

**Concerning Discharge Form – Domiciliary Care**

*This document is a formal method to inform and request outcomes for Hospital Safeguarding Teams of concerns regarding concerning discharge into Care Homes in Halton. Forms to be sent to*

SAFEGUARDINGADULTSTEAM (ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST) [shk-tr.SafeguardingAdultsTeam@nhs.net](mailto:shk-tr.SafeguardingAdultsTeam@nhs.net) – if the concerning discharge is from Whiston or St Helens Hospital.

or

ADULTSAFEGUARDING (WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST) [nch-tr.AdultSafeguarding@nhs.net](mailto:nch-tr.AdultSafeguarding@nhs.net) and [nch-tr.WHGGovernance@nhs.net](mailto:nch-tr.WHGGovernance@nhs.net) – if the concerning discharge is from Warrington or Halton Hospital.

*Any form, please copy in IASU on [adultsafeguarding@halton.gov.uk](mailto:adultsafeguarding@halton.gov.uk)*

<p><b>Adult At Risk Details</b></p> <p>Name DOB Address NHS Number</p>	
<p><b>Consent and MSP</b></p>	
<p><b>Safeguarding Concern details, including what the concern is, date, referrer and level of harm/impact which has occurred as a result of the Concerning Discharge</b></p>	
<p><b>Hospital and Ward from where the Adult at Risk was discharged from</b></p>	
<p><b>Interim Measures taken from the Care Home</b></p>	
<p><b>Outcomes</b></p> <p>This part is for hospital staff to complete and return to Halton IASU at <a href="mailto:adultsafeguarding@halton.gov.uk">adultsafeguarding@halton.gov.uk</a> and the referring care home.</p> <p>Informing of what outcomes were achieved and any learning going forward. This should be completed <b>within 14 days</b> of receiving the Concerning Discharge form.</p>	

Should you require any advice or guidance please contact the Integrated Adult Safeguarding Unit on 0151 511 8555