

APPENDIX 2A

OFFICER DECISION RECORD 2 FORM – GUIDANCE

This form should be used to record Officer Decisions which have a financial impact (income/expenditure) between £25k - £100k.

Decision Reference No: AHWB.030.2022 Covid Bed Extension

BOX 1.

DIRECTORATE: AHWB

DATE: 3rd May 2022

Contact Name: Kathryn Anderson-Bratt Tel. No.: 37013

Subject Matter: To provide an extension to the COVID designated settings beds for a further 8 weeks to allow for review and pilot as Transfer of Care beds

BOX 2

DECISION TAKEN:

To extend the provision of 10 block purchased beds in Church View for a period of 8 weeks.

BOX 3

REASON FOR DECISION AND ALTERNATIVE OPTIONS CONSIDERED AND REJECTED:

To provide an extension of COVID designated setting beds for a period of 8 weeks. These beds provide two weeks of bed based care for people who are Covid positive with care and support needs leaving hospital who are not able to return home. At the current time usage of the Covid positive beds is low, however, it is recognised that should the beds remain unused for Covid positive discharges, they could be repurposed and piloted as Transfer of Care beds. This would allow individuals who no longer require an acute bed but who are unable to return home immediately, a short term stay within a residential setting whilst their at home arrangements can be made.

Option 1: Let contract end and discharge to community care home beds

The option for the contract to end naturally on 30th April 2022 following cessation of the national funding pot was explored. A review is required on the use of the beds within Church View including their future use as Covid positive beds or alternatively as Transfer of Care beds. **Rejected**

Option 2: People remain in hospital until they are no longer a COVID risk to their future placement

Given the pressure on the hospital system currently and the very challenging situation combined with the risk of hospital acquired infection, this is not an appropriate option. **Rejected**

Option 3: Extend existing arrangement for 8 weeks

Extending the current arrangements will provide a safe place (designated setting) for people to be stepped up and stepped down into. This will provide continued safe care and support to an experienced designated setting. The 10 beds will deliver flow through the hospital and prevent potential hospital admissions for a further period of up to 8 weeks whilst the situation is assessed in relation to Covid rates and review the risk assessments for care homes to accept Covid positive residents through the work from Infection Prevention and Control team, including risk reduction and confidence. Should the Covid positive bed usage remain low, a review will be completed during the 8 week period (provisionally after 2 weeks) and the beds will be piloted as Transfer of Care beds, allowing step down from hospital for Covid negative people who need a short term period of care whilst at home arrangements can be finalised. **Preferred**

It is intended to fund this cost from the proposed earmarked reserve of £1m for AHWB to meet cost pressures in adult social care. However this earmarked reserve for 2022/2023 will only be approved as part of the Council's final accounts process for 2021/2022. Therefore, if not approved the £56k cost of this decision will be managed as part of the overall care ladder spend in 2022/2023.

**BOX 4
BACKGROUND PAPERS**

NO

**BOX 5
INFORMATION NOT FOR PUBLICATION:**

In accordance with the Freedom of Information Act 2000, it is in the Public's interests for this decision to be published in full, redacting only the signatures

Name: Gillian Parker_ Signature: by email_ Date 03/05/2022_

Signature of FOI Lead Officer for service area where ODR originates

**BOX 6
AUTHORISATION:**

Name: ___Carolyn Nice ___ Signature:  Date: ___03/05/2022__

Assistant Director Adults Health and Wellbeing

Does this decision require authorisation by the Chief Financial Officer or other Officer?

YES/NO

If yes please authorise below:

Name: _____ Signed: _____ Date: _____

Chief Executive/Director/Assistant Director of _____

Consultation with Relevant Member(s)

Name: _____ Signature: _____ Date: _____

Designation _____

(e.g. Mayor, Cabinet Member or Committee Chair/Vice-Chair)

Declaration of Interest YES/NO

If YES please give details below:

**PLEASE NOTE THIS FORM WILL BE PUBLISHED ON THE COUNCIL'S WEBSITE
IN FULL UNLESS IT CONTAINS EXEMPT OR CONFIDENTIAL INFORMATION**

Once completed a PDF copy of this form along with any relevant background papers should be forwarded to Governance Services at Democratic.Services@doncaster.gov.uk who will arrange publication.

It is the responsibility of the decision taker to clearly identify any information that is confidential or exempt and should be redacted before publication.