**Appendix 1 Discharge Planning Meeting Template**

To be completed and circulated by the Meeting Chair

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| **Child/Young Person’s Full Name** | **Details of Parent/Carers and who has Parental Responsibility** |
| **D.O.B** | **NHS number** |
| **Background and reason for admission:****Details of any previous admissions:** |
| **Date of this meeting and who is chairing****Dates of any previous meetings since admission/outcome** |
|  |
| **Names of those attending** | **Title** | **Email and phone contact** |
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| **Outcome of Assessment(s)**HospitalCAMHSCSCOther |
| **Voice of the child/young person and their lived-in experience** |
| **Identified Risks, Triggers and Warning Signs** |
| **Protective Factors** |
| **Treatment and Support plan: (**to include medication, any additional medical or social investigations required, direct work with young person and other family members, safety measures ) |
| **Outcomes to be achieved with the child/young person** | **What will be provided** | **Who is responsible** | **Timescales** |
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| **Are any specific arrangements required for weekend and holiday periods?** |
| **Details of follow up appointments and visits** (timeframe and by whom)**Who will have contact with the young person and their carers within 48 hours of discharge?** |
| **Status and ownership of the plan / Interface with other plans****Names of Lead Professional(s)** |
| **Are there any areas of disagreement to the discharge plan? If yes, how will these be resolved?** |
| **Contingency plan: specify what will happen if the plan is not followed** |
| **Follow up meeting(s)**Identify who needs to be invited to attend. E.g school or college; youth worker; school nurse or GP;  | **Date and Venue** | **Who will arrange** |