

# **Guidance for: Health Visiting Team Leaders on Managing Caseloads without a HV currently at work.**

## **1. Scope**

This guidance covers the following scenarios:

- Vacant caseloads.
- HVs who are absent for work due to holiday, sickness, care, commitments, maternity leave and any other form of authorized or unauthorized absence.

## **2. Vacant Caseloads**

2.1 On receiving the HVs resignation/termination the Team Leader will complete the following before the staff member leaves service:

- Inform Management and HR so due process can take place in relation to resignation/termination.
- Work with Manager and overall service Budget Holder to agree best arrangements in terms of replacement – reviewing hours and any consideration to skill mix etc.
- Work with Manager to instigate and follow through recruitment processes.
- Work with resigning health visitor to bring all records up to date.
- Identify with the resigning health visitor families requiring a Universal Plus and Universal Partnership Plus service then arrange allocation and handover to another member of the team before HV leaves service.
- Identify outstanding Healthy Child Programme contacts on resigning HV caseload and work with staff member to get as many completed as possible.
- Ensure staff member hands back any Swindon property and equipment including lap top, phones, scales, ID Badges etc.

2.2 In the first week following the staff member leaving Swindon employment the Team Leader will:

- Review the vacant caseload, ensure that all families who have been identified as requiring a Universal Plus or Universal Partnership Plus service have been allocated to another member of the team.
- Review the overall caseloads of the team, identify any spare capacity and allocate universal families to those team members.
- Arrange with [Capita Manager \(Allison Dudley\)](#) to transfer families identified as receiving a universal service from the staff member who has left to themselves (Team Leader), making a note of when the block transfer happened. This will ensure that when the post is filled the caseload can be easily identified and re-allocated.
- Ensure that the previous staff member is removed from the list of active health visitors.

2.3 Ongoing responsibilities of the Team Leader in relation to the caseload:

- Deal with any correspondence or notifications in relation to the caseload, paying particular attention to any information that would indicate a need to change the status of the family from requiring a Universal service to Universal Plus or Universal Partnership Plus.

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- Allocate any family to another member of the team for whom concerns indicate a need to review or step up the service they receive.
- Send out letters to all families for whom a Healthy Child Programme is due inviting them to attend a drop-in activity (clinic, infant feeding group or alternative) or phone if they have any concerns (template for letter on N Drive).
- Arrange for one of the team members to conduct a face to face Healthy Child Programme contact if families make the request.
- Consider how the team will manage the increased pressure because of the vacancy – see flow chart section 4.

### **3. Caseloads where health visitor is in Swindon employment but not currently at work.**

#### 3.1 Caseloads that are not covered for less than two weeks:

- Team Leader to ensure that appropriate, “out of office”, notifications are in place.
- Team leader to review any urgent information or requests that are redirected particularly those that relate to safeguarding concerns or on a vulnerable child and ensure appropriate action is taken.

#### 3.2 Caseloads that are not covered for two to eight weeks:

- Team Leader to ensure that appropriate, “out of office”, notifications are in place.
- Team leader to review any urgent information or requests that are redirected particularly those that relate to safeguarding concerns or on a vulnerable child and ensure appropriate action is taken.
- Team leader to actively review all information or requests that come in about children on the caseload. This will include looking at pediatric letters, out of hour’s attendances, Emergency department notifications, two year review from early year settings, workflows. Team Leader to ensure that suitable action is taken and this may include re-allocating the family to another member of the team.
- Consider how the team will manage the increased pressure because of the vacancy – see flow chart section 4.

#### 3.3 Caseloads that are not covered for more than eight weeks:

- If the leave of absence is planned and known in advance e.g. maternity leave or planned surgery, then the Team Leader should follow the same process as for resignation outlined in point two ensuring that the universal caseload is transferred to the Team Leader as soon as the staff member goes on maternity leave. It will be transferred back once the staff member returns or when a temporary staff member is in place as the service is able to recruit on a fixed term contact cover for up to 50% of maternity leave.
- If the leave of absence is unplanned as soon as it is apparent the leave will extend beyond eight weeks the Team Leader will follow the steps outlined in Points 2.2 and 2.3.

- 3.4 A small reduction in capacity can be held successfully within a team for a short period, when that capacity drops below 20% over an extended period of time, the resilience of the team can be comprised. Therefore a strengths based approach should be adopted recognizing balancing risk with staff resilience.

## 4. Protocol for Managing Workload during Health Visitor staff shortages.

Scenario 1  
90% or more of  
staff at work  
(10 % reduction)

Team Leader to arrange for any work to be covered within team.

Options to ease workload including:

- Send families receiving a universal service a standard letter offering phone contact or drop-in opportunity for 1 year rather than face to face HCP contact.
- Send families a welcome letter and phone contact or drop-in opportunity when transferring in from the UK and known to require a universal service.

Scenario 2  
80-90% or more of  
staff at work  
(More than a 10%  
reduction in  
capacity) Activate  
step up approach

Prioritise those families most in need;  
UPP families i.e. those on CP plans and CIN  
UP families

Minimum expected contacts

Targeted Antenatal UP (as identified by midwifery) & first time parents

All New birth contacts

All 6-8 weeks contacts

Targeted Universal Plus 9-12 month contacts (indicators DV reports, prematurity, previous low mood, parental concerns, transfer in from out of area that hasn't been seen)

24-30 month contacts prioritised by need – (UPP, UP, transfer in to area not yet seen, previous developmental concerns, parental concerns)  
All children to have had a 24-30mth contact by 36mth at the latest.

Using a strength based approach when minimum contacts are achieved the team leader and management would agree a step up in service.

Management to consider moving HV hours between teams to ensure an equitable service is offered across Swindon.

Support measures:

- All teams to send families receiving a universal service a standard letter, outlining normal development and links for parents to access for development, home safety and nutrition.
- Send families a welcome letter and phone contact or drop-in opportunity when transferring in from the UK and known to require a universal service.
- Other staff teams to cover clinics, drop-ins and to pick up antenatal and new birth visits - holding families until 6 week contact completed.
- Permission to be sought to consider extra hours, overtime or use of bank staff.
- CNN to be allowed to complete 2 yr. contact.

Management Measures

- Consider informing partners and other stakeholders of staffing issues and agreeing an emergency service for a limited period – 1 to 1 face to face contact for New Birth Visit and vulnerable children (including safeguarding) only.
- Recruiting for fixed term contract to cover maternity leave.

## Using a Step up approach:

Resume a full service

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Prioritise those families most in need;  
 UPP families i.e. those on CP plans and CIN  
 UP families

All antenatal contacts  
 All New birth contacts  
 All 6-8 weeks contacts  
 Targeted Universal Plus 9-15 month contacts (indicators DV reports, prematurity, previous low mood, parental concerns)  
 Transfer in from Out of area to be seen  
 To aim to complete 24-30 month at 24 months, all children to have a contact by 30 months

Prioritise those families most in need;  
 UPP families i.e. those on CP plans and CIN  
 UP families

Targeted Antenatal UP (as identified by midwifery) & first time parents  
 All New birth contacts  
 All 6-8 weeks contacts  
 Targeted Universal Plus 9-15 month contacts (indicators DV reports, prematurity, previous low mood, parental concerns, Transfer in from out of area that hasn't been seen)

Targeted transfer in visits & blood spots

24-30 month contacts prioritised by need – (UPP, UP, transfer in to area not yet seen, previous developmental concerns, parental concerns)  
 All children to have had a 24-30m contact by 36m at the latest.

Minimum contacts:  
 Prioritise those families most in need;  
 UPP families i.e. those on CP plans and CIN  
 UP families

Minimum expected contacts:  
 Targeted Antenatal UP (as identified by midwifery)  
 All New birth contacts  
 All 6-8 weeks contacts  
 Targeted Universal Plus 9-15 month contacts (indicators DV reports, prematurity, previous low mood, parental concerns, transfer in from out of area that hasn't been seen)  
 Targeted transfer in visits & blood spots

24-30 month contacts prioritised by need – (UPP, UP, transfer in to area not yet seen, previous developmental concerns, parental concerns)  
 All children to have had a 24-30m contact by 36m at the latest.

More than a  
 10% reduction  
 in capacity

## **5. Appendices Protocol for Managing Workload during Health Visitor staff shortages.**

- 5.1 letter for when a 9-15 month contact is not offered
- 5.2 Parent / guardian letter for a delayed 24-30 month contact
- 5.3 Welcome to Swindon – under 12 months old
- 5.4 Parent / Guardian Welcome to Swindon – 12-24month
- 5.5 Welcome to Swindon over 24 months
- 5.6 Management of transfer in's

## 5.1 Parent / Guardian letter for when a 9-15 month contact is not offered

Dear Parent or Guardian,

### **Your child is nearly one!**

At the current time we are not able to offer home visits to all one year olds.

However, we have compiled a list of things your child should be doing at this age and some useful websites you may be interested in, and if you have any concerns you wish to discuss please contact your named Health Visitor whose number is above.

At a one year contact we would talk about your child's development. We would be expecting your child to be able to:

- Sit, crawl or bum shuffle around the room, possibly starting to pull themselves up on furniture and taking steps using the furniture for support.
- Babble, making sounds and noises
- Eating finger foods
- Drinking water or milk from a cup

A useful guide to child development kind be found at:

<http://www.nhs.uk/Tools/Pages/birthtofive.aspx>

A good guide to what children should be eating, drinking and portion size is, The Nutrition Trust

[http://www.firststepsnutrition.org/newpages/Infants/infants\\_and\\_new\\_mums.html](http://www.firststepsnutrition.org/newpages/Infants/infants_and_new_mums.html)

### **Thinking about your child's health**

If they are formula feeding, you can now give them full fat cow's milk to drink instead of formula. You would also need to give them vitamin D a daily, your pharmacist can advise you which product is best for your child. If you are breast feeding continue to give vitamin D daily.

<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/vitamins-for-children.aspx>

You need to start looking after your child's teeth, brush them twice a day with a child tooth brush and toothpaste, avoid sugary or fizzy drinks, this includes fruit juice. Water or milk are the best drinks for your child. More information can be found on:

<http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/looking-after-your-infants-teeth.aspx>

As your child grows and develops, they can access different risks within your home. This is a video clip which can help you think about preventing accidents in your home.

<http://www.nhs.uk/video/Pages/Accidentprevention.aspx>

As your child is now starting to interact with others, taking them to a baby and toddler groups is good for their interaction and development and helps you meet other parents.

If you have any worries or concerns about your child, or would like support around diet, sleep or behaviour please call the phone number at the top of this page.

Yours faithfully

## 5.2 Parent / guardian letter for a delayed 24-30 month contact

Dear Parent or Guardian,

### **Your Child is two!**

At the current time we are delaying our 24-30 month contact, we hope to have seen you and your child by the age of 36 months.

However, we have compiled a list of things your child should be doing at this age and some useful websites you may be interested in, and if you have any concerns you wish to discuss please contact your named Health Visitor whose number is above.

At a two year contact we would talk about your child's development. We would be expecting your child to be:

- Walking and running
- Kick a ball
- Using pretend play, pretending to make you drinks, food, or pretending to make phone calls
- Copying things you do in the home, pretending to clean things up
- Eating a variety of foods
- Sleeping through the night

A useful guide to child development kind be found at:

<http://www.nhs.uk/Tools/Pages/birthtofive.aspx>

I can talk! A website to help you support your child with speech and language development

<http://www.talkingpoint.org.uk/>

Your child should be starting to follow basic instructions, 'get your coat', Joining 2 words together and copying new words. If your child has a stutter please contact us straight away.

A good guide to what children should be eating, drinking and portion size is, the nutrition trust

[http://www.firststepsnutrition.org/newpages/Early\\_Years/eating\\_well-early\\_years.html](http://www.firststepsnutrition.org/newpages/Early_Years/eating_well-early_years.html)

Children should be;

- Drinking out of a cup, water or milk, squash and fizzy drinks will damage your child's teeth.
- This is the age for being a fussy eater, make healthy choices for your child and stick to it, don't offer alternatives.
- Think about child size portions.

### **Thinking about your child's health**

Dated 30/5/17

Review date – March 2018



All children who are drinking cow's milk or breast feeding should be taking vitamin D 10ug once daily.

<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/vitamins-for-children.aspx>

You need to start looking after your child's teeth, brush them twice a day with a child tooth brush and toothpaste, avoid sugary or fizzy drinks, this includes fruit juice. Water or milk are the best drinks for your child. More information can be found on:

<http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/looking-after-your-infants-teeth.aspx>

As your child grows and develops, they can access different risks within your home. This website helps you to think about how to prevent accidents in your home.

<https://www.capt.org.uk/Pages/Category/safety-advice-injury-types>

Going to toddler groups helps your child develop their interactions with other children and prepares them for nursery. If you receive a 'golden ticket' from the council your child meets the criteria for two year funding and you will need to register them at a nursery which provides two year places. If you would like to check your eligibility for two year nursery funding to check your eligibility please call **07823 525441**.

If you have any worries or concerns about your child, or would like support around diet, sleep or behaviour please call the phone number at the top of this page.

Yours faithfully

## 5.3 Welcome to Swindon – under 12 months old

Dear Parent or Guardian,

Welcome to Swindon. Health visiting is a free service for all children under the age of five years old. A health visitor is a specialist nurse who works with children and families to help support health and wellbeing.

Health visitors, support parents with children's development, behavior, sleep, diet and nutrition, baby feeding, accessing health services and addressing worries or concerns you have with your child.

We have healthy child clinics, these are drop in clinics, if you have a concern with your baby's development, sleep, behaviour, feeding and would like some advice. A clinic list is included with this letter.

In Swindon you will be allocated a named health visitor who will be your point of contact if you have a concern with your child around the issues above. We are not a source of advice for unwell children, for a poorly child you would see your GP or Out of hours service.

If you cannot get a GP appointment or need out of hours health advice, for an unwell child this can be accessed by;

Life threatening call 999 for an ambulance

Non urgent advice by telephone – call 111

Speaking to any pharmacist for coughs, colds, colic

### **Walk in services**

Swindon Walk in Centre

<http://www.swindonwalkincentre.co.uk/> (language options available)

Urgent GP / Nurse, Clover unit, Great Western Hospital Call 01793 646466

Children's clinic (12 weeks -18 yrs.) Mon –Fri 8am -8pm call for an appointment  
03001110088

More information on local health services can be found at

<http://www.swindonccg.nhs.uk/index.php/your-health/your-health-services/walk-in-centre>

Below are some useful guides to child development, nutrition and feeding support and our breast feeding support groups.

A useful guide to child development kind be found at:

<http://www.nhs.uk/Tools/Pages/birthtofive.aspx>

A good guide to what children should be eating, drinking and portion size is, the nutrition Trust

[http://www.firststepsnutrition.org/newpages/Infants/infants\\_and\\_new\\_mums.html](http://www.firststepsnutrition.org/newpages/Infants/infants_and_new_mums.html)

Breast feeding support

[https://www.swindon.gov.uk/info/20054/health\\_and\\_your\\_lifestyle/202/breastfeeding/2](https://www.swindon.gov.uk/info/20054/health_and_your_lifestyle/202/breastfeeding/2)

### **Thinking about your child's health**

If you are breast feeding you should be giving your baby vitamin D a daily, your pharmacist can advise you which product is best for your child. If your baby is having more than 500mls of formula a day they will be getting their vitamin D in the formula.

<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/vitamins-for-children.aspx>

If your baby has teeth brush them with a baby toothbrush and child toothpaste

<http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/looking-after-your-infants-teeth.aspx>

As your child grows and develops, they can access different risks within your home. This is a video clip which can help you think about preventing accidents in your home.

<http://www.nhs.uk/video/Pages/Accidentprevention.aspx>

Taking your child to a parent and baby group is good for their development and helps you meet other parents.

If you have any worries or concerns about your child, or would like support around diet, sleep or behaviour please call the phone number at the top of this page.

Yours faithfully

## 5.4 Welcome to Swindon – 12-24month

Dear Parent or Guardian,

Welcome to Swindon. Health visiting is a free service for all children under the age of five years old. A health visitor is a specialist nurse who works with children and families to help support health and wellbeing.

Health visitors, support parents with children's development, behavior, sleep, diet and nutrition, accessing health services and addressing worries or concerns you have with your child.

We have healthy child clinics, these are drop in clinics, if you have a concern with your baby's development, sleep, behavior, feeding and would like some advice. A clinic list is included with this letter.

In Swindon you will be allocated a named health visitor who will be your point of contact if you have a concern with your child around the issues above. We are not a source of advice for unwell children, for a poorly child you would see your GP or Out of hours service.

If you cannot get a GP appointment or need out of hours health advice, for an unwell child this can be accessed by;

Life threatening call 999 for an ambulance

Non urgent advice by telephone – call 111

Speaking to any pharmacist for coughs, colds, colic

### **Walk in services**

Swindon Walk in Centre

<http://www.swindonwalkincentre.co.uk/> (language options available)

Urgent GP / Nurse, Clover unit, Great Western Hospital Call **01793 646466**  
Children's clinic (12 weeks -18 yrs.) Mon –Fri 8am -8pm call for an appointment  
**03001 110088**

By the age of 18months, we would be expecting your child to be:

- walking
- starting to point at things and say single words
- Eating family foods that have no added salt or sugar
- Drinking water or milk from a cup

A useful guide to child development kind be found at:

<http://www.nhs.uk/Tools/Pages/birthtofive.aspx>

A good guide to what children should be eating, drinking and portion size is, the nutrition Trust

[http://www.firststepsnutrition.org/newpages/Infants/infants\\_and\\_new\\_mums.html](http://www.firststepsnutrition.org/newpages/Infants/infants_and_new_mums.html)

## Thinking about your child's health

If they are formula feeding, you can now give them full fat cow's milk to drink instead of formula. You would also need to give them vitamin D a daily, your pharmacist can advise you which product is best for your child. If you are breast feeding continue to give vitamin D daily.

<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/vitamins-for-children.aspx>

You need to start looking after your child's teeth, brush them twice a day with a child tooth brush and toothpaste, avoid sugary or fizzy drinks, this includes fruit juice. Water or milk are the best drinks for your child. More information can be found on:

<http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/looking-after-your-infants-teeth.aspx>

As your child grows and develops, they can access different risks within your home. This is a video clip which can help you think about preventing accidents in your home.

<http://www.nhs.uk/video/Pages/Accidentprevention.aspx>

As your child is now starting to interact with others, taking them to a baby and toddler groups is good for their development and helps you meet other parents.

Your child may be eligible for two year nursery funding to check your eligibility please call **07823 525441**.

If you have any worries or concerns about your child, or would like support around diet, sleep or behaviour please call the phone number at the top of this page

Yours faithfully

## 5.5 Welcome to Swindon over 24 months

Dear Parent or Guardian,

Welcome to Swindon. Health visiting is a free service for all children under the age of five years old. A health visitor is a specialist nurse who works with children and families to help support health and wellbeing.

Health visitors, support parents with children's development, behavior, sleep, diet and nutrition, baby feeding, accessing health services and addressing worries or concerns you have with our child.

We have healthy child clinics, these are drop in clinics, if you have a concern with your baby's development, sleep, behavior, feeding and would like some advice. A clinic list is included with this letter.

In Swindon you will be allocated a named health visitor who will be your point of contact if you have a concern with your child around the issues above. We are not a source of advice for unwell children, for a poorly child you would see your GP or Out of hours service.

If you cannot get a GP appointment or need out of hours health advice, for an unwell child this can be accessed by;

Life threatening call 999 for an ambulance

Non urgent advice by telephone – call 111

Speaking to any pharmacist for coughs, colds, colic

### **Walk in services**

Swindon Walk in Centre

<http://www.swindonwalkincentre.co.uk/> (language options available)

Urgent GP / Nurse, Clover unit, Great Western Hospital Call **01793 646466**

Children's clinic (12 weeks -18 yrs.) Mon –Fri 8am -8pm call for an appointment  
**03001 110088**

More information on local health services can be found at

<http://www.swindonccg.nhs.uk/index.php/your-health/your-health-services/walk-in-centre>

Over the age of two years we would be expecting your child to be:

- Walking and running
- Kick a ball
- Using pretend play, pretending to make you drinks, food, or pretending to make phone calls
- Copying things you do in the home, pretending to clean things up
- Eating a variety of foods
- Sleeping through the night

A useful guide to child development kind be found at:

<http://www.nhs.uk/Tools/Pages/birthtofive.aspx>

I can talk! A website to help you support your child with speech and language development

<http://www.talkingpoint.org.uk/>

If your child has a stutter please contact us straight away. The older your child is the more words they should join together, a 2yr old should be joining 2 words 'drink please' 'daddy work'.

A good guide to what children should be eating, drinking and portion size is, the nutrition trust

[http://www.firststepsnutrition.org/newpages/Early\\_Years/eating\\_well-early\\_years.html](http://www.firststepsnutrition.org/newpages/Early_Years/eating_well-early_years.html)

Children should be;

- Drinking out of a cup, water or milk, squash and fizzy drinks will damage your child's teeth
- This is the age for being a fussy eater, make healthy choices for your child and stick to it, don't offer alternatives
- Think about child size portions

## **Thinking about your child's health**

All children who are drinking cow's milk or breast feeding should be taking vitamin D 10ug once daily.

<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/vitamins-for-children.aspx>

You need to start looking after your child's teeth, brush them twice a day with a child tooth brush and toothpaste, avoid sugary or fizzy drinks, this includes fruit juice. Water or milk are the best drinks for your child. More information can be found on:

<http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/looking-after-your-infants-teeth.aspx>

As your child grows and develops, they can access different risks within your home. This website helps you to think about how to prevent accidents in your home.

<https://www.capt.org.uk/Pages/Category/safety-advice-injury-types>

Going to toddler groups helps your child develop their interactions with other children and prepares them for nursery. If you receive a 'golden ticket' from the council your child meets the criteria for two year funding and you will need to register them at a nursery which provides two year places. If your child is over the age of three they are entitled to 15 hours of free nursery provision during term time.

If you have any worries or concerns about your child, or would like support around diet, sleep or behavior please call the phone number at the top of this page.

Yours faithfully



## 5.6 Swindon Health Visiting Service Protocol under pinning risk assessment for families transferring in

