**Safeguarding Discharge Planning Meeting Checklist and Proforma for Paediatrics**

**(To be completed by appropriate Named Nurse / nurse arranging meeting)**

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| Date of meeting: |  |
| Name and DOB of parent/s: |  |
| Name and DOB of child: |  |
| NHS Number: |  |
| Discharge address: |  |
| Child’s discharge address (if going to foster placement): |  |
| Any significant adults in the home at time of discharge? |  |

**Attendees at meeting:**

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| --- | --- |
| Name | Designation / relationship to child |
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| Apologies | Designation / relationship to child |
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| --- | --- |
| Name of consultant agreeing to discharge |  |
| When and to whom is the child to be discharged to? |  |
| Why is this the plan? |  |
| Is parental consent required to implement this plan? |  |
| If not is there an Interim Care Order (ICO) in place? |  |
| Are there any ongoing medical needs for the child? |  |
| Who will transport the child and / or parent/s to the discharge address? |  |
| Is the discharge address in the geographical area of the paediatric service? |  |
| Have the relevant community teams been informed to arrange any necessary follow up paediatric / community care? |  |
| If the parent and child are to be separated what are the contact arrangements? |  |
| Is there a clear multi-agency visiting plan in place? If so what is the plan? |  |
| Is there any information that needs to be withheld from the parent/s and the reason for this? |  |
| What is the contingency plan if the situation deteriorates? |  |
| Have the Health Visitor and GP been informed of discharge (if unable to attend meeting)? |  |
| Are there any further meetings that require Trust attendance after discharge from the hospital/paediatric services? |  |

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| Name of person completing form: |  |
| Designation: |  |
| Date completed: |  |