

Health Trainer Service	
Standard Operating Procedure (SOP)	
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Presented to: Care and Clinical Policies Sub Group	Date: 18 November 2015
Ratified by: Care & Clinical Policies sub-group	Date: 18.10.17 Agreed 3 month Extension
	Review date: 31.01.2018
Relating to policies:	Operational policy for the Healthy Lifestyles Service

1. Purpose of this document:

- 1.1 The purpose of this Standard Operating Procedure is to outline the procedures and processes to enable the successful delivery of the Health Trainer Service working with individuals and small groups. It gives a full account of the service delivered and the processes involved.

2. Scope of this SOP:

- 2.1 The document relates to all staff within the Health Trainer and Healthy Lifestyles service as part of the Healthy Lifestyle Service for Torbay in order for them to be compliant with the expectations of service delivery and associated competencies required. All service users will therefore be provided with a standardised, evidence based and high quality service from any member of the Health Trainer Team.
- 2.2 Clients covered – Torbay residents.

3. Competencies required:

- 3.1 Health Trainers will have completed or will be working towards City and Guild Level 3 Health Trainer qualification.
- 3.2 In accordance with Torbay and South Devon NHS Foundation Trust (TSDFT) Policies, all Health Trainers will ensure they are fully compliant with the expected levels of mandatory training required for their role.
- 3.3 All Health Trainers will attend appropriate training sessions in order to maintain quality client support and ensure their practice is evidence based, and in line with developments within the public health field.

- 3.4 All Health Trainers will participate in peer review observation sessions.
- 3.5 Health Trainers will ensure that they are working within TSDFT Values’.

4. Procedure / Steps:

Individual Clinics

- 4.1 All referrals to the Healthy Lifestyle Team come through the Single Point of Access (SPA) system and Health Assessment known as the Healthy Lifestyle Hub. A client may enter the system and complete the Health Assessment already wanting to see a Health Trainer or it may be that as a result of discussions in the Health Assessment it is decided that the Health Trainer is the best service option.
- 4.2 From the Health Assessment a Health Trainer internal referral form (HT1) will be completed (see appendix A).
- 4.3 The completed HT1 form will be placed into the appropriate locality tray (i.e. Torquay, Paignton, Brixham) within a secure cabinet. Where the referral information identifies the individual as a Carer, the referral will be placed in the Carer nominated tray regardless of locality, also kept in secure cabinet.
- 4.4 The Health Trainer Team Leader will allocate the available cases to the Health Trainers based on available capacity. Once the client has been allocated to a Health Trainer, they enter their name along with the name of the client onto the manual recording system in the shared drive.
- 4.5 Once the Health Trainer has been allocated the client, they initiate contact within 2 weeks of receiving the referral, making three telephone attempts (leaving messages if appropriate or texting). The final contact will be by letter which states that if a reply is not received within 2 weeks we will assume that no support is required. The contact attempts are made over a period of 2 weeks and at different time of day (Between 8am and 6pm). When contact is made the first appointment is arranged in a suitable location and at a date and time convenient for the client.
- 4.6 Appointments are mainly made at one of the Health Trainer clinics and these are found throughout Torbay at various locations and times to ensure ease of access. If, on the rare occasion, the client has difficulties getting out of their home, then a home visit can be arranged. Circumstances in which a home visit would be possible include carers who are unable to leave the home due to their caring duties or clients who have mobility problems, physical or psychological ill

- health issues that prevent them from leaving the home. These reasons should be verified with the clients/carers GP.(this is referred to in 4.15).
- 4.7 If a new venue/location is added to the clinic timetable, a risk assessment on the new location will be carried out by Health Trainer Team Lead or their nominated deputy. Once completed the risk assessment will be added to the shared drive.
- 4.8 The Health Trainer will ensure that they manage their diaries, booked appointments and time effectively, ensuring they arrive prepared for the clinic with the necessary materials, equipment and resources required for their work. Time keeping is important and it is the Health Trainers responsibility to aim to see each client on time.
- 4.9 If a Health Trainer is unavailable for any reason for a booked clinic, then the Health Trainer Team Lead or their nominated deputy will cancel any clinics that day unless they can be covered by another Health Trainer. Each client will be contacted to inform them that the Health Trainer will contact them again when the Health Trainer is back at work.
- 4.10 If sick leave is long term then Health Trainer Team Lead will make alternative arrangements to cover absence.
- 4.11 If a Health Trainer does not require the clinic room then the room booking administrator will be informed as soon as possible so that the room can be booked by other users. This is only for one off occasions as clinic rooms tend to have block booking throughout the year.
- 4.12 With any clinic bookings the Health Trainer will follow guidelines and regulations of the premises that they are in i.e:
- Usage of internet
 - Fire drills
 - Leaving room as it was found
 - Giving a list of attending clients to the reception staff if required
 - Management of client entry and exit
 - Adhering to the risk assessment actions for the venue
- 4.13 If the client is not contactable or did not want to engage; this is recorded onto the HT1 and placed into the Single Point of Access filing cabinet to be processed by Administration (entered onto Single Point of Access data base).

- 4.14 If on contacting the client it is apparent that they require information or signposting only, then this will be noted on the HT1 and returned back into the Single Point of Access filing cabinet, to be processed by Administration (entered onto Single Point of Access data base).
- 4.15 Where a home visit has been requested the TSDFT lone worker policy is fully adhered to; a risk assessment is undertaken in advance of the appointment. The referrer is contacted to discuss any pertinent information and the PARIS system is accessed in order to ascertain whether there are any relevant risk flags. The first appointment is always attended by two team members and at this point a risk assessment is also undertaken. Following this initial assessment, the Health Trainer Lead will discuss with the staff members and decide whether further appointments in this setting are appropriate and whether two members of staff are needed.
- 4.16 The first appointment offers the opportunity for the Health Trainer to make clear that the support will be offered up to 8 sessions. Where a further session may be needed, this is down to the discretion of the Health Trainer in discussion with the Health Trainer Team Lead; likewise if it is felt that the service user would benefit from stopping the sessions and then re-joining at a later date, this can also be considered.
- 4.17 The Health Trainer will book future sessions from one appointment to the next. However, if it suits the client to do so, a long term series of appointments can be arranged. All sessions are booked to suit the needs of the client in terms of dates, times and location. The appointments are recorded on the client progress form (HT2) – (see appendix B)
- 4.18 Brief details of goals set at each session are kept for Health Trainer information and future reporting.
- 4.19 At the final appointment, the service user is asked to complete the SPOA exit questionnaire to collect final data. (see appendix C)
- 4.20 The Friends and Family/Public Health questionnaire will also be completed if the client is prepared to do so. In order for this to be completed confidentially, the client is offered an envelope if they wish to use it. The questionnaire is then sent directly to Bay House for recording and processing. Feedback is provided to the Healthy Lifestyle Team in 6 monthly reports.
- 4.21 Where appropriate the clients are asked if they would like to share their story for the purposes of a case study, showcasing service delivery.

- 4.22 For those service users who do not attend scheduled appointments (DNA), the Health Trainer will make 2 telephone attempts (over 7 days) to contact them and to rearrange their appointment. If this has no result, then a letter will be sent to them asking them to contact the Health Trainer Team to rearrange a more suitable time. The client is given 2 weeks to respond. The DNA is documented on the client progress sheet (HT 2) and will then be signed off by both the Health Trainer and responsible administrator and a letter generated and sent to referrer by the administrator.
- 4.23 For each of their clinics the Health Trainer will record details of the attendance at their clinics. Information includes numbers of:
- Available appointments
 - Attended
 - DNA
 - Cancelled less than 24 hrs
 - Unfilled
 - Clinics held
 - Clinics cancelled
 - Home visits
 - Telephone/e-mails
- 4.24 Information is to be collected monthly and passed to admin to be entered onto a spread sheet on the shared drive – HT3 (see appendix D). This information will enable Health Trainer Team Lead to review efficiency of clinics and the individual performance of the Health Trainers and whether they are in the right place at the right time.

Group Work

- 4.25 Health Trainers also work with small groups in the community. These may be led by the Health Trainer or in partnership with community organisations
- 4.26 Each opportunity to work with a group in the community would have been discussed with and agreed with line manager.
- 4.27 Appropriate arrangements would have been made with the venue and any partners involved to create a safe and appropriate environment for both Health Trainer and clients to participate. Proper and full attention will be paid to TSDFT health and Safety, Lone Working and risk policies and procedures when working off-site.

- 4.28 Risk assessments will be made at each venue which will be logged onto the risk assessment register on the shared drive. The Health Trainer will also take a general risk assessment form with them each time they attend a venue in the community as the environment can change. Any changes to the environment can then be noted on the form.
- 4.29 With any community group the Health Trainer will follow guidelines and regulations of the premises that they are in i.e.:
- Fire drills
 - Health and Safety
 - Leaving room as it was found
 - Giving a register if required
 - Management of client entry and exit
 - Adhering to the risk assessment actions for the venue
- 4.30 TSDFT 'values' will be followed with groups as with working with individuals.
- 4.31 Health Trainers will follow previously approved methods of collecting data from the group activity, HT4 (see appendix E.)

6. Monitoring tool:

Standards:

Item	%	Exceptions
All referrals to service are offered a health trainer appointment within 28 days of Health Assessment	85%	As per commissioned service contract
Attendance rates at HT clinics exceed 70%	70%	DNA's
Clients achieve their behaviour change goals	Variable	As per thresholds on service specifications

Equality Statement.

The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and [Equality Impact Assessments](#) please refer to the [Equality and Diversity Policy](#)

References:

Appendices:

- Appendix A – (HT1) Health Trainer and Weight management referral following Assessment Clinic**
- Appendix B – (HT2) Health Trainer progress Form**
- Appendix C – Single Point of Access follow up Form**
- Appendix D – (HT3) Clinic Attendance**
- Appendix E – Brief Data Capture (HT4)**

Appendix A

Health Trainer referral following Assessment Clinic – HT1

Name..... Contact Number..... Ok to leave message Yes / No Date of Birth..... Carer Yes / No Internal Assessment Reference no..... Date of Assessment: Assessment completed by:

Health Trainer preferred location and availability

Location:

Availability	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Contact Number	1	2	3	engaged
Date:				Yes / No Signpost only (please tick)
Type:				
Outcome:				

Client signed off: Date:

Appendix B

Health Trainer Progress Form – HT2

Client Name:	Internal Ass. No.	NHS No:	
DOB:	Health Trainer		
Date:	Time:	Session No.	Contact method:
Goal Set:			
Additional Notes:			
Signed: Health Trainer			
Date:	Time:	Session No.	Contact method:
Previous Goal achieved: Yes / No / Partial			
Goal Set:			
Additional Notes:			
Signed: Health Trainer			
Date:	Time:	Session No.	Contact method:
Previous Goal achieved: Yes / No / Partial			
Goal Set:			
Additional Notes:			
Signed: Health Trainer			

Appendix C



Healthy_Lifestyles_A
ssessment_follow_up.

Appendix D HT3

Health Trainer Clinic Attendance Review Form

Health Trainer –

Venue & date				
Available appointments				
Attended				
DNA				
Cancelled less than 24hrs				
Unfilled				
Clinics Held				
Clinics cancelled				
Home visits				
Telephone/e-mail Contacts				

Venue & date				
Available appointments				
Attended				
DNA				
Cancelled less than 24hrs				
Unfilled				
Clinics Held				
Clinics cancelled				
Home visits				
Telephone/e-mail Contacts				

APPENDIX E

Brief data Capture (from events such as weaning party, presentations – see table below) – HT4

Name of Event: Member of team attended:

Date: Venue:

Name	Address & Post Code	Date of Birth	Telephone number	Can we leave a message?	I consent to my information being stored on your database – Y/N	I consent to a follow up at a later date if needed – Y/N	Signature

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.0		19 October 2015	New SOP	
1		2 March 2017	Agreed 3 Month Extension until 01.05.17	CCG
1		03 November 2017	Date Extension Agreed until January 2018	Care and Clinical Group