Children & Young People’s Directorate


FINAL DRAFT - September 14

<table>
<thead>
<tr>
<th>Authors</th>
<th>Marianne Norris and Carol Murphy</th>
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<tbody>
<tr>
<td>Directorate responsible for this Document</td>
<td>Children &amp; Young Peoples Services</td>
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<tr>
<td>Date of Implementation</td>
<td>October 2014</td>
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<td>Date of Review</td>
<td>October 2017</td>
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<td>Screened by</td>
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<td>Screening Document</td>
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<td>Approved by (Signature)</td>
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Children & Young People’s Directorate
Procedure/Guidelines/Protocol Checklist & Version
Control Sheet

<table>
<thead>
<tr>
<th></th>
<th>Name of Procedure/Guidelines/Protocol:</th>
<th>Health Visiting Caseload Management Procedure</th>
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<tbody>
<tr>
<td>2</td>
<td>Purpose of Procedure/Guidelines/Protocol:</td>
<td>To enable effective caseload management of planned/unplanned leave/absence</td>
</tr>
<tr>
<td>3</td>
<td>Replaces</td>
<td>New Procedure</td>
</tr>
<tr>
<td>4</td>
<td>Applicable to which staff:</td>
<td>Health Visiting Managers, Health Visitors, Staff Nurses and Health Visiting assistants in all health visiting teams in SHSCT</td>
</tr>
<tr>
<td>5</td>
<td>Name &amp; Title of Author/s:</td>
<td>Marianne Norris, Health Visiting Team manager, and Carol Murphy Health Visiting Team Manager.</td>
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<td>6</td>
<td>Equality Screened by:</td>
<td>Note any Issues</td>
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<tr>
<td>7</td>
<td>Proposals for dissemination:</td>
<td>Julie McConville (HOS) via team manager Forum and locality team meetings</td>
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<td>8</td>
<td>Proposals for implementation:</td>
<td>With immediate effect</td>
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<tr>
<td>9</td>
<td>Training Implications:</td>
<td>Awareness raising amongst staff at Health Visiting locality team meetings.</td>
</tr>
<tr>
<td>10</td>
<td>Date Procedure / Guideline / Protocol Submitted to Procedure Committees:</td>
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<tr>
<td>11</td>
<td>Outcome:</td>
<td>Approved</td>
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<td>Approved/Minor amendments</td>
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<td>12</td>
<td>Date of CYP SMT approval Comments:</td>
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<td>13</td>
<td>Date approved by Trust SMT(if required):</td>
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<td>14</td>
<td>Date approved at Statutory Monitoring Committee (Social Work only)</td>
<td></td>
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<td>15</td>
<td>Date for further review (3 year Default)</td>
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<tr>
<td>16</td>
<td>Date added to repository:</td>
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Southern Health and Social Care Trust
Contents

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1.0 **INTRODUCTION TO PROCEDURE**

1.1 The Southern Health and Social Care Trust (SHSCT) aims to respond to the health and social care needs of its population by providing a high quality, accessible Health Visiting service, which meets both individual and family needs. All Trust policies and procedures aim to support the delivery of care and services through the application of evidenced-based research, skilled practice and robust procedures.

All Health Visitors must, manage their caseloads appropriately, adhere to the Trust agreed filing system (appendix 1), ensure their caseload register is kept up to date, and, update their caseload weighting (levels 2,3,4) at the end of each month.

All Health Visiting Teams must have a local arrangement in place to cover for short term leave i.e. up to 4 weeks (Nipec) such as a buddy/partner system.

2.0 **PURPOSE**

All families are entitled to a universal health visiting service through the delivery of the regional Child Health Promotion Programme (CHPP) Healthy Child Health Future. In addition some children and families will receive a targeted service for example those children who are looked after and those with specific identified needs.

The procedure is to assist Health Visitors and Team Managers to appropriately manage caseloads when both planned and unplanned leave is taken.

While the Health Visiting service will continue to be delivered during periods of leave, the responsibility of managing uncovered caseloads (for long term leave) initially lies with the team manager.
2.1 The aim of this procedure is to ensure that a health visiting service continues to be provided when there is planned/unplanned leave. SHSCT have a responsibility to ensure that a continuous health visiting service is available to all families.

3.0 SCOPE
This procedure applies to all staff within the Health Visiting Teams and their managers working in the SHSCT.

3.1 Planned/Unplanned short term leave is a period of leave which lasts up to 4 weeks duration, such as annual leave, sick leave or study leave.

3.2 Planned/Unplanned long term leave is a period of leave which is over 4 weeks duration, such as maternity leave, sick leave, secondments etc.

4.0 Planned/Unplanned Short Term Leave i.e. less than 4 weeks

**Health Visitor Responsibility**

When a Health Visitor is off on planned/unplanned leave i.e up to 4 weeks they must:

- Have previously agreed and signed off annual leave with their manager.
- Out of office notification and Health visiting service contact details displayed on e-mail system.
- Comply with Trust agreed reporting arrangements in Sickness Absence Policy.
<table>
<thead>
<tr>
<th><strong>Named Health Visitor/s for cover is responsible for</strong></th>
</tr>
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<tbody>
<tr>
<td>▪ Maintaining the New Birth Register</td>
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<tr>
<td>▪ New Birth Visits</td>
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<td>▪ Clinic cover if required</td>
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<td>▪ Targeted visits as prioritised by the named caseload holder if required</td>
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<td>▪ Emergencies, such as Initial Case Conference/Case planning/LAC meetings.</td>
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<td>▪ Screening of all work related communication/correspondence such as referrals, telephone messages, including post folder, and movement in families.</td>
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<tr>
<td>▪ The named Health Visitors providing <strong>cover</strong> must bring to the attention of their manager if these arrangements cannot be put in place, or unmet need identified.</td>
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**Managers Responsibility**
Managers are responsible for ensuring that

- An agreed local arrangement/system is in place for cover of short term planned/unplanned leave caseloads.
- Ongoing Review cover arrangements in place.
- “Unmet need” escalated to deputy head/head of service
- Implement other relevant polices/procedures as required, such as sickness and absence procedure.

### 5.0 Planned/Unplanned Long Term Leave i.e. over 4 weeks

**Health Visitors Responsibility**
When a Health Visitor is going on **planned long term leave** such as maternity or other, they must ensure the following

- Meeting arranged with Manager and request for planned leave discussed, such as, expected length of time off.
- Caseload weighting is up to date and a copy given to team manager prior to commencing long term leave
- Birth Register up to date
- Provide manager with diary
- Trust filing system in place
- Safe storage of their records
- Manager Informed of
  - Storage/Access to keys for caseload records
  - Outstanding commitments in caseload e.g. booked visits, clinics, case conference/case planning/LAC meetings.
  - E-mail manager with most recent copy of any Case Conference/Case Planning/LAC reports of active targeted families
  - services not met completed (Appendix 2)
  - “Out of Office” with contact details notification placed on e-mail system.
  - Arrange a face to face caseload handover with team manager if going on planned long term leave.

When a Health Visitor is on **Unplanned Long Term Leave** they must
- Comply with Trust agreed reporting arrangements
- Inform team manager of planned caseload/workload booked in diary.
- Identify any urgent targeted work required
- Diary to be submitted to manager for further planning of caseload cover.
**Health Visiting Team**

- Will comply with the local arranged cover system in place (4.2 health visitor responsibility)
- To adhere to “step-down” of agreed work/service delivery if Risk Assessment in place.

**Managers Responsibility**

Managers must

- Inform deputy head / head of service of long term sick leave in team.
- Complete Team Risk Assessment if appropriate i.e. over 10% team down, and forward to line manager.
- Step down of service, if appropriate, applied in accordance with Health Visiting Trust Wide Service Risk Assessment
- Implement agreed action plan if Risk Assessment in place AND review/update as required.
- Monitor and Collate services not met, and keep line manager informed e.g. ability to allocate safeguarding cases.
- Seek director approval and contact IT department re e-mail message to be placed on absent member of staff outlook system. Forward to IT who can then access account and ensure message on.
Team manager will take the lead in reviewing work related communication/correspondence such as post/referrals. A team member can also be identified to support the team manager in this role.

- Inform Child Protection Nurse Specialist of allocated level 4 families.
- Liaison with relevant / aligned GP and inform of absence of health visitor and cover arrangements in place.

6.0 Vacant Caseload (POST UNFILLED)

Managers Responsibilities:

Refer to section 5.0 Planned/unplanned long term leave – Managers Responsibilities

7.0 LEGISLATIVE COMPLIANCE, RELEVANT POLICIES, PROCEDURES AND GUIDANCE

Health visitors and others working in the health visiting team such as staff nurses, and managers must take cognisance of other relevant Trust Policies, procedures and guidance when managing caseloads:

- Nursing and Midwifery Council Record Keeping Guidance for Nurses and Midwives (2009)
- Nursing and Midwifery Code Standards of Conduct Performance and Ethics for Nurses and Midwives (2008)
- Policy on Management of Sickness Absence (July 2013)
- Healthy Child Healthy Future (May 2010)
- Caseload Weighting Guidance (March 2013)
This is not an exclusive or exhaustive list and staff should refer to other policies and procedures as appropriate.

8.0

EQUALITY & HUMAN RIGHTS CONSIDERATIONS

This Procedure has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using the Equality Commission’s screening criteria, no significant equality implications have been identified. Similarly, this procedure has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.
### SOURCES OF ADVICE AND FURTHER INFORMATION

The following websites may also be useful:

- [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)
- [www.nhs.uk](http://www.nhs.uk)
- [www.nmc-uk.org](http://www.nmc-uk.org)
- [www.hpa.org](http://www.hpa.org)
- [www.nipec.co.uk](http://www.nipec.co.uk)

### References
Appendix 1

Trust Filing System

Standardised Filing System Guidance

This guidance has been developed to ensure that the Southern Health and Social Care Trust (SHSCT) Health Visiting Teams adopts best practice in the management of its records to ‘ensure reliable records are created and that they can be found when needed’ (SHSCT Record Management Procedure 2010).

The following filing system **must be used** for all health visiting caseloads:

1. Ante-natal
2. 0 – 16 weeks
3. Level two
4. Level Three
5. Level Four

These are the minimum filing categories that must be used in all caseloads, however additional sub-sections may be added by the practitioner.

All records must be securely filed in a locked filing cabinet. For each caseload arrangements must be made with individual line managers to ensure that access to health visiting records is possible even when caseload holders are on leave.
HEALTH VISITING RETURN
Monthly Returns – Services not met

Health Visitor Name ___________________

Team _____________________    Date / Year _/_/_/_

<table>
<thead>
<tr>
<th>Outstanding Work</th>
<th>Numbers</th>
<th>Specific Reason / HV Comments</th>
<th>HVTL Comments</th>
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<tbody>
<tr>
<td>Ante-natal contacts</td>
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<tr>
<td>8 week contacts</td>
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<td></td>
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<tr>
<td>14 – 16 week contacts</td>
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<td>1 year reviews</td>
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<td>2 - 2½ year reviews</td>
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<td>4 year reviews</td>
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<tr>
<td>“First contact visits” (BME)</td>
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<tr>
<td>Movement In contacts</td>
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<td></td>
<td></td>
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<tr>
<td>Others</td>
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Signature and Date of Health Visitor ________________
Signature and Date of HVTM _______________________

Date sent to Head of Health Visiting/School Nursing ________________