

Discharge Planning Protocol: Discharge of Children and Young People from Acute Hospital Settings.

Multi-agency Guidance

This guidance has been developed to support multi-agency staff to make appropriate arrangements to ensure the safe discharge and transfer of children and young people where there are safeguarding concerns, from acute hospital settings. This guidance applies to children already known to have safeguarding concerns prior to admission and children in whom a safeguarding concern arises during admission.

For discharge planning from maternity services please refer to the Wiltshire Safeguarding Children Board (WSCB) Multi agency Pre-birth Protocol to Safeguard Unborn Baby

<http://www.wiltshirelscb.org>

1. Child Protection Concerns – actions for Staff in Acute Hospitals

Children with known safeguarding concerns may be admitted to hospital with an acute medical or surgical problem, or for a planned period of observation or intervention, or they may be admitted due to further safeguarding concerns. Other children will be admitted to hospital and during their stay safeguarding concerns may arise.

Where there are new safeguarding concerns the child should be referred to Children's Social Care (CSC) and the child should not be discharged without a discharge planning meeting or the agreement of the allocated social worker or the emergency duty team and, where appropriate, other multi-agency partners such as the Police. If a child is already known to CSC with ongoing child protection or safeguarding concerns, there must be a discussion with the allocated social worker or emergency duty team and appropriate plans made prior to discharge (which may include a discharge planning meeting).

The Named Nurse for Safeguarding Children for the NHS Trust where the child has been admitted must be informed and medical information should be sought from the previous NHS Trust(s) before discharge if they have been treated at another hospital. No child can be discharged or transferred from hospital, where there are child protections or safeguarding concerns without the permission of the responsible Consultant Paediatrician or Emergency Duty Consultant. This permission must be documented in the child's medical record.

Permission should only be provided once the Consultant confirms that there is a clear, agreed discharge plan in place and receives confirmation that the child is being discharged or transferred to a place of safety.

Discharge letters which detail the discharge plan should be copied, with the patient's/parent's/carer's knowledge, to the relevant health and social care children's professionals involved with the family, with clearly documented plans for further follow up or investigations. So far as possible, all investigations should be completed before discharge. If the child is discharged to an address other than their home address, or into the care of someone other than their parent, this must be clearly recorded in the child's records.

2. Discharge planning meetings

The following agencies must be invited to attend discharge planning meetings (to be arranged by staff within the hospital) and should be represented in order for the meeting to proceed. When the meeting relates to concerns of significant harm/child protection concerns CSC will chair the meeting.

- Children's Social Care Team Manager /Social Worker
- Paediatric Consultant (or specialist registrar with consultants consent).
- Acute Named Nurse/Midwife Safeguarding Children
- Other relevant hospital staff involved in the care of the child/family
- Health Visitor if there is a child under 5
- Other agencies may need to be involved in cases and attendance should be considered such as, School Nurse, Police, Mental Health Colleagues, Learning Disability colleagues.

When a child that is subject to a child protection plan is admitted with a medical condition (unrelated to ongoing child protection concerns) a teleconference on discharge between a senior doctor and allocated social worker must occur.

3. Timing of Discharge Planning Meeting

When it is agreed that a Discharge Planning meeting should be held this should be convened if possible, at least 24 hours prior to discharge to allow for appropriate arrangements to be made to support or safeguard the child or young person.

4. The discharge planning meeting must be fully documented and include:

- An agreed multi-agency discharge plan will set out arrangements for the care and safety of the child following discharge from hospital into the community and will include actions; timescales and responsibility for actions.
- Details of the child's GP. If they are not registered this must be organised before the child leaves hospital.
- Additional medical investigations requested including timescales for completion
- Documentation of any legal orders arising from the admission (with copies filed if available)

- Agreement about what information should be shared with parents/carers and other professionals, e.g. school staff, and how and when this information will be shared.
- Any further meetings required or other review dates.

A copy of the Discharge Planning meeting must be placed in the child's medical notes.

Version 1 September 2015