GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

NHS Greater Manchester and Eastern Cheshire Strategic Clinical Networks

Greater Manchester and Eastern Cheshire

Maternity Escalation Procedures leading to a Temporary Divert Policy

FINAL V3.0
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Document control

Ownership

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v0.2	Revisions made and prepared for presentation to GMEC SCN Maternity Steering Group for final endorsement and ratification.	30/10/18
V1.0	Ratified by GMEC Maternity Steering Group	15/2/19
V1.1	Removal of requirement to STEIS report diverts agreed by Maternity Steering Group 18/10/19, policy revised and recirculated for comments	6/11/19
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V2.1	Updated • Insertion of the requirement to report all diverts as StEIS • Insertion of the requirement to complete LMNS audit tool • Insertion of Appendix 9-CDS contact numbers in an appendix • Insertion of Appendix 10-Divert Audit tool • Insertion of Maternity Acuity Tool to process for going on and coming off divert • Added the wording Maternity Bleep holder with Delivery Suite Co-Ordinator • Change to wording –Remove 'Suspend all admissions to maternity unit and replace with: • Consider suspending all low-risk admissions to Maternity Unit if safe to do so .However ALL emergency admissions and women who need specialist maternity or neonatal tertiary care should continue to access services as required	07/12/21
	Agenda item for ratification at GMEC Maternity Steering Group meeting 1012/21	
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Ratification

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Responsibility of	GMEC SCN

Contents

1. Background

There is great variation across Greater Manchester and Eastern Cheshire with regards to the processes followed for maternity service escalation and diversion. This variation can impact upon effective communication and the safe transfer of pregnant women between maternity service providers.

The development of this single Maternity Escalation Procedures leading to a Temporary Divert Policy across Greater Manchester and Eastern Cheshire will;

- improve communication and multi-disciplinary working relationships across sites
- enhance the experience for mothers and babies and reduce harm
- reduce avoidable harm and inefficiencies in service delivery

This document explains clear, robust and consistent processes for providers to follow that will enable fairness and assurance across the system in addition to reducing variation leading up to implementing an NWAS Diversion.

2. Context

During periods of high activity and an increased demand for bed capacity, or in the event of reduced staffing levels, maternity providers may need to temporarily suspend maternity services.

The temporary suspension of maternity services should only be considered when all good practice options have been exhausted, as the consequence to women and other neighbouring units must be appreciated.

When factors which precipitated the temporary diversion of maternity services are resolved, the process of diversion should be reversed as soon as is practicable.

IMPORTANT: The temporary closure of the Neonatal Unit does not necessarily result in the closure of a maternity unit. High risk babies who may potentially require neonatal services should be assessed on an individual basis with joint consultation by the Consultant Obstetrician and Consultant Paediatrician. These in utero babies may require transfer to a neighbouring obstetric unit with more suitable neonatal facilities.

3. Aims of the Escalation Procedures Leading to a Temporary Divert Policy

The overall aim of this policy is to support staff during periods of increased operational pressure and to ensure safe staffing levels.

The aim of this policy is to:

- Facilitate safe and effective care for mothers and babies to maintain quality and choice and reduce risk during periods of escalation.
- Enable the individuals who will be involved in the decision to temporarily diverted from the unit to be notified at an early stage when the potential risk of divert has been identified.
- Set clear expectations and guidance around roles and responsibilities.
- Identify a set of agreed escalation levels and triggers that are applied and adhered to across Greater Manchester and Eastern Cheshire.

4. Benefits of following a system-wide Escalation Procedures Leading to a Temporary Divert Policy

The safety of women and babies is absolutely paramount. This policy will ensure:

- A consistent approach to managing risk associated with escalation and diversion within maternity services by standardising triggers, actions and language.
- Clear, robust processes to follow during capacity pressures including the ability to provide a universal understanding of a single process for escalation and diversion and reopening of maternity services during times of increased pressure to the system.
- Reduce variation of practice by individual providers of maternity services.
- Ensures there is a process for all women who have been diverted to be followed up at the earliest opportunity.

Staff benefit as their role and responsibilities are given in clear terms. This encourages transparency and honesty between local maternity providers, promotes equity of services at times of increased pressure and presents a more coherent picture of operational pressures when requested.

5. Media and Press

Local maternity providers will follow their own Policy regarding communications management and media.

6. Factors that can lead to Escalation and Diversion

This list provides examples and is not exhaustive. Decisions should be considered on a case by case basis.

- No available beds/cots
- Increased pressure in the system
- High levels of activity and dependency
- Shortage of trained staff
- Medical staff shortage
- Inappropriate experience/skill mix
- Infection Prevention and Control issues
- In the event of major incident or power failure

7. Routine Daily Bed Management

The management of bed capacity, safe staffing levels and skill mix should be monitored by one of the following

- Maternity Bleep Holder
- Deputy Head of Midwifery
- Manager On-call
- Delivery Suite Coordinator
- Maternity Matron

The responsible person will undertake a four hourly review of staffing and activity in each department, anticipating as far in advance as is reasonably possible any potential issues, as early identification of these triggers leads to a better outcome.

Indication that there will be no available beds /cots and/or high levels of activity and dependency

7.1 Good Practice Guidance – routine actions if carried out should reduce potential pressures in the system

- Where possible adhere to planned length of stay.
- Timely discharge of antenatal/postnatal patients.
- Timely review on ward rounds – ensure they are happening.

- Early recognition of potential capacity issues, escalating concern early on so that measures can be put in place.
- Utilisation of all beds appropriately.
- Reschedule elective work both IOL and C/S if clinical condition permits.
- Decline in utero transfers or the repatriation of women back to the unit.
- Request additional bank staff including midwives, Maternity Support Workers, and Health Care Workers to facilitate safe and effective care.
- Liaise with key partners e.g. local gynaecology or local maternity unit wards to see if they can accommodate any antenatal women <20 weeks as per local arrangements.
- Consider the option of the community midwife undertaking Newborn and Infant Physical Examination (NIPE) in the mother's own home.

Women who are ready for discharge and yet awaiting take home medication or documentation can be transferred to a suitable alternative area e.g. discharge lounge. Alternatively women can be discharged home to be with family and a nominated person return for TTO/documentation.

8. Management of Staff

8.1 Shortage of Staff

8.1.1 Good Practice Guidance - Right staff in the right place at the right time

Ensure robust system in place to ensure timely completion of staff rotas for midwifery, medical and support staff. To view as a total maternity service. Ensure daily review of staffing numbers across the maternity service with sickness and absence updated immediately.

During periods of short term sickness where bed capacity may or may not be an issue, redeployment of staff may be necessary from other clinical areas e.g. community. Maternity services will be expected to deploy local Business Continuity Plan at times of severe staff pressures.

- Where necessary redeploy staff to appropriate area ensuring staff member working within their skill set.
- Consider asking staff to work additional hours.
- Request bank staff.
- Consider asking staff to come in earlier than their shift would normally start.
- Cancel study leave.
- All physical clinical staff in the unit including midwives in specialist roles and those within the community (taking into account homebirth activity) will be

called upon to assist, e.g. reschedule/cancel community visits apart from 1st and 5th day.

- Maternity services should have considered promoting staff rotation across the service so staff are in a state of readiness when increased pressure in the system.

8.2 Medical Staff Shortages

Appropriate conversations need to take place between obstetricians, anaesthetists, paediatricians and the maternity bleepholder to manage medical staff shortages and give assurance that all avenues have been explored.

8.3 Inappropriate Experience/Skill Mix

During periods of high activity, it is essential that all staff are supported and are working within their skill set, i.e. HDU patients are being cared for by an appropriately trained midwife/nurse. Ensure appropriate redeployment of staff occurs at an early stage and is planned prior to next shift.

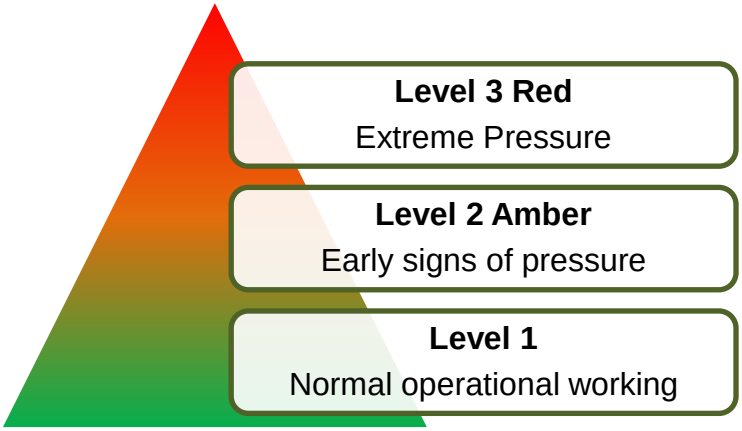
9. Infection Prevention and Control

Please follow local IPC Policy.

10. In the Event of a Major Incident

Please follow local Policy.

11. Escalation Criteria – see Appendix 2



12. Decision to implement a temporary divert from the Maternity Unit

Prior to any decision to temporarily divert from a maternity unit staff must explore the **Good Practice Guidance** identified in section 7.1 and 8.1.1

The decision to divert from a maternity unit is the responsibility of the **Executive Director on-call OR their delegated other** usually following consultation with:

1. Delivery Suite Coordinator
2. Consultant Obstetrician On-Call
3. Maternity Bleep Holder/ Clinical Site Co-Coordinator (where applicable)
4. Maternity Matron (In hours)
5. Midwifery Advocate for professional support if required
6. Hospital Manager On-Call
7. Head of Midwifery/ Deputy in/out of hours depending on local arrangements
8. Consultant Paediatrician On-Call

Once the decision has been made to temporarily divert new admissions from maternity service contact **North West Ambulance Service (NWAS) immediately**

NWAS On call Tactical Commander at the NWAS Regional Operational Coordinating Centre (ROCC)

Telephone **0345 1130099**
Email Rocc@nwas.nhs.uk

For further information on the North West Divert and Deflection Policy, please see NWAS Divert & Deflection Policy V12.4 October 2021

Update the GMEC Maternity Acuity Tool to Red-On Divert.

It is recommended that one person is nominated to coordinate the procedure and wherever possible should have no other responsibilities during this time. This person will be referred to as nominated escalation and diversion co-ordinator to be referred as The Coordinator.

It is recommended that an hourly review of bed capacity and staffing is undertaken so that agreed routine operational working can recommence as quickly as possible.

13. Implementing Divert – Status Red

Step 1	Refer to the Maternity Escalation Chart. This summarises the steps and stakeholders that need to be informed that the unit will be diverting.
Step 2	Completion of the Temporary Diversion of Maternity Service Checklist

14. Notifying others of the decision to divert the service

For In Hours **and** Out of Hours the Coordinator will make arrangements for the following to be notified in addition the above section 12

- North West Ambulance Service
- Switchboard as per local arrangements
- Neighbouring Maternity units
- Community midwives on call and team leaders
- Security as per local arrangements
- Safeguarding Team to assist with safeguarding alert process
- Consultant Anaesthetist on-call
- Governance Lead to assist with reporting arrangements
- Lead commissioning CCG in line with contractual arrangements
- Accident and Emergency department
- Neonatal Unit

The Record of Referrals and Transfers should be completed with details of all women diverted to other maternity services (Appendix 4).

15. Re-opening of the Maternity Unit

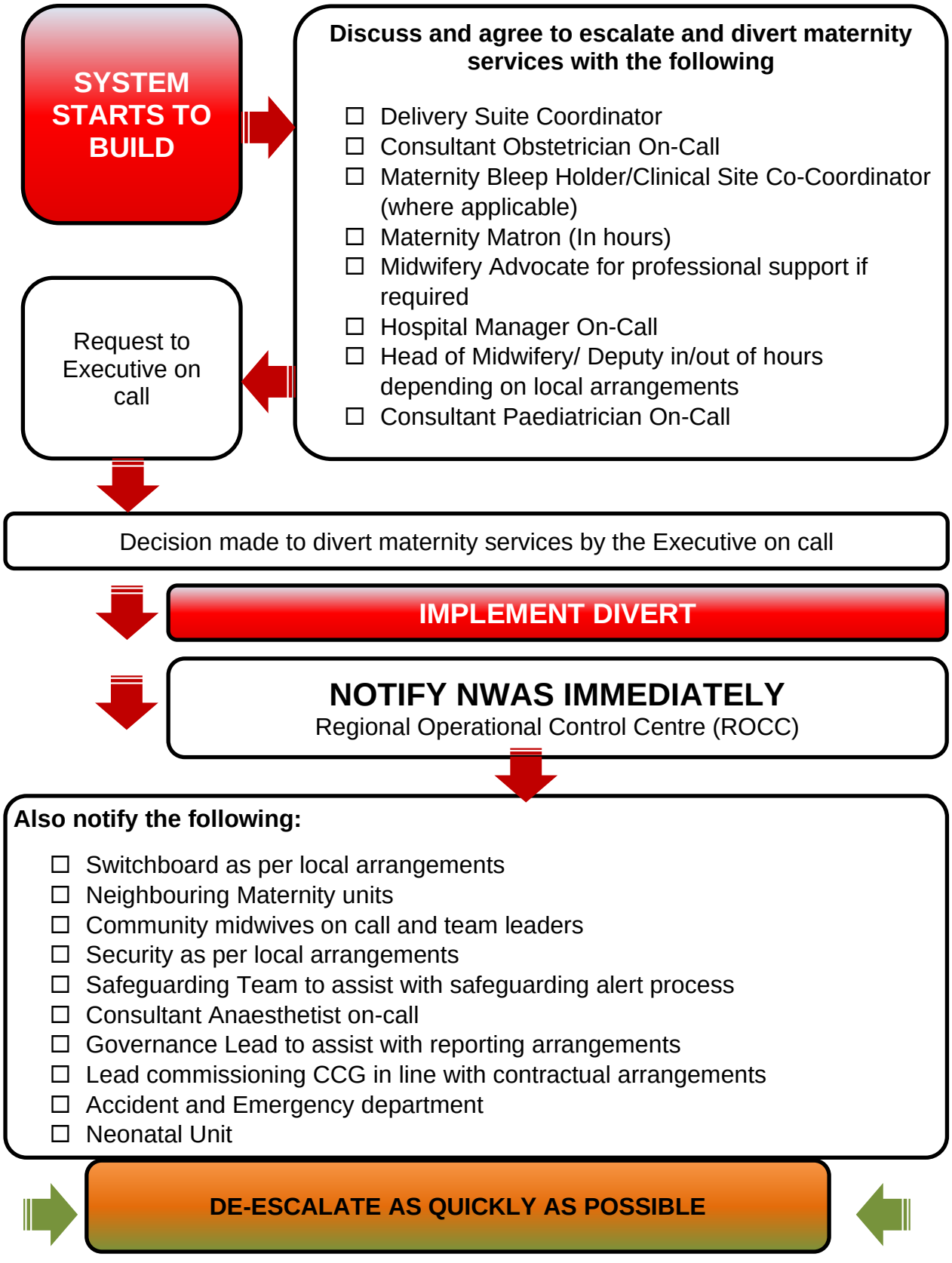
- When the factors that precipitated temporary diversion of maternity services have been resolved and are ready to resume to safe services operating at level green, a consultation should take place with the same level of authority and focus as the originating escalation to diversion.
- Complete Maternity Unit re-opening Checklist (Appendix 5) and inform the same stakeholders identified in section 13.1 at the earliest opportunity.
- Head of Midwifery /Deputy Head of Midwifery to complete a Situation, Background, Assessment, Recommendation (SBAR). See Appendix 7
- Update Maternity Acuity Tool to Open status
- Report divert as StEIS incident as per national requirement and complete LMNS audit tool. An investigation should be completed with sharing of lessons learned.

16. Sharing Lessons Learnt

All adverse incidents involving any suspension or temporary diversion of services will require an internal investigation review, LMNS audit tool and are StEIS reportable. Any learning identified should be shared across Greater Manchester and Eastern Cheshire.

Appendix 1 – Maternity Escalation Chart

Use with Appendix 4 and Appendix 6 of the Greater Manchester and Eastern Cheshire Maternity Escalation and Divert Policy



Appendix 2 – Escalation Criteria

LEVEL 1 GREEN - NORMAL OPERATIONAL WORKING

TRIGGERS – NONE

- Bed capacity available across maternity service
- Appropriate staffing levels
- Appropriate skill mix appropriate
- Management at this level is managed at the established bed management arrangements that are in place
- Normal working whereby midwifery/medical staffing and skill mix is not compromised
- Management at this level is managed by the established bed management arrangements that are in place between the Delivery Suite Coordinator and Maternity Bleep Holder

ACTIONS REQUIRED

IN HOURS

Aim to manage capacity and patient flow proactively and pre-empt escalation

- Maternity Bleep Holder/Delivery Suite Coordinator to review staffing/bed capacity 4 hourly.
- Delivery Suite Coordinator liaises with Neonatal Unit Coordinator twice daily to discuss activity and identify potential admissions.
- Maternity Matron/Deputy Head of Midwifery made aware of any irresolvable pressure on the daily bed state for maternity.
- Maternity Bleep Holder/Delivery Suite Coordinator to review staffing/skill mix/bed occupancy 4 hourly.
- Take steps to remedy staffing levels if necessary by redeploying staff around departments in line with activity.
- Maternity Bleep Holder and Ward Manger to identify women suitable for discharge and where appropriate expedite medical review.

OUT OF HOURS

- Maternity Bleep Holder/ Delivery Suite Coordinator monitors activity and bed status

FREQUENCY OF REVIEW

Delivery Suite Coordinator or Maternity Bleep Holder should be:

- **review staffing, skill mix and bed capacity 4 hourly**
- taking steps to remedy staffing levels acuity if necessary by redeploying staff around the service in line with activity and identify women suitable for discharge

LEVEL 2 AMBER - EARLY SIGNS OF PRESSURE

TRIGGERS

- Higher patient dependency than staffing ratio and skill mix
- High intrapartum activity with high bed occupancy on antenatal/postnatal ward
- No significant staffing shortages
- Early signs of pressure requiring additional management support to de-escalate.

Management at this level remains at Maternity Bleep Holder/Delivery Suite Coordinator/Ward Manager/Maternity Matron/Consultant Obstetrician/Neonatal Coordinator.

ACTIONS REQUIRED

IN HOURS

- Ensure Level 1 Green status actions are completed.
- Maternity Bleep Holder and Delivery Suite Coordinator to liaise and redeploy skilled staff according to area of need. Consider deployment of Community Midwives.
- Delivery Suite Coordinator to liaise with Neonatal Coordinator to identify and plan for any anticipated activity that necessitates Neonatal cots. (This may require Consultant Paediatrician and Consultant Obstetrician to discuss.)
- Early identification and planning where possible to ensure that women whose babies may not be accommodated on the neonatal unit are transferred to other units in the daytime when staffing levels are optimal.
- Maternity Bleep Holder/Delivery Suite Coordinator/Ward Manager to identify women suitable for discharge and expedite medical review where necessary.
- If Neonatal Unit is on diversion – plan as early as possible for transfer of women to other units during daytime whilst staffing levels are optimal. Liaise with ambulance service and keep updated re: impact on the service.
- If problems encountered with transferring women home or to other hospitals or patients blocking beds either awaiting investigations or reports, Maternity Bleep Holder to assist.
- Discussion between Delivery Suite Coordinator/Maternity Bleep
- Holder and Consultant Obstetrician to consider rescheduling all elective work both IOL/ C/S if clinical condition permits.
- All staff to be kept briefed of situation and actions agreed.

OUT OF HOURS

- Maternity Bleep Holder/ Delivery Suite Coordinator to inform on site Hospital Co-ordinator
- Maternity Bleep Holder/ Delivery Suite Coordinator to assess the situation and create a plan to improve the situation.
- Alert and involve the Consultant Obstetrician & Paediatrician On-Call.
- Ensure all key staff are briefed (see Section 7) and aware of all actions agreed.

- If problems encountered with transporting women home or to other hospitals or women blocking beds either awaiting investigations or interim report, Hospital Coordinator to assist.

FREQUENCY OF REVIEW

Delivery Suite Coordinator or Maternity Bleep Holder should:

- **review staffing, skill mix and bed capacity 2 hourly**
- be taking steps to remedy staffing levels acuity if necessary by redeploying staff around the service in line with activity and identify women suitable for discharge

LEVEL 3 RED - EXTREME PRESSURE

TRIGGERS

- No potential bed capacity within 2 hours
- Women in labour awaiting admission
- Telephone referrals still being received from women in labour
- Staffing levels insufficient to deal with situation and ensure safe care of women in labour and their babies
- Major incident declared / or Maternity Services Business Continuity Plans activated
- Early signs of pressure requiring additional management support to de-escalate.

Management at this level remains at Maternity Bleep Holder/Delivery Suite Coordinator/Ward Manager/Maternity Matron/Consultant Obstetrician/Neonatal Coordinator.

ACTIONS REQUIRED

IN HOURS

- Ensure Level 2 Amber status actions are completed.
- Maternity Bleep Holder/Delivery Suite Co-ordinator update Hospital Manager who will inform the Trust Executive On-Call that the service is requesting that divert be implemented
- Consider suspending all low-risk admissions to Maternity Unit if safe to do so. However ALL emergency admissions and women who need specialist maternity or neonatal tertiary care should continue to access services as required. [Updated December 2021].
- Suspend all community births as community on call hours may be exhausted if on call midwives have been called into the unit.
- Inform neighbouring units and obtain their status by checking on the maternity acuity tool https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/workbooks/4546/views
- Complete the Maternity Unit checklist.
- Contact NWAS and inform them of the diversion and the Hospital/s who have agreed to accept diverted patients
- Maternity Bleep Holder, Delivery Suite Coordinator, Consultant Obstetrician, Consultant Paediatrician, Ward Manager, Maternity Matron to maintain communication until stand down from Red to Amber Status.

Once situation has de-escalated to Amber re-open the Unit by reversing the above process.

FREQUENCY OF REVIEW

Delivery Suite Coordinator or Maternity Bleep Holder should:

- **review staffing, skill mix and bed capacity hourly**
- be taking steps to remedy staffing levels acuity if necessary by redeploying staff around the service in line with activity and identify women suitable for discharge.

Appendix 3 – Temporary Diversion of Maternity Service Checklist

Maternity Provider diverting their service	
Date and Time the divert was authorised	
Name of the Executive On-Call authorising the divert	

It is recommended that one person is nominated to coordinate this procedure who wherever possible should have no other responsibilities during this time

Nominated Coordinator	
Current Designation	
Contact Details	

Reason for Temporary Diversion

☐ No available beds/high levels of activity and dependency	☐ Shortage of staff - Midwifery/Medical please specify
☐ Inappropriate experience/skill mix	☐ Infection Prevention and Control issue (bays closed)
☐ Major incident	☐ Other - Please specify
Incident Form Completed	

Coordinator to inform the following

In hours	Date	Time	Notifying person	Comments
Delivery Suite Coordinator				
Maternity Bleep Holder				
Matron On-Call				
MW Professional Support/ Advocate				
Consultant Obstetrician				
Consultant Paediatrician				
Trust Manager on call				
Change Maternity Acuity Tool to RED-ON DIVERT GM Situation Report Maternity				

In hours	Date	Time	Notifying person	Comments
Bed Manager (where applicable)				
Head of Midwifery				
Executive on call				
Ambulance Control/NWAS				
Safeguarding Team				
Consultant Anaesthetist				
Governance Lead				
Executive on call at receiving unit				
CCG				

Note If the diversion occurs **out of hours** please inform relevant stakeholders the next working day

Checklist to be completed following contact with each of the neighbouring units

Receiving unit contact informed to record names of women directed to them Yes☐ No☐

Name of Unit	Main switchboard telephone number	Date & time informed	Notifying Person	Contact Name	Response regarding their activity
Royal Bolton Hospital	01204 390390				
Macclesfield General Hospital	01625 421000				
Saint Mary's North Manchester	0161 795 4567				
Royal Oldham Hospital	0161 624 0420				
Saint Marys Oxford Road	0161 276 1234				
Saint Marys Wythenshawe	0161 291 2945				
Stepping Hill Hospital, Stockport	0161 483 1010				
Tameside & Glossop	0161 483 1010				
Royal Albert & Edward Infirmary, WWL	01942 244000				

Appendix 4 – Record of Referrals and Transfers

Date of diversion	
Time of diversion	

Ensure all information is shared

Date & time of call	Name	Hospital number	Safe-guarding issues?	Reason for call	Advice given	Name of unit transferred to	Delivered	Letter sent
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
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			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐				Yes ☐ No ☐	Yes ☐ No ☐

Appendix 5 – Maternity Unit re-opening Checklist

Date and time of diversion	
Name of Executive on call who authorised the diversion	
Date and time unit re-opened	
Total number of hours unit had the diversion in place	
Name of Executive decision maker	

Number of women directed to other units	
Number of women delivered in other units	
SBAR Completed	
Incident submitted and StIES recorded	
Date incident investigation completed	
Update Maternity Acuity Tool to OPEN status	

Appendix 6 - Personnel Notified of Re-Opening of Maternity Unit

Coordinator to inform the following

In hours	Date	Time	Notifying person	Comments
Delivery Suite Coordinator				
Maternity Bleep Holder				
Matron On-Call				
MW Professional Support/Advocate				
Consultant Obstetrician				
Consultant Paediatrician				
Trust Manager on call				
Bed Manager (where applicable)				
Head of Midwifery				
Executive on call				
Ambulance Control/NWAS				
Safeguarding Team				
Consultant Anaesthetist				
Governance Lead				
Executive on call at receiving unit				
CCG				

Note If the diversion occurs **out of hours** please inform relevant stakeholders the next working day

Appendix 7 - SBAR

SITUATION • Date and time of diversion • Reason for diversion • Other information	
BACKGROUND • Precipitating factors that lead to divert • How many times the unit has implemented a diversion in the last 3 years? • Previous reasons for diversion from the unit	
ASSESSMENT • Staff deployed according to activity • Addition bank staff requested • Bed management managed appropriately • Relevant people informed in a timely manner • Checklists completed appropriately • Outstanding/pending workload e.g. IOL/CS • Appropriate actions taken at each level to try and deescalate situation • Length of diversion appropriate	
RECOMMENDATION • Appropriate actions taken to try and deescalate situation? • Appropriate decision to temporarily divert maternity services? • Timely review of activity and staffing during diversion and reopening? • How many times has the unit implemented a diversion in the last 12 months?	
COMPLETED BY	

Appendix 8 – Letter of Apology

Insert your Trust logo

Dear

Re: **Insert Maternity Provider Details**

We are writing to apologise to you for any inconvenience caused when we recently had to divert away from the services in our Maternity Unit. We experienced an exceptionally high volume of admissions which resulted in a lack of maternity beds being available at this time. Having liaised with our neighbouring maternity providers and the North West Ambulance Service we requested that you to be seen at the nearest hospital providing maternity care.

If you wish to discuss any of the events further, please do not hesitate to contact our Patient Experience Team who can be contacted by:

Telephone:
Email address:

Yours Sincerely

Name
Head of Midwifery Services

Appendix 9 – Contact Numbers for Central Delivery Suites

Maternity Provider- Hospital	Telephone Number for Central Delivery Suite
Bolton	01204 390 579
Macclesfield East Cheshire	n/a at present
Oldham	0161 627 8255
St Mary's Hospital Oxford Road Campus	0161 276 6556
St Mary's Hospital at Wythenshawe	0161 291 2934
Saint Mary's at North Manchester	0161 625 8008
Stepping Hill	0161 419 5553
Tameside	0161 922 6172 or 0161 922 6173
Wigan	01942 778 506

Appendix 10 - Audit

	POLICY STATEMENT	QUESTION	COMMENTS
1.	**During periods of high activity and an increased demand for bed capacity, or in the event of reduced staffing levels, maternity providers may need to temporarily suspend maternity services.** **The temporary suspension of maternity services should only be considered when all good practice options have been exhausted, as the consequence to women and other neighbouring units must be appreciated.**	What was the reason for calling a divert? What actions were taken prior to the maternity divert being put in place?	
2.	The Impact on Neonatal services should be taken into account-consideration should be given to those women who need to delivery at the unit.	Was the Neonatal Service Informed?	
3.	**The decision to divert from a maternity unit is the responsibility of the *Executive Director on-call* OR their delegated other usually following consultation**	Who made the final decision to temporarily divert care from the maternity unit and who was it discussed with?	
4.	**It is recommended that one person is nominated to coordinate the procedure and wherever possible should have no other responsibilities during this time**	Who contacted NWAS to advise?	
5.	**It is recommended that an hourly review of bed capacity and staffing is undertaken so that agreed routine operational working can recommence as quickly as possible.**	Did hourly review of bed capacity and staffing be undertaken so that agreed routine operational working could recommence as quickly as possible.	

6.	**Duration**	How long was the unit on divert?	
7.	**When the factors that precipitated temporary diversion of maternity services have been resolved and are ready to resume to safe services operating at level green, a consultation should take place with the same level of authority and focus as the originating escalation to diversion**	Who made the decision to reopen the maternity unit Did you complete the Maternity Unit re-opening Checklist?	
8.	**All adverse incidents involving any suspension or temporary diversion of services will require an internal investigation review and is StEIS reportable**	Was an internal incident submitted for the divert-if so what was the grading and severity?	
9.	**The Record of Referrals and Transfers should be completed with details of all women diverted to other maternity services**	How many women were diverted to other units and have you checked the outcomes with the **Record of Referrals and Transfers**?	
10.	**Any learning identified should be shared across Greater Manchester and Eastern Cheshire**	Any lessons learnt?	