Appendix 7

Agenda Template for Discharge Planning Meeting

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| **Agenda Discharge Planning Meeting** | | | |
| **Name of Attendee** | **Position** | | **Signature** |
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| Name of infant:  NHS number:  DOB:  Childs intended GP (If child residing with foster carer please leave blank and see appendix 1): | Mothers name:  DOB:  Hosp number:  NHS number:  Address:  Contact telephone number:  GP Surgery: | | Partner’s details:  Partners contact number:  Additional services involved & contact details: |
| **Situation**   * Delivery and postnatal details * Relevant medical Hx for mother and baby * Relevant observations or anything of note | |  | |
| **Background**   * Family social situation and Hx Child Protection Y/N * Any Children’s service plan | |  | |
| **Assessment**   * Outcome of social work assessment/court? * Fit for discharge? * Any additional medical investigations on-going? And timescales   for completion. | |  | |
| **Recommendations**   * Parental responsibility? * Where will mother & baby be going home to? If baby going to foster care see separate form **‘Infants Placed into Foster Care’** * Actions to be taken and by whom/PN visits. * Are all appropriate services in place from child’s holistic needs? | |  | |