

## **EAST AYRSHIRE COUNCIL**

**GOVERNANCE AND SCRUTINY COMMITTEE: 11 MARCH 2011**

### **JOINT HEALTH PROTECTION PLAN 2010 - 2012**

#### **Report by Executive Director of Finance and Corporate Support**

#### **1. PURPOSE OF REPORT**

- 1.1 To advise Committee of the Joint Health Protection Plan 2010 - 2012 prepared by NHS Ayrshire and Arran in conjunction with North, South and East Ayrshire Councils.

#### **2. BACKGROUND**

- 2.1 The Governance and Scrutiny Workshop on 27 January received information on the Review of Environmental Health Services in Relation to Responding to Major Public Health Incidents.
- 2.2 The existence of a formal review process in terms of public health protection responsibilities placed on local authorities and the NHS by statute is contained within the Ayrshire and Arran Joint Health Protection Plan 2010 - 2012.
- 2.3 The Public Health etc (Scotland) Act 2008 places a statutory duty on each Health Board to prepare a Joint Health Protection Plan in conjunction with local authorities to provide an overview of health protection in terms of communicable disease and environmental health priorities, provision and preparedness.
- 2.4 The Public Health etc (Scotland) Act 2008 additionally sets out clearly the respective responsibilities of local authorities and health boards. In effect, local authorities will be responsible for all public health regulation in relation to premises and property while the NHS will be responsible for all public health regulation in relation to persons and individuals.

#### **3. DISCUSSION AND CURRENT POSITION**

- 3.1 Part 1 of the Public Health etc (Scotland) Act 2008 requires that each Health Board in Scotland leads on the preparation of a Joint Health Protection Plan for its area and must consult with the relevant local authority(ies) in doing so.

3.2 NHS Ayrshire and Arran has progressed and produced the Ayrshire and Arran Joint Health Protection Plan 2010 - 2012 in partnership with the three Ayrshire local authorities. The Joint Health Protection Plan 2010 – 2012 was produced in April 2010 by senior representatives from NHS Ayrshire and Arran (Public Health) and the three Ayrshire local authorities' Environmental Health Services. A copy of the Plan is attached as Appendix 1.

3.3 The Joint Health Protection Plan is scheduled to be reviewed and published every two years with ongoing reviews throughout the duration of the plan to ensure the contents remain relevant.

3.4 Specific areas covered in the Joint Health Protection Plan include:

- Health Protection Planning – The remit of the Local Authorities and NHS Ayrshire and Arran together with collaborative working arrangements.
- National and Local Priorities e.g Pandemic influenza, Environmental exposures, Gastro intestinal infections.
- Health protection risks.
- Health protection resources – including staffing levels and competencies, resources available, out of hours response and health protection operating procedures.
- Health protection resilience and capacity – including mutual aid arrangements relative to health protection.
- Reviews of outbreaks and incidents and associated plans with briefing of lessons learned.
- Details of competent staff in NHS and local authorities, (Environmental Health staff and NHS Public Health staff), together with details of information technology and communications technology available to NHS and local authorities.
- Formal meeting arrangements are detailed for all Public Health related areas specific to Environmental health and the NHS in terms of collaborative working.
- A summary of actions which will be addressed during the 2010 – 2012 period include:
  - (i) an update of the port health plans
  - (ii) review of the pandemic influenza plans
  - (iii) update the incident control plan to incorporate lessons learned from any outbreaks of infectious disease, and
  - (iv) assess the resilience of health protection services in the NHS and local authorities with specific desk top exercises

3.5 Incidents and outbreaks specific to East Ayrshire outlined in the Plan include.

- E Coli 0157 : Three cases of E Coli 0157 occurred in September 2008 in two households living in close proximity although subsequently shown not to be linked. Lessons learned from this incident related to potential exposure to farm animal slurry.
- Cryptosporidium investigation : The number of reported cases of cryptosporidium increased in Autumn 2008 with a concentration in East Ayrshire. No specific cause of the increased cases was revealed. Lessons learned and improvements made included the provision of an inspection checklist for all pool operators in Ayrshire and all positive stool samples to be sent to the reference laboratory in Wales

#### **4. LEGAL IMPLICATIONS**

4.1 Section 4 of the Public Health etc (Scotland) Act 2008 placed a duty on East Ayrshire Council to continue to make provision, or ensure that provision is made for the purpose of protecting public health in its area.

4.2 Each Health Board and Local Authority are required to cooperate in terms of protection of public health in terms of Section 6 of the Act.

4.3 Each Health Board must prepare a Health Protection Plan relating to the protection of public health and must consult the local authority in preparing the Plan.

#### **5. FINANCIAL IMPLICATIONS**

5.1 No financial implications are identified in the production of the Ayrshire and Arran Health Protection Plan.

#### **6. COMMUNITY PLANNING/POLICY IMPLICATIONS**

6.1 The Ayrshire and Arran Joint health Protection Plan 2010 - 2012 is commensurate with the Community Plan in terms of Improving Health.

#### **7. CONCLUSION**

7.1 The Public Health etc (Scotland) Act 2008 places a duty on Health Boards in consultation with local authorities to produce a Health Protection Plan for their areas. The Ayrshire and Arran Joint Health Protection Plan 2010 - 2012 has been produced by NHS Ayrshire and Arran in collaboration with the Environmental Health Services of the three Ayrshire Councils.

- 7.2 The Ayrshire and Arran Health Protection Plan provides an overview of health protection issues including communicable disease and environmental health priorities, provision and preparedness.
- 7.3 The Health Protection Plan 2010 – 2012 will be reviewed regularly to ensure its contents remain relevant and reflect local and emerging issues. Further plans will be published every two years.

## **8. RECOMMENDATIONS**

8.1 Members of the Committee are invited to:

- (i) Consider the terms of the Ayrshire and Arran Joint Health Protection Plan 2010-2012, as set out in Appendix 1.
- (ii) Note the statutory arrangements for review of the Health Protection Plan to ensure resilience in responding to public health incidents.
- (iii) Note the joint collaborative working arrangements between the NHS and the local authorities in preparation and implementation of the Plan.
- (iv) Otherwise to note the contents of this report.

Alex McPhee  
Executive Director of Finance and Corporate Support

AMcP//PLT/SMcD

24 February 2011

### **LIST OF BACKGROUND PAPERS**

1. Ayrshire and Arran Joint Health Protection Plan 2010 – 2012.

Any person wishing to inspect the background papers should contact David Mitchell, Head of Legal, Procurement and Regulatory Services on 01563 576061 or by E-mail to [David.Mitchell@EastAyrshire.gov.uk](mailto:David.Mitchell@EastAyrshire.gov.uk).



# Ayrshire and Arran Joint Health Protection Plan 2010-2012



## Foreword

The Public Health etc. (Scotland) Act 2008<sup>1</sup> requires NHS Boards, in conjunction with Local Authorities, to produce a Joint Health Protection Plan (JHPP) providing 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.<sup>2</sup>

This first plan has been produced by the recently formed Joint Health Protection Planning Group (JHPPG) comprising representatives from NHS Ayrshire & Arran, the three Ayrshire local authorities, and the Ayrshire Civil Contingencies Team.

This plan covers the period from 1 April 2010 to 31 March 2012. It will be reviewed regularly by the group throughout its duration to ensure the contents remain relevant and appropriate and amendments published. Further plans will be published every two years.

The JHPP is a public document available on the websites of NHS Ayrshire & Arran and the three Local Authorities<sup>3</sup> and on request from the Director of Public Health or the Heads of Environmental health at each of the local authorities<sup>4</sup>.

<sup>1</sup> [http://www.opsi.gov.uk/legislation/scotland/acts2008/pdf/asp\\_20080005\\_en.pdf](http://www.opsi.gov.uk/legislation/scotland/acts2008/pdf/asp_20080005_en.pdf)

<sup>2</sup> [www.sehd.scot.nhs.uk/cmo/CMO\(2007\)02.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2007)02.pdf)

<sup>3</sup> [www.nhsayrshireandarran.com](http://www.nhsayrshireandarran.com); [www.east-ayrshire.gov.uk](http://www.east-ayrshire.gov.uk); [www.north-ayrshire.gov.uk](http://www.north-ayrshire.gov.uk); [www.south-ayrshire.gov.uk](http://www.south-ayrshire.gov.uk)

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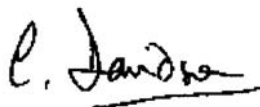
Manager of Trading Standards and Environmental Health, South Ayrshire Council, Burns House, 16 Burns Statue Square, Ayr, KA7 1UT

## Signatories

### NHS Ayrshire & Arran

Name: Carol Davidson

Designation: Executive Director of Public Health



Signature:

### East Ayrshire Council

Name:

Designation: Chief Environmental Health Officer

Signature: .....

### North Ayrshire Council

Name:

Designation: Chief Environmental Health Officer

Signature: .....

### South Ayrshire Council

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Designation: Chief Environmental Health Officer

Signature: .....

## Ayrshire and Arran Joint Health Protection Plan: 2010 - 2012

<b>Version No:</b>	Version 1.0
<b>Prepared by</b>	Dr Maida Smellie, Assistant Director of Public Health; Mr Kevin McMunn, North Ayrshire Council; Mr Paul Todd, East Ayrshire Council; Mr Brian Lawrie, South Ayrshire Council; Mrs Lorette Dunlop, Civil Protection Manager; Ayrshire Civil Contingencies Team
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<b>Lead reviewer</b>	Dr Carol Davidson (Director of Public Health)
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### Amendment record

Review date	Comments	Date of next review

## Abbreviations

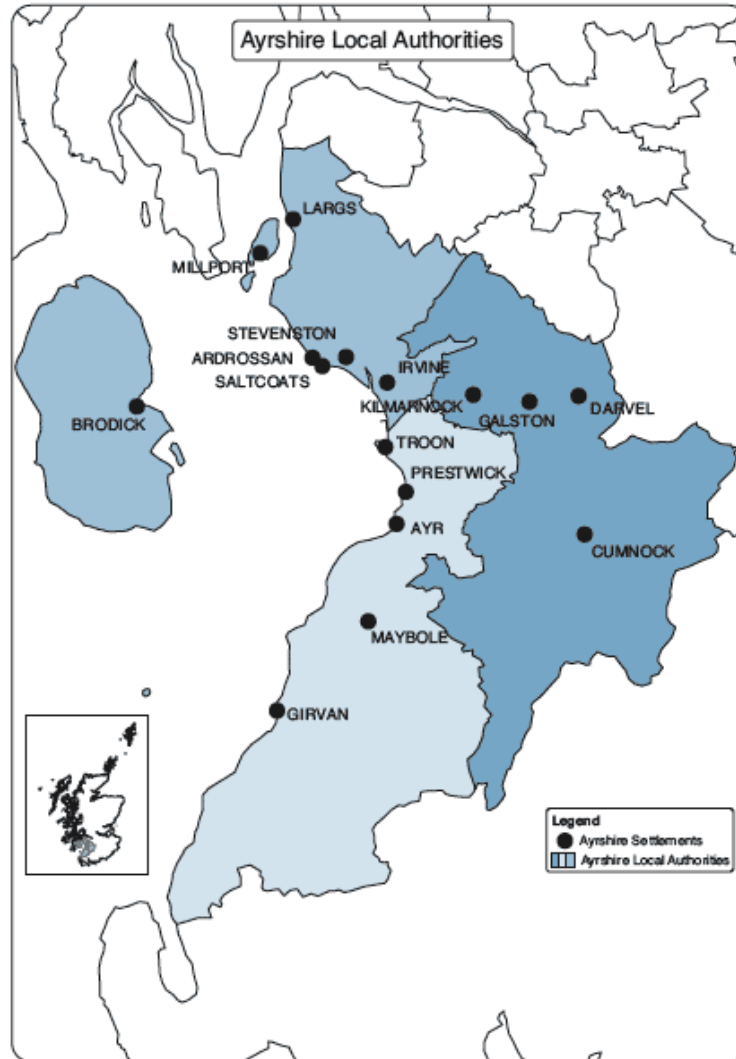
<b>ACCT</b>	Ayrshire Civil Contingencies Team
<b>CMO</b>	Chief Medical Officer
<b>COMAH</b>	Control of Major Accident Hazards
<b>CPHM</b>	Consultant in Public Health Medicine
<b>CPHM (CD/EH)</b>	Consultant in Public Health Medicine (Communicable Disease and Environmental Health)
<b>DPH</b>	Director of Public Health
<b>EAC</b>	East Ayrshire Council
<b>EHO</b>	Environmental Health Officer
<b>FSA (S)</b>	Food Standards Agency (Scotland)
<b>GP</b>	General Practitioner
<b>HAI</b>	Health Associated Infection
<b>ICP</b>	Incident Control Plan
<b>ICT</b>	Incident Control Team
<b>IMST</b>	Incident Management Support Team
<b>JHPP</b>	Joint Health Protection Plan
<b>JHPPG</b>	Joint Health Protection Planning Group
<b>MACR</b>	Major Accident Control Regulations
<b>NAC</b>	North Ayrshire Council
<b>NATS</b>	National Air Traffic Service
<b>NHS AA</b>	NHS Ayrshire & Arran
<b>REPIR</b>	Radiation Emergency Preparedness and Public Information Regulations
<b>SECG</b>	Strathclyde Emergencies Co-ordination Group
<b>SEPA</b>	Scottish Environmental Protection Agency
<b>STAC</b>	Scientific and Technical Advisory Cell
<b>SW</b>	Scottish Water

<b>1</b>	<b>Overview of Ayrshire and Arran</b>	
<b>1.1</b>	Demography and geography of the population	<b>7</b>
<b>1.2</b>	Minority ethnic population	<b>8</b>
<b>1.3</b>	Socioeconomics of Ayrshire and Arran	<b>9</b>
<b>2</b>	<b>Health protection planning infrastructure</b>	
<b>2.1</b>	Remit of agencies	
	NHS Ayrshire & Arran	<b>10</b>
	East Ayrshire Council	<b>10</b>
	North Ayrshire Council	<b>10</b>
	South Ayrshire Council	<b>10</b>
<b>2.2</b>	Multi-agency planning infrastructure	<b>11</b>
<b>2.3</b>	Health Protection plans	<b>11</b>
<b>3</b>	<b>National and local priorities</b>	
<b>3.1</b>	National and local priorities	<b>12</b>
<b>3.1.1</b>	Pandemic influenza	<b>12</b>
<b>3.1.2</b>	Healthcare associated infections (HAI) and antimicrobial resistance	<b>12</b>
<b>3.1.3</b>	Vaccine preventable diseases and the impact on them of current and planned immunisation programmes	<b>13</b>
<b>3.1.4</b>	Environmental exposures which have an adverse impact on health	<b>14</b>
<b>3.1.5</b>	Gastro-intestinal and zoonotic infections	<b>15</b>
<b>3.2</b>	<b>Health protection risks</b>	
<b>3.2.1</b>	Strathclyde	<b>15</b>
<b>3.2.2</b>	Health protection risks specific to Ayrshire	<b>16</b>
<b>3.3</b>	Significant incidents and outbreaks (1 January 2008 - 31 December 2009)	<b>16</b>
<b>4</b>	<b>Health protection: resources and operational arrangements</b>	
<b>4.1</b>	Staffing levels	<b>17</b>
<b>4.2</b>	Resources	<b>17</b>
<b>4.3</b>	Organisational arrangements to facilitate collaborative working	<b>18</b>
<b>4.3.1</b>	Incident review	<b>18</b>
<b>4.4</b>	Arrangements to respond out-of-hours	<b>19</b>
<b>4.5</b>	Arrangements for reviewing Health Protection Standard Operating Procedures (SOPs) and guidance	<b>19</b>
<b>4.6</b>	Corporate arrangements for the maintenance of knowledge, skills and competencies of staff with health protection duties	<b>19</b>
<b>5</b>	<b>Health protection services: Capacity and resilience</b>	
<b>5.1</b>	Assessment of the capacity and resilience of health protection services	<b>21</b>
<b>5.2</b>	Mutual aid arrangements	<b>21</b>
<b>6</b>	<b>Public involvement in the planning and delivery of health protection services</b>	<b>22</b>
<b>7</b>	<b>Summary and actions</b>	<b>23</b>
<b>Annex A</b>	<b>Health protection plans in Ayrshire and Arran</b>	<b>24</b>
<b>Annex B</b>	<b>Pandemic Influenza Contingency Planning Group membership</b>	<b>28</b>
<b>Annex C</b>	<b>Significant incidents and outbreaks (1 January 2008 - 31 December 2009)</b>	<b>29</b>
<b>Annex D</b>	<b>Health protection: Staffing levels</b>	<b>33</b>
<b>Annex E</b>	<b>Information and communications technology resources available in NHS Ayrshire &amp; Arran and the three Local Authorities</b>	<b>34</b>
<b>Annex F</b>	<b>Formal meetings to facilitate collaborative working</b>	<b>36</b>
<b>Annex G</b>	<b>Policy guidance, template guidance and SOPs</b>	<b>37</b>

# 1 Overview of Ayrshire and Arran

## 1.1 Demography and geography of the population

Ayrshire and Arran is located in the south west of Scotland and is bordered by Inverclyde and East Renfrewshire to the north, by Lanarkshire to the east and Dumfries and Galloway to the south.



NHS Ayrshire & Arran covers an area of 750,464 square hectares in the south west of Scotland, from Skelmorlie in the north to Ballantrae in the south and Muirkirk in the west. The area covers a mix of rural and urban development with an overall population density of 0.56 people per square hectare, slightly below the national average. Out of the total population of 367,510 people<sup>5</sup>, around 80 per cent live in community settlements of over 500 people.

<sup>5</sup> 2008 VPS survey

From 2001 census data the key settlements within Ayrshire and Arran are:

Ayr	46,431 people
Kilmarnock	43,588 people
Irvine	33,090 people

Other settlements with a population of over 10,000 include; Kilwinning, Prestwick, Troon, Saltcoats, Largs and Ardrossan. Cumnock in the west has a population of just over 9,000 people. There are also eight settlements with fewer than 1,000 residents.

Nearly nine out of every ten workers who live in Ayrshire and Arran also work in the area. Ayrshire and Arran has good road, rail and ferry links and an international airport.

NHS Ayrshire & Arran covers the same areas as the three local authorities, North, South and East Ayrshire Councils.

## 1.2 Minority ethnic population

The 2001 Census<sup>6</sup> indicated that that the proportion of the population in ethnic minority groups in Scotland in was two per cent in comparison to 1.3 per cent in 1991. For Ayrshire and Arran, the corresponding figures were 0.68 per cent in 2001 in comparison to 0.49 per cent in 1991.

Nevertheless NHS Ayrshire & Arran has the fifth lowest non-European population in Scotland, with East, South, and North Ayrshire Council areas having the fifth, sixth and seventh lowest rates among the 32 local authorities.

The largest ethnic groups in Ayrshire and Arran are similar throughout the county: Chinese (0.18 per cent) and Indian (0.16 per cent other than East Ayrshire, which has an Indian population of 0.07 per cent compared to a Pakistani cultural population of 0.14 per cent)

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<sup>6</sup> [www.gro-scotland.gov.uk/files1/stats/key\\_stats\\_chareas.pdf](http://www.gro-scotland.gov.uk/files1/stats/key_stats_chareas.pdf)

### 1.3 Socioeconomics of Ayrshire and Arran

The Scottish Index of Multiple Deprivation (SIMD) indicates that there are significant differences in socio-economic status and deprivation levels throughout Ayrshire with areas of significantly high poverty close to areas of very low poverty.

From the 2009 SIMD data<sup>7</sup>, there are 480 data zones in Ayrshire and Arran. Twenty eight of these are in the five per cent most deprived areas of Scotland and another 28 in the ten per cent most deprived areas. In contrast there are three areas in Ayrshire and Arran among the five per cent least deprived in Scotland and another 18 in the ten per cent least deprived<sup>8</sup>.

In total, 15 per cent of the population of North Ayrshire, nine per cent of the population of East Ayrshire and six per cent of the population of South Ayrshire live in the ten per cent most deprived areas of Scotland. However, all three Local Authority areas have data zones in both the five per cent most deprived and five per cent most affluent in Scotland.

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<sup>7</sup> Scottish Index of Multiple Deprivation: [www.scotland.gov.uk/Resource/Doc/289599/0088642.pdf](http://www.scotland.gov.uk/Resource/Doc/289599/0088642.pdf)

<sup>8</sup> Scottish Index of Multiple Deprivation: [www.scotland.gov.uk/Resource/Doc/933/0090601.xls](http://www.scotland.gov.uk/Resource/Doc/933/0090601.xls)

## **2 Health protection planning infrastructure**

### **2.1 Remit of agencies**

#### **NHS Ayrshire & Arran**

The health protection remit for NHS Boards is described in the letter of 2 February 2007 from the Chief Medical Officer<sup>9</sup>. NHS Ayrshire & Arran delegates this responsibility to the Director of Public health with work carried out by the health protection team comprising health protection doctors, nurses and support workers. The NHS Ayrshire & Arran Health Protection Team can be contacted by phoning 01292 885858 during office hours and by phoning Crosshouse Hospital (01563 521133) out-of-hours.

#### **East Ayrshire Council**

The health protection remit in East Ayrshire Council includes air quality, food safety, health and safety, pollution control and public health, private water supplies, pest control, smoking ban enforcement and tobacco control and also operates a corporate enforcement unit to address dog fouling/litter/dumping. The Council's Regulatory Services, which includes Environmental Health and Trading Standards services, is responsible for the services already mentioned and can be contacted by phone during office hours on 01563 554022 / 23 and out-of-hours on 0845 724000 (helpline number).

#### **North Ayrshire Council**

The health protection remit for North Ayrshire Council includes infectious diseases control, port health, air quality, contaminated land, food safety, health and safety, public health, noise and the built environment, public and private water supplies and tobacco control. The Council's Environmental Health Section is responsible for these issues and can be contacted by phoning 01294 324300 during office hours.

#### **South Ayrshire Council**

The health protection remit for South Ayrshire Council includes air quality, contaminated land, food safety, health and safety, public health, communicable disease, port health, housing and the built environment, noise control, private and public water supplies and tobacco control. The Council's Environmental Health Service is responsible for these issues and can be contacted by phoning 01292 618222 during office hours.

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<sup>9</sup> [www.sehd.scot.nhs.uk/cmo/CMO\(2007\)02.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2007)02.pdf)

## **2.2 Multi-agency planning infrastructure**

The NHS and the Local Authorities are an integral part of the Strathclyde Emergencies Co-ordination Group. It is through this forum that health protection issues are addressed across the wider partner organisations, including the emergency services, military and the voluntary organisations.

## **2.3 Health Protection plans**

There are a number of key health protection plans (CD/EH) within Ayrshire and Arran on which the NHS and the Local Authorities either individually or jointly lead. A full list of plans including review and exercise dates is shown at Annex A

### **Issues to be addressed: Areas for development**

As part of the continual review and development of health protection plans the HPEPG identifies areas to be addressed on an annual basis. The workplan for 2010 includes reviewing the Ayrshire and Arran Incident Control Plan to include any lessons learned from recent responses and reviewing and improving arrangements for responding to nuclear incidents.

### **Access to plans**

Details of how to access plans are contained in Annex A.

### **3. National and local priorities**

**3.1** The Chief Medical Officer issued a letter on 31 January 2008 detailing the main priorities for health protection in Scotland in the period 2008 - 2010<sup>10</sup>. These are:

- Pandemic influenza planning
- Healthcare associated infections and antimicrobial resistance
- Vaccine preventable diseases and the impact on them of current and planned immunisation programmes
- Environmental exposures which have an adverse impact on health
- Gastro-intestinal and zoonotic infections

These areas already formed important aspects of health protection work locally. More details on the work carried out on these are given below.

#### **3.1.1 Pandemic influenza**

Plans for this are regularly reviewed and updated by the Pandemic Influenza Contingency Planning Group (for membership see Annex B). The plan worked well in response to the first wave of Influenza A (H1N1) occurring in 2009.

#### **3.1.2 Healthcare associated infections (HAI) and antimicrobial resistance**

The NHS Ayrshire & Arran HAI team reports regularly to the NHS Board through the Executive Medical Director, providing a written overview of HAI issues including Staphylococcus aureus bacteraemias, Clostridium Difficile, hand hygiene compliance and compliance with cleaning standards. Comments are also made on any new policy initiatives.

The team also provide monthly progress reports to the Scottish Government on implementation of the national HAI Action Plan locally.

In November 2009, a Community HAI Group was established to address aspects of HAI in the wider community.

Antimicrobial resistance is addressed through the work of the multi-disciplinary Antimicrobial Management Team which reports to the Area Drug and Therapeutics Committee. Policies are formulated and agreed for both the hospital and primary care setting and deal with issues such as the management of MRSA.

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<sup>10</sup> [www.sehd.scot.nhs.uk/cmo/CMO\(2008\)00a.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2008)00a.pdf)

### **3.1.3 Vaccine preventable diseases and the impact on them of current and planned immunisation programmes**

#### **i) The childhood immunisation programme**

The impact on vaccine preventable diseases covered by the childhood immunisation programme is highest when levels of uptake are 95 per cent or greater. Working with partners, principally in primary care, we have achieved an uptake of routine childhood immunisations at age 24 months consistently above the national target of 95 per cent in Ayrshire and Arran. Uptake of MMR has increased to 93 per cent at 24 months and by the age of five years, 96 per cent of children have received at least one dose of the vaccine.

Since 2006 there have been several changes to the schedule of childhood immunisations; booster doses of vaccine have been introduced at age 12 months and a new vaccine to protect against pneumococcal disease has been introduced. The impact of these is being evaluated nationally.

#### **ii) Human Papilloma Virus (HPV)**

This is the first vaccine programme to be introduced to prevent the occurrence of cancer (cervical). The implementation of the HPV Immunisation programme required a great deal of joint working with exceptional effort shown by colleagues within the Public Health Department, Child Health Department, School Nursing Service, Vaccine Holding Centre (Crosshouse Hospital), Primary Care Department (including GPs) and Local Authority Partners, especially in the Education Services. Uptake rates have been gratifyingly high.

The impact of this will not be seen for a number of years and the assessment of this is being undertaken at national level.

#### **iii) H1N1 (pandemic) flu vaccine**

The H1N1 vaccination programme is the first vaccination programme developed in response to a pandemic. It has been a constantly evolving programme, developing in response to changes in epidemiological data and evidence on vaccine effectiveness and safety, necessitating swift adaptations to local delivery.

Contingency plans had to be developed to reflect the uncertain nature of the programme and services had to react very quickly. Initially, patients on the seasonal flu at-risk register were the highest priority.

A multi-disciplinary group was formed including Primary Care (GPs and their staff), Public Health, Child Health Department, Vaccine Holding Centre (Crosshouse Hospital) and the Policy, Planning and Performance Department to develop the programme.

The next priority was health and social care staff and a separate Occupational Health group was established, the group worked very closely with our local authority partners. The uptake in this cohort was very encouraging.

The above phase one was followed by phase two targeting children aged six months to five years. Again, considerable planning has been required, at times at short notice, to enable delivery of this programme. At the time of writing (January 2010) the delivery of this by community nursing staff has just commenced.

The overall impact of the vaccination programme is subject to national study.

#### **3.1.4 Environmental exposures which have an adverse impact on health**

The three Local Authorities are working on a number of areas relating to environmental exposures which have an adverse impact on health. These include:

- Air quality monitoring - provision of automatic air sampling equipment which provides continuous monitoring at locations through the area.
- Opencast coal sites - particulate monitoring.
- Private water supply - monitoring, advice and inspection of private water supplies including sampling is underway.
- Health improvement measures - food hygiene, diet and nutrition advice, health eating campaigns, for example salt and fat content in food.
- Smoking prohibition checks and checks on the sale of tobacco products to under 18s.
- Health and wellbeing campaigns, for example noise control and antisocial noise control relative to mental health and wellbeing.
- Health Working Lives - health and safety inspections and advice visits, accident investigations and participation in campaigns such as, slips, trips and falls and working at heights.
- Improving the built environment, for example identifying houses below the tolerable standard and using statutory nuisance powers to seek resolution; identifying unlicensed houses in multiple occupation and houses rented by unregistered landlord in partnership with other council services to provide accommodation that is fit for purpose.
- Contaminated land use.

- Regulation of the use of sunbeds.
- Regulation of skin piercers / tattooists.
- General public health issues - litter, fly tipping control and dog fouling campaigns / enforcement.

### **3.1.5 Gastro-intestinal and zoonotic infections**

A number of health improvement measures have been undertaken by the three Local Authorities targeting this area, for example by providing food hygiene advice.

Policies have been developed regarding the joint management by the NHS and the three Local Authorities of cases of gastro-intestinal and zoonotic infections to help prevent further spread. In addition, where there is any indication of an outbreak, a multi-disciplinary, multi-agency meeting would take place to manage any incident.

## **3.2 Health protection risks**

### **3.2.1 Strathclyde**

The Strathclyde Emergencies Co-ordinating Group (SECG) Community Risk Register has been compiled by the SECG in accordance with the Civil Contingencies Act 2004 (CCA) and its associated Regulations and Guidance as outlined in the Scottish Executive document Preparing Scotland and as detailed in the UK Resilience website.<sup>11 12</sup>

This register has been created to provide public information about the hazards that exist within the Strathclyde area and the control measure in place to mitigate their impact. These hazards do not represent forecast or predictions relating to particular incidents or sites but rather indicate the scale of potential problems relating to that type of hazard and for which relevant services and agencies may be expected to plan. The SECG Community Risk register can be found at [www.strathclydefire.org/perform/crr.asp](http://www.strathclydefire.org/perform/crr.asp).

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<sup>11</sup> [www.scotland.gov.uk/publications/2006/02/27140215](http://www.scotland.gov.uk/publications/2006/02/27140215)

<sup>12</sup> [www.ukresilience.info](http://www.ukresilience.info)

### **3.2.2 Health protection risks specific to Ayrshire**

i) Within Ayrshire there are five top tier Control of Major Accident Hazards (COMAH) sites:

- Chemring UK Ltd - processing, manufacturing and storage of explosives and chemicals.
- Chivas Bros Ltd, Beith -175,800 tonnes of alcoholic beverage stored on site.
- Chivas Bros Ltd, Beith -185,000 tonnes of alcohol spirit stored on site.
- Grants of Girvan - 220,000 tonnes of flammable substance.
- DSM Nutritional Products Ltd, Dalry – large amounts of flammable liquids and other hazardous substances.

ii) There are two sites regulated under the Radiation (Emergency Preparedness and Public Information) Regulations (REPPiR), namely Hunterston A and B.

iii) The Defence Storage Processing and Distribution Services (DSDA), Beith falls under the Major Accident Control Regulations (MACR).

iv) The extensive coastline with shipping, fishing boats, ferries, pleasure craft and naval vessels moving through the waters off the Ayrshire coast can present health protection risks. Also presenting risks is the thriving shellfish industry involving the harvesting of razor fish, oysters, mussels, scallops, sandgapers, periwinkles and whelks both for the UK market and export with attendant food safety risks associated with this area of food production.

v) Ayrshire and Arran regularly hosts high profile sporting events including the Scottish Grand National and the British and Senior Open Golf Championships.

### **3.3 Significant incidents and outbreaks (1 January 2008 - 31 December 2009)**

As would be expected, there has been a number of incidents and outbreaks over this period. The following is a list of those which have been significant and / or where lessons have been learned together with improvements made over the period. Details are contained in Annex C.

- Legionella investigation - March 2008
- E. coli O157 investigation - May 2008
- Dental decontamination - August 2008
- E. coli O157 - September 2008
- Cryptosporidium investigation - October 2008
- Influenza A (H1N1) 2009

## **4 Health protection: resources and operational arrangements**

### **4.1 Staffing levels**

The remit of the health protection team is to act on behalf of NHS Ayrshire & Arran to deliver the health protection function as described in the letter of 2 February 2007 from the Chief Medical Officer.<sup>13</sup> The remit relates to communicable diseases, environmental hazards and the deliberate release of biological, chemical, radiological and nuclear hazards. The remit is delivered through the key functions of surveillance; investigation; risk assessment; risk management; communication; emergency response and management; and audit, evaluation, education training and research.

An out-of-hours on-call rota for public health is staffed by five consultants in public health. The two public health trainees participate in this rota on a one in five basis under the supervision of a Consultant in Public Health Medicine.

Further staffing information including a note of designated competent persons can be found at Annex D.

### **4.2 Resources**

The availability of adequate information and communications technology is essential for the day-to-day work of health protection and is detailed at Annex E.

During a larger incident or outbreak there may be a decision taken to activate the NHS control centre. The control centre is resourced with telephones, computers, printers, a fax machine and a television. The computers have internet access to allow access to specialist information, for example Health Protection Scotland, CHEMET and the Met office. Facilities are also available for video / teleconferencing and although video / teleconferencing do have limitations, they are beneficial for fast moving incidents that involve several organisations.

While the NHS Control Centre is the central point for communications with all organisations involved in dealing with the incident, it is not used for dealing with public enquiries. This is provided by the SECG Emergencies Information helpline and NHS24.

Contingency plans are in place in each of the three Local Authorities to obtain further information and technology support if the situation warrants.

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<sup>13</sup> [www.sehd.scot.nhs.uk/cmo/CMO\(2007\)02.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2007)02.pdf)

### **4.3 Organisational arrangements to facilitate collaborative working**

Organisational arrangements for collaborative working are in place between NHS Ayrshire & Arran, East Ayrshire Council, North Ayrshire Council, South Ayrshire Council and other health protection agencies.

Formal arrangements exist through:

- Joint Health Protection Planning Group
- Ayrshire and Arran Water Liaison Group
- Ayrshire and Arran Environmental Health Working Group
- Ayrshire and Arran Health Protection Senior Officers Group

The details of chairmanship, membership and the frequency of the meetings can be found at Annex F.

A number of informal arrangements including ad hoc meetings, phone calls and emails are used to facilitate good collaborative working.

There are also arrangements in place within East Ayrshire Council, North Ayrshire Council, South Ayrshire Council to ensure appropriate sharing of information and learning among teams and departments. In addition, Glasgow Scientific Services provide specialist assistance to each of the three Local Authorities.

Joint exercises also contribute to building and maintaining good working relationships. Recently tested exercise scenarios include pandemic influenza, a water incident, a radiation incident, a chemical incident and a terrorist incident involving establishing a Scientific and Technical Advisory Cell (STAC).

#### **4.3.1 Incident review**

Public health incidents are reviewed and lessons are shared. Locally these lessons are shared by using the regular meetings detailed above. Debriefs are also held following every incident warranting a multi-agency meeting and are used to identify any changes to practice that are desirable.

#### **4.4 Arrangements to respond out-of-hours**

Within NHS Ayrshire & Arran a public health consultant is always available out-of-hours through Crosshouse Hospital switchboard. There is a one in five consultant led rota for health protection with support from specialist registrars during their training (usually two operating a one in five rota). The NHS also operates both a strategic and tactical directors' rota to support both the duty managers and health protection rota.

North, South and East Ayrshire Council have no formal call out or on-call rota for Environmental Health Officers. East Ayrshire Council contacts are held by the helpline staff of the Risk Management Centre and are also contained within in the Civil Emergency Plan. North Ayrshire contacts are also contained in the Civil Emergency Plan. South Ayrshire Council contacts are held by the South Ayrshire Monitoring Station and in the Civil Contingencies Plan. In effect, the service manager will be contacted and will thereafter call out relevant staff as per the cascade arrangements in place.

#### **4.5 Arrangements for reviewing Health Protection Standard Operating Procedures (SOPs) and guidance**

Guidance and SOPs have been developed locally and are subject to regular review. Details are listed at Annex E. These documents are contained in the Health Protection team shared drive available in the office and out of the office through remote access enabled laptops. Other guidance and information documents can be accessed through relevant websites, for example Health Protection Scotland.

#### **4.6 Corporate arrangements for the maintenance of knowledge, skills and competencies of staff with health protection duties**

Within NHS Ayrshire & Arran there is an annual cycle of personal development planning and review and performance appraisal for all staff. Each year a set of objectives is agreed between the member of staff and their manager with a six month interim and annual performance appraisal. These appraisals and personal development reviews are used to identify training requirements to maintain and enhance knowledge, skills and competencies.

In addition to performance appraisal, medical staff are required to undertake annual consultant appraisal and maintenance of CPD records required by the Faculty of Public Health is checked at this appraisal. This meets the current General Medical Council (GMC) Guidelines on revalidation and appraisal for doctors.

There is an annual professional development review for officers within Environmental Health when technical and personal development objectives are agreed to ensure competency is maintained. The process is recorded formally and saved electronically.

The Food Standards Agency (FSA) also carry out periodic audits of Food Safety / Food Standards Inspections and Enforcement carried out by this service. This provides feedback on the maintenance of standards by the Environmental Health services.

## **5 Health protection services: Capacity and resilience**

### **5.1 Assessment of the capacity and resilience of health protection services**

There are no nationally set levels of staffing for health protection services in either the NHS or local authorities. Within NHS Ayrshire & Arran the capacity of the health protection team to deal with service requirements at usual demand levels is subject to on-going assessment. As a result of this, since 2003 there has been an increase in staffing from 1.0 whole time equivalent (wte) consultant and 0.7 wte staff grade doctor to 1.7 wte consultant, 0.2 wte associate specialist doctor and 2 wte health protection nurse specialists.

There has also been an on-going focus on building resilience across the Department of Public Health with both formal and informal training. In exceptional circumstances, staff from across NHS Ayrshire & Arran will also assist in a variety of capacities, dependent on their skills, this happened in the recent flu pandemic.

### **5.2 Mutual aid arrangements**

A memorandum of understanding exists between the West of Scotland NHS Boards (NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Forth Valley, NHS Greater Glasgow & Clyde and NHS Lanarkshire) to provide mutual aid in public health emergency situations. In addition, NHS Ayrshire & Arran, NHS Greater Glasgow & Clyde and NHS Lanarkshire have agreed to work together to provide appropriate personnel to form a Scientific and Technical Advisory Cell (STAC) to support the SECG in emergency situations within the Strathclyde area.

During a major incident the Local Authorities have an informal mutual aid agreement with all neighbouring authorities to provide assistance when staffing levels and resources are fully stretched.

## **6 Public involvement in the planning and delivery of health protection services**

Although there is no formal public involvement in the planning and delivery of health protection services within NHS Ayrshire & Arran, a number of informal mechanisms are available to engage with the public including the NHS Ayrshire & Arran public website<sup>14</sup>. This has information on a variety of matters, including Influenza A (H1N1), general information and advice, details on vaccination and antiviral collection points, a list of frequently asked questions and links to several key sources of information; and information on hand hygiene with links to the Scottish National Hygiene Campaign website. Other topics of interest are in the process of being developed.

During outbreaks any communication from the Health Protection Team to those affected contains contact details for people to get in touch. Informal feedback can be obtained in this way, though usually enquiries relate to the person's own situation.

The three local authorities consult and engage with the public in a number of ways including by telephone or written questionnaire enquiry on various topics. Working together, the Environmental Health Services of the three Ayrshire Councils carried out an Ayrshire wide public consultation (Traders, customers and pest control) in the autumn of 2007.

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<sup>14</sup> [www.nhsayrshireandarran.com](http://www.nhsayrshireandarran.com)

## **7 Summary and actions**

This plan gives an overview of health protection priorities, provision and preparedness within Ayrshire and Arran and describes how the Board and the Local Authorities deal with the range of health protection topics. Below are the main topics identified for further work. During the period 2010-12:

- Review and update port health plans for Glasgow Prestwick International airport and the various parts within Ayrshire once aircraft and port regulations have been published.
- Review and update the pandemic influenza plans to incorporate lessons learned during our response to the Influenza A (H1N1) pandemic.
- Review and update the incident control plans to incorporate lessons learned in responses to outbreaks of infectious diseases.
- Assess the capacity and resilience of health protection services in the Board and in Local Authorities.
- Clarify and document mutual aid arrangements between neighbouring local authorities.

As indicated previously, the plan will be reviewed regularly throughout its duration to ensure the contents remain relevant and appropriate and amendments published. Further plans will be published every two years.

## Annex A Health protection plans in Ayrshire and Arran

### NHS led

(A) Plan	(B) Date of last review	(C) Scheduled date for next review	(D) Date of last test	(E) Scheduled date for next test
<b>NHS Ayrshire &amp; Arran MIP</b>				
Part 1 – Background	April 2006	February 2010	Part 1 for information only	
Part 2 – NHS response	April 2006	February 2010	Part 2 for information only	
Part 3 – Scene	April 2009	April 2011	25 February 2009	
Part 4a - Crosshouse	March 2009	March 2010	27 October 2009	October 2010
Part 4b - Ayr	March 2009	March 2010	20 October 2009	October 2010
Part 5 – NHS Control Centre	November 2009	November 2009	May 2009	May 2012
Part 6 - COMAH	April 2006	February 2010	Part 6 for information only	
Part 7 – Emergency Services	March 2009	March 2011	Part 7 for information only	
Part 8 - MIST	November 2008	November 2009		
Part 9 – Distribution of Countermeasures	August 2008	March 2010		
Part 10 – Incident Control Plan	March 2004	December 2009		
Pandemic Influenza Plan				

These plans are available by writing to Director of Public Health, NHS Ayrshire & Arran, Afton House, Ailsa Hospital, Dalmellington Road, KA6 6AB or by emailing [carol.davidson@aapct.scot.nhs.uk](mailto:carol.davidson@aapct.scot.nhs.uk)

## Ayrshire Civil Contingencies Team led

(A) Plan	(B) Date of last review	(C) Scheduled date for next review	(D) Date of last test	(E) Scheduled date for next test	
East Ayrshire Council Civil Contingencies Plan	2005	March 2010	March 2005	2010	Following council HQ refurbishment
North Ayrshire Council Civil Contingencies Plan	2006	June 2010	October 2007	September 2010	
South Ayrshire Council Civil Contingencies Plan	2005	March 2010	October 2006	2010	Following Council HQ refurbishment
Local Authority Plans					
Ayrshire Flood Plan	2007	Ongoing	At time of incidents		To be reviewed following the publication of Tomkins Report and other associated flooding guidance
Coastal Flood plan	-	-	-	-	Being developed
Hunterston Port Health Plan	-	-	-	-	Being developed
LA Radiation Incidents (REPPIR 17)	-	Currently being reviewed	-	-	

These plans are available by writing to Mr David Whyte, ACCT, Building 372, Alpha Fright Area, Robertson Road, Glasgow  
Prestwick International Airport, Prestwick, KA9 2PL or by emailing [David.Whyte@south-ayrshire.gov.uk](mailto:David.Whyte@south-ayrshire.gov.uk)

NHS and / or Local Authority contribute to the following:

(A) Plan	(B) Date of last review	(C) Scheduled date for next review	(D) Date of last test	(E) Scheduled date for next test	Participating agencies	Comments
<b>Hazardous industrial sites plan</b>						
<b>COMAH Plans</b>						
Willowyard, Beith	November 2009	November 2013	12 August 2008	October 2012		COMAH plans are subject to a review every three years
Balgray, Beith	November 2009	November 2013	12 August 2008	October 2012		
DSM, Dalry	November 2009	November 2013	27 May 2009	April 2012		
Chemring UK Ltd (Nobels)	April 2007	March 2010	19 June 2007	June 2010		
Grants, Girvan	April 2008	March 2011	-	June 2010		
<b>REPPIR Plans</b>						
Hunterston Power Station (Offsite) Joint plan for A & B sites	August 2009	August 2010				Annual review
Hunterston (A) Decommissioning Site			29 January 2008	Jan 2011		A and B exercised separately (level 3)
Hunterston B Power Station			October 2007	29 September 2010		

(A) Plan	(B) Date of last review	(C) Scheduled date for next review	(D) Date of last test	(E) Scheduled date for next test	Participating agencies	Comments
<b>MACR Plans</b>						
DSDA, Beith	June 2005	November 2009	28 March 2007	23 March 2010		
<b>PORTS</b>						
Prestwick Airport Plan	21 August 2009	August 2010	25 February 2009	February 2011		
Girvan Harbour - LA						
Ayr Harbour – British Port			26 October 2006			
Troon Harbour – British Port			26 October 2006			
Strathspill Coastal pollution						

## **Annex B    Pandemic Influenza Contingency Planning Group membership**

### **NHS Ayrshire & Arran**

Director of Public Health--Chair

Medical Director

Consultant in Public Health Medicine

Public Health Nurse Specialist

Healthcare Director, Integrated Care and Emergency Services

Healthcare Director, Integrated Care and Partner Services

Assistant Director, Organisational and Human Resource Development (O&HRD)

Assistant Director of Nursing

Civil Protection Manager

Communications Manager

Senior Community Pharmacy Adviser

### **Member of Ayrshire Civil Contingencies Team**

**Healthcare Manager, HMP Kilmarnock**

## **Annex C Significant incidents and outbreaks (1 January 2008 - 31 December 2009)**

The following is an outline of the significant incidents and / or events where lessons have been learned together with improvements made over the period.

### **Legionella investigation - March 2008**

Investigation into the occurrence of a death from legionella infection in a North Ayrshire resident.

#### **Overview**

Following notification to Public Health of a case legionella, investigation was immediately initiated and a multi-agency, multi-disciplinary group comprising a consultant in public health medicine (chair), a consultant microbiologist, health protection nurse specialists and a communications manager from NHS Ayrshire & Arran; environmental health officers from North Ayrshire council; and a Consultant epidemiologist from Health Protection Scotland was established. As the case had stayed at a hotel in the Perth and Kinross area, a consultant in public health medicine from NHS Tayside and environmental health officers from Perth and Kinross Council also formed part of the group managing the incident and participated by teleconference.

Potential sources of the infection were identified and investigated and action taken to remedy any abnormal findings. The strain of legionella isolated from the case was indistinguishable from that found in water samples from areas of the hotel visited by him during the incubation period.

b) This investigation involved two local authorities – one where the patient lived and the other where the venue for the source was located. Similarly two health boards were involved. While this did not produce complications in this instance, it would be valuable to have clarity on the lead for various aspects of the investigation, legal responsibilities, and the role of Health Protection Scotland (HPS).

Improvements - outstanding

- c) ii) The chair of such incidents requires a professional secretary as support.

Improvements - Appropriate personnel (normally a senior Health Protection Nurse or Consultant) will now routinely be identified to fulfil this role at the beginning of potentially complex or demanding incidents.

- d) iii) With the physical distances that existed between all the agencies involved, good teleconferencing facilities were needed. Perth and Kinross Council and NHS Ayrshire & Arran had less than adequate facilities. This is being addressed by NHS Ayrshire & Arran. The group support the development of adequate facilities at Perth and Kinross Council.

Improvements - Teleconferencing facilities are available in one meeting room in the new Public Health location of NHS Ayrshire & Arran.

- e) iv) Draft minutes of meetings were slower in production than was ideal partly as four different administrative staff were involved.

- f) Improvements — within the Department of Public Health it is now practice that permanent staff with experience of undertaking health protection work will fulfil this role with other staff providing temporary back-up for other administrative functions

### **E. coli O157 investigation - May 2008**

Two cases of E. coli O157 occurred in visitors to a country park in North Ayrshire in April 2008. The analysis of samples showed they were indistinguishable. There were no identified links or common factors except a visit by each on different days to the country park.

Lessons learned:

- i) Rating of premises for risk is based on the activities of the premises and is done in accordance with guidance from HSE. The Local Authority is the enforcer under the Health and Safety at Work Act. It became apparent that premises can change their activities but have no requirement to inform the Local Authority. In this case, the authority would have increased the frequency of visits to the park.

ii) Communication of results to parents took place timeously but there was an interval before the park was informed. This emphasised the importance of including the chair of the investigation group in all decisions regarding releasing of information.

### **Dental decontamination - August 2008**

Four patients in a dental practice were exposed to unsterilised instruments. Investigation showed no evidence of risk from Blood Borne Viruses following this incident.

Lessons learned - There was a breakdown of existing procedures which relied on knowledge of the significance of the colour coding of trays used for instruments awaiting sterilisation as a new member of staff had not had induction training.

Improvements – systems were upgraded a) to ensure the induction of staff before undertaking procedures and b) to improve the security of labelling and tracking of instruments.

### **E-coli O157 - September 2008**

Three cases of E coli O157 occurred in September 2008 in two households living in close proximity in East Ayrshire. These were shown subsequently not to be linked.

Lessons learned - Potential exposure to slurry either directly or as run-off into garden of one house was identified. Discussion took place to raise the profile of prevention of E Coli O157 to include this.

### **Cryptosporidium investigation - October 2008**

The number of reports of cases of cryptosporidiosis increased in autumn 2008. Examination showed a concentration in East Ayrshire. No identifiable actively on-going exposure amenable to control measures was revealed despite careful investigation.

i) Swimming pools could not demonstrate compliance with the 1999 Pool Water Treatment Advisory Group guidance.

Improvements made — an inspection checklist was provided for all pool operators and officers. All pools were visited regarding their duty of care and responsibilities.

ii) The facility to send all stool samples positive for cryptosporidiosis at the local laboratory to the reference laboratory in Wales was identified. This can assist in identifying if an outbreak has occurred.

Improvements — all positive stool samples will be sent to the reference laboratory.

### **Influenza A (H1N1) 2009**

A report on this will be included within the next plan.

## Annex D Health protection: Staffing levels

NHS Health Protection Team – During office hours

Consultant in Public Health Medicine	1.7 wte
Associate specialist	0.2wte
Health Protection Nurse Specialist	2.0wte
Secretary	1.0 wte

In addition, at times of high demand, support from other staff in the Department of Public Health can be obtained by releasing them temporarily from non-essential duties. During the flu pandemic containment stage, staff from the wider NHS also provided a high level of input.

<b>Designated competent persons</b>	NHS	EAC	NAC	SAC
Consultant in Public Health Medicine	5			
Health Protection Nurse Specialist	1			
Public Health Specialist	1			
Environmental Health Officers (EHO)		6	9	
Team Leaders		2		2
Environmental Health Manager		1	6	

<b>Local Authority management, technical and professional staff not included above</b>				
EHOs (food, health, safety and pollution control)				9
Contaminated land officer		1	1	
Food safety technician		3	2	4
Health and safety technical staff		1	1	
Environmental Health Technical Staff				2
Pollution control technical staff		1		1
Out-of-hours Ayrshire noise unit staff		1	2	1
Corporate Enforcement Unit Staff		2	1	
Pest control/dog warden staff		2	3	2

**Annex E Information and communications technology resources available in NHS Ayrshire & Arran and the three Local Authorities**

	NHS	EAC	NAC	SAC
<b>Hardware</b>				
Desktop and laptop computers	✓	✓	✓	✓
Printers (black and white and colour)	✓	✓	✓	✓
Photocopiers	✓	✓	✓	✓
Fax machines	✓	✓	✓	✓
Office and mobile telephones	✓	✓	✓	✓
Blackberry / Smartphone	✓	—	✓	✓
Single page scanner	✓	✓	✓	✓
Document feed scanner	✓	✓	✓	✓
Mobile broadband access	✓	—	✓	—
VPN token	✓	—	—	—
Pagers (with text screen)	✓	—	—	—
Audio-teleconferencing equipment	✓	—	—	✓
Video-conferencing equipment	✓	✓	—	✓
On-call laptops with access to public health drive	✓	—	—	-

<b>Software</b>	<b>NHS</b>	<b>EAC</b>	<b>NAC</b>	<b>SAC</b>
MS Office (Word, Excel, PowerPoint, Access)	✓	✓	✓	✓
E-mail	✓	✓	✓	✓
Dictaphone	✓	—	—	—
SIDSS (Scottish Infectious Disease Surveillance System)	✓	—	—	—
Access to local computer networks and to the internet	✓	✓	✓	✓
Access to electronic information resources and databases – ECOSS (Electronic Communication of Surveillance in Scotland) SCI Store (to access laboratory results) SCI Gateway SHPIR (Scottish Health Protection Information Resource) TRAVAX (travel advice) Toxbase (toxicology database) SEISS (Scottish Environmental Incident Surveillance System) NHS Scotland e-library NHS Education for Scotland	✓	—	—	—
Access to resources provided by NHS24	✓			
M3 Northgate system		✓		
FLARE system to record details of all food businesses along with enforcement actions.			✓	
IDOX UNI-form EH Management System	—			✓

## Annex F Formal meetings to facilitate collaborative working

Meeting	Chair	Composition	Frequency
Joint Health Protection Planning Group	CPHM ( Head of Health Protection)	EHO EAC EHO NAC EHO SAC CPO NHS ACCT	Quarterly the remit of this group is under review
Ayrshire and Arran Water Liaison Group	Rotating	CPHM (CD&EH), EHO-East, North, South Ayrshire, Scottish Water	Every six months
Ayrshire and Arran Environmental Health Working Group	CPHM ( Head of Health Protection)	CPHM (CD&EH) EHO-East, North, South Ayrshire, State Veterinary Service, Scottish Agricultural College, Scottish Water, Scottish Environmental Protection Agency	Every six months
Ayrshire and Arran Health Protection Senior Officers Group	Rotating	CPHM ( Head of Health Protection, Lead for Environmental Health East, North, South Ayrshire	Every six months

**Annex G Health Protection Team NHS Ayrshire & Arran**  
**Policy guidance, template guidance and SOPs**

<b>Policy guidance documents</b>		<b>Review date</b>
Chemoprophylaxis and vaccination for <i>Haemophilus Influenzae</i> Type B (Hib)	Complete	September 2010
Meningococcal infection Public Health Management for cases and clusters	Complete	January 2012
Pandemic influenza – Infection control guidance for care homes and similar settings	Complete	April 2010
NHS Ayrshire & Arran Control of Infection Manual containing 28 Policy documents	Complete	Rolling programme of review

<b>Template guidance available</b>	
E.coli O157	Complete
Hepatitis A	Complete
Hepatitis B – new cases	Complete
Hepatitis B – Babies born to Hep B positive mothers	Complete
Legionnaires' Disease	Complete
Management of diarrhoea and vomiting outbreaks in a care home	Complete
Invasive Group A Streptococcal Infection	Complete
Meningococcal Meningitis	

<b>Standard operating procedures</b>	
<b>Telephone enquires</b> and reporting of incidents	In draft
<b>Mail / email</b> communication	In draft
<b>E.coli O157</b> – Notification of	SOP planned
<b>Hepatitis A case</b> - Notification of	SOP planned
<b>Hepatitis B</b> – Notification of a new case	SOP planned
<b>Hepatitis B</b> – Babies born to Hep B positive mothers	SOP planned
<b>Hepatitis C case</b> - Notification of	SOP planned
<b>Hib</b> – Notification of	SOP planned
<b>Legionnaires' Disease</b> - Notification of a single case of	SOP planned
<b>Immunisation enquiries</b>	SOP planned
Management of <b>diarrhoea and vomiting</b> outbreaks in a care home	SOP planned
Management of contacts of <b>Invasive Group A Streptococcal Infection</b>	SOP planned
Management of <b>rash exposure in pregnancy</b>	SOP planned
Management of <b>scabies</b> in the community	SOP planned
<b>Measles</b> – Notification of	SOP planned
<b>Mumps</b> – Notification of	SOP planned

<b>Meningococcal Infection</b> - Notification	SOP planned
<b>New entrant</b> - Notification	SOP planned
<b>Pertussis</b> – Follow up of contacts	SOP planned
<b>Port Health</b>	SOP planned
<b>Rubella</b> – Notification of	SOP planned
<b>Suspect Packages</b> - Response to	SOP planned
<b>Tetanus</b> - Notification of	SOP planned
<b>Tuberculosis</b> - Notification of a single case of	SOP planned
<b>Water issues</b>	SOP planned
<b>Blue green algae</b>	SOP planned

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