

DUMFRIES & GALLOWAY JOINT HEALTH PROTECTION PLAN

2016-2018



Availability of this document in other formats

This information is also available on request in other formats by phoning 01387 272724

The Dumfries & Galloway Joint Health Protection Plan is available on the following web sites:

- NHS Dumfries & Galloway: www.nhsdg.scot.nhs.uk
- NHS Dumfries and Galloway Health Protection and Screening: www.dghps.org
- Dumfries and Galloway Council: www.dumgal.gov.uk

A paper copy may be requested by using the following contact details:

Health Protection Team
NHS Dumfries & Galloway
Ryan South,
Crichton Hall
Bankend Rd, Dumfries DG1 4TG

Telephone: 01387 272724

E-mail: dumf-uhb.hpt@nhs.net

This plan has been amended to reflect recent changes to the NHS Dumfries & Galloway and Dumfries & Galloway Council and to include up to date details of plans referred to and services described. As changes will continue to take place it may be necessary to update the plan during the two year period which it covers.

Abbreviations

The following abbreviations are used in this report:

BBV	Blood Borne Virus
CDI	Clostridium difficile infection
D&G C	Dumfries & Galloway Council
HAI	Healthcare Associated Infection
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HEAT	Health Improvement, Efficiency, Access to Services, and Treatment Targets
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICT	Infection Control Team
MRSA	Methicillin Resistant Staphylococcus Aureus
MES	Major Emergency Scheme
NHS D&G	NHS Dumfries & Galloway
SEPA	Scottish Environmental Protection Agency

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Foreword

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan which provides an overview of health protection (communicable disease and Environmental Health) priorities, provision and preparedness for the NHS Board area. Guidance on the content of joint health protection plans has been published by the Scottish Government.¹

This is the second Dumfries & Galloway Joint Health Protection Plan and covers the period from 1 April 2014 to 31 March 2016. It is a public document and is available to members of the public on the NHS Dumfries & Galloway website www.nhsdg.scot.nhs.uk, the NHS Dumfries and Galloway Health Protection and Screening website www.dghps.org and on request. It is also available on the Dumfries and Galloway Council website www.dumgal.gov.uk. We hope that this plan is of interest, of value, and that its production will contribute to protecting the health of the people who visit, work, and live in Dumfries & Galloway.

Dr Nigel Calvert
Consultant in Public Health Medicine
NHS Dumfries & Galloway
Ryan South, Crichton Hall,
Bankend Rd, Dumfries DG1 4TG

Martin G Taylor
Service Manager, Environmental Health
Municipal Chambers
Buccleuch Street,
Dumfries, DG1 2AD

¹ www.scotland.gov.uk/Resource/Doc/924/0079967.doc

Overview of the populations served by NHS Dumfries & Galloway and Dumfries & Galloway Council and of the health protection services provided

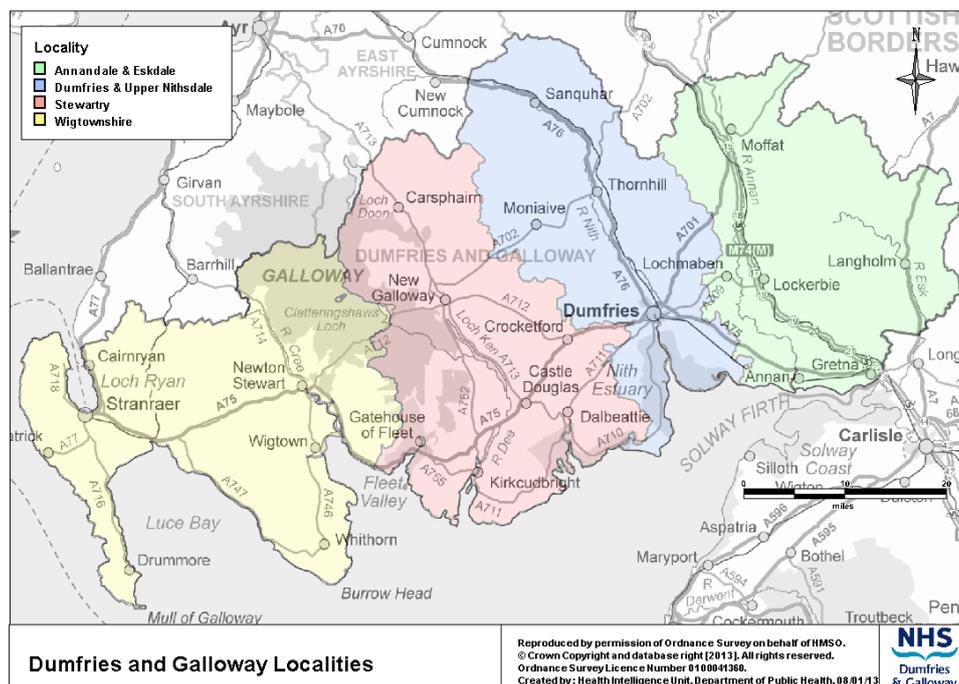
1. Demography and geography of the population

1.1 Overview of NHS Dumfries and Galloway and Dumfries and Galloway Council

NHS D&G and D&GC are fortunate to share coterminous boundaries for the region in the South West of Scotland. Bounded by South Ayrshire, South Lanarkshire to the north, Scottish Borders to the east and England to the south east the region is the second largest local authority area in the mainland Scotland covering approximately 6426 sq kilometres with a population of approximately 151,300.² It is divided into traditional localities and NHS Local Health Partnerships (LHPs) and Council areas:

- Wigtownshire
- Stewartry
- Nithsdale
- Annandale & Eskdale

The main centres of population are Dumfries and Lochaberbriggs (37,600 residents), Stranraer (10,300), and Annan (8,400). All other towns and settlements have populations of less than 5,000. Key characteristics of the population relate to age, rurality and deprivation.



Population Age

The current population is already substantially different from the Scottish population profile, with a larger proportion of older people and a markedly smaller proportion of young people (see Figure 1). In 2011, 16.8% of the Scottish population were aged 65 and over but in Dumfries and Galloway it was 21.8%.

² <http://www.scotlandscensus.gov.uk/documents/censusresults/release1b/rellbsb.pdf>

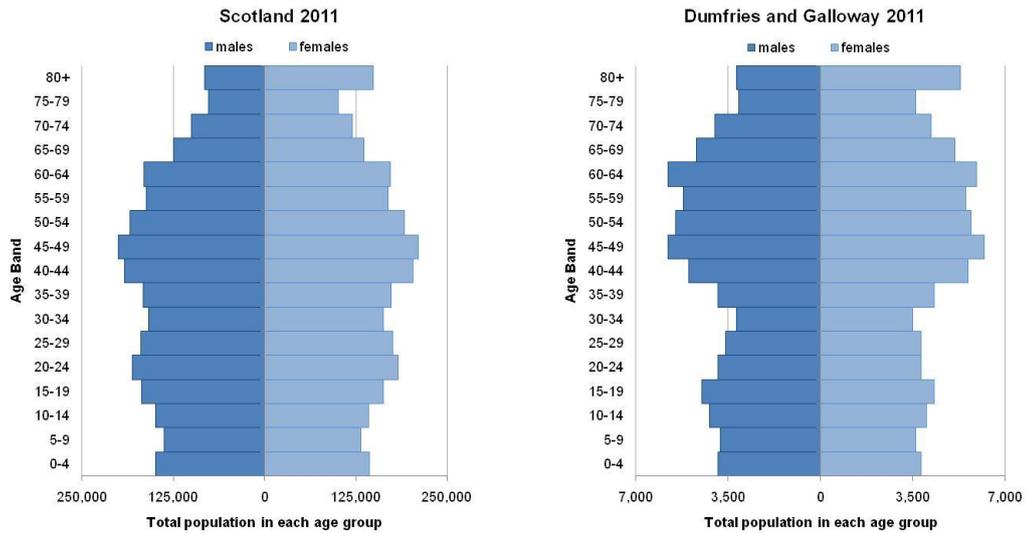


Figure 1: Population Pyramids for Scotland and Dumfries & Galloway, 2011

Rurality

Dumfries and Galloway is one of the most rural areas in Scotland. Nearly half of all people live in areas classified as rural (with less than 3,000 residents). There are no large urban areas and over a quarter of the population live further than 30 minutes drive away from a large town.

Area	Large Urban Areas	Other Urban Areas	Accessible Small Towns	Remote Small Towns	Accessible Rural	Remote Rural
Dumfries & Galloway	0.0	28.3	17.3	7.5	24.1	22.8
Scotland	39.1	30.4	8.7	3.7	11.6	6.5

Figure 7: 6-Fold Urban Rural Classification, Percentage of Population³

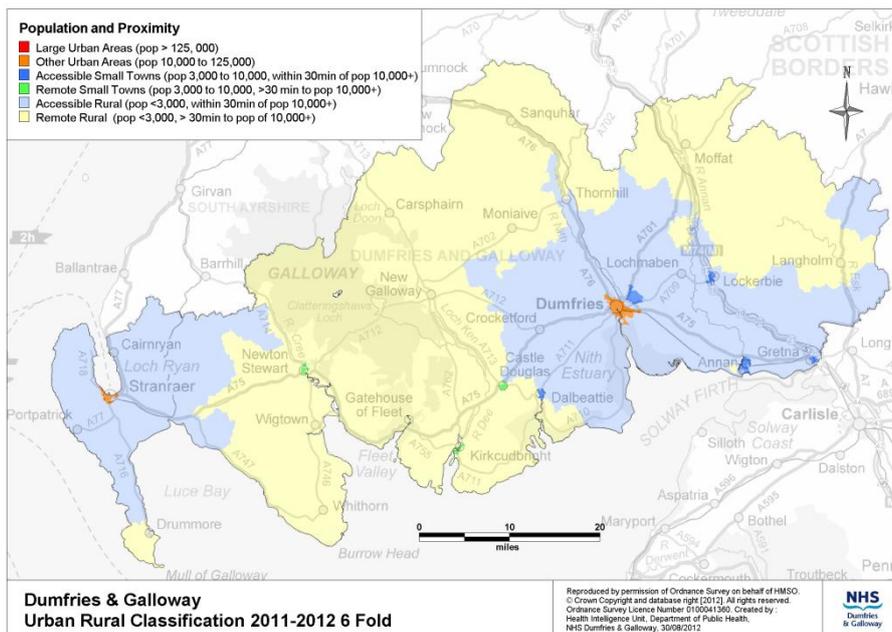


Figure 8: Scottish Government 6-Fold Urban Rural Classification 2011-12

³<http://www.scotland.gov.uk/Resource/0039/00399487.pdf>

Deprivation

Dumfries and Galloway has 16 Scottish Index of Multiple Deprivation 2012 (SIMD2012) data zones that are in the 20% most deprived in Scotland. This is equivalent to a 1.2% share of all the worst areas in Scotland. The number of people who live in these most deprived areas is approximately 11,100, which is 7.5% of the Dumfries and Galloway population. The figure for Scotland is 20.0% of the population in the 20% most deprived areas, so there are significantly fewer people living in the worst areas.

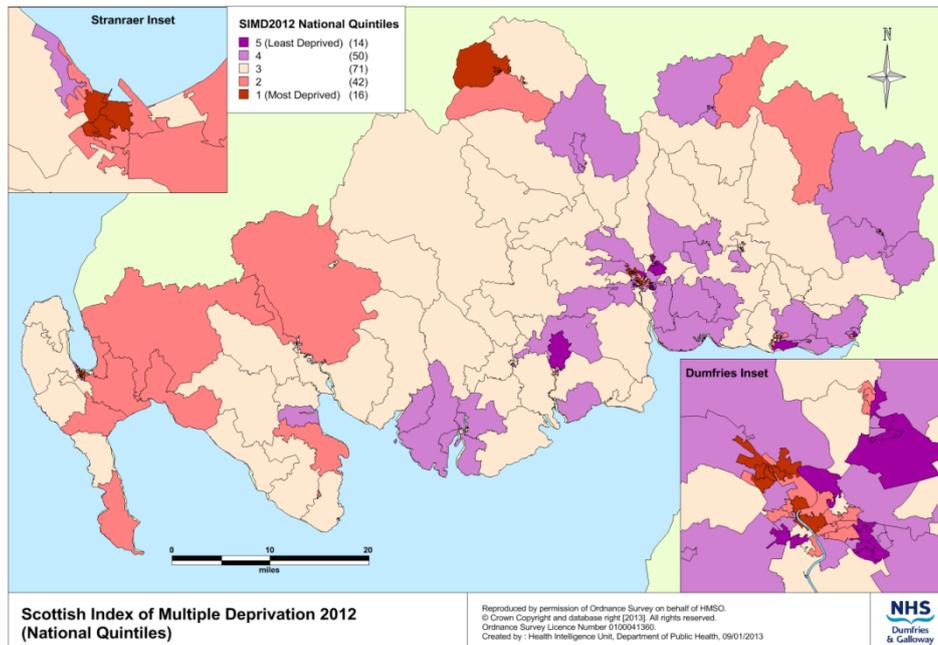


Figure 9: Map of Dumfries and Galloway showing Scottish Index of Multiple Deprivation 2012 ranks

There are six areas of relative deprivation in the region: central Dumfries and part of Annan as well as areas in northwest Dumfries, Upper Nithsdale, the Machars and Stranraer. These areas include people living in relatively deprived circumstances. However, only a minority of income-deprived and employment-deprived people live in these areas of relative deprivation. The majority (78.7% of income-deprived and 79.2% of employment-deprived people) live outwith these areas of relative deprivation.

1.2. Overview of the provision of Dumfries & Galloway health protection services

Greater detail is provided in later sections of this document regarding the makeup of health protection services in each organisation and the way in which they are delivered.

NHS Dumfries & Galloway

The Health Protection remit of NHS Boards is described in a letter from the Chief Medical Officer.⁴ NHS Dumfries & Galloway delegates this responsibility to the Director of Public Health and work is carried out on a day to day basis by a Health Protection Team which consists of health protection doctors, nurses and support workers. The NHS Dumfries & Galloway Health Protection Team can be contacted by phoning 01387 272724 during office hours and by phoning DGRI Hospital switchboard (01387 246246) out of hours.

Dumfries & Galloway Council

The Health Protection remit for Dumfries & Galloway Council includes air quality, contaminated land, food safety, health and safety, housing , the built environment, and private water supplies. The Council's Planning and Environment Services is responsible for these issues and can be contacted by phoning 030 3333 3000 at all times.

⁴ [www.sehd.scot.nhs.uk/cmo/CMO\(2007\)02.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2007)02.pdf)

2. Health protection planning infrastructure

2.1 NHS D&G Health Protection Plans

A number of Health Protection Plans have been produced by the Board. These include:-

- D&G Outbreak Policy for NHS Facilities
- D&G Mass Prophylaxis Plan
- Pandemic Flu Plan

In addition there are policies for the management of specific infections including Legionella, Tuberculosis, Meningitis, E coli O157 and suspected viral haemorrhagic fevers. Specific guidance is available for immunisation and for infection prevention and control in childcare and care home settings. There is also guidance for managing needlestick/sharp injuries and human bites in the general public.

These plans are all regularly reviewed and tested.

2.2 NHS D&G and D&GC Local Health Protection Plans

There are a number of Health Protection Plans to which both the Board and D&GC contribute . These include:-

- D&G Major Emergency Scheme – developed through a multi agency approach to respond to and manage major incidents and accidents, radiation and chemical incidents involving deliberate release of chemical, biological, radiological or nuclear agents (CBRN). This document is subject to ongoing review;
- Scottish Waterborne Hazard Plan – developed by a multi agency working group for the management of waterborne hazards in Scotland;
- D&G Blue Green Algae Monitoring and Action Plan
- Preparing Scotland (Scottish Guidance on Preparing for Emergencies): STAC Guidance – providing public health, environmental, scientific and technical advice to emergency co-ordinating groups in Scotland;
- Major Outbreak Plan – developed for the management and control of major outbreaks (typically this would apply to large scale incidents requiring a multidisciplinary response).

The most recent versions of all of these plans are available on the Health Protection and Screening website at www.dghps.org.

3. Health protection national and local priorities

3.1 National health protection priorities being addressed at local level

The Health Protection Advisory Group's remit is to advise the Chief Medical Officer and National Health Services Scotland about the strategic framework and priorities for health protection in Scotland.⁵

National priorities being addressed at local level	How they are being addressed	NHS	D&GC
Preparation for a potential pandemic of influenza	The D&G Pandemic Influenza Plan April was used extensively in providing a comprehensive and collaborative response to the 2009 H1N1 influenza pandemic and Exercise Quintana Roo (a multi agency pandemic flu exercise held in March 2009). The learning from these experiences nationally and locally has led to the development of knowledge, resources and systems. The D&G Pandemic Influenza Plan was subsequently reviewed and rewritten in 2014 to accommodate a more flexible, adaptable, proportionate response dealing with the varying levels and phases of a pandemic. Work is on-going to develop and test particular elements of the plan including acute service critical care capability and joint working with social services. D&G participated in the national exercise Silver Swan in October 2015.	✓	✓
Healthcare associated infections	<ul style="list-style-type: none"> The HPT is responsible for infection control advice to community healthcare facilities'. (This excludes cottage hospitals)e.g. Scabies, MRSA, Norovirus. 	✓	

⁵ [www.sehd.scot.nhs.uk/cmo/CMO\(2008\)00a.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2008)00a.pdf)

	<ul style="list-style-type: none"> • The HPT is represented on the Infection Control Committee and there is close liaison with the ICT on policy development and transfer of infected or potentially infectious patients. • The Board Healthcare Governance Committee receives regular reports on HAI as part of the patient safety agenda. <p>Specific priorities include:</p> <ul style="list-style-type: none"> • <i>Staphylococcus aureus</i> bacteraemia (SAB) • Urinary Tract Infection (UTI) • Surgical Site Infection (SSI) • Outbreaks 		
Antimicrobial resistance	<p>The antimicrobial management team take overall responsibility for this. Surveillance of community CDI undertaken by HPT contributes to this by providing an opportunity to audit the use of antibiotics against the antibiotic prescribing policy in community settings.</p> <p>In December 2013 there was a small but significant cluster of Carbapenemase producing enterobacterial urinary tract infections which was responded to jointly by the HPT and ICT.</p>	✓	
Vaccine preventable diseases and the impact on them of current and planned immunisation programmes	<p>Continued implementation of childhood immunisation programmes including a continuing series of revisions in recent years including:</p> <ul style="list-style-type: none"> • HPV immunisation in teenagers • Seasonal flu immunisation • Hepatitis B immunisation in at-risk groups. 	✓	

	<ul style="list-style-type: none"> • Varicella for 75 year olds • Rotavirus for babies • Nasal flu immunisation programme for preschoolers (in primary care) and primary school children (delivered in school). 		
Environmental exposures which have an adverse impact on health	Environmental Health (EH) works jointly with NHS to implement the Public Health etc. (Scotland) Act 2008. They monitor private water supplies, air quality and smoking issues. Other statutory duties include food safety and health and safety investigations together with noise complaints. EH are also represented on relevant Joint Outbreak Control Teams. D&GC Housing Services implement all housing legislation.	✓	✓
Gastro-intestinal and zoonotic infections	NHSD&G and EH receive reports of gastrointestinal infections (GI) that are notifiable both from registered medical practitioners and laboratories and undertake the local surveillance and management of GI. The local plans for the investigation and surveillance of GI in D&G are jointly produced by NHSD&G and EH at D&G Council. There are key guidance documents online for the management of specific infections such as E coli O157. The Major Outbreak plan is also currently part of the multi-agency Major Emergency Scheme.	✓	✓
Blood Borne Viruses (BBV) and Sexual Health	A BBV / Sexual Health multi-agency Managed Care Network (MCN) has been in existence and evolved since 2008. The HPT provides on-going support for this programme. The MCN exists to support co-ordinated efforts to address BBV issues, targets	✓	

	<p>and priorities. A Scottish Government visit to review the implementation of the current Hepatitis C Action Plan took place in October 2014.</p> <p>Local action plans have been developed in all these key areas. Work is monitored through analysis of the Key Clinical Indicator Reports and external monitoring by Scottish Government.</p> <p>The HPT also support surveillance of BBV including recording on local databases, contact tracing, referral to treatment services and provision of information to patients and carers as appropriate.</p>		
Tuberculosis (TB)	<p>The Nurse Consultant in Health Protection initiates TB contact tracing, leads Mantoux testing clinics. Immigrant screening for TB based on national standards is also completed.</p> <p>There is close collaboration with Occupational Health & Safety Service, Consultant Respiratory Physicians, Paediatricians and Infection Control Team in managing cases, contacts and incidents.</p> <p>Monitoring is through the Annual Report.</p>	✓	
Implementation of actions required by the Public Health etc (Scotland) Act 2008	<p>Joint working to ensure appropriate and timely implementation of the various parts of this legislation including the development of a Joint Health Protection Plan and the appointment of Health Board and Local Authority Competent Persons.</p>	✓	✓

<p>Effective information systems for managing incidents and outbreaks</p>	<p>Systematic investigation and control of incidents and outbreaks and formal reporting to the Infection Control Committee is the mainstay of our approach in D&G. There are weekly Health Protection Team Case Review Meetings to ensure all necessary actions have been undertaken on active situations.</p> <p>HP-Zone, an electronic case management system was introduced in 2014 and helps to ensure effective case management and governance.</p> <p>D&GC utilise the Authority Public Protection (APP) system to record all data relating to premises, inspections and investigations, etc.</p>	<p>✓</p>	<p>✓</p>
<p>Capacity and resilience of health protection services in responding to actual or potential significant threats to public health</p>	<p>The NHS Board response to H1N1 pandemic influenza 2009 demonstrated that health protection capacity can respond effectively to most foreseeable situations and in emergency response scenarios is able to respond with support and cooperation from multi-disciplinary and multiagency partners.</p> <p>A cross border multi agency exercise (“Exercise Border Beat”) took place in early 2015. D&G is now fully represented in the ongoing multi agency cross border forums to assist planning and coordination.</p>	<p>✓</p>	<p>✓</p>
<p>Developing means to assure the quality of health protection services and facilitate their continual improvement</p>	<p>The HPT regularly respond to HPS and SG performance monitoring processes eg survey of pandemic influenza planning, Sexual Health and</p>	<p>✓</p>	

	BBV Framework assessment visits, immunisation programme uptake returns. The HPT also take part in the NHS Board's own internal annual review process.		
Continuing professional development especially with regard to strengthening evidence based good practice	All CPHMs participate in the Faculty of Public Health CPD system and consultant appraisal. HP Nurses have completed or are currently enrolled in relevant MSc programmes and CPD is appraised through the KSF process.	✓	
Improving communications with the public on risks to health and securing a greater degree of their involvement in health protection services	<p>Communicating with the public regarding perceived and actual risks to health is an important aspect of health protection work. The HPT work closely with communications colleagues to ensure prompt response to public or media requests for information and proactively issue advice and information in the event of potentially harmful incidents or outbreaks.</p> <p>EH recently introduced the Food Hygiene Information Scheme which is a hygiene rating scheme that allows members of the public to make an informed choice of where to eat.</p> <p>The Health Protection and Screening website is another channel used to ensure consistent, accurate and up to date advice is made available to the public.</p>	✓	✓

3.2 Local health protection priorities

Local health protection priorities	How they are being addressed	NHSD&G	D&GC
Local Air Quality Management	http://www.dumgal.gov.uk/index.aspx?articleid=1733		✓
To improve the quality of housing and the built environment	Housing Services administer the provisions of the Housing (Scotland) Act 2006 including Landlord Registration, Licensing of Houses in Multiple Occupation and Aids and Adaptations.		✓
Contaminated land	The Council's Contaminated Land Inspection and Assessment Strategy was adopted on 9 th October, 2001 for the identification, inspection and remediation of suspected contaminated land		✓
Food hygiene and food standards enforcement	EH inspect all food premises in accordance with the Food Standards Agency Framework Agreement and the revised Code of Practice under the Food Safety Act 1990. This includes provision of guidance, sampling and investigating complaints		✓
Private water supply sampling and improvement	EH enforce the Private Water Supplies (Scotland) Regulations 2006 to improve the quality of private water supplies and they administer the Scottish Government Grant Scheme.		✓
Enforcement of health and safety legislation.	EH enforce the provisions of the Health and Safety at Work etc Act 1974 and all associated regulations to improve health and safety in the		✓

	workplace in accordance with current enforcement guidance.		
Licensing of body piercing and/or tattoo-artist premises	EH inspect all body piercing and tattoo artist premises as part of the licensing system to ensure proper procedures and practices are in place to minimise health risks to the public.		✓
Control of use of sunbeds	The use of sunbeds is controlled in accordance with the Council's licensing system and the provisions of the Public Health etc (Scotland) Act 2008 (Sunbed) Regulations 2009.		✓
Control of sale of fireworks.	Sale of fireworks is regulated by a licensing system and test purchasing is carried out to identify any illegal sales to minors.		✓
Control of the sale of tobacco	TS has a programme of proactive visits to premises to provide guidance and training in relation to the sale of tobacco and test purchasing is undertaken to identify any illegal sales to minors.		✓

3.3 Health protection risks specific to Dumfries & Galloway

Health Protection risks specific to Dumfries & Galloway	How these are managed	NHS	D&GC
Chapelcross Nuclear Power Plant (decommissioning)	Compliance with protocols in Chapelcross Quality Assurance (QA) Emergency Handbook. Frequent testing of plan – most recent Level 2 Exercise Jupiter in February 2012. Nuclear Transport (NAIR) exercise November 2013. “Exercise Robin” was due to take place in February 2015 but was cancelled by the regulators.	✓	✓
Sellafield Nuclear Waste Processing Plant	Compliance with operating licences and protocols issued by regulatory agencies. Liaison with Cumbria County Council’s Civil Contingency Service. Joint exercises held with Cumbria relating to off site plan for Longtown MoD munitions storage and distribution site.	✓	✓
Eastriggs Former Munitions Site	Off site emergency plan		✓
Flooding	Work on response plans is underway. Implementation of Flood Risk Management (Scotland) Act 2009 is underway.		✓

The Dumfries & Galloway Emergencies Co-ordination Group is the *Strategic Co-ordinating Group* as defined in the Civil Contingencies Act 2004. It is formed from those agencies having primary responsibility to provide a response to any Major Incident or disaster within the Dumfries & Galloway area. The Civil Contingencies Act 2004 places a legal duty on Category 1 responders within the Strategic Co-ordinating Group to co-operate with each other to compile a Community Risk Register. The Dumfries & Galloway Community Risk Register provides public information about the hazards that exist within the Dumfries & Galloway area and the control measures in place to mitigate their impact.

4. Health protection: resources and operational arrangements

4.1 Resources available to provide health protection services

NHS Dumfries & Galloway

The Health Protection Team within NHS Dumfries and Galloway comprises 1.0 Full Time Equivalent (FTE) Consultant in Public Health Medicine (CPHM), 1.0 FTE Nurse Consultant in Health Protection, 1.5 FTE Blood Borne Virus/Health Protection Nurses, and 1.0 FTE Health Protection Team Administrator. In total there are 3 competent persons as designated under the Public Health etc. (Scotland) Act 2008.

The remit of the health protection team is to act on behalf of NHS Dumfries & Galloway to deliver the health protection function as described in a letter from the Chief Medical Officer.⁷ This includes preparing for and responding to health protection enquiries, incidents and outbreaks relating to communicable disease including foodborne disease; Tuberculosis; Meningococcal infection; blood borne viruses (HIV, Hepatitis C, Hepatitis B). The HPT is also responsible for the management of vaccination programmes; and health protection education and training.

An out-of-hours on-call rota for public health is staffed by two medical consultants in public health and one nurse consultant in health protection with each on-call one week at a time. Another health protection nurse, one of the consultants in public health and the specialty registrars also contribute, in a supervised capacity, to the rota.

Dumfries and Galloway Council

D&GC has 13.5 FTE competent persons as designated under the Public Health etc (Scotland) Act 2008. There are also 6 FTE clerical and admin support staff.

	NHS D&G	D&GC
Number of Health Board/Local Authority Competent Persons, as designated by under the Public Health etc. (Scotland) Act 2008	3	13.5

4.2 IT and Communication Technology available to facilitate health protection work

Communication and IT Provisions

NHS D&G and D&GC have a full range of equipment including desktop and laptop computers, audio and video conferencing equipment, etc. to facilitate health protection work. Such equipment allows access to systems such as the Scottish Infectious Disease Surveillance System (SIDSS), the Local Authority Enforcement Monitoring System (LAEMS), Scottish Environmental Incident Surveillance System (SEISS) and Authority Public Performance (APP) system. Work is also underway to establish the Scottish Health Protection Information Management System (SHPIMS). HP-Zone (see above) was implemented in March 2014.

⁷ [www.sehd.scot.nhs.uk/cmo/CMO\(2002\)02.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2002)02.pdf)

4.3 Organisational arrangements in place to facilitate collaborative working between the NHS Dumfries & Galloway and Dumfries & Galloway Council and other health protection agencies.

Regular meetings

Group	Membership	Meeting frequency
Health Protection Team Case Review Meetings	Health Protection Team, EHO Rep attends as appropriate	Weekly
D&G Infection Control Committee (1)	See Appendix 1	Every 2 months
D&G Public Health Liaison Group (2)	Representatives of NHS D&G and Environmental Health, D&G Council Team, Animal Health, Scottish Water, SEPA.	Every 6 months currently
D&G Health Protection Team (3)	All HPT members and other stakeholders as required.	Monthly
HPT/ICT Liaison Group (4)	HPT and ICT members. Discussions mostly around HAI and clarity of responsibilities.	Bi monthly
BBV MCN (5)	NHS BBV members and other stakeholders	Every 6 months
HAI		

(1) Chaired by Chief Executive, NHS D&G.

(2) Chaired in rotation by a representative of NHS D&G and Environmental Health, D&G Council.

(3) Chaired by NHS D&G Consultant in Public Health Medicine

(4) Chaired by Infection Control Manager

(5) Chaired by Dr Neil Kelly

Meeting papers are circulated electronically to group members. All group members are able to put forward items for meeting agenda.

Ad hoc meetings, phone calls, and e-mails are used to ensure good collaborative working between regular meetings.

4.4 Ways in which incidents are reviewed and lessons learned locally

Public health incidents are reviewed and lessons shared locally by using the regular meetings detailed above, and if required by holding an incident specific meeting. Documents are shared among senior members of staff and then cascaded as appropriate to colleagues within organisations. Final reports of outbreaks and

incidents are scrutinised and approved by the Infection Control Committee and recommendations are implemented.

Within NHS D&G there are arrangements in place to promote good collaborative working between the health protection team and the infection control team.

From time to time D&G Public Health Liaison Group meetings are held at the offices of a health protection partner, for example, Scottish Water and a Continuing Professional Development session can be incorporated into the visit.

Joint training exercises also contribute to building and maintaining good working relationships. For example, exercises have taken place regarding pandemic flu, a foodborne disease outbreak, a nuclear incident, water incidents, and a rabies outbreak.

4.5 Arrangements to respond out of hours

Staffing

NHS D&G – A public health competent person is always available out of hours via Dumfries and Galloway Royal Infirmary (DGRI) switchboard. If the caller asks to speak to the person on call for public health the switchboard staff will make contact with the person on call by pager, mobile phone, or home phone.

Dumfries and Galloway Council has a voluntary callout arrangement for dealing with any emergency issues outwith normal working hours. The out of hours Carecall Service can be contacted by telephone on 030 3333 3000. EH Managers have the authority to deploy whatever resources are required to effectively respond to any emergency, if necessary.

4.6 Arrangements for reviewing health protection guidance

NHSD&G and D&GC have standard operating procedures (or similar) which are subject to regular review. The majority of these relate to health protection, food safety, and food hygiene.

4.7 Maintaining Knowledge and Skills

NHSD&G

The lead CPHM (Communicable Diseases/Environmental Health) is on the specialist health protection register. Consultants are all fellows or members of the UK Faculty of Public Health and all fulfil annual continuing development (CPD) requirements of the Faculty and complete annual appraisals. The Nurse Consultant in health protection has a Masters degree in the discipline, complete CPD, and annual appraisals. BBV/Health Protection Nurses are registered on MSc courses in health protection/infection control or will be after an initial in-house training period.

D&GC

All ES staff have annual staff development reviews and there is ongoing training to ensure that staff have the necessary skills and competencies on a wide range of

public health and environment issues, including health protection. EHOs are encouraged to be members of the Royal Environmental Health Institute of Scotland (REHIS) and are provided with appropriate training to meet Continuing Professional Development needs, which can ultimately lead to Chartered Status as an EHO.

5. Health protection services: capacity and resilience

5.1 Assessing Capacity and Resilience

Although no formal local assessments of capacity and resilience of health protection services within NHS D&G or D&GC have been carried out in recent years the H1N1 pandemic was a real time test of capacity and resilience and showed that the NHS HPT is in a strong position to provide services 24/7 all year round.

Mutual aid agreements with West of Scotland NHS Boards are in place to augment a local response in a major health protection emergency.

D&GC were subject to an audit of Best Value and Community Planning by Audit Scotland in 2008 following which an Improvement Plan was drawn up to address the findings of the Audit and work is ongoing.

EH is periodically audited by the Food Standards Agency (FSA) with the last full audit carried out in January 2007 following which an action plan was drawn up to address identified non-conformities. Follow up audits were carried out in June 2008 April 2009 by which time all non-conformities had been resolved.

As part of Civil Emergencies Procedures there is an informal understanding between D&GC and neighbouring authorities that, in the event of a major incident overwhelming the Council's resources, mutual aid in the form of the provision of personnel or resources may be requested and provided.

6. Health protection: public involvement and feedback

6.1 Public involvement in the planning and delivery of health protection services

Even though there is no formal public involvement in health protection services, or feedback from those individuals affected by an outbreak, there are a number of different ways in which to consult and engage regularly with the public. These can include follow up telephone calls regarding public satisfaction with services; customer feedback questionnaires including the inspection of premises, food sampling and pest control.

PUBLIC INVOLVEMENT PLAN – Health Protection Team - 2010 / 11

Aim	DETAIL	LEAD	Time
Public representative for Infection Control Team	<ul style="list-style-type: none"> Public involvement member for ICT in place where health protection policies and reports are discussed and approved 	ongoing	
Develop and further enhance relations with public partners (gaining advice and support on public involvement)	Establish and maintain links with:- <ul style="list-style-type: none"> Welfare of people emergency planning group Sexual health services and partners such as LGBT Dumfries and Building Healthy Communities 	Andrea Crossan Justine McCuaig	Sept 2015
Develop Service / User Feedback process for Health Protection Activities	<ul style="list-style-type: none"> Develop and manage a system to get feedback on the local introduction of new vaccination programmes 	Sara Bartram Andrea Crossan	Sept 2015
Planning/ training Exercises	<ul style="list-style-type: none"> In conjunction with partner agencies, Identify public members to participate in Planning / training exercises 	HPT / Council	On-going
Information/ awareness raising	<ul style="list-style-type: none"> Establish rolling programme information campaigns across NHS D&G health care premises to raise public awareness of HP issues and opportunities for public involvement Investigate and consider opportunities which arise for HP promotion/ public involvement across region 	HPT / Communications Dept	On-going

7. Summary and Actions

This plan describes an overview of health protection priorities, provision and preparedness within Dumfries and Galloway and describes how the Board and the Council deal with the range of health protection topics. Below are topics which have been identified as requiring further work. These will be integrated into current plans within the life of this plan.

- Maintain a continuous review of the suitability and adequacy of current out of hours arrangements.
- Clarify and document mutual aid arrangements between neighbouring Councils.
- Continue to develop and plan joint exercises and training with inclusion of public involvement.

Appendix 1

Membership of the NHS Dumfries & Galloway Infection Control Committee

Jeff Ace, Chief Executive (Chair)

Eddie Docherty, Director of Nursing (Vice Chair)

Dr Angus Cameron, Medical Director

Dr Martin Connor, Consultant Microbiologist

Dr Linsey Batchelor, Consultant Microbiologist

Elaine Ross, Infection Control Manager

Gayle Currie, PA to Infection Control Manager (Secretary)

Natalie Oakes, Prevention & Control of Infection Nurse

Ross Darley, Prevention & Control of Infection Nurse

Dr Nigel Calvert, Consultant in Public Health Medicine

Sara Bartram, Nurse Consultant in Health Protection

Andrea Whelan, Health Protection Nurse

Justine McCuaig, Health Protection Nurse

David Bryson, Operational Manager

Angela Brown, Area Domestic Services Manager

Caroline Swales, Consultant in Occupational Health Medicine

Heather Aitchison, Nurse Specialist in Occupational Health

Cathy Baty, Nurse Specialist in Occupational Health

Susan Roberts, Anti Microbial Pharmacist

Maureen Stevenson, Head of Clinical Governance/Development

Jackie Machling, Public Involvement Group Chair

Harry Anderson, Public Involvement Group Deputy Chair

The committee may also co-opt members for specific professional advice as necessary.
The committee will co-opt EH staff from DGC in event of a foodborne outbreak