Graphical user interface, application, Word

Description automatically generated

**Cheshire and Mersey Critical Care Network Capacity Transfer reporting form**

Please complete this form in the event of any capacity transfers that occur within your unit.

Please do not include any patient identifiable information on this form.

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| **Trust, Unit & the time the patient was transferred from (critical care, ED, theatre etc.).** |  |
| **Receiving hospital and unit the patient was transferred to.** |  |
| **Situation on the critical care unit at the time of decision to undertake a capacity transfer- this should include –**   * **Any delayed discharges** * **Unstaffed beds** * **Any elective admissions that happened on the day of transfer** * **Number of level 2 & level 3 patients in the unit** |  |
| **Confirmation that this has been raised as a serious untoward incident internally. Matron & clinical lead are aware of the Transfer.** |  |
| **Name of consultant on- call for critical care at the time of decision to transfer patient out to another hospital.** |  |
| **Was the CMCCN Transfer vehicle used for this transfer ?.** |  |
| **Form completed by** |  |

Please send completed form to Karen Wilson, Lead Nurse, Cheshire and Mersey Critical Care Network

[Karen.wilson93@nhs.net](mailto:Karen.wilson93@nhs.net)