

<b>Document Type:</b>	<b>Standard Operating Procedure</b>	
Reference Number : <b>2129</b>	Version Number: <b>7</b>	Next Review Date: <b>7 June 2022</b>
Title:	<b>Managing Vacant Caseloads In Specialist Community Public Health Nursing (SCPHN) Health Visiting /School Nursing (HV/SN) Service (SCHPN SOP No 21)</b>	
Document Author:	Service Manager Professional Lead SCPHN	
Applicability:	Health Visitors and School Nurses	

### 1. Purpose of this document:

- 1.1 This document has been written to provide best practice guidance for Health Visitors (HV) and School Nurses (SN) when covering vacant caseloads.
- 1.2 The definition of a vacant caseload is taken from (UNITE Community Practitioners Health Visitor Association CPHVA 2008/2016) *There is no substantive HV or SN allocated because of staff turnover, maternity leave, planned sickness, planned annual leave, long term sickness, repeated sick leave or vacant post for secondment for a period of **4 weeks or more**.*
- 1.3 The team leader (T/L) will assess the impact of vacancies and absences in a corporate skill mixed HV or SN team by calculating the percentage of vacant hours by: The WTE (whole time equivalent) hours vacant divided by the (WTE) establishment for the team. For example: 6 WTE staff in the team, 1 WTE staff member off sick = 1/6<sup>th</sup> of caseload not covered therefore vacant (adjust for part time hours as appropriate)

### 2. Scope of the Standard Operating Procedure (SOP):

- 2.1 The scope of this SOP must be followed by all the Torbay and South Devon NHS Foundation Trust (TSDFT) Specialist Community Public Health Nurse (SCPHN) staff, both Health Visitors, School Nurses and teams.
- 2.2 This SOP is applicable to:
  - All children aged 0-5 years (and children aged 5-19 who are home educated) who are residents, permanently or temporary in the Borough of Torbay.
  - All children aged 5-19 attending a school in the Borough of Torbay.

### 3. Competencies required:

- 3.1 Practitioners will have developed skills during their SCPHN HV or SN training in corporate caseload management.
- 3.2 Practitioners will consolidate their learning on caseload management in the first year of practice as part of a preceptorship programme.
- 3.3 Practitioners will have the skills and ability to prioritise the work load and manage risk by delegating work within their team, recognise risk and be competent in raising concerns with a team leader.

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3.4 The Team Leader will have skills in assessment and risk management using the listed relevant TSDFT policies.

#### 4. Procedure / Steps:

4.1 The absent practitioner or a team member will inform the HV or SN team leader that the staff member is absent; the team leader will establish whether it is a planned or unplanned absence and follow the vacant caseload flow chart. (Appendix 1)

4.2 A practitioner will inform their line manager as soon as possible if planned leave is required. Short periods of leave will be covered by the team with individual practitioners covering the work including the named professional role where appropriate. If the planned leave is over a longer period (4 weeks or it results in a significant reduction in WTE establishment) follow the guidance in the vacant case load flow chart for unplanned leave.

4.3 The HV or SN team leader will arrange to meet the team affected to review the team's capacity to cover the workload, notes will be taken of the meeting for a review purpose and supervision.

4.4 The HV or SN team leader where possible will attend allocation meetings to monitor the capacity of the team to cover the workload.

4.5 The HV or SN team leader will monitor the caseload management process at allocation meetings by helping the team pay due regard to the following priorities:

- The universal work that is reported monthly to the commissioner as Key Performance Indicator's (KPI's).
- Children & young people (C&YP) in receipt of a Universal Plus (UP) episode of care.
- Children, young people and families in receipt of Universal Partnership Plus care (UPP). Identifying a named professional for children and young people on a child protection plan, who are looked after, on a Child In Need (CIN) plan or Team Around the Family plan (TAF)
- The team will consider other vulnerable children and young people who may have additional health and developmental needs in receipt of support from the Child Development Centre or under the Special Educational Needs & Disability (SEND) process in school.
- Children, young people and families new to the HV SN team will be discussed and allocated at the team meeting where possible or the team leader will draw on resources across the other teams they are responsible for.
- The team will review all other commitments including child health clinics, primary and other planned work the National Child Measurement Programme (NCMP), School Entry Screening and Transition work in year 6.
- The team will review training commitments and annual leave to increase capacity.

4.6 The SCPHN team leader will monitor the stress levels of the HV or SN team members at 1 to 1 monthly management supervision (pro rata) and capture information on the other grades who receive supervision from the band 6 team members. Guidance is available in the Wellbeing at Work Policy which includes an individual stress [assessment tool](#).

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- 4.7 The HV or SN team leader can ask the other teams they manage to support the workload in the HV or SN vacant team. Any children or young people transferred to a new practitioner should have the child's Paris record amended by changing the involved member of staff and make a case note to explain the change.
  - 4.8 The HV or SN team will inform the Named Nurse for Safeguarding Children of all children who have been taken to Child Protection (CP) supervision when transferred to a new named practitioner.
  - 4.9 The HV or SN team will inform the Named Nurse for Looked After Children of all children who have a current LAC Health Care Plan where the HV or SN is named on the delivery plan.
  - 4.10 The newly allocated HV or SN will make contact with key workers and exchange contact details.
  - 4.11 The SN team leader will inform schools of any long term reductions in school nursing service provision.
  - 4.12 The HV or SN team leader will discuss absence and vacancies monthly at management supervision reporting on the impact and actions taken.
  - 4.13 The HV or SN team leader will inform the Service Manager as soon as possible if a team cannot cover the workload and require additional resources to manage the workload or reduce the activities undertaken.
  - 4.14 The Service Manager will call a meeting with all the HV & SN team leaders to plan a whole service response and review the availability of Torbay bank staff.
  - 4.15 The Service Manager will call a meeting with the General Manager for Public Health Services and the Commissioners of HV & SN in Torbay to obtain an agreement on a reduction in activities when there is a significant reduction in establishment.
  - 4.16 The Service Manager will escalate the risk by placing the service on the corporate risk register on TSDFTs incident reporting system.
  - 4.17 The HV SN team leaders should ensure that at the end of the vacant caseload period that team members are able to hand back the children and families to their named SCPHN HV/SN or their appointed replacement.

## 5. Monitoring Tool:

### Standards:

Item	%	Exceptions
<b>Safety:</b> this document serves as a summary/checklist/reminder of the main points for the health visiting/school nursing team to manage a vacant caseload safely providing an equitable service to clients	100	
<b>Governance:</b> the health visiting/school nursing team should ensure they follow this procedure when a vacant caseload becomes apparent.	100	
<b>Patient Focus:</b> the health visiting/school nursing team is able to respond to clients' requirements in an appropriate and timely manner.	100	
<b>Accessible and Responsive Care:</b> the health visiting/school nursing team is able to respond to clients' requirements in an appropriate and timely manner.	100	
<b>Public Health:</b> provides a framework for the timely and appropriate response when a vacant caseload is identified.	100	
➤ <b>HOW WILL MONITORING BE CARRIED OUT?</b>		<i>By reviewing a record of the 4-6 weekly review meetings</i>
➤ <b>WHEN WILL MONITORING BE CARRIED OUT?</b>		<i>At monthly management supervisor</i>
➤ <b>WHO WILL MONITOR COMPLIANCE WITH THE GUIDELINES?</b>		<i>Team Leader and Service Manager</i>
<p><b>Equality Statement</b></p> <p>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.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and <a href="#">Equality Impact Assessments</a> please refer to the <a href="#">Equality and Diversity Policy</a></p>		

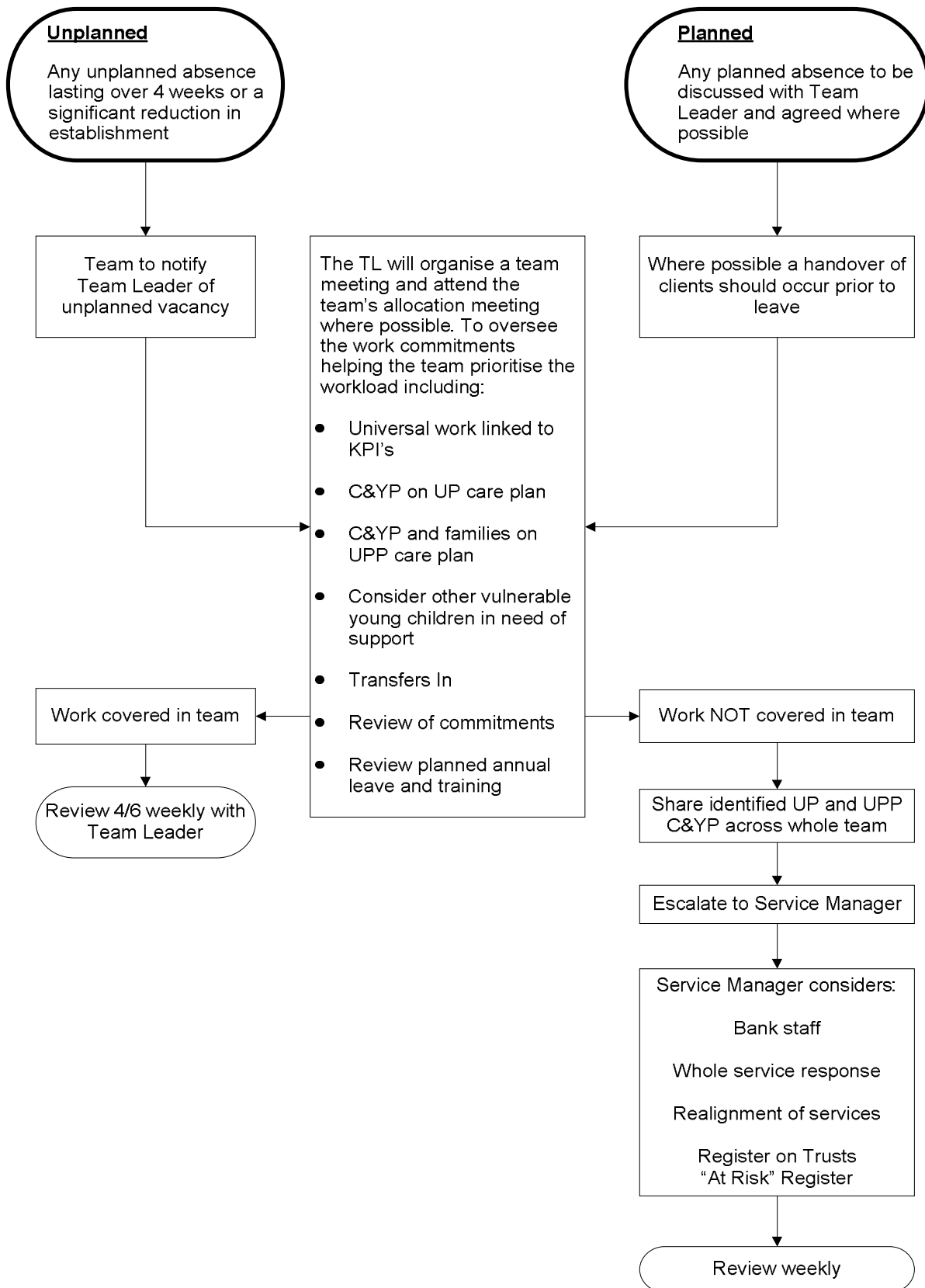
### References, Bibliography and Internet Links:

- [Torbay Safeguarding Children Board](#) (last accessed 15/01/2019)
- Public Health England – [Summary of the National Child Measurement Programme](#) (last accessed 15/01/2019)

### [Appendix 1 - The Vacant Caseload Flowchart](#)

**Appendix 1**

**The Vacant Caseload Flowchart**



## Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

*This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.*

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<b>Document title:</b>	Managing Vacant Caseloads In Specialist Community Public Health Nursing (SCPHN) Health Visiting /School Nursing (HV/SN) Service (SCHPN SOP No 21)		
<b>Purpose of document:</b>	To provide best practice guidance for Health Visitors (HV) and School Nurses (SN) when covering vacant caseloads		
<b>Date of issue:</b>	7 June 2019	<b>Next review date:</b>	7 June 2022
<b>Version:</b>	1	<b>Last review date:</b>	
<b>Author:</b>	Service Manager / Professional Lead SCPHN		
<b>Directorate:</b>	Community		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Care and Clinical Policies Group		
<b>Date approved:</b>	1 April 2019		
<b>Links or overlaps with other policies:</b>	<ul style="list-style-type: none"> <li>• TSDFT <a href="#">Special Leave H9</a>: May 2017 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Annual leave H31</a>: January 2018 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Shared Parental Leave H16</a> Dec 2015 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Sabbatical Leave policy H21</a>. March 2018 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Secondment policy H28</a>. May 2016(<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Career break policy H20</a>. March 2018 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Exclusion from work guidance</a>. October 2015 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Maternity, Paternity and Adoption Leave Policy</a> September 2017 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Inclement Weather Policy H7</a> December 2018 (<i>last accessed 15/01/2019</i>)</li> </ul>		

	<ul style="list-style-type: none"> <li>TSDFT <a href="#">Wellbeing at Work Policy</a> WB1 December 2015 (last accessed 15/01/2019)</li> <li>TSDFT <a href="#">Attendance Policy</a> H33 January 2018 (last accessed 16/01/2019)</li> </ul>
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<b>Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.</b>	Yes <input type="checkbox"/>	
	Please select Yes                  No	
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
November 2016	1	New	
December 2016	2-6	Reviewed and agreed with HV SM TL's	Service Manager Professional Lead SCPHN
7 June 2019	7	Revised	Care and Clinical Policies Group



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## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

### Quality Impact Assessment (QIA)

Who may be affected by this document?	Please select			
	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input checked="" type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input checked="" type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input checked="" type="checkbox"/>	Carers	<input checked="" type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input checked="" type="checkbox"/>
	Others (please state):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
If you answer yes to this question, please complete a full Quality Impact Assessment.	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?	N/A			

Who have you consulted with in the creation of this document?  <i>Note - It may not be sufficient to just speak to other health &amp; social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (please state):			

**Rapid Equality Impact Assessment** (for use when writing policies and procedures)

<b>Policy Title (and number)</b>		<b>Managing Vacant Caseloads in SCPHN Service</b>		<b>Version and Date</b>		Version 6- November 2016	
<b>Policy Author</b>		Service Manager / Professional Lead SCPHN					
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.							
<b>EQUALITY ANALYSIS:</b> How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>							
<b>Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)</b>							
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>							
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion							
Is inclusive language <sup>5</sup> used throughout?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are the services outlined in the policy/procedure fully accessible <sup>6</sup> ?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Does the policy/procedure encourage individualised and person-centered care?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If 'Yes', how will you mitigate this risk to ensure fair and equal access?							
<b>EXTERNAL FACTORS</b>							
<b>Is the policy/procedure a result of national legislation which cannot be modified in any way?</b>						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)							
There is no current SOP in this area of practice management for the SCPHN HV/SN Service							
<b>Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?</b>							
Staff, Management							
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts							
<b>Action N/A</b>				<b>Person responsible</b>		<b>Completion date</b>	
<b>AUTHORISATION:</b>							
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them							
<b>Name of person completing the form</b>		SCPHN and HV SN Service		<b>Signature</b>			
<b>Validated by (line manager)</b>		Service Manager / Professional Lead SCPHN		<b>Signature</b>			

## Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.