

**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