# Children’s Division
Transfer of Children In and Out of Health Visiting, Family Nurse Partnership & School Nursing Teams Guideline

**Version 6**

## Summary:
This guideline outlines the process for the transfer in and out of children from Health Visiting, School Nursing, FNP and Perinatal mental health teams.

## Keywords (minimum of 5): (To assist policy search engine)
Transfer in, Transfer out, school entry, vulnerable children, children, young people, children with additional needs, School Nursing, Special School, Health Visiting, Family Nurse Partnership, perinatal mental health, NBBSS

## Target Audience:
This guideline applies to all staff who work within the Public Health 0-19 Children and Family Service within Southern Health NHS Foundation Trust.

## Next Review Date:
February 2022

## Approved by:
Children’s Division Quality and Safety Meeting  
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## Author:
Lucy Dennis, Professional Lead for Health Visiting.  
Jane Levers, Professional Lead for School Nursing  
Lisa Privett, Child Health Information Service Manager/Professional Lead

## Sponsor:
Liz Taylor (Associate Director of Nursing and Allied Health Professionals, Children and Family Services)
Version Control

Change Record

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Reviewers/contributors

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Jane Levers</td>
<td>Professional Lead for School Nursing</td>
<td>18.6.12</td>
</tr>
<tr>
<td>Sharon Hargreaves</td>
<td>Locality Clinical Manager</td>
<td>31.7.12</td>
</tr>
<tr>
<td>Julia Huggan</td>
<td>Health Visitor &amp; Practice Teacher</td>
<td>31.7.12</td>
</tr>
<tr>
<td>Irene Patience</td>
<td>Nursery Nurse</td>
<td>31.7.12</td>
</tr>
<tr>
<td>Lisa Riddies</td>
<td>Health Visitor Student</td>
<td>31.7.12</td>
</tr>
<tr>
<td>Janice Nichols</td>
<td>Health Visitor Student</td>
<td>31.7.12</td>
</tr>
<tr>
<td>Kath Clark</td>
<td>Locality Clinical Manager</td>
<td>19.2.13</td>
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<tr>
<td>Julie Hooper</td>
<td>Locality Clinical Manager</td>
<td>19.2.13</td>
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<td>HV Mentor Group</td>
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</tr>
<tr>
<td>Jane Levers</td>
<td>Professional Lead for School Nursing</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Julia Baker</td>
<td>Safeguarding Children Practitioner</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Fiona Butt</td>
<td>Specialist Nurse Safeguarding Children</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Sam Fellows</td>
<td>Specialist Nurse Safeguarding Children</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Jane Mills</td>
<td>Specialist Nurse Safeguarding Children</td>
<td>30 09 14 v 3</td>
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<tr>
<td>Chis O’Dea</td>
<td>Specialist Nurse Safeguarding Children</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Jane McQuillan</td>
<td>Specialist Nurse Safeguarding Children</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Kate Walters</td>
<td>Specialist Nurse Safeguarding Children</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Frances Wallace-Watson</td>
<td>Practitioner Nurse Safeguarding Children</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Donna Burkhardt</td>
<td>Practitioner Nurse Safeguarding Children</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Carol Bralee</td>
<td>Practitioner Nurse Safeguarding Children</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Anita Lewis</td>
<td>Practitioner Nurse Safeguarding Children</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Naomi Black</td>
<td>Designated Nurse Children in Care</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Sharon Hargreaves</td>
<td>Locality Clinical Manager</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Katherine</td>
<td>Area Manager</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Jane Levers</td>
<td>Professional Lead for School Nursing</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Amanda Whelan</td>
<td>Professional Practice Lead for Health Visiting</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Liz Christie</td>
<td>Professional Practice Lead for Health Visiting</td>
<td>30 09 14 v 3</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Version Reviewed &amp; Date</th>
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<tbody>
<tr>
<td>Tina Scarborough</td>
<td>Named Nurse for Safeguarding Children</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Caz Maclean</td>
<td>Interim Associate Director of Safeguarding</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Ginny Taylor</td>
<td>Operational Service Lead</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Liz Taylor</td>
<td>Clinical Service Lead</td>
<td>30 09 14 v 3</td>
</tr>
<tr>
<td>Jane Levers</td>
<td>Professional Lead for School Nursing</td>
<td>13.04.15 v 4</td>
</tr>
<tr>
<td>Sharon Hargreaves</td>
<td>Area Manager</td>
<td>20.04.15 v 4</td>
</tr>
<tr>
<td>The Policy Group</td>
<td></td>
<td>24.05.18 V5</td>
</tr>
<tr>
<td>Lisa Privett</td>
<td>CHIS Manager</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Lucy Dennis</td>
<td>Professional Lead for Health Visiting</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Jane Levers</td>
<td>Professional Lead for School Nursing</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Denise Slark</td>
<td>Clinical Team Lead for Children in Care</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Angela Gard</td>
<td>Practice Teacher Chair of Clinical Records User Group</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Amanda Pinhorn</td>
<td>Quality Support Officer for Family Nurse Partnership</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Carly Le Marechal</td>
<td>Specialist Nurse for Safeguarding Children</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Susan Tatskinou</td>
<td>Head of Nursing</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Carol Richards</td>
<td>Clinical Team Lead School Nursing</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Sally Hinder</td>
<td>Clinical Team Lead Health Visiting</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Louise Edwards</td>
<td>Administrative Area Lead</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Jackie Benham</td>
<td>Administrator HV Team</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Lucinda Chown</td>
<td>Health Visitor: Mother and Baby Unit – Melbury Lodge</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Kirsty Giles</td>
<td>Health Visitor</td>
<td>25.05.18 V5</td>
</tr>
<tr>
<td>Lucy Dennis and members of the policy group</td>
<td>Professional lead HV</td>
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Children's Division Transfer of Children In and Out of Health Visiting, Family Nurse Partnership & School Nursing Teams Guideline

All staff within Southern Health NHS Foundation Trust (SHFT) are personally responsible for complying with Trust policies, guidelines and professional codes relevant to their qualification and role e.g. Nursing and Midwifery Council: The Code – Professional Standards of Practice and Behaviours for Nurses and Midwives (NMC 2015).

1. Introduction
This guideline must be read in conjunction with the Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72) and the 4LSCB Protocol (2017) for Protecting Children who Move Across Local Authority Borders.

This guideline outlines the process for the transfer of children in and out of teams within the 0-19 children and family’s service. It is important that this process is robust to:

- Ensure children, young people and families receive seamless access to the Healthy Child Programme 0-19 (Department of Health 2009)
- Ensure that clinical records are transferred safely and efficiently internally and externally.
- Ensure appropriate communication to enable professionals to provide continuity of care to all children and families.
- Enquire about immunisation status of all children within the household and have a discussion around immunisation schedules.
- Reduce the risk of children and families receiving universal plus or partnership plus being missed.
- Ensure babies resident in Hampshire up to 1 year of age have been offered the newborn bloodspot screening (NBBSS) programme and where appropriate support parents to participate in the NBBSS programme

2. Scope
The contents of this document apply to all teams within the 0-19 Children and Family Service within SHFT, Perinatal Mental Health and Children in Care team.

3. Definitions
For the full list of definitions please see Children's Community Public Health 0-19 Service Overarching Policy (SH CP 72).

For specific definitions pertaining to this guideline please see below:

3.1 Personal Child Health Record (PCHR)
Individualised record of a child's health from birth, held by parent/carer.

3.2 Electronic Patient Record (EPR) and Family and Child Assessment Form
Practitioners are required to keep clear and accurate records as detailed in the NMC Code (2015):

- Complete all records contemporaneously, at or as soon as possible after an event (ideally within 24 hours)
- Records should clearly identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need
• Complete all records objectively, accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements
• Attribute any entries made in the EPR to the named practitioner, complying with the RiO Smartcard user requirements, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation.

The Family and Child Assessment Form is contained within the EPR as a record of the assessment of health, wellbeing and wider factors that may impact on outcomes for parent/ unborn child at the Antenatal Contact. It provides a summary of information gathered, risk analysis and plan for future level of care provided within the 4, 5, 6 health visiting model.

3.3 OpenRiO
Open RiO is the electronic patient record [EPR] system used by children and families

3.4 Standard Operating Procedure (SOP) and Service Specific Guidance (SSG)
The standard operating procedure for the OpenRiO Electronic Patient Record System defines the processes around which the OpenRiO Electronic Patient Record will be used with the Trust. It is designed to work with current policies and procedures and to be used as the guide for all OpenRiO users within the organisation including seconded and temporary staff. There is service specific guidance for each service within business unit 4.

3.5 Corporate Safeguarding Children team
This team comprises of Specialist Nurses, Professionals and Practitioners working under the guidance of Named Nurses. They provide advice and expertise to those within the Trust who are working with children or adults who have contact with children. They have specific expertise in children's health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children. They represent health in the Multiagency Rapid Response Process.

3.6 Discharge summary
This is a summary of pertinent information held about the client ie. Immunisation status

3.7 Secondary records
Clinical paper record held in a secondary folder

3.8 Tableau
Data analysis system

3.9 Care and health Information Exchange (CHIE)
Secure electronic record system which shares health and social care information from GP surgeries, hospitals, community and mental health services.

4. Duties / responsibilities
In addition to those identified in the Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72)

5. Main guideline content
Teams will ensure that the Children in Care team are informed when Children in Care transfer into or out of teams.

SNOMED Alerts
Where children have an identified health need ie. Allergy, global developmental delay, prematurity, a SNOMED alert should be added as appropriate. For further guidance please refer to SHFT
5.1 Transfer of children under 5 into the Health Visiting (HV) team from outside of SHFT (Appendix 2 and 3)

Each HV Team will work in partnership with their link GP surgeries to ensure there is a system of communicating children who have registered on their caseload.

- As soon as the Child Health Information Service (CHIS) are aware that a child has transferred into SHFT they will notify teams via the OpenRiO Monthly team planner (MTP). The comment box on the MTP will read “Transfer in.”

- Where a transfer in is initially identified by the HV team, the HV team admin will create the OpenRiO referral and inform CHIS via the generic email hp-tr.childhealthrecords@nhs.net.

- If the child requires a New Birth Contact, HV team admin will contact CHIS via phone who will create the referral.

- Following transfer in, CHIS will routinely request from the previous Trust, the electronic record (EPR) including discharge summary and all clinical records via email. CHIS are commissioned to action this within 5 working days.

- On receipt of the EPR, CHIS will enter any screening and immunisation data. A progress note will be created. If size allows, the EPR will be attached to the progress note. The HV team will be advised via the MTP, the comment will read “transfer in – uploaded to progress note”. If the record is too large to attach, the record will be printed and sent to the HV team. Once this record has been reviewed and assessed by a HV, it should be archived.

- If on receipt of the EPR the HV team require further information they will alert CHIS via email who will contact the previous Trust to see if further records are available.

- Urgent requests for records should be made by telephone to CHIS.

- The request for records should be actioned as a priority by CHIS

- Once the HV team is aware of the transfer in (via the MTP), HV admin should send OpenRiO letter HV8 to the parents/carers within 10 working days giving details of the Child Health Advice Line and Child Health Advice Clinics.

- The HV is accountable for assessing the level of Healthy Child Programme to be offered using the information available.

If CHIS correspondence is returned un-opened, CHIS will notify the HV Team via the MTP. The HV Team will attempt contact with the parent / carer via other means such as telephone to enquire why post has not been accepted and update CHIS accordingly.

Where clinical information has been received, a face to face contact should be arranged for:

- All children under 1 year old should receive a transfer in visit.

- If the child has received a HR1, there is no requirement for this to be repeated.

- If the child has not received a HR1 or there is uncertainty about whether the child has received a HR1, a HR1 should be offered.

- Children known to be receiving UP/UPP level of service or where safeguarding concerns have been identified (see appendix 6 and section 5.7).

At the face to face contact, the HV working in partnership with the family will:

- Discuss and agree the level of Healthy Child Programme service and plan for ongoing care using the Family and Child Assessment Form.
• Enquire into the Infant’s status re Newborn Blood Spot Screening (see 5.2), immunisation and neonatal hearing screening and document within the child’s EPR.

• Enquire about other children and adults within the household and where issues identified discuss with school nurses and any other appropriate agencies such as GP

When a face to face contact is not required

• All available information should be reviewed, assessed and recorded in the child’s EPR with rationale for further OR no further actions. This activity should be outcomed as an appointment in the practitioner’s diary. If there has been no identification of safeguarding concerns or additional needs either by verbal handover or from review of records received, the initial process will be to offer a universal service which will be reviewed if further information is received.

• Children who are registered with a GP and have been identified as not being up to date with the immunisation schedule. The HV will attempt telephone contact with the parent/carer to discuss immunisation status and signpost to information. If contact is not achieved, an assessment based on professional judgement should then be made from the information received and will be documented in the Family and Child Assessment Form.

Where no clinical information has been received

• If no clinical information is received 1 month following initial request, CHIS will make a second request.

• If no clinical information is received 1 month following the second request; the HV should access the GP records via CHIE, if CHIE is not accessible or information is not sufficient, the HV should request that the child / family is discussed at the next GP liaison meeting to identify if there is any known vulnerability, refer to SH CP 60 GP Communication Guideline and continue as per flow chart (appendix 2).

• Practitioners should consider liaison with other professionals i.e. Children’s Services, Midwifery Services, Armed Forces Family Liaison and Police. An assessment based on professional judgement should then be made from the information received and be documented in the Family and Child Assessment Form. When there is still insufficient information for assessment, face to face contact with the family should be made taking into consideration the SHFT Lone Working Policy (SH NCP 89) and where necessary, discussion with the Clinical Team Lead and/or supervision from Safeguarding Children’s team via the Single Point of Contact (see appendix 6 and section 5.7)

• At the contact, working in partnership with the family, assess using the Family and Child Assessment Form and agree the level of Healthy Child Programme service and plan for ongoing care.

• If a copy of the clinical record is still required to support clinical decision making, HV admin should notify CHIS who will make a further attempt to obtain the records. Email correspondence to CHIS should be marked as “urgent” in the subject line to ensure the action is prioritised.

• For children who have transferred in from abroad, it is expected that clinical records will not be received; therefore a face to face contact should be offered as above.

5.2 New Born Blood Spot Screening (NBBS)

• For all children who transfer in under 1 year, the HV will enquire into the Infant’s status re Newborn Blood Spot Screening. It is the responsibility of the HV to ensure that children under 1 year have been offered the newborn bloodspot screening programme and that CHIS have been notified of the screening result within 21 calendar days of transfer in, see appendix 1 and 2.

  • Where English is not the parent’s fluent language, a trained appropriate interpreter should be used during the appointment and appropriate written information provided. The HV should download the appropriate language leaflet to discuss with parents: https://www.nhs.uk/conditions/pregnancy-and-baby/newborn-blood-spot-test/
5.3 External transfer out of children 0-5 from the Health Visiting team (Appendix 4)

The records for any child 0-5 years should not be transferred out without a formal request from CHIS via the MTP; however verbal handover can be given to the new HV team in the interim.

- In most cases, CHIS will inform HV teams of children transferring out; however, if the HV team are the first to be made aware of a child transferring out of SHFT, HV admin will advise CHIS via email.

- Following notification from CHIS via the MTP, the HV has the responsibility to check the child's EPR. If the child is receiving a universal service the following should be added to the EPR: “Review of record prior to transfer out, currently receiving Universal Healthy Child Programme. Plan: Electronic records to be transferred to new Health Visiting team.”

- In instances where the family are receiving UP/UPP or where there are significant historical concerns, verbal hand over to include the key points and plan should be given to the new HV team and be documented in the EPR along with the name and designation of the practitioner who was handed over to. Consideration should be given to the 4LSCB Protocol for Children Transferring across Local Authority Boundaries. The HV should ensure that an up to date Family and Child Assessment form has been completed. The following statement should be added to the EPR: “Currently receiving Universal Plus/Universal Partnership Plus Healthy Child Programme. Verbal hand over has been given. Plan: Electronic records to be transferred to new Health Visiting team.”

- HV must check for any alerts and remove accordingly and close any care plans. The referral should then be discharged and any outstanding appointments cancelled.

- On completing the transfer out, CHIS will print the following documents:
  - Discharge Summary
  - Progress Notes
  - ASQ Form
  - Family and Child Assessment Form

The HV must inform CHIS by recording in the EPR if there are any additional forms to be printed out and forwarded to the new Trust. The following statement should be added to the EPR: “CHIS to transfer the following additional documents ……………”

- Secondary records should only be forwarded to the new Trust if there is relevance, otherwise all secondary records should be archived before transfer. It is not necessary for secondary records to be forwarded to the new Trust for any families receiving universal service. Secondary paper records can be retrieved from archive if required at a future date.

Process where the new address is unknown

- If no request for records is received from the new Trust and the whereabouts of the child is not known, the HV should investigate further. If it is still not possible to ascertain the new address, the referral should be discharged, address box on OpenRiO should be changed to address unknown (ZZ99) and any secondary record archived. If a child for whom there are safeguarding concerns transfers out of area and the address is unknown and unobtainable from colleagues in other services, advice must be sought from the Safeguarding Single Point of Contact as a missing child/ren alert may need to be circulated, either locally or through custodian of the list of children who are subject of a child protection plan. This information must be documented in the EPR.
5.4 Transfer of children between Health Visiting teams within SHFT.

- When a family moves to another team within SHFT, the transferring team should inform the new team via email and transfer the OpenRiO referral to the new team.

- A verbal handover to the new team should be completed for any client that is receiving UP/UPP level of service delivery, or has an outstanding appointment. Any relevant secondary records must be forwarded to the new team.

- When the new team is advised of a transfer in, the OpenRiO editable letter HV8 should be sent to the family within 10 working days of notification of the transfer, giving details of the Child Health Advice Line and Child Health Advice Clinics.

- The family should be allocated a named HV. There is no requirement for any contact above the core contacts for universal families as a Family and Child Assessment will have been completed by the previous team identifying the level of service delivery.

- If the client is receiving UP/UPP level of service, it is the responsibility of the named HV to arrange a visit to the family in line with the plan as identified in the Family and Child Assessment form and / or EPR.

- Note: OpenRiO referrals / client records can only be transferred between teams within the same specialty e.g. HV team 1 to HV team 2. An OpenRiO referral cannot be transferred to a different specialty, for example from HV to FNP/ SN. In this instance, the referral MUST be discharged and a new referral created by the receiving specialty.

5.5 Transferring to the Mother and Baby Unit

Demographic information for mothers and babies transferred to the Perinatal team on the Mother and Baby Unit at Melbury Lodge should not be changed, however Melbury Lodge should be entered on OpenRiO as a “temporary address” for both mother and baby.

When a baby’s referral is transferred to the Perinatal team, the first progress note entry by the Perinatal team should state:

“****** (insert name of child) is receiving care from the Perinatal team based at Melbury Lodge Mother and Baby Unit from this date.”

5.6 Internal transfer of children and families from the Family Nurse Partnership programme to the HV team

- A new referral must be created by HV admin as soon as they receive notification of the transfer. The HV team must NOT close the FNP referral.

- Should a client disengage from the FNP programme or the family nurse is unable to locate them they will remain on the FNP caseload until there has been no contact for six months. During this time the HV team will be advised of the circumstances and should allocate the family to a HV who should make contact with them. The FNP referral will stay open on OpenRiO until the client reaches the status of ‘inactive’ within the FNP Information System. This will result in the client having 2 referrals on the EPR. (Please refer to section 5.7)

- When a child reaches 18 months old the Graduation Pathway within FNP is followed until the child’s 2nd birthday (Appendix 5) when the Quality Support Officer for FNP will notify the HV team that the client is due to transfer.

- HV teams need to be aware that the 24 months ASQ:3 and ASQ:SE are completed by FNP prior to the child reaching its second birthday as part of the delivery of the healthy child
programme by FNP. A further assessment (HR2) will only need to be completed by the HV team if clinically indicated at handover from Family Nurse to HV.

5.7 External transfer of children and families into the Family Nurse Partnership Programme
- For clients that do not meet the eligibility criteria, the FNP programme cannot accept transfers from HV teams. A transfer from another FNP location can be accepted.
- A request to transfer a client and child will be made to the relevant FNP team from an external FNP team and the FNP supervisor will decide if there is capacity to accept the transfer in. If there is no capacity, the family will transfer in to the HV service. If there is capacity the existing family nurse will liaise with the new family nurse to handover. The Quality Support Officer will inform CHIS via email.
- The new family nurse will make contact with the client to arrange the first visit according to the stage of the programme that the client is at.

5.8 External transfer out of clients and children from Family Nurse Partnership
- A request to transfer a client and child will be made to an external FNP team. If FNP does not exist in that area, or do not have capacity to take the client and child, the relevant HV team will be advised of the transfer.
- Process will continue as per 5.2 of this document.

5.9 Transfer of children from HV team to School Nurse (SN) team at school entry
- Children receiving universal HCP are not routinely handed over to the SN team; the referral is discharged by the HV team in the month of their 5th birthday.
- From 1st May each year HV team admin will generate a list from Tableau of all UP / UPP children due to start school the following September.
- The HV will review all UP / UPP children to ascertain which children need to be handed over to the SN team. This will include all children with a complex health need and all children where there are current safeguarding concerns including looked after children.
- The HV should ensure there is an up to date Family and Child Assessment.
- Handover of children from HV to SN should be completed prior to the child starting school. The child will remain on the HV caseload until the month of their 5th birthday when the referral will be discharged. This may result in the client having 2 referrals on the EPR.
- Where a child under 5 years has safeguarding concerns or ongoing care, there should be appropriate liaison and information sharing between the HV and SN to ensure both services are aware of the needs of the child and that the most appropriate professional attends professional meetings and delivers care. This handover should be a face to face meeting.
- Secondary records for children on a child protection plan should be passed to the SN team. These should be “pruned” of documentation that is held from other organizations (i.e. Children’s Services Child Protection minutes) as these documents will be held by the original agency prior to hand over. All secondary records should have an up to date demographic sheet printed prior to transfer. Please refer to SH IG 16, Records Retention, and Archiving & Disposal Procedure.
- All care plans should be closed prior to hand over and alerts removed where appropriate.
- Following hand over, a progress note should be added by the HV to the child’s EPR.
• If SN input is required, an OpenRiO referral should be created by SN and the child’s name added to the MTP for allocation. New alerts should be added as appropriate.

• If a child requiring handover is going to school out of the locality, the HV should handover to the relevant SN team.

• If the child is attending Special School provision (full time or part time) from age 2 due to their complex health needs, the child will need handing over to the Special School Nurse [SSN], at school entry [if there is one linked to that school or in line with local commissioned service]. The HV will remain involved with the child and family until the child reaches age 5. There should be appropriate liaison and information sharing between the SSN and HV to ensure both services are aware of the needs of the child. When letters are received about the child by the HV team they should be reviewed by the HV before uploading to the child’s EPR, in line with the HV & FNP SSG. The SSN and HV should liaise if any pertinent information is received.

5.10 Transfer of children between SN teams within SHFT.
• When a child with an open referral moves to another school within SHFT, the transferring team should inform the new team via email. The OpenRiO referral should be transferred to the new team.

• A verbal handover to the new team should be completed for any child that is receiving UP/UPP level of service delivery, or has an outstanding appointment or screening. Any relevant secondary records must be forwarded to the new team.

• The child should be allocated a named SN if there is ongoing involvement required.

5.11 Transfer of children into SHFT SN teams from schools outside of SHFT commissioned service
Please see CHIS process for HV teams (5.1 and 5.2)

• When a child transfers into a new school/area, the SN/CSN has responsibility to review any previous HV / School Nursing / summary records upon receipt.

• Using their professional judgement and the information available to them, they should assess levels of vulnerability and any unmet health needs. Use of the Child and Young Person assessment form must be considered to support decision making. If SN input is required an action plan will be developed and recorded in the EPR. Discuss with Clinical Team Lead and consider supervision from Safeguarding Children’s team via the Single Point of Contact (SPOC) if any safeguarding concerns have been identified.

• When teams are aware of families with school-age children under 6 years of age transferring in, a School Entry Health Review Questionnaire [SH CP 81] and contact details of the SN team will be sent to the parent/carer. If necessary [e.g. for school entry review screening], and with parental consent, a member of the SN team will see the child in school as per the Healthy Child Programme.

5.12 Transfer of children from SHFT SN teams to schools outside of SHFT commissioned service
• Records for a non-vulnerable child will only be transferred out of area when requested by CHIS. CHIS will place on MTP and inform team by email. The record must be reviewed by a SN/CSN and an entry made in the child’s EPR stating “Review of record prior to transfer out, currently receiving Universal Healthy Child Programme. Plan: Electronic records to be transferred to new school nursing team.”

• If a child for whom there are safeguarding concerns transfers out of area to a known address, a handover to a SN in the new area must take place over the telephone, in accordance with the
4LSCB Protocol for Protecting Children who Move Across Local Authority Borders (see point 5.7 and appendix 6). Record in progress note, “Currently receiving Universal Plus/Universal Partnership Plus Healthy Child Programme. Verbal hand over has been given. Plan: Electronic records to be transferred to new school nursing team.” The practitioner must record who the information was shared with and what information was shared.

- If a child for who there are safeguarding concerns transfers out of area and the address is unknown and unobtainable from colleagues in other services, advice should be sought from the SPOC. This information must be documented in the EPR.

5.13 Transfer of all children where safeguarding concerns have been identified
The following additional processes must be followed:

- The lead practitioner for the child should inform other professionals involved with the family including Children’s Services (Social Care), of the change of address.

- A verbal handover should take place with the new team which is documented in the child’s EPR.

- Please refer to Appendix 6 for further guidance and the 4LSCB Protocol for Protecting Children who Move Across Local Authority Borders.

- If a child’s address has been S-Flagged (sensitive records); see current version of the SHFT OpenRio Standard Operating Procedure (SOP), for further information.

6. Training requirements
See the Training Needs Analysis (TNA) contained within the Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72).

For this guideline please access the following training:

All staff in HV, FNP and SN teams will be made aware of the guideline at induction. Changes to practice will be discussed at team meetings.

Additionally, all Family Nurses will receive training during team meetings and from the national unit regarding transfer/graduation of clients from the programme to the health visiting teams.

7. Monitoring compliance
This guideline will be monitored by qualitative and quantitative data.

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
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</thead>
<tbody>
<tr>
<td>Usage and understanding of policy</td>
<td>Professional leads/Area managers</td>
<td>Audit tool/ Peer review Ulysses</td>
<td>By-annual</td>
<td>Reporting to Quality and Safety meeting</td>
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</tbody>
</table>
8. **Guideline review**
   This guideline will be reviewed in three years or earlier if necessary.

9. **Associated Trust documents**

<table>
<thead>
<tr>
<th>SH IG 221</th>
<th>Clinical Record Keeping Policy</th>
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<tbody>
<tr>
<td>SH IG 16</td>
<td>Records Retention, Archiving &amp; Disposal Procedure</td>
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<tr>
<td>SH IG 07</td>
<td>Amending Inaccuracies in Personal Records Procedure</td>
</tr>
<tr>
<td>SH CP 72</td>
<td>Children’s Community Public Health 0-19 Service Overarching Policy</td>
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<tr>
<td>SH CP 56</td>
<td>Safeguarding Children’s Policy</td>
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<tr>
<td>SH CP 105</td>
<td>Child and Family Was Not Brought and Disengagement Guideline</td>
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<tr>
<td>SH CP 178</td>
<td>Care Planning SOP – Children’s Division</td>
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<tr>
<td>SH CP 60</td>
<td>GP Communication Guideline</td>
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<tr>
<td>SH CP 200</td>
<td>Message Taking Procedure – Children and Family Services</td>
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<td>SH NCP 89</td>
<td>Lone Working Policy</td>
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<tr>
<td></td>
<td>OpenRiO 0-19 Children’s Health Visiting and Family Nurse Partnership SSG</td>
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<td></td>
<td>OpenRiO School Nurse SSG</td>
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10. **Supporting references**

Healthy Child Programme: Pregnancy and the first five years of life (Department of Health 2009)


SAFER Communication Guidelines


Newborn Bloodspot Screening
https://www.gov.uk/topic/population-screening-programmes/newborn-blood-spot

PH21 – Immunisations: reducing differences in uptake in under 19s.
https://www.nice.org.uk/guidance/ph21
PH28 - Looked-after children and young people
https://www.nice.org.uk/guidance/ph28

CG89 - Child Maltreatment: when to suspect maltreatment in under 18s (2009)
https://www.nice.org.uk/guidance/cg89

4LSCB Protocol for Protecting Children who move across Local Authority Borders

Hampshire Safeguarding Children Board and Children’s Trust Thresholds Chart
http://www.hampshiresafeguardingchildrenboard.org.uk/professionals/

4LSCB Protocol on Child Abduction and Removal

4 LSCB Protocol for Trafficked Children
http://www.proceduresonline.com/4lscb/hampshire/p Trafficked_ch.html

Family Nurse Partnership Programme http://fnp.nhs.uk/
Appendix 1

Transfer of Children In and Out of Health Visiting, Family Nurse Partnership & School Nursing Teams Guideline

Version: 6
February 2019

Transfer In New Born Blood Spot Screening - HV Process
(Please also refer to Transfer of Children In and Out of Health Visiting, Family Nurse Partnership & School Nursing Teams Guideline)

Under 1 Moved in to Southern Health
NBBSS samples can be taken up to 1 year old with the exception of CF (only available until 56 days)

Babies born overseas and transferred into Hampshire

CHIS will add transfer in to HV MTP – comment will be “Screening Test – no result on RIO”

Babies born in the UK and transferred into Hampshire

1. CHIS add transfer in to HV MTP - comment will be “Transfer in from ……..”
2. CHIS request NBBSS results from previous CHIS

HV Team contact parents within 10 working days to arrange transfer in assessment which includes discussing NBBSS and obtaining results. (PCHR to be given to those from overseas)

1. No NBBSS results available and parent declines offer of further screening – HV to record in Progress note and notify CHIS.
2. CHIS record Code 02 - Screening declined

1. No NBBSS results available, HV to record in PN and notify CHIS
2. HV to offer screening test to parents as per local procedure
3. CHIS record result as Code 09 screening incomplete

1. Results obtained by HV and documented in progress notes (PN)
2. HV notifies CHIS who record the results on RIO under screening tests

PLEASE NOTE: It is the HV responsibility to inform CHIS by 21 calendar days of a transfer in NBBSS result. CHIS will continue to contact HV team fortnightly until a response is received. This is escalated to the Clinical Team Lead and CHIS Manager if not received within 2 months of first notification.

For all screening results with carrier or condition suspected – please refer to Appendix 1.
Appendix 3 Transfer IN CHIS Flowchart

CHIS Process
Transfer in

Is the known previous address in the UK?

No

Electronic record received from previous trust?

Yes


Electronic record not received?

Send further email to trust. Add progress note 2nd/3rd etc. request for records sent. Escalate to CHIS Manager after 3rd attempt

Yes

Request electronic record via email from previous trust. Add to teams monthly team planner - Transfer in – electronic records requested. Add Progress Note – Transfer in Electronic records requested.

Immunisation and screening if required added to Rio record. Electronic record uploaded to Rio.

Add to Monthly Team Planner – Transfer in – Electronic record added to Rio

Progress Note – Records received and uploaded to Rio – attach record to progress note

Paper Secondary record received or Electronic record too large to upload?

Immunisation and screening if required added to Rio. Add to Monthly Team Planner – Secondary record received and sent to HV Team

Progress note record received and sent to HV via Internal Mail

No

add to team monthly team planner - transfer in No previous records available. Commence transfer in bloodspot process. Review if any immunisation or screening is on the GP systems

SH CP 69 Transfer of Children In and Out of Health Visiting, Family Nurse Partnership & School Nursing Teams Guideline
Version: 6
February 2019
Appendix 4 Transfer OUT CHIS Flowchart

CHIS Process
Transfer out

CHIS receive notification of movement out

Is the new address known?

Yes
Add to teams monthly team planner and progress note—Transfer out, Please review Rio record and discharge. Also advise if any further information should be sent and send e-mail confirmation to Child Health Information Service when completed.

No
No add to team monthly team planner - transfer out No new address available. Add progress note – Moved away no new address available. HV to advise of new address

Electronic record summarised on progress notes No paper records required to be sent.

Paper Secondary record requested to be sent as well-retrieve record from archive add electronic records and send via recorded delivery to new trust.

Electronic record not summarised? Send further email to HV Team. Add progress note 2nd/3rd etc. request for records sent. Escalate to CHIS Manager after 3rd attempt

Email Discharge summary, progress notes, child and family assessment form and any further information requested by team to new trust.

Add progress note records emailed/sent to ............
Appendix 5  
FNP GRADUATION PATHWAY

Child 18 months old
Penultimate supervision and plan agreed for final 6 months.

Child 21 months old
FN contacts HV team and commences plans for joint introductory visit and refer to FSS (T47). If possible, the HV should attend any core groups, RCPC or CIN meetings. Inform CIC team if LAC and Children’s Services if on CPP or CIN.

Child 22-23 months old
Update Family & Child assessment form

Child 23.5 months old
FNP presents client for final review in supervision. QSO will send a list of graduators for the month to HV team. Final checks to ensure that: the client graduation has been communicated to all involved agencies, including Children’s Services. Complete ASQ 24 months and ASQ-SE 24 months as per the programme.
Appendix 6: Considerations for all external transfers in and out of children for whom there are safeguarding concerns.

Where children for whom there are safeguarding concerns are moving across local authority or national borders all staff must be aware of, and follow the 4LSCB Protocol for Protecting Children who Move Across Local Authority Borders and the 4LSCB Protocol on Child Abduction and Removal of Children of Concern from the UK.

Children and families who move most frequently are:

- homeless families
- asylum seekers and refugees
- families experiencing domestic violence and abuse
- gypsy and traveller families
- looked after children.

It is also important to recognise that some families will move between authorities to avoid or divert professional contact where safeguarding or child protection concerns have been identified. Frequent movers can find it difficult to access the safe, reliable and consistent delivery of services they need. For those already socially excluded, moving frequently can worsen the effects of their exclusion and increase the vulnerability of the children and have an impact on their health and well-being. The need to safeguard children in these circumstances is widely recognised as a compelling priority.

The following circumstances associated with children and families moving across authority boundaries are a particular cause for concern:

- A child and family, or pregnant woman not being registered with a GP
- Child not having a school place or whose attendance is irregular
- A child or family having no fixed abode (e.g. being homeless or living temporarily with friends and relatives) in so far as it impacts on the welfare of the child
- Several agencies holding information about the child and family, which is not co-ordinated, and/or which has not followed the child or family (i.e. information which is missing or has gaps)
- A move which disrupts an assessment or planned work with the child or their family which is likely to identify safeguarding concerns or address the child’s needs
- Repeated assessments and interventions offered to a family with little evidence of improved outcomes
- Children moving out of a Local Authority and subject to a Court Order
- Children with complex medical conditions.

As soon as the health professional is aware of the change in the families circumstance, they are responsible for informing the GP, Children’s Services (Social Care) and any other professionals known to be involved, of the change of address.

The health professional will liaise with the HV or SN who had /will provide care [by telephone]. This information should be documented in the child’s EPR.

If staff require further advice regarding the transfer in or out of children for whom there are safeguarding concerns they can contact the Single Point of Contact for Safeguarding Children.