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
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| **Background*** Family social situation and Hx Child Protection Y/N
* Any Children’s service plan
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| **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?
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