

**GMEC-Specific details to support  
the NW Maternity Escalation Policy &  
Operational Pressures Escalation  
Levels Framework v2**

**V1**  
**April 2023**

Part of Greater Manchester  
Integrated Care Partnership




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## Document Control

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### Version control

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V0.2	Circulated for comments to GMEC Maternity Steering group. Comments from SKC. 22/11/22
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### Ratification process

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## 1. Introduction

This document outlines details specific to Greater Manchester and Eastern Cheshire that support the use of the North West Maternity Escalation Policy & Operational Pressures Escalation Levels Framework v2. This document includes localised practice that is in place for the LMNS.

Staff benefit when their role and responsibilities are described in clear terms; they are included in this document to encourage transparency between local maternity providers, promote equity of services at times of increased pressure and present a more coherent picture of operational pressures when requested.

## 2. Aims

The aim of this document is to:

- Set clear expectations and guidance around roles and responsibilities.
- To encourage system pressure awareness across GMEC
- To supplement and support the wider NW Maternity Escalation Policy & Operational Pressures Escalation Levels Framework v2 with GMEC-specific details of pre-divert work-up

## 3. Media and Press

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

## 4. 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

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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.

In addition to the 'Action cards' (outlined in the NW Maternity Escalation Policy & Operational Pressures Escalation Levels Framework v2), some GMEC units might consider whether women who are ready for discharge/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.

## 5. Infection Prevention and Control

Please follow local IPC Policy.

## 6. In the Event of a Major Incident – Emergency Divert

Use of universal language when communicating with NWS during a major incident is important. Describing an **emergency divert** to NWS refers to a fire/ Flood or major incident, (e.g. Terrorist attack). Please follow local Policy in relation to major incident and refer to 3.3 of the NW Maternity Escalation Policy & Operational Pressures Escalation Levels Framework v2.

## 7. Deflections

Deflections refer to those women or people that are deflected to a maternity provider for care that they did not book at. The NW Escalation policy refers to a deflection as an operational decision which are used to level out operational pressures across a defined system, maximising use of assets while maintaining patient safety. Deflections are often considered during OPEL level 3.

In GMEC, when at OPEL level 3, the acuity tool should be consulted to gain an understanding of the GMEC maternity system and the pressures that neighbouring Trusts may be reporting. This will enable you to identify which trusts are likely to be able to support you with deflecting women and people using your service.

It is important to have robust governance processes to support deflection, including a record of the number of women and where they have been deflected to. (See Appendix 2 Record of referral and transfer).

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## 8. Making the decision to request a Formal Divert (OPEL status 4)

The language must be universal when requesting a maternity divert. When at OPEL Status 4 you will request a **formal** divert. The formal divert should be communicated correctly amongst the maternity team and the Regional Operational Control Centre (ROCC) to reduce any confusion around the reason for the divert. Please see section 3.2 of the NW Maternity Escalation Policy & Operational Pressures Escalation Levels Framework v2 for further details of requesting a divert at OPEL status 4.

When contacting the ROCC, be prepared to answer a number of questions relating to:

- OPEL status
- Reason for Divert
- Expected time to be on divert
- Name of the Executive On-Call authorising the divert

N.B Reduced Neonatal capacity is not a standalone reason for divert and a discussion should take place between the Neonatal and Obstetric teams.

### 8.1 All Units refusing Diverted women

Where a GMEC unit is stating that they are unable to accept divers:

- They should confirm that decision has been supported by senior management
- A Provider's status on the Acuity Tool must reflect that they are on divert - if not on divert or at OPEL 3 (pre-divert level), a unit must have a strong rationale for not accepting diverted women
- If all GM units are on divert, this should be escalated to your Senior management team, who will escalate and inform the LMNS at the next available opportunity
- 

### 8.2 NWAS response

The ROCC will confirm whether the request for Divert has been granted.

When a maternity unit is 'On Divert' it does not mean that the maternity unit is 'closed'. Women who are risk assessed as Amber or Red by NWAS crew will be taken to the closest maternity unit. If a woman needs to be transferred by the NWAS crew to a hospital 'On Divert', it is based on the risk assessment by the NWAS crew and deemed to be the safest option. The NWAS crew will inform the receiving hospital via the RED phone of their expected attendance.

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### 8.3 What to do if the Divert Request has been declined?

- Inform your senior team as per section 4 of the NW Maternity Escalation Policy & Operational Pressures Escalation Levels Framework v2.
- Contact neighbouring trusts to determine if deflections are possible.
- If a number of neighbouring trusts, (within the LMNS) are on divert or are unable to accept deflections, the provider requesting the divert should work with neighbouring regions to secure mutual aid, as per section 5.0 of the NW Maternity Escalation Policy & Operational Pressures Escalation Levels Framework v2.

## 9. GMEC Acuity Tool

The Tableau Acuity Tool for GMEC was established to reflect real time pressures for the system. The tool should be updated on a daily basis ideally by 10 am. However, when a GMEC maternity provider is experiencing increased pressures, they need to update their position on the GMEC Acuity Tool. These updates maybe required in the evening, night or at weekend, when the likelihood of divert is at its greatest. This enables other maternity service providers within GMEC to obtain an accurate and up to date overview of system pressures.

When at OPEL 3, the maternity provider will access the GMEC Acuity Tool to understand the overarching status of the GMEC Maternity system, as this will influence which units are approached to accept diverted women. At this point you will also update the acuity tool to reflect that your unit is experiencing additional pressure.

When a Divert is agreed by NWS, the maternity provider will update the Acuity Tool to reflect that they are on Divert. This is an essential step to inform other maternity providers within GMEC should they also be considering Divert.

Once the Divert is de-escalated, the maternity provider will update the GMEC Acuity Tool to declare non-divert status.

## 10. Tracking women who might be diverted

Where women are diverted or deflected to another site, the 'GMEC Record of Referrals, Diverted or Deflected Women or People' should be completed with details of all women diverted/deflected to other maternity services (Appendix 2).

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## 11. Re-opening of the Maternity Unit

It is recommended that an hourly *internal* review of bed capacity and staffing is undertaken, so that agreed routine operational working can recommence as quickly as possible. Utilise documentation as per NW Maternity Escalation Policy & Operational Pressures Escalation Levels Framework v2.

- Update Maternity Acuity Tool to Open status
- Report divert as StEIS incident as per national requirement and complete LMNS audit tool following investigation within and forward to the LMNS within 7 days (Appendix 3).

Using the GMEC 'Record of Referrals, deflected or diverted women or People' identify those women who need to be sent a written apology from the Head of Midwifery. The template for the letter is within Appendix 9 of the NW Maternity Escalation Policy & Operational Pressures Escalation Levels Framework v2.

## 12. Sharing Lessons Learnt

Learning from incidents involving diversion of maternity services, will be shared across Greater Manchester and Eastern Cheshire through the quarterly Divert report to GMEC SCN Maternity Steering group.

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## 13. Documentation to completed

Name of documentation	Located
Neighbouring Trust availability to admit diverted women	Appendix 5 North West Maternity Escalation Policy & Operational Pressures Escalation Levels Framework
Key stakeholders to be informed of Formal Divert following agreement with NWAS via ROCC	Appendix 6 North West Maternity Escalation Policy & Operational Pressures Escalation Levels Framework
De-Escalation Checklist	Appendix 7 North West Maternity Escalation Policy & Operational Pressures Escalation Levels Framework
SBAR Assessment	Appendix 8 North West Maternity Escalation Policy & Operational Pressures Escalation Levels Framework
<a href="#">GMEC Diversion of Maternity Services Checklist</a>	Appendix 1 GMEC Escalation Policy
<a href="#">GMEC Record of referrals, diverted and deflected women and people</a>	Appendix 2 GMEC Escalation Policy
<a href="#">GMEC Divert of Maternity Services Audit Form</a>	Appendix 3 GMEC Escalation Policy

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## Appendix 1 GMEC Diversion of Maternity Service Checklist

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

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

Nominated Coordinator	
Current Designation	
Contact Details	

### Reason for Divert

OPEL Level:	
Reason for Divert	
Incident reference and date reported	
Date of STEIS Completed:	
Date and time of Unit re-opened	

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 6655
Wigan	01942 778505 or Maternity Ward 01942 778506

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## Appendix 2 GMEC Record of Referrals, Diverted & Deflected

### Women and People

Date of diversion	
Time of diversion (from and to)	

Date & time of call	Name	Hospital number	Safe-guarding issues?	Reason for call	Advice given	Name of unit transferred to	Delivered	Letter sent
			Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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			Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Appendix 3 Divert of Maternity Services Audit form (To be sent to LMNS)

	POLICY STATEMENT	QUESTION	COMMENTS
1	<p><b>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.</b></p> <p>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.</p>	<p>What was the reason for calling a divert?</p> <p>What actions were taken prior to the maternity divert being put in place?</p>	
2	<p><b>The Impact on Neonatal services should be taken into account-consideration should be given to those women who need to delivery at the unit.</b></p>	<p><b>Was the Neonatal Service Informed?</b></p>	
3	<p><b>The decision to divert from a maternity unit is the responsibility of the <i>Executive Director on-call</i> OR their delegated other usually following consultation</b></p>	<p>Who made the final decision to temporarily divert care from the maternity unit and who was it discussed with?</p>	
4.	<p><b>It is recommended that one person is nominated to coordinate the procedure and wherever possible should have no other responsibilities during this time</b></p>	<p>Who contacted NWS to advise?</p>	
5	<p><b>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.</b></p>	<p>Did hourly review of bed capacity and staffing be undertaken so that agreed routine operational working could recommence as quickly as possible.</p>	
6	<p><b>Duration</b></p>	<p>How long was the unit on divert?</p>	
7	<p><b>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</b></p>	<p>Who made the decision to reopen the maternity unit Did you complete the De-escalation checklist? (Appendix 7, North West Maternity Escalation Policy &amp; Operational Pressures Escalation Levels Framework v2).</p>	
8	<p><b>All adverse incidents involving any suspension or temporary diversion of services will require an internal investigation review and is StEIS reportable</b></p>	<p>Was an internal incident submitted for the divert-if so what was the grading and severity?</p>	
9	<p><b>The <a href="#">Record of Referrals and Transfers</a> should be completed with details of all women diverted to other maternity services</b></p>	<p>How many women were diverted to other units and have you checked the outcomes with the <b>Record of Referrals and Transfers</b>?</p>	
10	<p><b>Any learning identified should be shared across Greater Manchester and Eastern Cheshire</b></p>	<p>Any lessons learnt?</p>	

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## Glossary

GMEC	Greater Manchester and Eastern Cheshire
IPC	Infection Prevention and Control
LMNS	Local Maternity and Neonatal System
NWAS	North West Ambulance Service NHS FT
OPEL	Operational Pressures Escalation Level
STEIS	Strategic Executive Information System (STEIS). NHS England's web-based serious incident management system
TTO	To take out (pharmacy)

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