

MEMORANDUM

Continuing Responsibility

Issue of 'continuing care' - school nurses do hold their own caseload. Continuing responsibility still applies when there is a corporate caseload within health visiting/community nursing.

There is no clause about T.T.O. working. They are the named nurses for a group of schools and therefore responsible delivery of services to all pupils admitted to their schools - while on duty.

Continuing responsibility is about being responsible for the assessment/care planning/decision making process. T.T.O. is a 'red herring' - all staff are entitled to leave and there is no minimum/maximum leave stated that would impact on the grade of the caseload holder. The very fact that you have a caseload denotes continuing responsibility. If the named school nurse does not have responsibility - then who does? Someone must be accountable.

Question to ask –

Are part time health visitors deemed not to have continuing responsibility?

Under flexibly working arrangements – if a health visitor requested to move to term time only working would that health visitor also be down graded because they it would be said that they no longer had continuing responsibility for a caseload?

If a school nurse requested leave or was sick during term time she would still be responsible for prioritising and delegating work related to her caseload. This denotes continuing responsibility.

Definition 2 of the clinical grading criteria - Essentially related to clinical specialists (although this title does not have to be applied). School nurses are specialist practitioners and it could be argued that the nature of their work is such that they provide specialist advice within their sphere of practice by virtue of being the only health professional in a school setting. Nationally agreed that this is a unique role - having specialist knowledge of both the educational and health setting and how they impact/relate to each other.

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