

Greater Manchester Assurance Check List

Must be Completed Prior to request for Formal Divert



1. **Capacity Divert:** Confirm all core capacity has been utilised and there are no delays in transferring patients into beds.
2. **Capacity Divert:** Confirmation that all Escalated areas have been utilised and there are no delays transferring patients into beds.
3. **Capacity Divert:** Confirm there are no options to open further capacity.
4. **Capacity Divert:** Cancellation of all Non-urgent elective/planned procedures have taken place in the first instance.
5. **Capacity Divert:** Every Patient in every bed on every ward will be reviewed by a senior Doctor (ST3 or above – preferably Consultant) within 24hours of formal divert being requested and accepted.
6. **Capacity Divert/Congested ECC:** Specialty in-reach to the Emergency Department in place i.e Acute Physicians/On-call Consultants/Specialists senior Doctors and Specialist Nurses.
7. **Capacity Divert/Congested ECC:** Relevant Consultant on-call must agree request for formal divert and communicate a clear plan to stabilise the situation during the period of divert.
8. **Capacity Divert:** Acute Provider initiates Urgent Care Emergency Planning Meeting (UCEP) via local Systems Resilience Group, meeting of all key stakeholders to take place within 24 hours of accepted formal divert. Suggested mandated attendance at UCEP meeting: VSM - Acute Provider, Local Authority, Mental Health, Community Services, and NWAS.
9. **Capacity/Congested ECC Divert:** Joint Provider/CCG Communication to Public on the day of accepted divert/following morning if out of hours, advising of situation in hospital and promoting choose well options.
10. **Capacity/Congested ECC Divert:** If any patient is deemed clinically at risk, or areas declared unsafe, the on-call Consultant is expected to be on site leading clinical contingency plans such as discharging processes advised in major incident planning.

NB.. This policy refers to External Provider to Provider Only..