	Issues / Trend	What	Who	When	Update 31st August
1	No dedicated senior leadership and system around Clinically optimised patients and flow	• Dedicated senior leader for Flow, COP and DToC • Central Team per site for COP & Flow • An option could be HB wide COP senior leadership function • One centralised discharge team to manage the process	Deb Lewis, Deputy COO SGDs Deb Lewis, Deputy COO tbc	24th August 2022 1st September 2022 24th August 2022	as per action 9
2	Management of the COP list	• Separate out the COP lists into 3 key management functions 1) Green to go (can go today) – Ward function 2) Amber, those in a process that need actions and timescales- senior flow function 3) Complex long length of stay patients – multiagency senior/expert group	SGND Primary & Community Care	24th August 2022	Has been done but definitions need to be refined following the escalation group meetings in Sept.
3	No HB approved framework / process for complex discharge management.	· Development of a HB Discharge Policy that incorpoates a timed flow-chart for all key actions / areas of delay. This will support operational teams to enforce policy and have more direct discussions with patients and families / carers.	Helenna Jarvis Jones / Julie Morse	by end September 2022	HJJ will hold the ring on this for the HB but is on annual leave until 19th Sept. Julie Morse will co-ordinate in her absence.
4	Care home capacity	• A better process around understanding care home capacity on a daily basis	tbc	by end September 2022	Due to key personnel being on annual leave this week it has not been possible to allocate some actions. This will be picked up on my return 20th Sept.
5	Lack of Mental Health input into complex discharge planning for patients admitted with medical needs	Need improved engagement from MH professionals for patients on a complex EMI pathway, limited placements for those with complex/EMI needs leading to long los in acute beds.	SGD MH&LD	by end September 2022	to be discussed with SGD MH&LD
6	Ambiguity around actual reasons for discharge delays. For example: Choice is often put as the reason on SIGNAL however the issue is 3rd party top-ups	• Better reporting around reasons for choice delays pending full implementation of Signal V3	Deb Lewis, Deputy COO	30th September 2022	Will be picked up on return from annual leave 19th September
7	Choice - communication	• Need for a formalised letter/posters for new admissions and currently admitted patients with delayed discharges signed off by Richard Evans and Gareth Howells • Ensure the letter is distributed consistently at times of admission and agree process for current admissions • Develop an escalation process to support front-line staff in having conversations with patients and families.	Nick Samuels, Director of Communications Service Group Directors / Service Group Nurse Directors Deb Lewis, Deputy COO	within 2 weeks of letter being signed off.	currently with EMD and END for final sign-off
8	Consistent use of SAFER and national pathways	• Relaunch of SAFER and the national pathway work. • Comms and video are available	tbc (suggest EMD)		
9	Lack of capacity within current teams to support enhanced activity on complex discharge plans	Explore options for developing an internal additional team to support on complex discharge planning; being the single point of access for admission avoidance and links with local authority colleagues: 1. engage with an external company eg CHS and commission additonal support. Early indications are that this would cost in the region of £250k. Positives - early to implement if funding available Risks - lack of HB ownership and development of sustainable solutions. Solution assumes there is capacity in the community setting not being utilised due to poor process. If this is not the case then there would still be delays. 2. Develop an internal specialist team utilising some existing staff with some addtional investment. Positives - would develop a sustanable solution owned by the HB Risks - would take longer to implement.	SGD PCC	tbc	Proposal received from CHS Healthcare but requires more detailed discussion and analysis of blocks to present a case to Execs for approval.
10	Lack of capacity in the dom care market to support patients in the community.	Explore options around implementing a health-led solution to support patients in the community and facilitate earlier discharge. Option1 repurpose an existing team currently working in the community but in a different capacity and use third sector (in this instance Marie Curie) to provide the existing service. Positive - this would avoid further recruitment and Marie Curie is able to provide this service if we chose to commission from them. Risks - would require some form of OCP for the existing team. Marie Curie require full funding for the team they commission at A4C band 3 - currently no option for matched funding as has previously been available via Marie Curie so therefore an expensive option. Option 2 Fund and recruit to a new community based team that would be a mix of Band 2s and 3s Positives - would be a less expensive model Risks - time to recruit.	SGND PCC	tbc but an expected lead in time of 3 months for either option	Approval to proceed required from Exec Team
11	Consistent use of digital systems e.g. SIGNAL to support flow and COP	• Signal 3 to be launched on 22/09/22, this has had considerable clinical input • Daily dashboard linked to SAFER/daily board round			