

BOARD OF DIRECTORS MEETING (Open)

Date: 10th October 2018

Item Ref: 15

TITLE OF PAPER	Healthcare Worker Flu Vaccination Best Practice Management Checklist for Public Assurance via Trust Boards by December 2018
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	<ol style="list-style-type: none"> i. Members to be fully aware of the commitment to achieving the 100% ambition of Frontline HCW being vaccinated and record this. ii. Please read appendix 1 & 2 for details of the actions required in the checklist and endorse the 'opt-out' letter. iii. Note the 2017/18 Flu Evaluation Report and the survey results why our staff decline the vaccine last season. iv. Members receive their flu vaccination and publicise this. v. By the 31st December 2018 – publish a self-assessment against these measures (i.e. checklist); in Trust open board papers vi. By 28th February 2019 – open board papers to locally report the Trusts performance on overall vaccination uptake rates, numbers of staff declines and the action undertaken to deliver the 100% ambition for vaccine coverage this winter. vii. Collate staff declines and the reasons why for 2018/19.
OUTCOME	<ul style="list-style-type: none"> ▫ Members to be fully engaged and provide strategic leadership regarding the Trust's commitment to achieving the highest level of vaccine uptake in staff. ▫ Members to lead by example and receive their vaccination.
TIMETABLE FOR DECISION	October 2018 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	<ul style="list-style-type: none"> ▫ Infection Control Programme 2018 – 2019 ▫ Safety and Risk Strategy
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	<p>Strategic Aim: Quality and Safety Strategic Objective: A102ii: Deliver safe care at all times. BAF Risk No: A102ii BAF Description: Inability to provide assurance regarding improvement in the safety of patient care.</p>
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	<ul style="list-style-type: none"> ▫ Board Assurance Framework ▫ NICE Quality Standards (61, 103, 113, 139) ▫ Care Quality Commission Fundamental Standards ▫ Code of Practice on the Prevention & Control of infections and related guidance ▫ NHS Litigation Authority

CONSIDERATION OF LEGAL ISSUES	Legal Requirement to comply with The Health and Social Care Act 2008 (2015) Code of Practice Criterion 10 <i>“Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection”</i>
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Author of Report	Katie Grayson
Designation	Senior Nurse Infection Prevention & Control
Date of Report	27 th September 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Healthcare Worker Flu Vaccination Best Practice Management Checklist for Public Assurance via Trust Boards by December 2018

Author: Katie Grayson, Senior Nurse - Infection Prevention & Control

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
				✓	For Action

2. Summary

Every year the influenza vaccination is offered free to NHS staff as a way to reduce the risk of staff contracting the virus and transmitting it to the patients/clients in their care; protecting themselves and their own families.

In order to ensure NHS organisations are doing everything possible as an employer to protect patients and staff from seasonal flu; NHS England request that Boards of all NHS Organisations complete the Best Practice Management Checklist for Healthcare Workers (HCW) vaccination and publish a self-assessment against these measures in your Trust Board open papers before the end of December 2018.

Additionally by February 2019, it is expected that each trust Board will use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declines; which includes details of the rates within each area of the Trust designated as 'higher-risk' clinical environments.

The Trust needs to ensure that every employee is offered the vaccine and how the Trust will achieve the highest possible level of vaccine coverage this season.

HCW with direct patient contact need to be vaccinated because:

- Recent NICE (2018) guidelines highlight a correlation between lower rates of staff vaccination and increased patients deaths.

- Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (*but nevertheless infected*) staff may pass on the virus to vulnerable patients and colleagues.
- Flu-related staff sickness affects service delivery, impacting on patients and on other staff. Recently published evidence suggests a 10% increase in vaccination may be associated with as much as 10% fall in sickness absence.
- Patients feel safer and more likely to get vaccinated when they know NHS staff are vaccinated.

However, where staff are offered the vaccine and decided on the balance of evidence and personal circumstances/beliefs against having the vaccine; all staff should be asked to indicate a reason for doing so on the anonymous opt-out form which has been developed at a national level. Trusts are encouraged to adopt this letter which will be signed by the Chief Executive, Medical Director, Director of Nursing and Trade Union Representative in each organisation.

It is strongly recommended that organisations work with Trade Union Representatives to maximise uptake of the vaccine within the Trust.

The Trust may need to identify 'high risk' clinical environments where the outcome of contracting flu may be most harmful to a patient population. In these high-risk areas, staff should confirm to their clinical director whether or not they have been vaccinated. This information should be held locally so that Trusts can take appropriate steps to maintain the overall safety of the service, including considering changing the deployment of staffing within the clinical environment if that is compatible with maintaining the safe operation of the service.

3. Next Steps

The majority of the self-assessment checklist actions are already included and in progress as part of the Staff Flu Delivery Plan; which is discussed and updated as part of the monthly Staff Flu Planning Steering Group. Progress tracking will continue to be a standing agenda item.

Determine how opt-out forms will be disseminated to staff wishing to decline. It is suggested vaccinators will have both the consent forms and opt-out forms so that staff complete one or the other and all forms are returned to the Infection Control Team.

The Board will have vaccination opportunity on the 10th October 2018. Those members who wish to decline will need to complete an opt out form and both vaccinations and declines will be publicised (as per checklist action A6 & B3).

Senior managers having their vaccination status publicised (checklist action B3). EDG need to determine who this includes e.g. ward managers (Band 7) and above.

The Flu Planning Steering Groups membership will need expanding to include representation from Directorates.

EDG will need to decide if any areas of the Trust constitute as 'higher risk'.

4. Actions

- i. Members to be fully aware of the commitment to achieving the 100% ambition of Frontline HCW being vaccinated and record this.
- ii. Please read appendix 1 & 2 for details of the actions required in the checklist and endorse the 'opt-out' letter.
- iii. Note the 2017/18 Flu Evaluation Report and the survey results why our staff decline the vaccine.
- iv. Members receive their flu vaccination and publicise this
- v. By the 31st December 2018 – publish a self-assessment against these measures (i.e. checklist); in Trust open board papers
- vi. By 28th February 2019 – open board papers to locally report the Trusts performance on overall vaccination uptake rates, numbers of staff declines and the action undertaken to deliver the 100% ambition for vaccine coverage this winter
- vii. Collate staff declines and the reasons why

5. Monitoring Arrangements

- i. The Staff Flu Planning Steering Group will continue to meet monthly.
- ii. The Executive Director of Nursing and Professions and Care Standards to lead on the delivery of the Staff Flu Plan and report shortfalls to EDG for escalation to Board.
- iii. Report by December 2018 and February 2019 the Trusts position against the check list, vaccination & decline rates to Sheffield CCG via the Urgent Emergency Care Transformation Delivery Board.
- iv. Frontline vaccination uptake rates by staff group will be uploaded to PHE ImmForm upload on a monthly basis for the duration of our staff campaign.
- v. During the campaign a fortnightly report will be provided to EDG to report uptake, decline and vaccination 'elsewhere' statistics. 25th October will be the first reporting date. The campaign commenced on the 9th October.

6. Contact Details

For further information please contact:

Katie Grayson, Senior Nurse Infection Prevention and Control
0114 271 8621
katie.grayson@shsc.nhs.uk



Wellington House
133-155 Waterloo Road
London SE1 8UG
martin.wilson1@nhs.net

Friday 7 September 2018

To: Chief Executives of NHS Trusts and Foundation Trusts

Dear Colleague

Health care worker flu vaccination

We know you appreciate the importance of all healthcare workers protecting themselves, their patients, their colleagues and their families by being vaccinated against seasonal flu, because the disease can have serious and even fatal consequences, especially for vulnerable patients. Your leadership, supported by the Flu Fighter campaign and the CQUIN has increased take-up of the flu vaccine, with some organisations now vaccinating over 90% of staff. Our ambition is for 100% of healthcare workers with direct patient contact to be vaccinated.

In February, the medical directors of NHS England and NHS Improvement wrote to all Trusts to request that the quadrivalent (QIV) vaccine is made available to all healthcare workers for winter 2018-19 because it offers the broadest protection. This is one of a suite of interventions that can and should be taken to reduce the impact of flu on the NHS.

Today we are writing to ask you to tell us how you plan to ensure that every one of your staff is offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.

Healthcare workers with direct patient contact need to be vaccinated because:

- a) Recent National Institute for Health and Care Excellence (NICE) guidelines¹ highlight a correlation between lower rates of staff vaccination and increased patient deaths;
- b) Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues;
- c) Flu-related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence;
- d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated.

¹ <https://www.nice.org.uk/guidance/ng103>

In order to ensure your organisation is doing everything possible as an employer to protect patients and staff from seasonal flu we ask that you complete the best practice management checklist for healthcare worker vaccination [appendix 1] and publish a self-assessment against these measures in your trust board papers before the end of 2018.

Where staff are offered the vaccine and decide on the balance of evidence and personal circumstance against having the vaccine, they should be asked to anonymously mark their reason for doing so by completing a form, and you should collate this information to contribute to the development of future vaccination programmes. We have provided an example form [appendix 2] which you may wish to tailor and use locally, though we suggest you use these opt out reasons to support national comparisons.

We specifically want to ensure greatest protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful. The evidence suggests that in these 'higher-risk' clinical environments more robust steps should be taken to limit the exposure of patients to unvaccinated staff and you should move as quickly as possible to 100% staff vaccination uptake. At a minimum these higher-risk departments include haematology, oncology, bone marrow transplant, neonatal intensive care and special care baby units. Additional areas may be identified locally where there are a high proportion of patients who may be vulnerable, and are receiving close one-to-one to clinical care.

In these higher-risk areas, staff should confirm to their clinical director / head of nursing / head of therapy whether or not they have been vaccinated. This information should be held locally so that trusts can take appropriate steps to maintain the overall safety of the service, including considering changing the deployment of staffing within clinical environments if that is compatible with maintaining the safe operation of the service.

We would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce; to identify and minimise any barriers; to discuss and agree which clinical environments and staff should be defined as 'higher-risk'; and to ensure that the anonymous information about reasons for declining the vaccine is managed with full regard for the dignity of the individuals concerned. Medical and nurse director colleagues will need to undertake an appropriate risk assessment and discuss with their staff and trade union representatives how best to respond to situations where clinical staff in designated high risk areas decline vaccination.

It is important that we can track trusts' overall progress towards the 100% ambition. Each trust shall continue to report uptake monthly during the vaccination season via 'ImmForm'. However from this year you are also required to report how many healthcare workers with direct patient contact have been offered the vaccine and opted-out. This information will be published monthly by Public Health England on its website.

By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as 'higher-risk'. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by

asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2.

You can find advice, guidance and campaign materials to support you to run a successful local flu campaign on the NHS Employers Flu Fighter website
<http://www.nhsemployers.org/flufighter>

Finally we are pleased to confirm that NHS England is once again offering the vaccine to social care workers free of charge this year. Independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. There are two parallel letters to primary care and social care outlining these proposals in more detail.

Yours sincerely

- signed jointly by the following national clinical and staff side professional leaders -

Prof Stephen PowisNational Medical Director, NHS England
and on behalf of National Escalation Pressures Panel

Prof Paul Cosford .. Medical Director & Director of Health Protection, Public Health England

Prof Jane Cummings Chief Nursing Officer, NHS England

Sara Gorton (Unison)..... Co-chair, National Social Partnership Forum

Prof Dame Sue Hill..... Chief Scientific Officer, NHS England

Dame Donna Kinnair. Acting Chief Executive & General Secretary, Royal College of Nursing

Prof Carrie MacEwen Chair of the Academy of Medical Royal Colleges

Ruth May..... Executive Director of Nursing, NHS Improvement

Dr Kathy Mclean..... Executive Medical Director NHS Improvement

Danny Mortimer (NHS Employers)..... Co-chair, National Social Partnership Forum

Pauline Philip National Director of Urgent and Emergency Care

Suzanne Rastrick Chief Allied Health Professions Officer, NHS England

Keith Ridge Chief Pharmaceutical Officer, NHS England

John StevensChairman, Academy for Healthcare Science

Gill Walton Chief Executive, Royal College of Midwives

Appendix 1 - Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2018

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self- assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	Recorded in Board minutes
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	Completed March 2018
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6)	Completed
A4	Agree on a board champion for flu campaign (3,6)	Liz Lightbown
A5	Agree how data on uptake and opt-out will be collected and reported	Database
A6	All board members receive flu vaccination and publicise this (4,6)	Agreed
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives (3,6)	Not all Directorates
A8	Flu team to meet regularly from August 2018 (4)	Monthly meetings
B	Communications plan	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions	Completed
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4)	Flexible vaccination
B3	Board and senior managers having their vaccinations to be publicised (4)	Comms to complete
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	Agreed
B5	Programme to be publicised on screensavers, posters and social media (3, 5,6)	Comms to complete
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	Agreed
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	19 vaccinators identified
C2	Schedule for easy access drop in clinics agreed (3)	Completed
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	Flexible
D	Incentives	
D1	Board to agree on incentives and how to publicise this (3,6)	Discussion at Board
D2	Success to be celebrated weekly (3,6)	Via Comms

Reference links

- <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Vaccine-ordering-for-2018-19-influenza-season-06022018.pdf?la=en&hash=74BF83187805F71E9439332132C021EFA3E6F24C>
- <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/Reviewing-your-campaign-a-flu-fighter-guide.pdf>
- <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Flu-fighter-infographic-final-web-3-Nov.pdf>
- <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-acute-trusts-TH-formatted-10-June.pdf>
- <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-ambulance-trusts-TH-formatted-10-June.pdf>
- <https://www.nice.org.uk/guidance/ng103/chapter/Recommendations>



Appendix 2 – Draft Opt Out Letter

Dear Colleague,

Did you know that 7 out of 10 front line NHS staff had the flu vaccine last year, and in some departments more than 9 out of 10 staff were vaccinated?

The flu jab gives our body the information it needs to fight the flu, which stops us from contracting and spreading the virus. For those of us who work in care settings, getting the flu jab is an essential part of our work. In vaccinating ourselves we are protecting the people we care for, and helping to ensure that we are able to provide the safest environment and effective care for patients.

We want everyone to have the jab. The sooner you get it, the more people you can protect. We hope that you will agree to having the vaccine – this really helps to protect patients, you and your family. But, if you choose not to have the flu vaccine, we want to understand your reasons for that by filling in this anonymous form.

Signed

Chief Executive, Medical Director, Director of Nursing, and Trade Union representative

Please tick to confirm that you have chosen not to have the vaccine this year:

I know that I could get flu and have only mild symptoms or none at all; and that because of this I could give flu to a patient. I know that vaccination is likely to reduce the chances of me getting flu and of me passing it to my patients. But I still don't want the vaccine.

Please tick each of the boxes below that apply to your decision not to have the jab.

I DON'T WANT TO BE FLU VACCINATED BECAUSE:

- I don't like needles
- I don't think I'll get flu
- I don't believe the evidence that being vaccinated is beneficial
- I'm concerned about possible side effects
- I don't know how or where to get vaccinated
- It was too inconvenient to get to a place where I could get the vaccination
- The times when the vaccination is available are not convenient
- Other reason – please tell us here ▶

Thank you for completing this form