The Directorate of Public Health Summary Business Plan 2011-2012

NHS
Forth Valley

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Introduction

This business plan for the Directorate of Public Health provides an outline of the work planned for 2011-12. It is not intended to be a comprehensive list of every single piece of work to be undertaken. Rather, it gives a summary of the main areas of work for the year that we will be monitored against.

The paper consists of the following:

- the three domains of Public Health practice
- the values to which we work
- a vision for the directorate
- a consideration of assets
- a description of activities, actions and risks.

The 3 Domains of Public Health

The UK Faculty of Public Health defines public health as:

"The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society".

The Faculty identifies the 3 domains of public health practice as:

1. Health Improvement

- Inequalities
- Education
- Housing
- Employment
- Family/community
- Lifestyles
- Surveillance and monitoring of specific diseases and risk factors

2. Improving Services

- Clinical effectiveness
- Efficiency
- Service planning
- Audit and evaluation
- Clinical governance
- Equity

3. Health Protection

- Infectious diseases
- Chemicals and poisons
- Radiation
- Emergency response
- Environmental health hazards

It is within these domains that the NHS Forth Valley Directorate of Public Health deliver the agendas required to improve and protect the health of the population of Forth Valley.

Values

As part of the business planning process the Directorate has agreed that the work be based on the following values:

- quality and continuous improvement
- fairness
- effectiveness
- ensuring best value for NHS resources
- cross-boundary and partnership working
- person-centredness

Vision

We have produced the following vision for the directorate, based on the idea of the holographic organisation:

- we will aim for the directorate to be a rewarding place to work with a positive ethos of continuous improvement in services, the health of the population and resistance to disease
- individuals within the directorate have an appropriate level of freedom to achieve, using their own innovation and creativity
- we will ensure the development of sufficient surge capacity to deal with significant incidents

Assets

The Public Health Directorate is dynamic in transforming its capability in the light of significant incidents to provide an urgent and robust response within a finite period and to reprioritise work accordingly. The Public Health Directorate has proven that following such surge capacity, it returns rapidly to standard functions.

We have a process of workforce planning, to take account of changes in the intended work and to ensure that we continue to work to the vision and values stated above.

As this is a summary business plan, it is useful to specify the assets of the Directorate in relation to its business. These consist of professional capital and revenue assets:

- capital assets consist of the professional Public Health Directorate workforce, their capacity and capability, the facilities available to us (office, equipment etc) and less tangible assets consisting mainly of intellectual capital (knowledge, skills, attitudes, awareness of staff and written material – policies guidelines etc)
- revenue assets consisting of staff salaries and resources to maintain functioning facilities such as office equipment and travel

It is how these assets inter-relate that is important.

Monitoring of the Business Plan

The business plan will be reviewed on a rolling six monthly basis, commencing in September 2011.

Activities, Actions and Risks

The following table provides a summary of the intended work areas for the year 2011-12, and describes the strategy element, action, budget allocation and potential risks for each. We achieved a 10% reduction in the budget in 2010/11 and we are aiming for a further 10% reduction in 211/12. We are working to the 4 overarching corporate aims of improving health, modernising services, improving quality of care and ensuring the effective use of resources. A number of the activities which are allocated within the Corporate Risk Register are the responsibility of Public Health (please see Appendice 1 for the list of Public Health responsibilities). The table shows which combination of these aims each work area is intended to contribute to:

1. HEALTH IMPROVEMENT (& REDUCING HEALTH INEQUALITIES)

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Health Improvement and Health Inequalities	Provide the executive lead for Health Improvement and Health Inequalities including ensuring the 'H' HEAT targets are met. Agree priorities for Health Improvement and Health Inequalities work for FV across NHSFV and partners.	Anne Maree Wallace	• Within existing resources	• Insufficient resource and commitment.
• Keep Well Strategy	Develop an anticipatory care extension plan for Forth Valley	Oliver Harding	• Within existing resources.	• Insufficient resource and commitment.
• Joint Health Improvement Planning	Continue the development of JHIPs or equivalent across Forth Valley. Facilitate a move to more generic approaches, and cross-cutting themes rather than topics	Oliver Harding	• Within existing resources.	• Preventative approaches overtaken by a need to cut costs.
• Early Years Framework	Lead NHS Implementation of Early Years Framework	Graham Foster	• Within existing resources.	• Failure to deliver key national policy.
• NHS Board Target HEAT 3 – Child Health weight	Negotiate with Scottish Government Health Department. Lead project. Deliver required interventions. Provide surveillance data. Report progress. Liaise with schools and local authority partners.	Graham Foster	• £122,000	• Failure to meet target. Intervention not sufficient or too few completions. • Overspend on budget.

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Getting it Right National Policy	Lead NHS implementation of GIRFEC Policy. Coordinate with key local partners via regional group. Communicate as required.	Graham Foster	• Within existing resources.	• Failure to deliver key national policy. Lack of partnership with key local agencies. Ineffective Child Protection service.
• Health for All Children 4	Lead implementation of Hall 4 Strategy and updates. Deliver Hall 4 Compliant Child vision screening service.	Graham Foster	• No budget.	• Child visual defects missed. Reduced educational attainment.
• Oral Health Improvement Programmes for Prisoners (National Lead)	To oversee a programme of research, programme development and implementation of oral health improvement programmes in prison.	Derek Richards	• Specific National Dental Priority Group and Dental Action Plan funding.	• Requires continuation of 'ring fenced' funding to maintain programme.
• Oral Health Improvement programmes for homeless and other priority groups.	To develop and implement Oral Health improvement programmes for homeless, prisoners and older people in line with forthcoming S.G. - priority strategy.	Derek Richards	• Specific National Dental Priority Group and Dental Action Plan funding.	• Requires continuation of 'ring fenced' funding to maintain programme.
• Delivery and monitoring of Childsmile programme	The Childsmile programme has 3 elements, Core tooth brushing programmes, Childsmile Nursery and School. Childsmile Practice - designed to improve oral health of children in Scotland from birth by working with dental practices. The Core, School and Nursery programmes have implemented. Monitoring of established programmes and ensurance of roll out of Childsmile practice. Full implementation of Childsmile programmes is essential to meet the HEAT 9 target for 2014.	Jennifer Rodgers	• Specific Childsmile funding and Dental Action Plan funding.	• Recruitment of Dental Health support workers to deliver programme challenging. Funding agreed on year by year basis affecting willingness of CHP to recruit.

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Implementation of appropriate procedures for monitoring and responding to alerts in vaccine cold storage as per the National Patient Safety Agency alert NPSA/2010/RRR0008)	Ensure that all departments and providers holding vaccine stock are aware of relevant policy on safe storage. Ensure that procedures are in place to reassure NHS services that all relevant departments and providers adhere to relevant policy for vaccine cold chain storage. Ensure that procedures are in place for provision of remedial action when vaccine is stored outside manufacturers recommended temperature ranges.	Henry Prempeh	• Within existing resources.	• Vaccine storage within the temperature range recommended by manufacturers to maintain potency.
• Implementation of the National TB Action Plan	Establish a TB stakeholder committee to review the structure of the Forth Valley service against the National TB Action Plan. The TB Committee to review different models of service delivery to identify the model which best suits the needs of Forth Valley residents within available resources.	Henry Prempeh/ Maureen Cornforth	• Within existing resources.	• Inability of partner agencies to commit.
• Provision of a coordinated Immunisation Service	Ensure distribution of childhood Immunisation Statistics broken down by CHP. Ensure Public Health input into the delivery of Immunisation services. Oversee the 'Flu' Immunisation services for at risk individuals, as well as workers. Lead on the development of a sustainable model for pregnant women.	Henry Prempeh	• Within existing resources.	• Uncoordinated delivery of primary immunisation service. Forth Valley may miss the National Targets.

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• HPV core programme delivery within NHS FV schools and catch-up campaign	To lead the delivery of the 3 HPV vaccine schedule to all S2 pupils and older eligible girls within the school programme. To target the "Hard to Reach" cohort and those who have left school who remain eligible.	Maureen Cornforth	• Initially National funding for the first year then within existing resources.	• Due to scheduling and staff issues mop-up school sessions may be compromised.
• Immunisation Updates and Training	To provide training for new immunisation programmes added to the routine schedule and update as required.	Maureen Cornforth	• Within existing resources.	
• Health Protection Training The Scottish Government's guidance on managing major incidents recommends proper training of the respondents to such an incident.	The provison of a review of training requirements for the multi-agency incident management team. Provision of multi-agency, multi-disciplinary training for incident management team members.	Henry Prempeh	• Within existing resources.	• Poor management of significant incidents.
• Environmental Health Since December 1997 each local authority in the UK has been carrying out a review and assessment of air quality in their area. If a local authority finds any places where the objectives are not likely to be achieved, it must declare an Air Quality Management Area (AQMA) there.	Provide Public Health input into the monitoring of the SO2 AQMA in Falkirk Local Authority.	Henry Prempeh	• Within existing resources.	• To be determined.

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Implementation of Hepatitis C, Hepatitis B and HIV Action Plans	Development of a Blood Borne Virus MCN. Agreement/sign-off Terms of Reference. MCN Communication Plan (Internal & External). Annual Work Plan working towards HIS accreditation. Development of Patient Referral, testing and Treatment Pathways for Hep-C, Hep-B and HIV. Development of BBV MCN Website. Pilot of 12 month MSM (public sex environment sites) sexual health education and signposting to screening/ testing and referral services, funding through NHS Health Scotland. BBV webpage development.	Carol Crawford	• BBV/Sexual Health bundled funding from Scottish Government.	• Competing priorities, so necessary to prioritise actions and agreement reached within the various groups.

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Hepatitis C Action Plan Phase II. 2009-2011	Liaise and support the MCN Manager in the delivery of actions detailed within the Hep C/Hep B, HIV Action Plans and the service development within proposed Sexual Health/BBV Framework. Liaise and support the MCN Manager in the delivery of actions detailed within the Actions Hep C/Hep B, HIV Action Plans and the service development within proposed Sexual Health/BBV Framework. Data system within IEP. Liaise with finance in the monitoring/ stock control/invoicing in relation to One Hit Kits etc from IEP. Co-ordinate the development and production of a Service User DVD. Co-ordinate with STRADA a 2 day BBV for Health Promotion Staff – a programme outlining the delivery of this training will be outlined and rolled out to all staff involved in BBV's.	Ann McGregor	• BBV Funding from Scottish Government.	• Inability of partner agencies to commit.

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Hepatitis C Action Plan Phase II. 2009-2011 cont	Support the wider BBV MCN. Network to ensure cohesion and continued engagement from all stakeholders. Develop an educational tool for local authorities employees. Increase early testing and referral for all BBVs. Develop treatment outreach services for Hepatitis C patients screening diagnosis and treatment within SPS and CADS.	Ann McGregor	• BBV Funding from Scottish Government.	• Inability of partner agencies to commit.
• Tobacco Action Group	Lead the development of a tobacco action plan for NHS Forth Valley and undertake a smoking cessation service and outcomes review.	Hazel Meechan	• Within existing resources.	• Failure to meet target. Intervention not sufficient or too few completions. • Overspend on budget.
• NHS Forth Valley Tissue Viability Action Plan 2011-2012.	Statistical analysis and report-writing on pressure ulcer surveillance (daily/monthly) of all clinical settings in NHS Forth Valley using the Safety Cross.	Susan Morris/ Oliver Harding	• Within existing resources.	• Clinical staff unable to complete daily Safety Cross on the wards.
• Reducing hospital acquired infections	Statistical analysis and report writing of point prevalence study of pressure ulcers in district nursing caseloads across Forth Valley on March 16, 2012.	Susan Morris	• Within existing resources.	• District nurses unable to collect data from caseloads on March 16, 2012.
• Custody Nursing and Forensic Medical Services within Central Scotland Police	Contribute to statistical analysis and report-writing with Central Scotland Police.	Susan Morris	• Within existing resources.	• Forensic Medical Examiners to agree to sharing information with NHS Forth Valley.

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Reducing HAI incidence across NHS Forth Valley	Training events on infection, prevention and control to NHS Forth Valley staff. Robust surveillance systems in place to monitor infection analyse data. Collaboration with stakeholders throughout NHS Forth Valley to ensure HAI is embedded.	Jonathan Horwood	• Scottish Government funding.	• Opportunity for staff to attend training events . • To ensure staff have ownership of the HAI agenda.
• Health Promoting Health Service Strategy	Lead the development of a topic integrated Health behaviour Change model of training for NHS Forth Valley staff. Development of 3 pilot HPHS programmes within NHS Forth Valley with Health Scotland to support planning for the Quality Strategy. Greenspace research at FVRH with the University of Highlands and Islands and the Forestry Commission.	Hazel Meechan	• Within existing resources. • Within existing resources. • UHI research grant.	• Staff unable to be released for training due to work pressures. • Staff unable to undertake pilot work due to other work commitments/ pressures. • Possible requirement for funding to pump prime health improvement programmes.
• Continue to ensure that existing population screening programmes (breast cancer, cervical cancer, bowel cancer, antenatal, newborn, diabetic retinopathy) meet the required services.	Ongoing especially the new developments in pregnancy and newborn screening. Facilitate the soon to be implemented Abdominal Aortic Aneurysm. Submit minimum set data to ISD. Risks here involve the appropriate collaboration and a robust vascular service.	Rani Balendra	• Within existing resources.	• Risks are different for each screening programme.

2. MODERNISING SERVICES

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Development of combined and integrated child health service for Forth Valley	Provide clinical leadership and Public Health input to child health preferred future projects.	Graham Foster	• Within existing resources.	• Failure to deliver sustainable local child health service.
• NHS Forth Valley Capacity Planning and Information Services Efficiencies planning	Contribute to capacity planning work by Identifying how applied epidemiology, process mapping and systems thinking may contribute. Apply.	Oliver Harding	• Within existing resources.	• To be determined.
• Develop (regional) dental public health network	Negotiate, develop and implement a regional dental public health network to provide Dental Public Health Advice to the SEAT Boards.	Derek Richards	• Reallocation of funding from unfilled and retiring posts in SEAT Boards.	• Need to secure on going funding support from SEAT Boards, managing workload in challenging environment. Failing to develop a functioning network.
• Develop strategy for salaried primary care dental services	Develop a strategy for the development of the salaried primary care services in the face of changing requirements and budgetary restrictions.	Jennifer Rodgers	• Within existing resources.	• Risk of reductions to funding streams. Recruitment to service challenging. Recruitment existing vacancies not taking place.
• Health Promotion assessment outcomes delivery	Develop CHP Health Promotion Teams which integrate HIRS staff.	Hazel Meechan	• Within existing resources.	• No significant risks.
• Public Health planning and delivery of contribution to the NHS Forth Valley organisational goal of engaging volunteers.	Develop a protocol for volunteer roles in Public Health in relation to advertising, recruitment and selection of volunteers. Support one volunteer to work within the Public Health Directorate in 2011 - 2012.	Susan Morris	• Within existing resources.	• Lack of commitment to organisational goal.

3. IMPROVING QUALITY OF CARE

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Civil Contingencies	Lead Civil Contingencies Response across NHSFV.	Anne Maree Wallace	• Within existing resources.	• Unable to provide appropriate response. Avoidable morbidity and mortality. Service failure or closure.
• Development of patient pathways for all screening programmes.	Ensure that patient treatment pathways and referral pathways are optimum. Work in parallel with NHS Health Scotland and Quality Improvement Scotland. Led by NSD with input from CPHMs in all territorial NHS Boards.	Rani Balendra	• Within existing resources.	• No significant risks.
• Preparation for NHS Forth Valley winter pressures	Lead preparations for winter pressures around infectious diseases (Norovirus and Influenza).	Graham Foster	• Within existing resources.	• Ward closures and waiting times pressures. • Outbreaks and excess morbidity and mortality.
• Promotion of continuous quality improvement and sharing of experiences between three Public Health Directorates	Joint Audit meetings organised 3-4 times annually between Fife Forth Valley and Lanarkshire Health Boards' Public Health Directorates. Meetings are held at Carseview, Stirling.	Aileen Holliday	• Within existing resources.	• No significant risks.
• Integration of Prison Dental Services	Plan and facilitate transfer of prison dental services from their existing providers to Forth Valley salaried dental services for October 2011.	Derek Richards	• Funding transfer from Scottish Prison Service.	• Timescales associated with staff recruitment and funding. • Recruitment may be difficult.

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Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Decontamination in dental primary care.	Ensure that all independent dental contractor have appropriate decontamination facilities by December 2012.	Derek Richards	• Independent contractors and Dental access initiative funding.	• Requires financial commitment from Independent contractors. 6 practices at potential risk of not meeting target. 3 because they have building work to commence, 3 have yet to start process for a variety of reasons.
• Custody Nursing and Forensic Medical Services within Central Scotland Police	Contribute to statistical analysis and report-writing with Central Scotland Police.	Susan Morris	• Within existing resources.	• Forensic Medical Examiners to agree to sharing information with NHS Forth Valley.
• Minimising the likelihood of acquiring an HAI during the patients stay.	Ensure all staff are appropriately trained in infection control. Ensure all staff have access to infection control policies and procedures. Ensure appropriate surveillance systems are in place. Participate in national targets that are linked to HAI e.g. Staphylococcus aureus Bacteraemia (SAB) and Clostridium difficile Infection (CDI).	Jonathan Horwood	• Within existing resources.	• Ensure understanding of the HAI agenda by staff. • Participation of all stakeholders to ensure an organisation wide approach to achieve targets.
• Review of Public Health Nursing	Provide population health input and clinical leadership to ensure an effective and efficient service delivering national policies.	Graham Foster	• Within existing resources.	• Within nursing directorate.

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• NHS Forth Valley Continence Services Improvement Action Plan 2011-2012 • NHSScotland Efficiency and Productivity: Framework for SR10	Statistical analysis and report-writing.	Susan Morris	• Within existing resources.	• Requires continuity of stakeholders.
• Supporting NHSFV Health Community Equipment Improvement Action Plan	Support to the management of the short and medium term outcomes of the NHSFV Health Community Equipment Improvement Action Plan.	Susan Morris	• Within existing resources.	• Budgetary overspend, poor planning outcome and inappropriate provision of equipment.
• Civil Contingencies Response	Ensure 24/7 availability of specialist advice and leadership for Major Incidents including MICC Grangemouth and chemical or bioterrorism events.	Anne Maree Wallace, Consultants in Public Health Medicine Civil Contingencies Team Health Protection Team	• Within existing resources.	• Unable to provide appropriate response. • Avoidable morbidity and mortality. • Service failure.
• Health Protection Service	Provide 24/7 availability of health protection response for major outbreaks of incident including influenza, legionella, anthrax, rabies and novel diseases.	Anne Maree Wallace, Consultants in Public Health Medicine Civil Contingencies Team, Health Protection Team	• Within existing resources.	• Unable to provide appropriate response. • Avoidable morbidity and mortality. • Service failure or closure.

4. ENSURING EFFECTIVE USE OF RESOURCES

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Alcohol, drugs and tobacco needs assessment.	Lead the development of a needs assessment to be carried out by Public Health in partnership with Alcohol and Drug Partnerships (ADPs). This will contribute to the alcohol, drugs and tobacco strategy and help to inform service redesign.	Aileen Holliday	• Within existing resources.	• Strategy informed by needs assessment is required by Scottish Government.
• Ensuring compliance with the Civil Contingency Act in relation to Emergency Planning and Business Continuity Issues.	The aim of the Civil Contingencies Act is to deliver a resilient framework to NHS Forth Valley by establishing a clear set of roles and responsibilities for staff and responders at a local level to enhance preparedness, response, resilience and recovery. The key areas and duties under the Act are emergency planning, business continuity planning, communicating with the public, community risk assessments, coordination and co-operation with local responders.	Pauline Jones	• Within existing resources.	• Currently no training and exercise budget allocated for Civil Contingencies.
• Community Mental Health Services	Provide executive leadership for the redesign of community mental health services.	Anne Maree Wallace	• Within existing resources.	• Insufficient time; unable to realise savings.
• Dialogue with Western Boards to explore modes of integrating screening services.	The process is being led by the DPH in Greater Glasgow and Clyde and western boards have submitted all the pertinent data pathway etc. A paper will be produced setting out the options.	Rani Balendra	• Within existing resources.	• No significant risks.
• Workforce Development	Development of a robust Public Health workforce development plan.	Aileen Holliday	• Within existing resources.	• Workforce plan does not fit Public Health needs of service.

Strategy/Activity	Actions	Public Health Lead	Budget	Risks
• Contributing to prescribing efficiency work.	Explore the possibility of a national network for this work. Apply process mapping and preventative methods.	Oliver Harding	• Within existing resources.	• Prescribing budget continues to be overspent.
• Health and Employability Strategy	Development of NHS Forth Valley health and employability pipeline. Leadership of the Healthy Working Lives Award programme in Forth Valley. Public Health consultancy to the Forth Valley Working Health Service.	Hazel Meechan	• Within existing resources.	• Scottish Government funding to the Health Works programmes and lack of commitment to the strategy development by partners.
• 18 week RTT for Dental Specialities	Develop guidelines and monitor services to ensure that targets are met in line with the Dental Specialties Task and Finish Group Output Report, January 2011.	Jennifer Rodgers	• Funding allocated from Dental Action Plan for Practitioner Training.	• Changing current referral patterns of practitioners could be problematic.
• Establish Oral Health Strategic Planning and Policy Group	First meeting of Group planned for April 2011, Full remit and work plan needs to be agreed.	Derek Richards	• Within existing resources.	• Requires active participation from range of stakeholders.
• Delivery of HEAT 3 Target	Manage Delivery of Adult Bariatric Surgery Services within budget.	Graham Foster	• Within existing resources.	• Substantial financial risks if not managed.
	Manage Delivery of NHS Infertility Services within agreed budget.	Graham Foster	• Within existing resources.	• Substantial financial risks if not managed.
• National Review of Spinal Surgery	Provide population health input and guidance to National Review of NHS Spinal Services.	Graham Foster	• Within existing resources.	• No significant risks.

Appendix 1
Responsibilities of the Public Health Directorate within the Corporate Risk Register

Corporate Extracts	Strategy/Activity	Lead	Actions	Budget	Risks
	Improving the Health of the local Population – Population Health IHLP 1 (See also HAI IQ5) • Outbreak of communicable disease; 1. Causing death – e.g Cdiff 2. Causing capacity challenge – e.g. Norovirus, Q Fever, E-coli in community	Anne Maree Wallace	• Regular surveillance of infectious disease. • Regular training of staff. • Infection control polices. • Statutory notification of disease. • Compliance with reporting regime. • Public awareness campaign re Norovirus.	• Within existing resources.	• Overview at APCIC and PMG – Board reporting through HAIRT. • Detailed capacity planning to manage Norovirus outbreaks - see also HAI risk, IQ5. • Public Health Consultant on call and routine practice for outbreak management. • Current and ongoing review of Outbreak, Gastrointestinal Infection and other communicable disease Policies. • Utilisation of early warning notifications from HPS re communicable disease. • Promotion of local ownership of issues and solutions.
	IHLP 2 • Inability to meet Civil Contingencies legislation	Anne Maree Wallace	• Review of Business Continuity arrangement. • Support post for Business Continuity - continuing. • NHS Civil Contingencies Group to take on NHS EP role.	• Within existing resources	• Progress made in year linking to Pandemic flu. • Submission to NHS QIS summarises position effectively. Level 2 in draft report. • EPOs completed an S-A across Scotland – Gaps being reviewed through PMG and CCTG Papers approved by PMG Nov. • CCTG Minutes to go CGC routinely. • Review and monitor position through PMG and CGC.
	• Financial Impact of Public Health Act with NHS liable for paying loss of earnings (previous LAs) in event of an outbreak.		• NHS finance liaising with LA finance to determine scale of impact.		

Corporate Extracts	Strategy/Activity	Lead	Actions	Budget	Risks
	IHLP 4 • Risk of incidents at Grangemouth (Previous CBRN risk).	Anne Maree Wallace	• CPHMs participate in regular MICC training in Grangemouth, and HPS and multiagency training on CBRN. • Active SCG in area. • Major Emergency Plan includes responding to a Grangemouth Emergency. • Activation of STAC (Scientific technical advice cell).	• Within existing resources.	• Ensure training at strategic, tactical and operational levels. • Development of NHS Civil Contingencies Group to oversee NHS EP – see IHLP 2.
	• Improving the Quality of Patient care Physical/ Clinical • (IQ) IQ1 – Decontamination <u>Primary Care Local Decontamination Units:</u> • Non Compliance with Glennie Technical Requirements regarding premises, facilities, equipment, quality assurance and staff training in relation to decontamination of medical devices in primary care services specifically managed dental, podiatry services and General Dental Practitioners.		• Audit of decontamination in local services to identify and fully quantify risk per area. <u>NHS Forth Valley</u> • Dental, Podiatry Decontamination and Infection Control Policies. • Staff training. • Quality assurance system for dental services only. • The decontamination process occurs in a different environment to patient treatments for dental services only.	• Within existing resources.	• Strategy and action plan to progress towards compliance – service resource dependent. • Project to Rationalise Local Decontamination Units to reduce from 35 sites to 5. • Local Infection Control advice/ consultation to all GDPs regarding the provision of fully Glennie compliant LDU facilities.

Corporate Extracts	Strategy/Activity	Lead	Actions	Budget	Risks
	• Risks: Cross infection to patients and staff, litigation, reputation, service sustainability, non compliance with statutory duty of care and professional codes of conduct, no contingency plans implemented to meet the 2009 deadline, podiatry treatments carried out in same room as decontamination process. No dedicated lead to drive the initiative forward.		• Decontamination Sub-committee to Area Prevention and Control of Infection Committee produced an Strategy and Action Plan to progress towards compliance – service resource dependent. GDPs • GDP progress towards Glennie compliance is actively being led through the Consultant in Dental Public Health – plans in place.		
	IQ1b Endoscopy Decontamiantion Unit • Risks Impact on organisation of ongoing use of Steris machines x 4 in endoscopy which are not SHTM 2030 compliant, Cross infection to patients and staff, inability to test rinse water, litigation, reputation, service sustainability, non compliance with statutory duty of care and professional codes of conduct.		• Infection control policies. • Local standard, operating procedures. • Saff training. • Quality assured system for tracking and traceability. • Plans to move to fully Glennie compliant facility at Forth Valley Royal Hospital.		Risk minimised by Phase 1 moves and removed by Phase 3 of service moves to Forth Valley Royal Hospital – complete July 2011.

Corporate Extracts	Strategy/Activity	Lead	Actions	Budget	Risks

	Clinical IQ 5 - HAI 1 Risk of Outbreak of an HAI.	Anne Maree Wallace	• Active review at APCIC.
			• Extensive 1 and 3yr HAI Action Plan in place.
			• Environmental audit plan.
			• Routine surveillance of communicable disease and other infections.
			• HEAT Targets e.g. SABs and CDI.
				• Within existing resources.	• Key links to HEAT targets and SPSP work:
					
					  - hand hygiene audits
					  - antimicrobial stewardship
					  - surveillance
					  - cleaning spec reviews
					  - promotion of local ownership of issues and solutions through senior Charge Nurse review process
					  - aide memoir audit performed by ward staff on a monthly basis.

	2 Inadequate management of Healthcare Associated Infection Hospital impacting on patient care and capacity.		• Defined processes for outbreaks and single room use with infection control team, bed management and ward management.		• Action Plan from HEI report in place with local ownership of issues and solutions. • Work to review SABs position – CGC.
	3 Impact in public confidence in health services.		• Compliance with reporting regime of SGHD – Board reporting.		• Effective use of PFPI Frameworks and HAIRT Reporting.

Appendix 2
The Public Health Directorate Teams

PUBLIC HEALTH

Name	Designation
Dr Anne Maree Wallace	Director of Public Health (DPH) / Chief Administrative Medical Officer (CAMO)
Dr Grahma Foster	Consultant in Public Health Medicine (Acute Services & Child Health)
Dr Rani Balendra	Consultant in Public Health Medicine (Screening & Health Improvement)
Dr Oliver Harding	Consultant in Public Health Medicine (Community & Priority Services)
Dr Henry Prempeh	Consultant in Public Health Medicine (Communicable Diseases, Environmental Health & Emergency Planning)
Dr Jennifer Champion	Specialist Registrar in Public Health Medicine
Mr Derek Richards	Consultant in Dental Public Health
Mrs Jennifer Rodgers	Consultant in Dental Public Health
Dr Warren Luke	Medical Assessor for Housing (Sessional)
Dr Ian MacGregor	Medical Assessor for Housing (Sessional)
Mrs Hazel Meechan	Public Health Specialist
Mrs Carol Crawford	Health Protection Nurse
Mrs Maureen Cornforth	Health Protection Nurse (Secondment)
Dr Aileen Holiday	Health Effectiveness Co-ordinator
Mrs Pauline Jones	Emergency Planning Officer
Dr Susan Morris	Public Health Officer
Mrs Andrene Keith	Personal Assistant to Director of Public Health
Mrs Lynne Brown	Secretary - Communicable Disease & Environmental Health
Mrs Heather MacDonald	Secretary - Housing Screening & Health Improvement
Mrs Ann McGregor	Hep C Workforce Development Co-ordinator / Project Manager
Ms Hazel McMahon	Secretary - Emergency Planning
Mrs Janet Moran	Secretary - Health Protection Nurses

INFECTION CONTROL

Name	Designation
Jonathan Horwood	Infection Control Manager
Sybil Solomon	Nurse Consultant
Mary Barr	Nurse Consultant
Lesley Shepherd	Senior Infection Control Nurse Specialist
Eliza Jenkins	MRSA Screening Project Manager
Caroline McDermott	Infection Control Nurse Specialist
Trisha Miller	Infection Control Nurse Specialist
Kathleen McCartney	Infection Control Nurse
Kirsty Ellis (on secondment)	Infection Control Surveillance/Audit Nurse
Deborah-Ann Laird	Project Facilitator (SSIS)
Samantha Johnstone	Infection Control Secretary
April Jordan	Infection Control Secretary
Stacey McPherson	Infection Control Secretary

HEALTH INFORMATION RESOURCES OFFICER (HIRS)

Name	Designation
Kevin MacLennan	HIRS Manager
Scott Findlay	Library Services Officer
Sharon O'Neil	Publication & Design Services Officer
Margaret Smith	Assistant Library Services Officer
Julie Easton	Assistant Library Services Officer