



# **Ambulance Divert Requests**

## **Standard Operating Procedure**

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## Procedure for Ambulance Divert Requests

### 1 Scope

- 1.1. This procedure sets out the process for requesting a SECAMB ambulance divert within the Kent, Surrey, and Sussex region, to support, and or, recover delivery of safe patient care.
- 1.2. The management of a “critical incident” with the need for an Emergency Department (ED) **complete closure** to ambulances, due to denial of access caused by e.g. fire, flood or police incident, **is covered under a separate procedure** agreed by Kent Surrey and Sussex LHRP executive groups (see Appendix C, Governance Flow Chart).

### 2 Definitions

- 2.1. **Divert:** A divert is defined as movement of ambulance borne activity (**except for ASHICE patients**) away from a site under pressure to the next nearest / appropriate hospital - under less pressure (with their agreement). This includes hospital sites that belong to the same Trust.
- 2.2. **ASHICE** patients are a group of patients that require the ED team to be on standby and ready to receive. These patients are always called through to hospital EDs, by the transporting crew, with the patients: Age, Sex, History, Incident details, Condition and Estimated time of arrival.

### 3 Principles

- 3.1. The decision to request a divert should only be taken when hospital trusts have exhausted all internal escalation action plans, and under no circumstances should divers be routinely used to protect elective beds, or to avoid excessive waits in ED, or to manage patient flow between sites belonging to the same Trust.
- 3.2. A request for a divert should only be considered in exceptional circumstances and as a last resort. When considering a request for a divert, a total view of system capacity should be taken (with ICS/ICC support) including acute resource, community response, intermediate care, and community inpatient capacity.
- 3.3. The decision for a hospital to request a divert, must be taken by the hospital trusts Chief Operating Officer (COO)/on call Director.
- 3.4. The COO /on call Director must seek to discuss and agree the parameters of a divert with a designated receiving hospital(s) trusts COO / on call Director within the requesting hospitals ICS. The agreement must include



a comprehensive description of the types/groups of patients to be diverted and the timeframe for the divert.

- 3.5. Once agreement to accept a divert has been made, the requesting hospital trust's COO /on call Director must contact SECAMB's Emergency Operations Centre (EOC) by phone to request a divert, followed up with a submission of the Ambulance Divert Request Form (Appendix B). to: [divert@secamb.nhs.uk](mailto:divert@secamb.nhs.uk) and copying in the Urgent Care/Incident email address for the relevant ICS/ICC
- 3.6. Following receipt of the request, SECAMB's Strategic Commander, will consider SECAMB's declared Surge level and the National Resourcing Escalatory Action Plan (REAP), and will respond to the request for a divert by email within 20 minutes of receipt of the divert request form. Consideration will be given to the number of divers already in place, the impact that an additional divert may have on patient safety, and the ability to maintain a normal service.
- 3.7. If the request can be supported, the divert will be implemented. It will only continue however, if there are no handover delays at the receiving hospital (s). If, during the divert the receiving hospital trust becomes compromised, or SECAMB's ability to support the divert becomes compromised, then the divert will cease.
- 3.8. If the request for a divert is unable to be supported, then the COO/Director on call for the requesting hospital will inform the ICS/ICC on call director , who may decide to set up and chair a system wide conference call to consider next steps. This may include contacting the NHSE/I on call Director to join the call, to bring guidance, resolution / agreement. This should be as soon as possible after the initial request was made.
- 3.9. All divers implemented will be documented by SECAMB by completing section B of the Ambulance Divert request form (Appendix B).Following completion of the divert , the completed form will be emailed to: [divert@secamb.nhs.uk](mailto:divert@secamb.nhs.uk) ,the requesting trusts COO /on call Director, the receiving Trusts COO /on call Director and the Urgent Care/Incident email address for the relevant ICS/ICC.
- 3.10. Details of any ambulances that have been diverted will be shared within section B of the ambulance divert request form and will include the daily incident number and call sign. When no ambulances have been diverted this must also be recorded.
- 3.11. The relevant ICS /ICC will monitor the situation the next working day, liaising directly with providers to ensure repatriation of patients within a maximum of 72 hours (if appropriate to do so). An RCA will be completed within 7 days; this will be led by the relevant ICS/ICC and involve all system partners involved in the divert. Lessons learnt will be shared with all relevant partners



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Quarterly reports will be produced by SECAMB and submitted to the Lead Commissioning CCG which will include the number of requests, reasons for requests, and number of patients diverted by individual hospital Trusts.

### **4 Responsibilities**

- 4.1. This procedure must only be used when hospital trusts have exhausted both internal business continuity plans and escalatory actions, as well as local health and social care escalatory actions.
- 4.2. Locally agreed escalation process and triggers must be in place and all actions associated with managing capacity pressures must have been put into place prior to any requests for divert(s).
- 4.3. The procedure will **not** apply for the purposes of protecting elective beds and under no circumstances, will divers be used routinely to avoid excessive waits in ED or to manage patient flow between sites belonging to the same Trust.
- 4.4. SECAMB, hospital trusts and ICCs/ICSs are all collectively responsible for implementing this procedure.

### **5 Organisational Actions for Any Divert Request**

#### **5.1. SECAMB's Trust Strategic Commander:**

- Communicate SECAMB's actions in line with local policy.
- Ensure details of ambulances that have been diverted are recorded and communicated as appropriate.
- Ensure when the divert has ended the Ambulance divert request form is completed and that it is emailed to the diverting trusts COO/on call Director, the receiving trusts COO/on call Director and the Urgent Care/Incident email address for the relevant ICS.
- Maintain close liaison with the Requesting hospital COO /on call Director/Receiving trusts COO /on call Director to review impact of the divert.
- Inform neighbouring Ambulance Trusts of divert details (if appropriate)
- Inform neighbouring Ambulance Trusts if the divert is changed/lifted (if appropriate).

#### **5.2. Requesting Acute Trust Chief Operating Officer /on call Director**

- Review all internal business continuity plans and escalatory actions and be satisfied that it is an appropriate time to request a divert.



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- Ensure that an agreement has been made with the COO /on call Director of neighbouring hospital(s) to receive diverted patients.
- Ensure contact has been made with SECAMB by phone and by email, by completing section A of the divert requests form (Appendix B) and by emailing it to: [divert@secamb.nhs.uk](mailto:divert@secamb.nhs.uk) and by copying in the Urgent Care/Incident email address for the relevant ICS/ICC
- Demonstrate a clear and actionable de-escalation plan to return to a situation whereby inbound patients can be taken to the hospital.
- Regularly review the need for the divert and inform SECAMB's Strategic Commander, receiving Trust COO /on call Director(s) and ICS/ICC Director On-Call if the divert needs to be changed/ lifted.
- Ensure diverted patients are repatriated, if appropriate (within 72 hours).

### 5.3. **Receiving Acute Trust(s) Chief Operating Officer/on call Director**

- Ensure all front line and appropriate staff are briefed of the divert arrangement.
- Ensure sufficient resources are provided to support additional patients
- Maintain close liaison with the Requesting hospital COO/on call Director/SECAMB Strategic Commander to review the impact of the Divert.
- Ensure any ambulance handover delays are minimised so that crews can respond to 999 calls in the community.
- Ensure Site Management Team(s) accurately record and follow patients from arrival to repatriation or discharge (prompting progress where appropriate)

### 5.4. **ICS/ICC Director**

- Facilitate support to the affected Trust(s)
- Set up and chair an ICS/ICC system wide conference call if required.
- Ensure the process and impact of the divert is reviewed.
- Ensure that following completion of a divert, an RCA is completed, and any lessons learnt are shared with all parties

## **6 Communication**

6.1. In the event of any divert, a clear communications process may be necessary so that the affected health community is aware of the situation, the likely impact, and the potential duration.

6.2. Any communication process may need to be aligned to public information messages to ensure that the patients and the public are aware of the situation. All Requesting & Receiving Acute Trusts and SECAMB should be involved in communications. The relevant ICS/ICC will take the lead.



## Monitoring

7.1.

Monitoring of this SOP will be via Contract Review Meetings (with SECAmb and the hospital trusts) Monitoring will also be undertaken by the Ambulance Pathway Development Programme Steering Group.

## 8 Audit and Review

8.1. This document will be reviewed every three years or sooner if new legislation, codes of practice or national standards are introduced.



## Appendix A: Implementation of a Divert

A decision to request a divert will be taken by a hospital's COO / on call Director when the hospital trust has exhausted all internal escalatory actions and business continuity plans.

A COO /on call Director to COO/on call Director agreement will be in place between the Trust requesting a divert and an identified (next nearest/most appropriate) Trust(s) /hospital sites within the relevant ICS.

The COO /on call Director requesting a divert will contact SECamb's Emergency Operations Centre (EOC) requesting a divert. This will also be followed up by completing section A, on the divert request form and emailing it to [divert@secamb.nhs.uk](mailto:divert@secamb.nhs.uk) and copying in the Urgent Care/Incident email address for relevant ICS.

SECamb's Strategic Commander will respond to the request by email within 20 minutes of receipt of the divert request form. If the request can be supported, the divert will be implemented. If, during the divert however the receiving hospital(s) becomes compromised, or SECamb's ability to support the divert becomes compromised, then the divert will cease.

Divert supported & implemented

Divert unable to be supported

When the divert has ended, SECamb will complete section B of the ambulance divert request form. The completed form will be emailed to [divert@secamb.nhs.uk](mailto:divert@secamb.nhs.uk), the COO /on call Director of the requesting trust, The COO /on call Director of the receiving trust and the Urgent Care/Incident email address for relevant ICS.

If the request for a divert is unable to be supported, the relevant ICS/ICC on call director may decide to set up and chair a system wide conference call to consider next steps. This may include contacting the NHSE/I on call Director to join the call.

RCA completed within 7 days; this will be led by the relevant ICS/ICC who will be responsible for sharing any lessons learnt.





**Appendix B: Ambulance Divert Request Form** NHS Foundation Trust

All requests for an Ambulance divert involving SECamb must be made by the requesting trusts COO/on call Director by telephoning: SECamb on 0300 123 9883 (Surrey and West Sussex including Brighton ) or 0300 123 5818 (Kent and East Sussex) This must be followed by completing section A and emailing the form to: [divert@secamb.nhs.uk](mailto:divert@secamb.nhs.uk).including the Urgent Care /Incident email address for the relevant ICS.

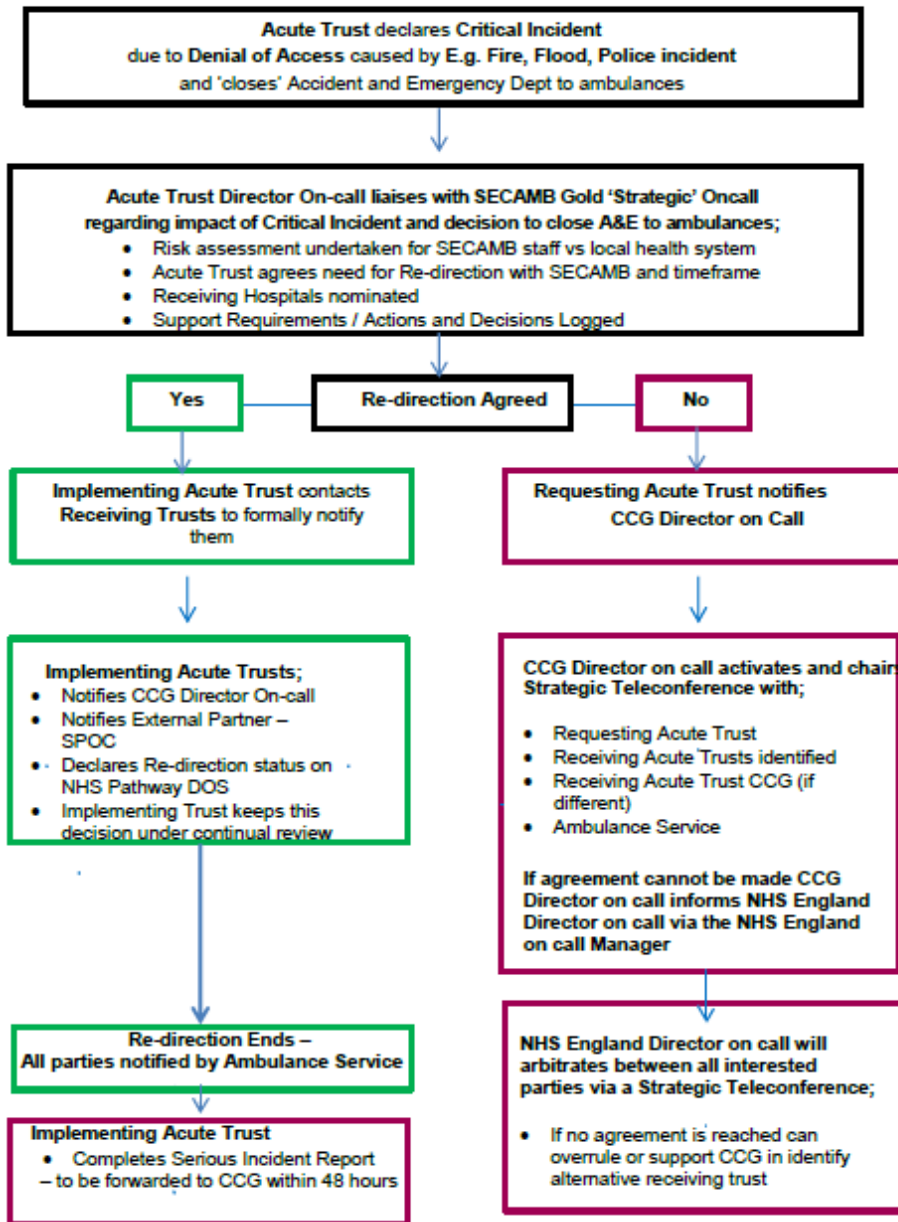
<b>Section A: To be completed by COO /on call Director at the Requesting Hospital</b>	
Divert From (Hospital requesting a divert)	
Divert To (Hospital(s) that have agreed to accept a divert)	
<b>Patient groups to be diverted - be specific</b> e.g. all patients (except ASHICE) <b>or</b> all stroke patients, <b>or</b> all maternity patients <b>except</b> full-term labour etc. This will greatly assist the EOC and operational staff to identify patients and ensure they are conveyed to the appropriate destination	
Reason for the Divert request.	
Name, telephone number and email address of COO/on call Director at the <b>hospital requesting a divert.</b>	
Estimated duration of divert	
Name, telephone number and email address of COO /on call Director at the <b>trust(s) receiving a divert</b>	
Urgent Care/Incident email address for the relevant ICS/ICC	
<b>Section B: To be completed by SECamb</b>	
SECamb On Call Strategic Commander	
Divert supported - <b>YES/NO</b> Outline rationale if divert <b>not</b> supported	
If this divert affects a neighbouring ambulance service please provide details of contact made.	
Time when divert started and stopped.	
Details of numbers of ambulances diverted, including daily incident number and call sign	

When the divert has ended, SECamb will complete section B .The completed form will be emailed to [divert@secamb.nhs.uk](mailto:divert@secamb.nhs.uk), the COO /on call Director of the requesting trust, The COO /on call Director of the receiving trust and the Urgent Care/Incident email address for relevant ICS.





Acute Trust 'Critical Incident' A&E Closure – Governance Flowchart



Surrey LHRP



Sussex LHRP

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