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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** | | |