

**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.034.2022 Extension to Transfer of Care Beds**

**BOX 1.**

**DIRECTORATE: AHWB**

**DATE: 14<sup>th</sup> June 2022**

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

**Subject Matter: To provide an extension to Transfer of Care beds for a further 12 weeks**

**BOX 2**

**DECISION TAKEN:**

To extend the provision of 10 block purchased beds in Church View for a period of 12 weeks.

**BOX 3**

**REASON FOR DECISION AND ALTERNATIVE OPTIONS CONSIDERED AND REJECTED:**

To provide an extension of the Transfer of Care beds for a period of 12 weeks. These beds provide two weeks of bed based care for people who no longer require an acute bed but who are unable to return home immediately, this provisions is a short term stay within a residential setting whilst their at home arrangements can be finalised and commenced.

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

The option for the contract to end naturally on 30th June 2022 has been explored. The current Transfer of Care beds have remained full since the start of the service in mid May 2022. The beds have supported timely hospital discharge and given the current pressures within the hospital system closing the beds at this point would prove challenging for ongoing hospital discharge. **Rejected**

**Option 2: People remain in hospital until their future placement/service can commence**

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 12 weeks**

Extending the current arrangements will provide a safe place for people to be stepped up and stepped down into. The 10 beds will continue to deliver flow through the hospital and prevent potential hospital admissions for a further period of up to 12 weeks. The Transfer of Care beds allow for step down from hospital for Covid negative people who need short term period of care whilst at home arrangements can be finalised. **Preferred**

It is acknowledged that the current demand for Covid positive beds remains low and hospital discharges of Covid positive individuals is being managed on a case-by-case basis with risk assessments in place for the wider care home market. Should the rate of infections and Covid positive individuals in hospital increase over the coming months the Transfer of Care beds would be revised and stepped back up to Covid positive designated beds. It is likely that the turnaround would be 5-7 days to allow for transfer of current residents and a deep clean within the service. The current provider of the Transfer of Care beds delivered the designated Covid positive beds for a significant period of time and therefore have the skills and knowledge to provide these beds again if required.

It is intended to fund this cost from the proposed earmarked reserve of £1m for AHWB to meet cost pressures in adult social care. The total cost of the 10 beds for a further 12 weeks is £84,000 (£700 per bed per week). Following this period the occupancy and usage will be reviewed along with system partners. Work is ongoing for a system bid for monies to improve the flow through acute capacity and as a result of this discussions are ongoing to potentially fund these longer term for flex up and step down as covid dictates.

**BOX 4  
BACKGROUND PAPERS**

**NONE**

**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 \_14/06/2022\_**

Signature of FOI Lead Officer for service area where ODR originates

**BOX 6  
AUTHORISATION:**

**Name: Phil Holmes Signature:  Date: 15/06/2022**

Director of Adults Health and W

**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](mailto: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.