Standard Operating Procedure 4 (SOP 4)

Health Visiting Caseload Management

Why we have a procedure? (Background)

Health Visitors are qualified nurses and/or midwives with an additional degree level qualification as a Specialist Community Public Health Nurse. The role of the Health Visitor is integral to the improvement of health outcomes within the local community. They work in partnership with children, families and other organisations to empower individuals to make informed choices about their health and wellbeing.

Health Visitors work with families before and after babies are born and continue to work with children in their early years up to school age. They help prevent difficulties or identify problems early on and provide additional support as needed.

There are 5 Health Visiting Teams and 1 Family Nurse Partnership Team (FNP). The teams consist of Practice Teachers, Health Visitors (Family Nurses within FNP), Nursery Nurses and administration staff. The locality teams are led by a Health Visitor Team Leader and have established links to the Family Nurse Partnership Team which is led by an FNP Supervisor (Refer to FNP Caseload Management Procedure).

The purpose of this document is to provide clear instructions for Health Visitors and other members of the team in caseload management / operation procedures across the Black Country Partnership NHS Foundation Trust. This document clarifies roles and responsibilities, and enables practitioners to provide an excellent standardised service that is both safe and effective. The objective of these procedures is to ensure that all Health Visiting staffs are able to:

- Provide a standardised approach to caseload management
- Allocate and action all referrals to the service
- Promote greater accountability with a designated caseload
- Create an equitable distribution of workloads across teams
- Promotes leadership, team work and communication
- Comply with record keeping SOP, information governance and the NMC Code (2015)
- Administration staffs understand their roles and responsibilities within the Health Visiting team

The Health Visiting localities in Dudley are:

- **Dudley North**
  - Northway Surgery
  - Bath Street Surgery
  - Coseley Medical Centre
  - Woodsetton Medical Centre
  - The Ridgeway Surgery
  - The Greens Health Centre
  - Tandon Surgery
  - Lower Gornal Health Centre
  - Castle Meadows Surgery
  - Out of area GP’s

- **Dudley Central**
  - St. James Medical Practice
  - Eve Hill Medical Practice
• Cross Street Health Centre
  • Steppingstones Medical Practice
  • Bean Road
  • Central Clinic
  • Keelinge House Surgery
  • The Links Medical Practice
  • Netherton Health Centre
  • Dudley Partnership for Health
  • Out of area GP’s

• Brierley Hill and Kingswinford
  • High Oak Surgery
  • Kingswinford Medical Practice
  • Moss Grove Surgery
  • Summerhill Surgery
  • Rangeways Road Surgery
  • Wordsley Green Health Centre
  • AW Surgeries
  • Quincy Rise Surgery
  • Quarry Bank Medical Centre
  • Waterfront Surgery

• Halesowen
  • Clement Road Medical Centre
  • Feldon Lane Surgery
  • Hawne Lane Surgery
  • Crestfield Surgery
  • Alexandra Medical Centre
  • Lapal Medical Practice
  • Meadowbrook Surgery
  • Halesowen Medical Practice
  • Stourside Medical Practice
  • Out of area GP’s

• Stourbridge
  • Lion Health
  • Pedmore Medical Practice
  • Chapel Street Surgery
  • The Limes Surgery
  • Three Villages Medical Practice
  • Norton Medical Practice
  • Wychbury Medical Group
  • Out of area GP’s

What overarching policy the procedure links to?

Pre-school – Health Visiting (Overarching Policy)

Which services of the trust does this apply to? Where is it in operation?

<table>
<thead>
<tr>
<th>Group</th>
<th>Inpatients</th>
<th>Community</th>
<th>Locations</th>
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<tbody>
<tr>
<td>Mental Health Services</td>
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Who does the procedure apply to? (staff roles and responsibilities)
Health Visitor Team Leaders, Health Visitors, Practice Teachers, Nursery Nurses and Administrators.

**When** should the procedure be applied? (Context)

When Health Visitors and other members of the team are managing caseloads. This procedure clarifies roles and responsibilities, and enables practitioners to provide an excellent standardised service that is both safe and effective.

**How** to carry out this procedure (step by step information)

Refer to next page.

**Where** do I go for further advice or information?

Health Visitor Team Leader or Service Manager.
Service Delivery Model

The teams provide Health Visiting Services for children and families who live in the Metropolitan Borough of Dudley.

It is imperative that the Health Visiting Service is equipped and structured to meet the needs of the four levels of service offers stipulated in the Healthy Child Programme (DoH 2009) and the Health Visitor Implementation Plan “A Call to Action” 2011-2015 (DoH 2011). These service offers are:

- **Community services** – there are a range of services available and Health Visitors work to develop these and ensure families and communities know about them.
- **Universal services** – the local health visiting team collaborates with various agencies to ensure that families have access to the Healthy Child Programme and that parents are supported at key times and have access to a range of community services.
- **Universal Plus services** – a rapid response from the local Health Visiting team when specific expert help is needed.
- **Universal Partnership plus services** - provides on-going support from the aligned Health Visitor working alongside a range of local services and with parents and families to deal with more complex issues.

By implementing the Healthy Child Programme, Health Visitors enable positive health outcomes with consideration to High Impact Areas (2014) including:

- Promotion of healthy lifestyles, working with communities to build and use the strengths within those communities to improve health and well-being and reduce inequalities.
- Achieving population (or ‘herd’) immunity through the increased uptake of immunisations.
- Promoting access to evidence-based interventions through the Healthy Child Programme to children and families and tailored to specific need.
- Increasing breastfeeding, appropriate infant nutrition and lifestyle changes to tackle rising obesity and related illness in later life.
- Improving maternal mental health and wellbeing, enabling strong early attachment and infant emotional wellbeing.
- Improved school readiness.
- Reducing number of children requiring formal safeguarding arrangements – achieved through early identification and intervention.

Workload Allocation

All children in Dudley will have a named Health Visitor (or Family Nurse if the mother is enrolled on the FNP programme), allocated in the ante natal period. Dudley GP Practices will have an aligned Health Visitor for Dudley residents and Health Visitors will have a geographical element to their caseload responsibility for children whose GP is outside of Dudley.

Health Visitors will use a family needs assessment tool to determine the level of support required based on the 4 service level offer.

Children and families who are assessed as requiring Universal Partnership plus/safeguarding will be allocated via discussion with the Team Leader to ensure an equitable workload.

Caseload Management

- Health Visitors are responsible for the prioritisation and management of their allocated and named families from the antenatal period until handover to School Nursing.
- Health Visitors should be aware and follow the standard operating procedures in place to support them in delivering care to children and families.
- Health Visitors should be aware and follow Trust procedures for the timely and effective handover of caseload files from Health Visitors to School Health Nurses (UPP/previous concerns only).
• Administrative staff should be aware of their role in supporting the Health Visitors.
• All client files need to be locked away when not in use, when out of the office and at the end of each working day within a locked drawer and keys are accessible to other members of staff.
• If practitioners are facing difficulties managing their workload, they have a professional responsibility to raise this issue with their Team Leader, who will offer support and guidance and suggest appropriate actions to address this issue.
• In cases of sickness (of less than four weeks) it is the responsibility of the team members to ensure that any urgent or new work is reallocated and the Team Leader is informed of the changes. If the sickness is or expected to be, more than 4 weeks, it will be the responsibility of the Team Leader to assess the allocated cases appropriately.
• Authorisation must be obtained from Team Leaders for permission to attend all internal and external training.
• When planning annual leave, time off in lieu, training etc., teams must ensure that there is adequate cover for all team commitments.
• It is expected that Health Visitors will be flexible and able to prioritise planned contacts to accommodate more urgent work.
• Cover can be sought from across the borough and teams are encouraged to support their colleagues with such requests.

Clinics

• Community based clinics will be managed on a rota basis and recorded in the team diary or on a rota.
• It will be expected that all staff are familiar with all clinics. If appropriate, in order to ensure continuity and service user satisfaction, staff can cover the same clinics on a regular basis as required.
• When cover is required for clinics, the Health Visitor and Nursery Nurse should approach their immediate team members. If cover is still required then it is the responsibility of the Health Visitor to obtain adequate cover by phoning or emailing other Health Visiting teams.
• Administrators will support the Health Visiting team in all administration tasks relating to clinics.

Maintaining Communication Links

All aligned Health Visitors for each GP will ensure that the communication links are maintained in order to safeguard children and families. The aligned Health visitor for each General Practice will:

• Maintain an up-to-date list of their bases and telephone number.
• The list is to be updated on a three monthly basis by the Project Support Officer
• Weekly contact with the GP surgery is maintained via face to face contact.
• Negotiate regular face to face contacts with partners (GP, midwives, family centre etc.) to discuss families who have been identified as needing additional support or intervention.
• Attend GP practice meetings on a regular basis.
• Each locality team to strive to maintain good communication links with Family Centres.
• Health Visitors and Dudley Community Midwives have an integrated care pathway: Health Visitors will receive electronic notification of women booked by midwives on a monthly basis. This will be on the 28th of each month or the next working day.
• Monthly meetings will take place between the aligned Health Visitor and Dudley Community Midwife for GP surgery.

The purpose of this meeting is:

• To clarify viability and demographics.
• Share relevant clinical details e.g. safeguarding issues, mental health.
• Share concerns re: partner or siblings.
• Inform of persistent non-attendance.
Supervision

All staff should ensure that they access appropriate supervision when necessary according to Trust policies and procedures.

Team Communication and Meetings

- This may incorporate allocation, review and updates regarding caseload, allocated work and general communication as appropriate. Formal team meetings should be minuted and minutes reviewed at subsequent meetings. Chairing of the meetings can be rotated.
- Minuting of the meetings should be completed by the Administrator where possible; minutes should be typed up within 3 working days and saved on the Administration shared drive. It is the responsibility of the Team Leader to check the accuracy of the minutes and notify the Administrator when they are happy for them to be circulated to the team.
- In keeping with the Lone Working Policy members of staff will comply with local guidelines. Details of home visits will be shared on a daily basis via the ‘where are you’ book.
- The ‘where are you book’ should be kept for 2 years and then archived.

Filing

- Administration staff are responsible for making up files for the Health Visitors to use when a new birth / transfer in notification is received.
- Antenatal reference cards should be created on receipt of antenatal notifications / lists. The antenatal reference card should be filed within an antenatal draw or folder (by estimated delivery date) where all antenatal records are filed together. Once the child is born, the antenatal reference card should be removed from the draw and filed at the back of the child’s record.
- All records are to be stored in lockable, metal cabinets with universal and universal plus records filed in the same cabinets per GP practice, in date of birth order, with the youngest records first. All universal partnership plus records which include CP, LAC, SEYS, CIN, EARLY HELP/TAC records need to be stored separately in a labelled drawer, for example a draw labelled LAC would have all LAC records filed in DOB order. Staff should adhere to Trust record keeping policy.
- Each record should have a tracer card, tracer cards should be used to clarify when notes are removed, by whom and where they are currently being stored. Tracer cards will be used in the filing cabinets to ensure staffs are aware of the location of records.
- All children who are on the Family Nurse Partnership (FNP) programme should have a tracer card inserted where the record would be filed. Once the records are received back into the service when the child reaches age 2, the tracer card can be filed within the record.
- If the mother who is enrolled on the FNP programme has a second baby whilst the first baby is on the FNP programme, FNP will complete the standard Healthy Child Programme with the second baby, a tracer card for the second baby should be inserted using the same process as the bullet point above. FNP will notify the relevant Health Visiting team of the pregnancy via letter.
- Administrators needs to ensure transfers in and new records created have a tracer card attached to it, which is labelled with the child’s name, NHS number, date of birth and address.
- All files should be returned to the main filing cabinet at the end of the working day and they should not be left in drawers, on desks or in trays. However, if records are currently being used for appointment purposes, they should be stored in a named allocation drawer or tray and locked away within a lockable metal cabinet. It is both administration and Health Visiting staff’s responsibility to ensure that if a file is taken out it is put back.

Process for Archiving to and Retrieving Files from Iron Mountain:

- Since 2013 all files for the Health Visiting services are to be stored at Iron Mountain storage. The Health Records Department at Penn Hospital is responsible for the dispatching and retrieval of all records which are stored at Iron Mountain. All administration staff must follow the process below for any files which are going to be sent to or retrieved from Iron Mountain:

Dispatching:
- All files to be placed in an Iron Mountain box, other boxes will not be accepted.
Iron Mountain boxes can be requested from bcpft.healthrecordspenn@nhs.net

The boxes will be sent flat packed together with a security tie and an address label. Once the box is complete, attach the label with the security tie to the side of the box.

Files contained in the box must not be filled above the line level on the inside of the box.

Nothing should be written or attached to the outside cover of the box.

Staff must complete the ‘Archived Pro-forma’ (appendix 27) and a copy should be attached to the inside of the lid of the box. Another copy should be kept by the service.

Once this has been completed administration staff must make arrangements with BCPFT Transport to arrange collection. This can be done by contacting the helpdesk on 0121 612 8011.

**Retrieval:**

- When requesting files from Iron Mountain, staff must complete the ‘Request For the Retrieval of Files from Iron Mountain’ (appendix 28) and email it to bcpft.healthrecordspenn@nhs.net

- Health Records staff will advise Health Visiting staff by email when they can expect deliver of the files or if there is a problem in retrieving the files.

- Health Records staff at Penn Hospital will request files and they will be sent in a secure box/red bag via BCPFT transport.

If there are any queries regarding this process then Health Visiting Administration staff should email lynda.groves@nhs.net or telephone on 01902 445643.

**Post Opening and Distribution**

- All post opened by Admin needs to be stamped with date the post was opened. In the absence of Administration, the post should be opened by a member of the Health Visiting Team.

- All post should be reviewed/triaged as soon as practical by a Health Visitor and a decision made as to whether the correspondence needs immediate action, or whether the correspondence can be placed in the named Health Visitors post box/tray.

- If the named Health Visitor is not present due to leave or sickness, the team will be expected to ensure any action needed from the post is completed and any concerns are highlighted to the Team Leader.

- Each Health Visitor should sign (signature, printed name and designation) and date the correspondence on the day they review the correspondence. Health Visitor document in record that correspondence has been reviewed and any actions taken. Filing of A&E attendances and other reports is the responsibility of the Health Visitor to review document and file in the record, Administrators can support as appropriate.

- Where Health Visiting records are received in the post, the allocated Health Visitor should document when the records were received, that they have reviewed the records and made a decision for future contact based on their professional judgement, knowledge, and health visiting records.

**Standard Letters**

Administration staffs are to send appropriate standardised letters saved in the shared drive as and when required.

Administration staff are also expected to copy type letters from Health Visitors i.e. referrals to specialists, housing letters etc.

**Leaflet packs**

There will be one resource pack for each of the universal contacts as agreed with the Health Visiting Teams. The leaflets will be held in a clear plastic folder with a HV card included which details the Health Visitor name and contact details.

- External leaflets are to be ordered by Administration staff within each HV Team. Internal BCPFT leaflet are ordered by the Administration Officer and distributed to individual HV Teams.
• The antenatal packs will be made up by Admin in the bases as and when required, containing the leaflets agreed by the ‘Leaflet task and finish’ group
• Admin are responsible for ensuring that there are leaflets available in each base
• Once the Antenatal Pack has been given to the parents, the Health Visitors are responsible for deciding which leaflets are to be given thereafter from the ‘as and when required’ list (as per the list agreed via the ‘leaflet task and finish group’) no additional leaflets should be added
• The admin team leader is responsible for ordering the leaflets and ensuring there is an adequate amount for distribution
• Under no circumstances should the leaflets be photocopied
• If you would like a new leaflet to be added to the leaflet list, a copy of the required leaflet should be provided to the Admin Team Leader for discussion with the Health Visitor Team Leaders
• Under no circumstances should the leaflets be redesigned or photocopied and distributed

Team NHS.net accounts

It is the Administration Team Leaders responsibility to ensure all staffs have access to the team NHS.net account.

Child Health will send movement out notifications and changes to children’s details via NHS.net team email accounts. Antenatal information will be sent from Midwifery services each month to the generic HV NHS.net email account which will then be split and sent to the individual team NHS.net accounts.

• Each team is to delegate a named person to be responsible for checking the team NHS.net account twice each day. This person must check the account and distribute emails as below. (Other practitioners can however check the account at any time, and can distribute emails into the correct folders).
• On checking the inbox, the Practitioner should open the attachment or read the email to ascertain who the named HV for the child/family is. This should be the HV name NOT the GP name. If the attachment is a DART for example which does not have a practitioner name, then the list of HV/GP attachments list should be used to ensure that the correct folder is used.
• Within the inbox, there are folders for each HV in that locality. Documents which are named for that HV or are for the GP assigned to that HV should be filed in these folders (drag and drop). There are also folders for R2R families.
• Any documents for R2R families should be filed in the R2R folder. The designated person should then check the postcode list (held on H: Drive) or OASIS to ascertain the correct team / practitioner.
• It is the responsibility of each practitioner to check their own folder daily. The documents should be printed out (where required) and deleted from the folder. If the document has been misfiled, then it should be correctly filed. In the event of sickness or Annual Leave, the team must make allowances for this and should manage the person’s folder on their behalf until their return.
• In the case of GP practices where there are more than one HV assigned, if the named HV is not known for that child, then the document should be placed into either HV folder for that practice. This should be managed as per above.
• Where documents are printed out, they should be date stamped and signed by that practitioner to ensure that there is a record of when the document was received. In the case of DARTs, they should be dated and signed when actioned also (see DART process)

Diaries

• Diaries are a part of clinical record and staff should be aware of their responsibilities for maintaining their diaries. All entries in diaries are to be work related.
• Diaries are Trust property and should be locked away at base at the end of each day.
• Lost diaries should be reported according to policy.
• Diaries need to be kept for two years and then destroyed via confidential waste.
Taking Messages / Message Book Guidelines

All Administration staffs are responsible for answering the telephone in the Health Visiting Service, if the Administrator is unavailable, the telephone should be answered by a member of the Health Visiting Team.

If the Health Visitor is not available to take the call administration staff must take comprehensive messages on behalf of the Health Visiting Service and write in the message book. **There should be one message book only per Health Visiting base**, with the exception being those bases that have two offices (Brierley Hill and Stourbridge). The following should be adhered to when writing in the message book:

- Ensure that as much information as possible is recorded.
- If information is not available or given, record this in the message.
- Messages should be responded to within 1 working day. If a message is to be left specifically for a named practitioner and not to be actioned by anyone else, this this is to be made clear.
- If a member of staff is not due in work within the next 24 hours, another member of the team must action the message (unless the above applies).
- The member of staff auctioning the message must clearly sign, date and time in the appropriate area, and write a short summary of action.
- Team Leader to audit the message book on a regular basis, sign and date each page and allocate outstanding messages.
- If a message was retrieved from voicemail, then this is to be made clear in the message.
- If a message was taken face to face, or via a note, then this is to be made clear.
- Under no circumstances should pieces of paper be stapled or taped into the message book. Written notes should be transcribed into the book.
- In the event that telephones will be unattended and it is not possible for teams to retrieve their messages, teams should arrange for a colleague to retrieve and respond to messages or arrange for another team to take messages on their behalf by either diverting the number to another base or by changing the answerphone message informing callers of the new number to call.
- Pages of the message book need to be kept for two months and then archived, there should only be 50 pages in the message book at any one time.

Delegation and Accountability

- All Health Visitors in the team are responsible for management of the whole caseload but individually maintain accountability for the children and families they work with within the caseload. For example if there is more than 1 Health Visitor for the caseload.
- The Health Visitor must ensure that where work is delegated, Nursery Nurses and support staffs understand the purpose of the contact, or intervention they are to deliver, and their scope of practice.
- Following the required intervention, the Nursery Nurse/Support staff should ensure that they complete the Health Visiting records and arrange to meet and discuss the outcomes with the named Health Visitor. The Health visitor should sign to confirm the discussion.

Documentation, Data Requests and Activity Recording

- All team members must document their entries in accordance with the Trust’s Record Keeping Policy and the Nursing and Midwifery Council’s Record Keeping Guidance.
- All team members must allow sufficient time to input their contacts into the OASIS PAS system within 3 working days.
• All Health Visitors must provide numbers of UPP children, antenatal contacts, Children under Early Help, LAC reviews and medicals, each month when requested by Team Leader.
• All Health Visitors must provide any data requested by Team Leader.
• Administrators will support with any requests as and when required.

Monitoring Compliance

A pre-evaluation audit will be utilised as this is implemented. This is followed up by a post-evaluation review at six months targeted at staff and service-users. This will be led by the Pre-School Service Manager and the Governance Team. Results will be reported into Dudley Quality and Safety Meeting and results discussed at team meetings and the Pre-school Forum.

Key Performance Indicators

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Method of Assessment</th>
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<tbody>
<tr>
<td>1. For all Health Visitors and Support Staff to have read these guidelines.</td>
<td>Evidenced by signed register and reviewed at Appraisals as part of the Core objectives to implement Trust Values.</td>
</tr>
<tr>
<td>2. For all Health Visiting Teams to implement the guidelines.</td>
<td>Evidenced by Team Leader feedback and team meeting minutes.</td>
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<tr>
<td>3. For each Health Visitor to have an equitable caseload within their team matched to the weighting of the population and complexities of the children and families.</td>
<td>Caseload size per named Health Visitor with evidence of numbers and ratio of complex cases per team.</td>
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<td>4. Service user satisfaction with the new model.</td>
<td>Service user feedback.</td>
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Legislation

• Data Protection Act 1998
• Children Act 2004

Links to other policies and procedures

• Lone Worker Policy
• Safeguarding Children Policy
• Clinical Supervision Policy
• Record Keeping Policy
• Process for the internal and external transfer of clinical records from the BCPFT Pre-school service
• Universal Standard Operating Procedure (SOP)
Antenatal Process

Antenatal booking list received from Dudley Group for the prior month via Dudley HV NHS.net account (sam-ctr.dudleyhvservice.nhs.net)

Pre-school Administration Team Leader (Band 3 HV Administrators in Team Leader absence) to access Dudley HV NHS.net account at the end of each month

Pre-school Administration Team Leader to split Antenatal booking list by each locality in Microsoft Excel, sorted in GP order

Pre-school Administration Team Leader to send each list to individual HV Team NHS.net accounts for each locality, CC Team Leader

HV Team Leader to distribute antenatal bookings to allocated Health Visitor

HV Administrator to create Antenatal reference card and file in antenatal drawer

Health Visitor to send pregnant woman’s details by completing the Oasis Registration and Referral form to HV Administrator at Cross Street for adding to Oasis

NB – Refer to unborn baby network process – if child is part of the unborn baby network process the child should be allocated accordingly (as per process for UPP allocation)
New Birth Visit Process

1. New births received via NHS.net team email accounts on daily basis
2. Administrator registers child on electronic birth book
3. Administrator to find antenatal record and create new child record, antenatal record to be filed at the back of the child record
4. File handed to allocated Health Visitor.
5. Health Visitor to contact family to book appointment
6. Administrator to send appointment letter to family using standard letter template (if needed)
7. Health Visitor completes New Birth Visit as per SOP
8. Health Visitor inputs visit details onto Oasis, or completes Oasis form if child not registered. Health Visitor to document in child record.
9. Health Visitor completes follow up visit if required. Health Visitor inputs visit details onto Oasis. Health Visitor to document in child record.
10. Health Visitor or Administrator to file record

6 – 8 Maternal Mood Review Process

1. Health Visitor to pass patient records to Administrator for those who are due a 6 – 8 week maternal mood review
2. Administrator to send 6 – 8 week maternal mood review letter as per standardised template
3. Health Visitor completes 6 – 8 week maternal mood review, records on Oasis (against mother and child) and documents in child’s record
4. Health Visitor or Administrator to file record

NB – Some HV’s may arrange this appointment at NBV – appointment letter should still be sent, HV to advise Admin on return from NBV if this is the case
9 – 12 Month and 2 – 2.5 Year Review Process

N.B. For children on FNP Programme

Once a client enrolls onto the programme in the antenatal period, the FNP Administrator will send a letter to the appropriate HV team. Following the birth the FNP Administrator will send a second letter stating that the child is enrolled onto the FNP programme. Once the letters are received the Health Visiting Administrator should place a tracer card in the appropriate section of the filing cabinet.

1.1 Transfers in / out

For transfers in and out between BCPFT / external organisations and transferring records to School Health Nursing, please refer to the ‘Process for the internal and external transfer of clinical records from the BCPFT Pre-school service’.

1.2 References


Healthy Child Programme (DOH 2009)


High Impact Areas (2014)

Health Visiting Service Specification (2015/2016)

Training

Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities.

Please refer to the Trust’s Mandatory & Risk Management Training Needs Analysis for
further details on training requirements, target audiences and update frequencies

**Monitoring / Review of this Procedure**
In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

**Equality Impact Assessment**
Please refer to overarching policy

**Data Protection Act and Freedom of Information Act**
Please refer to overarching policy
### Standard Operating Procedure Details

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### Review and Amendment History

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<td>1.2</td>
<td>August 2018</td>
<td>Updated GP surgery list, changed the name ‘Children Centre’ to ‘Family Centre’ throughout (due to changes within Local Authority), added information on ‘where are you’ book, updated New Birth Visit process</td>
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<td>1.1</td>
<td>Mar 2017</td>
<td>Minor amendments due to changes in PAS system and Trust Record Keeping Policy. Review of Admin processes</td>
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<tr>
<td>1.0</td>
<td>Feb 2016</td>
<td>New SOP developed for BCPFT to provide clear instructions for Health Visitors and other members of the team in caseload management</td>
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