Discharge Planning Meeting Guidelines

3rd March 2017

Discharge Planning Meeting Guidelines

1. Introduction

1.1 This Discharge Planning Guidance has been developed in partnership by Nottingham City Children's Social Care Services, Nottingham CityCare Partnership and Nottingham University Hospital.

1.2 The National Service Framework for Children, Young People and Maternity Services, Standards for Hospital Services (2004), states that;

"For children and young people requiring more than just the simplest of hospital care, there should be an agreed process to plan care, involving primary care, and all relevant hospital departments and other agencies, including education and social services, to provide a joined-up, co-ordinated care package so that children, young people and their parents can access the different services easily.

1.3 Where there are concerns about possible safeguarding issues, it is particularly important that there is a multi-agency action agreed before the child leaves hospital. The Victoria Climbé Inquiry highlights the needs for this and recommends that:

- No child (or young person) known to social services who is an in-patient in a hospital and about whom there are child protection concerns is allowed home until it has been established by social services that the home environment is safe, the concerns of the medical staff have been fully addressed, and there is a social worker plan for the ongoing promotion and safeguarding of that child's welfare

- No child about whom there are child protection concerns is discharged from hospital without a documented plan for the future care of the child. The plan must include follow-up arrangements.

1.4 Where there are safeguarding concerns about a baby prior to birth, that have led to a decision that the baby will not be returning home, the appropriate guidance to use is "Safeguarding babies at birth where the risks are too great to leave them in the care of their parents." This includes a separate Discharge Planning Meeting template.

1.5 The need to safeguard a child should always inform the timing of their discharge, so that the likelihood of ongoing harm can be assessed while he or she is still in hospital.

2. Scope

2.1 There are a number of routes of admission to hospital i.e. via Maternity wards, Accident & Emergency, Inpatient and Outpatient care. These guidelines cover children and young people in any of these

circumstances irrespective of the length of stay within the hospital concerned.

2.2 These guidelines relate to all babies, children and young people where safeguarding concerns have been identified but the plan is **not** to remove them at the point of birth or discharge from hospital.

2.3 No child or young person, including newborn children, about whom there are safeguarding concerns should be discharged unless it is judged safe to do so. This decision should be made by the Consultant in charge of the child's case or a Paediatrician above the grade of Senior House Officer (for the purpose of these guidelines this will be referred to as the Consultant).

2.4 Where a risk of significant harm has been identified the child should not be discharged without a clear plan to address these concerns being established with Children's Social Care.

3. Procedure

3.1 Where possible child protection / safeguarding concerns have been identified in relation to a child in hospital, the responsible Consultant will ensure that the relevant care planning documentation is completed and reflects these concerns. (NB this documentation will vary between Trusts).

3.2 Such recording should reflect early indications of concern regarding a child and not await confirmation of these concerns.

3.3 Information should be gathered from parents/carers/and Community Health (including health visitors, school nurses and GP's as appropriate staff) via the liaison health visitor, Named Nurse / Doctor, or safeguarding nursing team.

3.4 Once this information has been obtained and prior to a decision to discharge the child, the responsible Consultant should consider:

- whether child protection concerns persist,
- if the threshold for contact with Children's Social Care is met
- whether the child can be discharged before discussions with Children's Social Care or whether a discharge plan should be agreed with Children's Social Care prior to discharge.

3.5 This is a matter for professional judgment and will be made according to the nature and assessment of the identified concerns alongside background information obtained.

3.6 Discussions with Children's Social Care may take the form of telephone discussions or a face to face meeting (see Chapter 5 of the Nottinghamshire and Nottingham City Safeguarding Children Boards'

Safeguarding Children Procedures).These discussions should involve other agencies as appropriate, notably the Police where there are concerns a criminal offence may have been committed.

3.7 A face to face Discharge Planning Meeting would be indicated where:

- there are any unexplained injuries to a pre mobile child
- concerns are judged as serious e.g. domestic violence, poor engagement and neglect.
- there are differing opinions about the cause of injury or the level of risk
- there is a lack of agreement between agencies as to the plan for the child
- there are concerns about self harm.

3.8 Any disagreements arising from this procedure should be resolved through normal management channels between the involved agencies.

4. Discharge planning meeting (DPM)

4.1 Discharge from hospital is part of an ongoing health pathway and not an isolated event which needs to be planned and co-ordinated at the earliest opportunity with effective communication between agencies and professionals involved. Discharge planning should commence at the time of admission.

4.2 Every baby/child or young person about whom there are safeguarding concerns must have clearly documented discharge-planning arrangements and plan which will be drawn up at a Discharge Planning Meeting. The aim of the meeting is to consider the immediate and medium term safety plans to ensure the baby/child/young person remains safeguarded once they have left hospital and returned to the care of their parents/carers.

4.3 All relevant professionals and family members involved with the family or who have information to share should contribute to the Discharge Planning Meeting, including primary care workers and members of specialist teams involved. All sections of the template, including the section entitled ‘level of risk’ (if any) need to be completed.

4.4 It is important to record any areas where different views arise in the meeting and how these will be resolved. This should include the use of the Escalation Procedure where appropriate in order to ensure such disputes are dealt with and resolved as early as possible.

4.5 The DPM will be chaired by a Children's Social Care representative who will complete and hold a record of the Discharge Planning Meeting Template and accompanying Safety/ Assessment Template. The documents allow the Discharge Planning Meeting to assess current risks and safety and set out how these will be managed / monitored upon discharge from hospital.

4.6 The DPM Chair must ensure that the template is signed by all professionals and family members involved in the meeting and dated.

4.7 The outcome of the discharge planning meeting should be recorded by the chair on the Discharge Planning Meeting Template and accompanying Safety Assessment Template and circulated to all relevant agencies (including EDT) within 24 hours of the DPM. The original copy of the template should be retained in LiquidLogic and in the records of all other services / agencies included in the plan.

4.8 The responsible Consultant should ensure that discharge plans for the child are completed as per the Trust's practice guidance and reflect agreements made.

4.9 At the point of an agreed discharge, arrangements should be made for all agencies involved in the child's care within the community to be notified.

4.10 Where a child is medically fit for discharge but discharge to its originating address is not judged safe, Children's Social Care should expedite an alternative safe placement as soon as practically possible.

5. Welfare Concerns- Common assessment Framework (CAF)

5.1 The Discharge Planning Meeting Template and accompanying Safety/ Assessment can be used solely by health professionals to assist them in planning discharges when social care is not involved but it is felt the child has additional support needs. This may be connected to a number of issues which may impact on parenting ability.

5.2 If additional needs are identified a Common Assessment should be undertaken and/or contact should be made with community services (community midwifery, health visitors and school nurses) to initiate a CAF.

5.3 A written record will be made and retained by the hospital of the arrangements for initiating CAF. A written record of this arrangement will be sent to the child's GP and the person undertaking the CAF within 48 hours of the child being discharged from hospital.

Ratified: NCSCB Operational Management Group 04.07.2013