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| **NCL DISCHARGE ALERT FORM**If the problem on discharge was not resolved within 24 hours, please complete this form. |
| **Form completed by: (mark as appropriate)** | [ ]  **Acute provider**[ ]  **NHS Community service**[ ]  **Adult Social Care & Housing** |
| **PATIENT INFORMATION** |
| **Patient Name:**  |  | **Patient Address:** |  |
| **D.O.B:**  |  |
| **GP Practice:** |  | **Borough:** |  |
| **GP Address:** |  | **NHS number:** |  |
| **Discharging Provider:** |  | **Datix Incident Number:** |  |
| **Date of Discharge:** | Click or tap to enter a date. | **Date and Time of Incident:** | Click or tap to enter a date. |
| **Discharge issue:** | Choose an item. |
| **Details of Incident:**  |  |
| **Were there any safeguarding concerns?** (If Yes, please complete a safeguarding referral form). What were the protective measures? Were they applied effectively? | **Yes / No** |
|  |
| **Did the patient have capacity to consent to the discharge plans, care & arrangements?** (Please include any key information regarding the patient’s MCA status if appropriate) | **Yes / No** |
|  |
| **Details of Notifier** |
| **Name:** |  | **Address:** |  | **Tel:** |  |
| **Role:** |  | **Email:** |  |
| **Action taken by your service as a result of the discharge:** |
|  |
| **Date form completed:** | Click or tap to enter a date. |

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| **Thank you for completing this form.****Please send it to the relevant Transfer of Care Hub:** |
| **For Barnet Hospital discharges: clcht.barnetdischargespa@nhs.net****For North Middlesex discharges: beh-tr.integrateddischargeteam@nhs.net****For Royal Free Hospital discharges: camdenreferrals.cnwl@nhs.net****For UCLH discharges: uclh.dischargealert@nhs.net****For Whittington Hospital discharges: whh-tr.dcc@nhs.net****For Homerton Hospital discharges: huh-tr.spa-discharge@nhs.net** **In all cases, please also copy in: nclicb.dischargehub@nhs.net** |

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| **This section is to be completed by the receiving service** **Investigation to be completed in 20 working days** |
| **Patients Name:** |
| **Date Discharge Alert Received:**  |  |
| **Discharge Complaint Response Form sent by:**  |  |
| **Date Report sent:**  |  |
| **Date Investigation Report required by:** |  |
| **Investigation Outcome:** |
|  |
| **Actions Taken/Preventative measures as a Result of Investigation Findings (please include shared learning):** |
|  |
| **Completed By:** |  |
| **Designation:** |  |
| **Date:**  | Click or tap to enter a date. |
| **Once complete, please return by email to the appropriate Transfer of Care Hub** |