

Operation Shackleton Operating Manual



November 2021

Index

Topic	Page
Context	3
History and Trials	4
Procedure Overview	5
Providers Business Continuity Plans	6
Red Amber Green	7
Checking Priority Levels	8
Seeking Support Preparation	8
Preparation for Giving Support	9
Sharing Packages of Support	10
- General	
- Medication	
- Moving and Handling	
Communication Best Practices	11
- Service Users and Family	
- Adult Social Care/ Health	
- Commissioners, Brokerage, Care Management	
- Care Quality Commission	
Managing a Pandemic or Potential Pandemic	12
Risk Management	14
Reconciliation of Costs between Providers	14
Learning Lessons and Sharing	14
Contacts Reference List	15
Useful Telephone Numbers	18
Initial Response Guide	19
UK Hospital Escalation Levels	20
Appendices – Templates to complete	21

Context

The Strategic Commissioning Team in Plymouth have a need for contingency plans from Plymouth Domiciliary Care Providers which will sustain care and support during emergencies. This would be specifically relevant when there are severe weather conditions, epidemic or pandemic outbreaks of sickness affecting the community or employees. It would also apply in stress conditions affecting the NHS, industrial action and fuel shortages.

It is a contractual requirement of Providers working with Plymouth City Council, to have their own Business Continuity Plans in place and these should be made available to Commissioners. In order to build on these plans, it is expected that Providers should support each other across the City when required to do so, in order to sustain care and support in extreme conditions.

This support may include any or all of the following:

- Covering visits of other Providers;
- Swapping visits with other Providers;
- Sharing visits;
- Working alongside carers from different Providers;
- Providing office support;
- Providing transport support;
- Sacrificing low priority Service Users to provide capacity for higher priority Service Users of other Providers;
- Sharing confidential information;
- Shared record keeping;
- Joint risk management of situations;
- Creating Carer hubs from different Providers;
- Giving and receiving feedback with other Providers.

In order to achieve this, Providers, Commissioners, Brokerage and Care Management need to be willing to cooperate in an open, sincere, reliable and tolerant environment. Limits of trust, confidentiality and risk need to be constantly discussed, tested and reviewed.

In this way, the community in Plymouth can rest assured that all will be done to maintain urgent care and support in difficult times.

History and Trials

In the summer of 2015 the Dignity in Care Forum agreed to conduct a trial of Operation Shackleton.

It involved a lead Provider and the Plymouth Commissioners calling each Provider to ask 5 questions regarding capacity to cooperate in a fictitious emergency exercise.

The answers were noted but additionally the quality of the response was also monitored. The criteria included the willingness to cooperate, the length of time to respond and the openness in providing information.

This was a planned event with all Providers briefed beforehand about timing and what was expected. Results were very varied, with some Providers not willing to release information and unprepared for the event, whilst others provided timely and supportive responses. The observed results were fed back to Providers.

A later second trial, which was not announced, used a fictitious emergency and again produced variable levels of responsiveness.

In each case, there was sufficient positive cooperation between enough Providers to share capacity. The Forum agreed that further exercises were needed, particularly before the onset of winter and potential periods of capacity stress.

Procedure Overview

Each Provider is contractually responsible for maintaining and sustaining its service delivery requirements and each Provider is required to have its own Business Continuity Plan.

When capacity issues exist for whatever reason, the Provider will be expected to implement its Business Continuity Plan and this should be exhausted before triggering Operation Shackleton.

This procedure was developed for Plymouth Commissioners in order to maintain its duty of care in an emergency.

Consequently this procedure is only triggered when authorised by the Commissioners and communicated to all Providers by the Commissioners or via their Out of Hours services.

When a Provider is faced with an AMBER situation, (i.e. 15% loss of Carers) they should contact the Local Authority to provide details of the warning and to agree when and how Operation Shackleton might be triggered.

If a RED situation is developing, (i.e. 30% loss of Carers) the same procedure is required.

When the Commissioners know that there is or will be a forthcoming severe threat to care and support services in the city, such as NHS capacity problems, industrial action, fuel shortages or other factors that might affect provider capacity, they will initiate Operation Shackleton.

Domiciliary Care Providers will inform the Local Authority if staff absence indicates that they have an amber or red status in line with this guidance. Domiciliary Care Providers will make reciprocal arrangements with other Providers to assist each other with staff shortages. These arrangements will be reported to the Local Authority.

If there is a need to prioritise service provision or use reciprocal arrangements, the Local Authority will assist in the co-ordination of this.

Domiciliary Care Providers and the Local Authority will consider the use of alternative types of support including assisted technology, delivered meals and shopping assistance where regular care cannot be guaranteed. Other options may include telephone welfare checks and asking neighbours and family to provide checks and support.

Providers Business Continuity Plans

Every Provider has one and it should be reviewed at least annually.

The Plan should include the means of ensuring service levels across the company in all circumstances.

This list is not exhaustive but might include:

- Limits to the number of Employees on holiday at any one time;
- Maintaining recruitment levels to sustain Carer/Service User Ratios;
- Increasing capacity by monitoring and reviewing packages for potential savings;
- Regular Spot Checks, Supervisions, Appraisals, Service User Reviews and Surveys in order to monitor and improve service levels through early warning observations.

Each Provider should exhaust its Business Continuity Plan before triggering Operation Shackleton. As any emergency escalates, the Provider should consider which options are available and practical in order to maintain the service.

Options to Support Low Priority Service Users

This list is not exhaustive but might include:

- Contact the Service User and family and explain what is happening;
- Contact family and friends to seek support and provide welfare checks;
- Provide telephone welfare checks and encourage drinks, meals, warmth and security;
- With permission from Service User, contact neighbours for support;
- Encourage Service User to contact the office if help is needed;
- Leave flasks and prepare meals in advance;
- Contact Volunteer Groups for support;
- Provide welfare checks as and when Carers are available;
- Use office staff to provide welfare checks;
- Keep the Service User and family informed of what is happening.

Options to Support Medium Priority Service Users

This list is not exhaustive but might include:

- Contact the Service User and family and explain what is happening;
- Contact family and friends to seek support and provide welfare checks;
- Seek agreement with Service User and family to vary timings and duration of visits;
- Prioritise care plan tasks and concentrate on essential rather than desirable;
- Provide telephone welfare checks and encourage drinks, meals, warmth and security;
- Contact Volunteer Groups for support;
- Provide welfare checks as and when carers are available;
- Keep the Service User and family informed of what is happening.

Options to Support High Priority Service Users

High Priority Service Users MUST be visited and therefore it is of paramount importance that the list of High Priority Service Users is accurate.

This list is not exhaustive but might include:

- Contact the Service User and family and explain what is happening;
- Prioritise care plan tasks and concentrate on essential rather than desirable;
- Provide telephone welfare checks and encourage drinks, meals, warmth and security;
- Contact family and friends to seek additional support;
- Seek agreement with Service User and family to vary timings and duration of visits;
- Seek support from other Providers;
- Seek support from other agencies such as District Nurses and other healthcare teams;
- Contact Emergency Services for additional support if appropriate;
- Keep the Service User and family informed of what is happening.

Red - Amber - Green

GUIDANCE ON STAFF LEVELS REGARDING GREEN, AMBER AND RED STATUS

Impact Assessment for Service Providers

Definitions:

Service Status

RED: The Care Provider is unable to maintain delivery of contracted services and requires support to deliver services to High Priority and Medium Priority Service Users.

AMBER: The Care Provider is maintaining delivery of services to Services Users classified as High and Medium Priority, but has either suspended delivery of services to some (or all) Low Priority Services Users or is at immediate risk of doing so.

GREEN: The Care Provider is running as normal.

Checking Priority Levels

In order to be prepared for emergency situations such as a pandemic or severe weather conditions, and ensure that Service Users receive the support they need, all stakeholders need to set compatible priorities and agree common trigger points.

In order to ensure that services are targeted at the most "vulnerable" should an emergency arise; stakeholders should categorise Service Users as follows: -

High Priority – people that live alone with no support from family friends etc. An example of this would be a Service User who lives alone, is socially isolated and relies completely on domiciliary services to keep them safe and healthy. Services are likely to include critical medication, essential meals and fluids, warm and secure environment and toileting.

Medium Priority – those people who do not live alone, but are dependent on carers for their daily living. Examples of this would be a Service User whose main carer is a spouse, relative or friend. Should that main carer be unable to care, the person would be vulnerable.

Low Priority – those people who have extensive support from friends, family and community groups and/ or could manage without normal services for a short period. Service examples could include cleaning, cooking, shopping and sitting.

Domiciliary Care Providers should undertake regular exercises (at least annually and for any new Service User) to categorise Service Users, using the priorities agreed with the Local Authority.

This is particularly important before the onset of winter, (October) or as soon as there are warnings of severe weather, (hot, cold or snow and ice). This is also a requirement if there are warnings of NHS industrial action, fuel shortages or pandemics.

Seeking Support Preparation

In situations, likely to require the support of the Commissioners and other Providers, it is important that the Provider is adequately prepared at all times. This includes the following but it is not an exhaustive list.

- Key workers and management have access to their Business Continuity Plan;
- Key workers and management are briefed and have access to the Operation Shackleton Operating Manual. Copies are available in the main office and with on-call employees;
- The priority levels of all Service Users is up to date and accurate and easily accessible to all key employees.

As soon as capacity issues emerge a spreadsheet (template embedded below) should be created listing Service Users initials, post code, date and time of visits required, and Keysafe numbers if required.



Shackleton
template.xlsx

Preparation for Giving Support

As soon there are signs of a capacity emergency, Providers should anticipate being asked to support other Providers across the City and make adequate preparations.

This list is not exhaustive but preparations should include the following.

- Prepare a potential capacity release spreadsheet, by listing the numbers of low priority Service Users, their visits, duration, postcodes, telephone numbers and options for maintaining a reduced level of support. Be prepared to contact them if necessary and implement the options chosen;
- Prepare potential capacity release spreadsheet, by listing the numbers of medium priority Service Users, their visits, duration, postcodes, telephone numbers and options for maintaining a reduced level of support. Be prepared to contact them if necessary and implement the options chosen;
- Contact all employees and brief them on situation and cooperation requirement;
- Contact all working employees, including office staff and seek additional availability if requested. Maintain records of additional capacity available by postcode, area and times;
- Contact all employees currently not working, (holiday, days off, sickness, etc.) and seek availability if requested;
- Try to enlist carers on standby, (with incentives?) to help if required;
- Risk manage all new recruits in process to evaluate potential to work if required;
- Evaluate options for pre-warning Service Users about potential changes to their care plans;
- Contact CQC and the Local Authorities, to warn of potential risk management procedures that may be required and seek their advice.

Sharing Packages of Support

- **General Principles**
- **Medication Management**
- **Moving and Handling**

In emergency conditions, Providers will be expected to share resources if necessary, in order to maintain some level of service to medium and high priority Service Users. This might include different Providers sharing different visits or different Providers sharing the same visits, as double-ups.

The General Principles include:

- Communicate with and share what is happening with Service Users and family members;
- What risk management procedures need to be completed?
- What insurance implications are there in terms of Employer and Public Liability?
- Are there agreed standard contractual practices?
- Who will be the lead provider?
- In the case of shared double-ups who will be the lead carer?
- Are training standards and procedures the same?
- What documentation and record keeping will be used and who will complete it?
- Are there common and agreed procedures for medication management, drug errors, no shows, falls, emergencies, fatalities and other critical procedures?

Communication Best Practices

Service Users and Family

**Adult Social Care/ Health - Commissioners, Brokerage, Care Management
Care Quality Commission**

In emergency situations, excellent communication will be critical. It will be very difficult to communicate too well so everyone should try to over-communicate.

Service User and Family

- Keep everyone aware of what is happening and keep records of contact and communication;
- Offer telephone advice and ask for confirmation when advice is heeded.

Give Warnings of:

- Potential variations to visit timings and duration;
- Last minute changes to who might turn up;
- Changes to colour of uniforms and meeting strangers.

Adult Social Care and Commissioners

- Provide regular updates of progress, concerns and further help required.

Care Quality Commission (CQC).

- CQC should be informed when Operation Shackleton is triggered. Consult CQC when in doubt and provide regular updates of risk management actions.

Providers

- Provide regular updates of progress, concerns and further help required;
- Consider sharing offices and organising meetings.

Employees

- Provide regular updates of progress, concerns and further help required;
- Ask for ideas;
- Provide genuine and timely thanks.

Managing a Pandemic or Potential Pandemic

Global Outbreak of Diseases

Very Important - Please read and comply with this advice

We have chosen to use the advice to Healthcare Workers from the World Health Organisation, WHO. Please read this adapted summary of their advice and ensure you take every measure to comply.

RIGHTS, ROLES AND RESPONSIBILITIES OF HEALTH WORKERS, INCLUDING KEY CONSIDERATIONS FOR OCCUPATIONAL SAFETY AND HEALTH

Signs and symptoms include respiratory symptoms and include fever, cough and shortness of breath. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and sometimes death. Standard recommendations to prevent the spread of Virus Diseases include frequent cleaning of hands using alcohol-based hand rub or soap and water; covering the nose and mouth with a flexed elbow or disposable tissue when coughing and sneezing; and avoiding close contact with anyone that has a fever and cough.

The World Health Organisation works closely with global experts, governments and partners to rapidly expand scientific knowledge on any new virus and to provide timely advice on measures to protect people's health and prevent the spread of an outbreak.

Rights, roles and responsibilities of health workers, including occupational safety and health

Health workers are at the front line of any outbreak response and as such are exposed to hazards that put them at risk of infection with an outbreak pathogen. Hazards may include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence.

This document highlights the rights and responsibilities of health workers, including specific measures needed to protect occupational safety and health.

Health Worker rights include that Employers and Managers in health facilities:

Assume overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks;

Provide information, instruction and training on occupational safety and health, including;

Refresher training on infection prevention and control (IPC); and

Use, putting on, taking off and disposal of personal protective equipment (PPE);

Provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to healthcare or other staff caring for suspected or confirmed Service Users, such that workers do not incur expenses for occupational safety and health requirements;

Familiarize personnel with technical updates on any outbreak and provide appropriate tools to assess, triage, test and treat Service Users and to share infection prevention and control information with Service Users and the public;

As needed, provide with appropriate security measures for personal safety;

Provide a blame-free environment for workers to report on incidents, such as exposures to blood or bodily fluids from the respiratory system or to cases of violence, and to adopt measures for immediate follow-up, including support to victims;

Advise workers on self-assessment, symptom reporting and staying home when ill;

Maintain appropriate working hours with breaks;

Consult with Carers on occupational safety and health aspects of their work and notify the statutory inspectorate of cases of occupational diseases;

Not be required to return to a work situation where there is continuing or serious danger to life or health, until the Employer has taken any necessary remedial action;

Allow Carers to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health. When a Carer exercises this right, they shall be protected from any undue consequences;

Honour the right to compensation, rehabilitation and curative services if infected with an outbreak following exposure in the workplace. This would be considered occupational exposure and resulting illness would be considered an occupational disease,

Provide access to mental health and counselling resources; and enable co-operation between management and workers and/or their representatives.

Carers should:

- follow established occupational safety and health procedures, avoid exposing others to health and safety risks and participate in employer-provided occupational safety and health training;
- use provided protocols to assess, triage and treat patients;
- treat Service Users with respect, compassion and dignity;
- maintain Service User confidentiality;
- swiftly follow established public health reporting procedures of suspect and confirmed cases;
- provide or reinforce accurate infection prevention and control and public health information, including towards concerned people who have neither symptoms nor risk;
- put on, use, take off and dispose of personal protective equipment properly;
- self-monitor for signs of illness and self-isolate or report illness to managers, if it occurs;
- advise management if they are experiencing signs of undue stress or mental health challenges that require support interventions; and
- report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health.

In summary, Providers should provide appropriate Refresher Training for all Employees, additional Spot Checking for usage of correct PPE, including disposal and confirm that they have at least 3 months supplies of PPE.

Should a Provider or the Council trigger Operation Shackleton, all Employees should be prepared to cooperate fully with any requirements. This may include prioritising visits to Service Users, (durations and timings) and possibly assisting or working with other Providers.

In the unlikely event that Employees or Service Users believe they may have the symptoms ask them to follow these instructions:

- **Contact NHS 111 and follow their instructions.**
- **Do not visit their GP, nor A & E.**
- **Inform the Employer's Office by telephone.**

Finally, take all steps to avoid paranoia and panic and instead provide a positive and decisive environment with regular updates on advice and reporting requirements.

Risk Management

Each situation will be different and normal best practices may need to risk managed. The best procedure is to openly consult, communicate and evaluate any risks to Service Users, Employees and other stakeholders.

It is important to document all risk assessments.

Reconciliation of Costs between Providers

The principle is that supporting Providers should not be out of pocket for providing emergency support.

The Commissioners will be responsible for ensuring the mechanisms are in place to reconcile payments between Providers for support during the emergency.

If you have provided care on behalf of another provider, please claim payment on the unregistered tab of the provider return. If you were not able to provide care please follow the usual procedure for a reduced service.

Learning Lessons and Sharing

In order to continuously improve this procedure, all Providers and Commissioners involved should keep records of what works and what needs improving.

Lessons should be shared at the Dignity in Care Forum and updates to this manual maintained and redistributed to all Providers, Adult Social Care and Commissioners.

Contacts Reference List: Block & Spot Domiciliary Care Providers

Name	Block / Spot	Email address for Shackleton	Telephone	Manager
Caremark	Block	graham.livingston@caremark.co.uk karen.holmes@caremark.co.uk plymouth@caremark.co.uk	01752 349784	Graham Livingston Karen Holmes
Cera Care	Block	tracey.jane@ceracare.co.uk Plymouth@ceracare.co.uk	01752 967221	Tracey Jane
Guinness Care	Block	alison.coles@guinness.org.uk Cassandra.short@guinness.org.uk	01752 422016	Alison Coles Cassie Short
Homelife	Block	Stuart.Archer@homelifecarers.co.uk	01752 422222	Stuart Archer
Nurse Plus	Block	Plymouth@nurseplusuk.com Trudy.Phillips@nurseplusuk.com shelley.roberts@newcrosshealthcare.com	01752 266802	Trudy Phillips/ Shelley Roberts
Independence@Home	Reablement	Jackie.finnegan@plymouth.gov.uk Nicole.finnegan@plymouth.gov.uk	01752 312531	Jackie Finnegan Nicole Finnegan
@PlymouthCare	Spot	enquiries@atplymouthcare.co.uk	01752 312500	Jo Green

4U Support	Spot	contactus@4usupport.co.uk	01752 710202	Emily Walsh
Assistants at Hand	Spot	info@assistantsathand.co.uk	01752 927011	Lisa Battershill
Collingswood Care	Spot	info@collingswoodcare.co.uk sarah.rich@collingswoodcare.co.uk	01752 289444	Alison James Sarah Rich
Creative Living	Spot	Admin@creativelivingcareservices.co.uk	01752 565565	Amanda Treanor
Devon Cares	Spot	lloyd@devoncare.co.uk	01752 522522	Lloyd Collins
District Healthcare	Spot	Districthealthcare@outlook.com		Rebecca Pope
H&H Healthcare	Spot	Charlie@hhhealthcare.co.uk info@hhhealthcare.co.uk	01752 344233	Hazel Harris Charlie Bolton
Helping Hands	Spot	Jacqueline.dobson@helpinghands.co.uk	07710 097256	Jacqueline Dobson
JM Healthcare	Spot	care@jmhealthcare.co.uk	01752 202208	Debbie Devlin
Network Healthcare	Spot	Nicola.williams@networkhsc.co.uk	01752 604600	Nicky Williams

Newcross	Spot	plymouth@newcrosshealthcare.com	01752 395009	Michelle Damerell
Peninsula Care Services	Spot	peninsulacaredevon@btconnect.com	01752 695448	Jenny Kerchey
Positive Steps	Spot	info@positivestepssupport.co.uk	01752 393285	Terri Richards
Prestige	Spot	e.bonney@prestige-nursing.co.uk	01752 213213	Emma Bonney
Purple Balm	Spot	kated@purplebalm.co.uk	01752 275100	Kate Derrick
Smeaton Healthcare	Spot	Plymouth.care@smeatonhealthcare.co.uk jankadustan@smeatonhealthcare.co.uk	01752 415792	Janka Dustan
Steps Ahead	Spot	admin@stepsaheadsupport.co.uk	01752 547257	Chrissie Holdsworth
Tamar Care Services	Spot	kelly.radford@tamarhomecare.co.uk stephen.helme@tamarhomecare.co.uk	01752 657560	Kelly Radford
Your Choice	Spot	sallyrogers@yourchoicecare.net	01752 278495	Sally Rogers

Useful Telephone Numbers

Joint Commissioning Team	01752 307074
Plymouth Adult Social Care	01752 668000
NHS	01752 202082
Care Quality Commission	03000 616161

Pharmacies:

Sainsbury's	01752 227205
ASDA	01752 237860
Saltash Pharmacy	01752 848958
Tavyside Pharmacy	01822 617894
Well Kingsbridge	01548 857158

Police:

Local Police	101
Charles Cross Police	0845 277744
Crownhill Police	01752 420320

Charities and Voluntary Sector:

Plymouth Age Concern	01752 665424
British Red Cross	01752 831617/8
Citizens Advice	03444 111 444
Age UK Plymouth	01752 256020

Local Television and Radio:

BBC One Spotlight	01752 229201
BBC Radio Devon Reception	01752 260323
Studio	0845 3011034
Travel	0345 3002829
News	01752 234511
Radio Plymouth	01752 590590

Initial Response Guide

(What do you do if you get a call?)

1. Ask the caller to confirm name and organisation - record the response
2. Ask the caller for contact telephone numbers - record the response
3. Ask the Caller to confirm the name of the person and organisation initiating Operation Shackleton - record the response
4. Ask for an overview of the emergency situation - record the response
5. Ask for what help is immediately required - record the response
6. Ask for what information is required - record the information
7. Ask for who else has been contacted - record the response
8. Commit to calling back within 10 minutes - record the time commitment
9. Review and improve record of responses
10. Seek immediate support from colleagues
11. Contact and fully brief management
12. Remind management that it would be good practice to inform all office employees to have their manuals on hand

UK HOSPITAL ESCALATION LEVELS

OPEL 1: (Normal Working) Capacity is such that the organisation is able to maintain patient flow and is able to meet anticipated demand within available resources

Responsibility for Internal Management: Patient Flow Manager

Responsibility for External Communications: Head of Operations / Senior Manager on Call

OPEL 2: (Moderate Pressure) The organisation is starting to show signs of pressure. Focused actions are required to mitigate further escalation. Enhanced co-ordination will alert the whole system to take action to return to green status as quickly as possible.

Responsibility for Internal Management: Head of Operations / Senior Manager on Call

Responsibility for External Communications: Head of Operations / Senior Manager on Call

OPEL 3: (Extreme Pressure) Actions taken in Level Amber have failed to de-escalate the system and pressure is worsening. The hospital is experiencing major pressures compromising patient flow. Further urgent actions are required across the organisation by all partners.

Responsibility for Internal Management: Head of Operations / Senior Manager on Call

Responsibility for External Communications: Chief Operating Officer (or deputy) / Executive on Call (or deputy)

OPEL 4: (Critical Pressure) All actions have failed to contain service pressures and the hospital is unable to deliver comprehensive urgent and emergency care. Decisive action must be led and taken at Director level until de-escalation to RED is achieved. The Chief Executive MUST be alerted and consulted when the Trust is on Level Black escalation.

Responsibility for Internal Management: Chief Operating Officer (or deputy) / Executive on Call (or deputy)

Responsibility for External Communications: Chief Operating Officer (or deputy) / Executive on Call (or deputy)

Appendices – Templates

Appendix 1: Provider Checklist prior to calling Operation Shackleton



Provider Checklist -
Operation Shackleton.

Appendix 2: Template for detailing visits uncovered



Shackleton
template.xlsx