what assessment, risk stratification used |  |  |
| Face to face home visiting  |  |  |
| Use : |  |  |
| Teleconferencing (no visual) |  |  |
| Video conferencing (visual) |  |  |
| Phone |  |  |
| Text |  |  |
| App based (e.g. WhatsApp) |  |  |
| Email to send facilitators, ASQ  |  |  |

|  |  |  |
| --- | --- | --- |
| **Level of contact Priority Clients** | **Yes/No** | **Further Details** |
| Weekly |  |  |
| Fortnightly |  |  |
| Monthly |  |  |
| **Level of contact Non Priority Clients** |  |  |
| Weekly |  |  |
| Fortnightly |  |  |
| Monthly |  |  |

|  |  |  |
| --- | --- | --- |
| **Non-Contact** | **Yes/No** | **Further Details** |
| Number clients no contact |  |  |
| Number clients transferred to HV |  |  |
| Number clients stating do not want contact |  |  |

### **Impact**

|  |  |  |
| --- | --- | --- |
| **Safeguarding Impact due to Covid/Isolation**  | **Yes/No** | **Further details** |
| Escalation/referral to CSC |  |  |
| Referral to Domestic Abuse Services/MARAC |  |  |
| Referral to other agencies |  |  |
| Other |  |  |

### **Partners and Stakeholder Engagement**

|  |  |  |
| --- | --- | --- |
| Partnership Working | Yes/No | Description |
| Joint Assessment and/or integrated supervision with CSC |  |  |
| Joint work with other agencies |  |  |
| Discussion/Agreement with Commissioners on operating model  |  |  |
| Provision of data, reports |  |  |

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| **Notes**Any other information, details |