

Discharge Planning Protocol for Newborn Babies Admitted to Maternity or Neonatal wards

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1. Introduction

1.1 Parties to the Protocol

- The Royal London Hospital
- Tower Hamlets Children's Directorate: Supporting Families
- Tower Hamlets GP Care Group

1.2 Purpose and Scope

The purpose of this protocol is to support multi-agency practitioners to make appropriate arrangements which support the safe and timely discharge of babies from our neonatal and maternity wards hospital.

The protocol is intended to ensure that all practitioners working with the baby and supporting the family are clear about the steps to take to ensure that no baby has their discharge delayed or is discharged from hospital into an unsafe environment, where their health or well-being may be compromised or where further significant harm could occur.

The protocol applies to newborn babies who require a multi-agency response in addressing their needs. A multi-agency response may be required due to other health needs and there are safeguarding and/or other welfare concerns about the baby.

Safeguarding and other welfare concerns cover situations where:

- In cases where abuse, exploitation or neglect is known prior to admission, and this is recent or current, it would be expected that these cases have an allocated social worker)
- Abuse or neglect comes to light or is suspected during the hospital admission
- Maternity and Neonatal staff raise concerns about the parent/baby interaction
- Or the parent may be struggling to cope at home
- If the newborn baby is subject to a child protection plan or on a child in need plan and there has been an agreement made for a discharge planning meeting to take place.

This is not an exhaustive list, and professionals should apply their professional judgement and consult with their named safeguarding leads if they have any concerns at all about a baby.

1.3 Principles

1. Discharge planning commences during the pre-birth stages or at the time of admission if a referral has recently been made to social care and is an essential part of care management in any hospital setting. It ensures that health and social care systems are proactive in supporting individuals and their families in the community. It needs to start early to anticipate problems, put appropriate support in place and agree service provision. Consideration should be given to the wider environment and contextual safeguarding that the baby will be returning to, including peers, siblings and other members of the household.
2. It is essential that when a baby is in hospital and there are safeguarding concerns about the baby, effective multi-agency planning between key professionals working with the baby is undertaken before the baby is discharged from hospital. Where there are safeguarding concerns and a baby does not have an allocated social worker, a referral must be made to Tower Hamlets MAST:

https://www.towerhamlets.gov.uk/ignl/health_social_care/children_and_family_care/Multi-Agency-Support-Team-MAST.aspx

3. The allocated social worker and/or their manager should be contacted for a baby who is already being supported by Tower Hamlets Children's Social Care.
4. All agencies have a duty to share information and a joint responsibility to work together to protect children and promote their wellbeing and safety. Referrals to Children's Social Care (CSC) must be made in accordance with the levels of need set out in the Tower Hamlets levels of need; clearly indicating whether the referral is for support or protection.
5. Newborns whose mothers are under the care of the Gateway Team (for vulnerable women), will have care plans uploaded to their electronic record. The care plans will instruct whether a discharge planning meeting needs to take place. However, even if a discharge planning meeting has not been recommended, this should not inhibit professionals from escalating concerns. Documenting the concerns is of the utmost importance to ensure information is correctly handed over to social care.

1.4 Linked Policies and Procedures

The protocol should be read in conjunction with:

- Working Together to Safeguard Children 2023
- London Safeguarding Children Procedures 7th Edition 2022
- Barts Health Psychiatric Problems in Children Flow Chart
- Barts Health Safeguarding Children Policy
- Barts Health 'Managing Complex Social Factors in Pregnancy' Policy
- NHS East London Foundation Trust Child Protection Policy

2. Roles and responsibilities of the parties to this protocol

The protocol applies to the maternity and neonatal departments where babies are being treated and to the CSC team that are working with the family, including out-of-hours teams.

Initial hospital assessment should be inclusive of:

- Follow the Hospital Safeguarding Children Procedures and **where necessary** make appropriate referrals to Children's Social Care (CSC) indicating whether the referral is for support or protection.
- Any referral or additional information added to a referral by practitioners should be added to hospital records.
- The referral to Children's Social Care (CSC) should include information about the background history and family circumstances, the community context and the specific concerns about the current circumstances, if available.
- If a family 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 should include a discharge planning meeting where appropriate).
- It is the responsibility of maternity services to inform children's social care when a baby with an allocated social worker is born. Maternity will liaise with the wards to determine when mother and baby are likely to be medically fit for discharge so that a discharge planning meeting can be arranged.
- The assessment is the responsibility of Children's Social Care and so they are responsible for identifying the professional network, confirming an appropriate date and time, sending invites and chairing the discharge planning meeting. Attending professionals should provide updates relating to their involvement.

- The social worker is responsible for capturing the reason for the meeting, headline discussion and actions going forward. The record of this meeting needs to be shared with all participants, ideally in advance of discharge or within 24 hours. However, a baby can be discharged prior to the record of the meeting being shared if all professionals agree to discharge at the meeting.
- It is the responsibility of the social worker to notify any professional not in attendance at the meeting, the outcome and actions agreed.
- A copy of the Discharge Planning meeting must be placed in the baby's medical notes and the agency records of any other parties to this meeting.

3. The Discharge Planning Process

3.1. Maternity

Newborns made subject to a child protection plan will require a discharge planning meeting and this should be agreed at the initial child protection conference. If a newborn is subject to a child in need plan, a discharge planning meeting is not required unless specifically stipulated by Children's Social Care- the rationale for this should be provided. As discussed in section 2, the lead professionals for a newborn are Children's Social Care and so the responsibility of arranging this lies with them.

3.2. Attendance at the DPM

This will vary depending on the reasons for the meeting and needs of the baby. Professionals attending should have direct involvement with the baby and family, for example; hospital staff members; midwife or nurse etc, perinatal mental health team, allocated health visitor, perinatal mental health, children's community nursing team, Family Nurse Partnership and CSC. The meeting can be held virtually.

Parent/carers should be invited to the meeting. If they cannot attend, their views should be sought and shared at the meeting.

3.3. Convening the Discharge Planning meeting

This should take place in a timely manner and within 24 hours prior to discharge. Ideally participants should be given 24 hours' notice and at a minimum of at least 4 hours' notice about a DPM taking place. The social worker will endeavour to contact the professional network to scope availability.

Hospital staff will inform social care of the estimated discharge date so that the DPM can be arranged. Social care are the lead professional and so will arrange and chair the meeting. In other hospital settings, the appropriate professional who knows the child best will chair the meeting, record and circulate the discharge plan.

3.4. Escalation/Conflict Resolution

Any practitioner who has concerns regarding the application of this protocol or encounters conflict which they are unable to resolve with regard to the care and treatment of a baby within the scope of this protocol should apply the escalation policy. For The Royal London Hospital, this can be found in the Safeguarding children policy where there are 3 escalation flowcharts.

<https://www.towerhamlets.gov.uk/Documents/Children-and-families-services/THSCPMultiAgencyEscalationPolicy.docx>

- I) Raise initial problems with a team manager/clinical lead/ or on call Manager out of Hours/ internal escalation policy.
- II) If it cannot be resolved then the manager/clinical lead will pass the information on to a Director or Senior Manager.