**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 – 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 and 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*

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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** **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