



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

Agreed: LSCB Policy & Performance Sub-group 28th March 2017
Review: March 2020

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This guidance has been developed by Swindon's Children's Social Care (CSC), Oxford Health NHS Foundation Trust (CAMHS) & Great Western Hospital NHS Foundation Trust (GWH) 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 or where the child is Looked After.

1. Child Protection Concerns – actions for Staff in Hospital Settings (GWH & Marlborough House)

Children with known safeguarding concerns may be admitted to hospital with an acute medical, surgical or mental health problem, or for a planned period of observation or intervention, or they may in some instances 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 must be referred to Swindon Family Contact Point (FCP)/ MASH (Multi-agency Safeguarding Hub) and the child must not be discharged without a discharge planning meeting or the agreement of Children's Social Care (CSC) 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 on-going 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 safeguarding discharge planning meeting).

No child can be discharged or transferred from hospital, where there are child protection or safeguarding concerns without the permission of the responsible Consultant Paediatrician/ Emergency Duty Consultant or Paediatric Psychiatrist (if CAMHS)

This permission must be documented clearly in the child's medical records and the medical professional must clearly state what discussion has taken place with CSC and what the agreed discharge plan is that ensures the child is being discharged or transferred to a place of safety.

Discharge letters which detail the discharge plan must be copied, with the patient's/parent's/carer's knowledge (as long as doing so does not place the child at risk of significant harm), to the relevant health and social care children's professionals involved with the family, with clearly documented plans for further follow up or investigations. As 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.

The Named Nurse for Safeguarding Children for the NHS Trust where the child has been admitted must be informed and, if necessary, advice sought. If the admission relates to maternity services at GWH then the Safeguarding Midwife must be informed. The Named Professional can give advice regarding the Safeguarding Discharge Planning meeting (DPM).

If medical information from a previous NHS Trust(s) (if they have been treated at another hospital) is required before discharge then it should be agreed between CSC and the Consultant as to who will be obtaining this.

2. Safeguarding Discharge Planning meetings (DPM's).

Safeguarding DPM's are different to Clinical DPM's. If there are no safeguarding concerns and a DPM is required to discuss and agree future clinical care then this can proceed without CSC or Named Professional involvement.

If there are safeguarding concerns then the following agencies must be invited to attend the DPM.

This will be arranged by staff within the hospital where the child is being cared for.

- Child/Parent/Carer
- Children's Social Care Team Manager /Social Worker
- Paediatric Consultant (or specialist registrar with consultants consent).
- Other relevant hospital staff involved in the care of the child/family
- Community Midwife if baby being discharged from Maternity service
- Specialist Midwife
- Health Visitor if there is a child under 5yrs
- Appropriate mental health colleagues if child being discharged from Marlborough House.
- Other agencies may need to be involved in cases and attendance should be considered such as, School Nurse, Police, Mental Health Colleagues, GP, Learning Disability or drug services colleagues.

The Named Nurse for Safeguarding/Safeguarding Midwife must be informed of the DPM and a decision will be made as to the appropriateness of their attendance.

Generally, if the Child is subject to a Child Protection Plan or a Child In Need plan then CSC will chair the meeting. If this is not the case then CSC must arrange an alternative; most likely this will be the Consultant in charge of the child's care.

When a child who is subject to a child protection plan is admitted with a medical condition and where there are no new Safeguarding concerns then a DPM may not need to be held however, a teleconference/conversation MUST take place before expected discharge between a Consultant Paediatrician or Paediatric Psychiatrist (if CAMHS) and the allocated social worker to agree a plan for discharge.

3. Timing of Safeguarding Discharge Planning Meeting

When it is agreed that a Safeguarding 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.

In Marlborough House and Special Care Baby Unit (SCBU) at GWH the patients are generally in for a longer period of time and therefore the DPM should be arranged within 5 working days prior to the planned discharge date.

However the timing of the meeting should not result in a delayed discharge for the child/family.

Consideration must be given in relation to early discharge from maternity where the parents may have opted for 6hr discharge. In these cases Safeguarding DPM's will need to take place on the day of discharge.

4. The Safeguarding 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 assessment of any risks, and include the actions; timescales and person responsible for actions.
- Details of the child's GP. If they are not registered the parents must organise this before the child leaves hospital and at DPM an agreement made as to who will monitor this action.
- Additional medical investigations requested including timescales for completion
Documentation of any legal orders arising from the admission (with copies filed if available)
- Agreement as to whom the minutes of the meeting should be sent to, including those not present, for example GP.
- Any further meetings required or other review dates.
- If the meeting is chaired by CSC then they will be responsible for taking minutes and circulating these to the parents and attendees. If the Hospital/Marlborough House are chairing the meeting then they will be responsible for taking the minutes and circulating to the parents and attendees.
- Agreement about what information should be shared with parents/carers and other professionals.
- Copy of the Safeguarding Discharge Planning meeting minutes must be placed in the child's medical records and in CSC these will be stored on the child's electronic file (ICS).
- Copies of the Safeguarding Discharge Planning meeting minutes should also be sent to the GP, School Nurse/health Visitor (especially if they do not attend the meeting), also the Named Nurse for the Community and the Designated Nurse for Looked After Children (LAC) if the child is in care.