**Concerning Discharge Form – Domiciliary Care**

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

PALS (ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST) [pals@sthk.nhs.uk](mailto:pals@sthk.nhs.uk) – 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.WHHGovernance@nhs.net](mailto:nch-tr.WHHGovernance@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)

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| **Adult At Risk Details**  **Name**  **DOB**  **Address**  **NHS Number** |  |
| **Consent and MSP** |  |
| **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** |  |
| **Hospital and Ward from where the Adult at Risk was discharged from** |  |
| **Interim Measures taken from the Domiciliary Care Provider** |  |
| **Date form sent to hospital.** |  |
| **Outcomes**  **This part is for hospital staff to complete and return to Halton IASU at** [**adultsafeguarding@halton.gov.uk**](mailto:adultsafeguarding@halton.gov.uk) **and the referring care home.**  **Informing of what outcomes were achieved and any learning going forward. This should be completed within 14 days of receiving the Concerning Discharge form.** |  |
| **Date form sent to Integrated Adult Safeguarding Team.** |  |

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