



Report Cover Sheet

Report to:	Board of Directors
Date of the Meeting:	29 th January 2020
Agenda Item:	P1-008-20
Title:	Board Self-Assessment checklist Flu Campaign 2019/2020
Report prepared by:	Gill Murphy, Associate Director for Improvement
Executive Lead:	Sheila Lloyd, Director of Nursing and Quality (DONQ)
Status of the Report:	Public Private
	x

Paper previously considered by:	Quality Committee
Date & Decision:	23 rd January 2020

Purpose of the Paper/Key Points for Discussion:	<p>On 17th December 2019 the organisation received a letter, directing the trust to complete a board self assessment checklist and share through their board meeting by end of December 2019. (appendix 1)</p> <p>The letter dated September 2019, has not previously been received in the organisation.</p> <p>As the next board meeting was scheduled for January 2020, the checklist was completed and shared with board members on 20th December 19 via email.</p> <p>The checklist had to be uploaded to NHSI by 30th December 2019.</p> <p>The checklist was uploaded on 30th December 19 and NHSI was informed of our position at that time being 80.33% front line staff vaccinated.</p> <p>On 31st December 19, following discussion with CEO, the checklist was created as a word document and additional information was added. This was subsequently uploaded on 31.12.19. (appendix 2)</p> <p>On 14th January 2020, the checklist was retrospectively shared and approved by Infection Prevention and Control Committee.</p> <p>To provide assurance to the board a document has been developed citing all the evidence to support CCC submission (appendix 3)</p> <p>As of 20th January 2020 CCC current flu vaccination</p>
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	compliance is Vaccinations = 81.59% Vaccinations & declined confirmations = 90.38%
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Action Required:	Discuss	
	Approve	
	For Information/Noting	x

Next steps required	To receive copy of word document self assessment checklist and associated evidence, as assurance. To document receipt of information at the board.
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally		Collaborative system leadership to deliver better patient care	x
Retain and develop outstanding staff		Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future		Maintain excellent quality, operational and financial performance	x

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		x

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

NHS England and NHS Improvement

Pauline.Philip@nhs.net

16 September 2019

To:
Chief Executive

CC:
Chair

Healthcare worker flu vaccination

The vaccination of healthcare workers against seasonal flu is a key action to help protect patients, staff and their families. Provider flu plans for 2018/19 saw a national uptake rate amongst front line staff of 70.3%, with some organisations vaccinating over 90% of staff. Our ambition is to improve on this through the actions outlined in this letter.

In March 2019, the Department of Health and Social Care (DHSC), NHS England and Improvement and Public Health England (PHE) wrote to all trusts setting out the appropriate vaccines for adults up to 64, the egg and cell-base Quadrivalent influenza vaccines (QIVe and QIVc) and for over 65s, the adjuvanted trivalent influenza vaccine (aTIV) as well as QIVc.

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

Background

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

- a) Flu contributes to unnecessary morbidity and mortality in vulnerable patients
- 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

NHS England and NHS Improvement



- d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated

Whilst overall uptake levels have increased every year since 2015/16, there is significant variation in the uptake rates achieved as some trusts have developed excellent flu programmes that deliver very high level of vaccination coverage, however others have not made the same progress.

An evaluation of last year's flu season showed that trusts that have developed a multicomponent approach have achieved higher uptake levels. Innovative methods to reach staff, going ward-to-ward, holding static and remote drop-in clinics and encouraging staff to contact vaccinators directly have been established. Trusts also used incentives to encourage staff, and even small incentives, such as badge stickers, worked to reinforce positive messages. Above all, board and ward leadership are critically important to promote vaccination to staff, providing visibility and transparency.

In order to ensure your organisation is doing everything possible as an employer to protect staff and patients from flu, we would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce. You can also access resources including National Institute for Health and Care Excellence (NICE)

guidelines: <https://www.nice.org.uk/guidance/ng103> and Public Health England's Campaign Resource

Centre: <https://campaignresources.phe.gov.uk/resources/campaigns/92-healthcare-workers-flu-immunisation->

We are now asking 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 December 2019. Your regional lead will also work with you to share best practice approaches to help support an improvement in your uptake rates.

It is important that we can track trusts' overall progress towards the 100% ambition and all trusts will be expected to report uptake monthly during the vaccination season via 'ImmForm'.

As discussed, there is variation of uptake rates between trusts. Many trusts have made successful progress and have achieved near full participation, whilst other trusts are not increasing uptake rates quickly enough to protect staff and patients. It is important that improvements are made in those trusts. To support this, the healthcare worker flu vaccination CQUIN is in place again this year. New thresholds for payment have been set at 60% (minimum) and 80% (maximum).

We are also increasing requirements for trusts who have had low uptake rates. Each trust that was in the bottom quartile for vaccination uptake (at 61.7% or below) in the published data (Immform in 2018/19) will be required to buddy with a higher uptake trust. Working with them will provide an opportunity to learn how to prepare, implement and deliver a successful vaccination programme.

For trusts in this quartile progress will be reviewed weekly during the flu season by regional teams in addition to the monthly reporting that is provided to PHE via Immform.

Organisations should use the [Written Instruction for the administration of seasonal 'flu vaccination](#) developed by The Specialist Pharmacy Service. NHS trusts vaccinating their own staff may consider that a PGD is more appropriate if it offers a benefit to service delivery e.g. provision by healthcare practitioners other than nurses, who may legally operate under a PGD. Health and social care workers should be offered either the egg or cell-based quadrivalent influenza vaccine. For the small number of healthcare workers aged 65 and over, if you are unable to offer the cell-based flu vaccine, these staff should ask their GP or pharmacy for an adjuvanted trivalent influenza vaccine (aTIV) which is preferable to the non-adjuvanted egg-based flu vaccine particularly if they are in an at risk group.

Finally, we are pleased to confirm that NHS England and Improvement this year is offering the vaccine to social care and hospice 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,



Pauline Philip

National Director of Emergency and Elective Care
NHS England and NHS Improvement



Ruth May

Chief Nursing Officer
NHS England and NHS Improvement



Stephen Powis

National Medical Director
NHS England and NHS Improvement

Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

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.	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	
A4	Agree on a board champion for flu campaign	
A5	All board members receive flu vaccination and publicise this	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Flu team to meet regularly from September 2019	
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be publicised	
B4	Flu vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters and social media	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	
C2	Schedule for easy access drop in clinics agreed	
C3	Schedule for 24 hour mobile vaccinations to be agreed	
D	Incentives	
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	

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.	Will be formally discussed, January 2020 board as no board meeting December 2019. (document shared with board 20/12/19)
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	YES
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	27/03/19
A4	Agree on a board champion for flu campaign	CHIEF NURSE
A5	All board members receive flu vaccination and publicise this	Chair & Exec directors only
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	YES
A7	Flu team to meet regularly from September 2019	YES
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	YES
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	YES
B3	Board and senior managers having their vaccinations to be publicised	YES
B4	Flu vaccination programme and access to vaccination on induction programmes	YES
B5	Programme to be publicised on screensavers, posters and social media	YES
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	YES
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	YES
C2	Schedule for easy access drop in clinics agreed	YES
C3	Schedule for 24 hour mobile vaccinations to be agreed	YES
D	Incentives	
D1	Board to agree on incentives and how to publicise this	NO
D2	Success to be celebrated weekly	YES

Appendix 3 Clatterbridge Cancer Centre – Self Assessment Checklist – Flu Campaign 2019/2020

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self-assessment	Action required	Evidence
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.	Will be formally discussed, January 2020 board as no board meeting December 2019. (document shared with board 20/12/19)	To discuss at Board in January 2020 and reiterate commitment discussed in March 19 Board.	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	YES		
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	27/03/19		(i) Health Care Worker Flu Vacc Programme (Report for Board) March 2019 (ii) Board Minutes 27 March 2019 (Noting Report and thanks) (iii) IPC Annual Report (Report to IGC) June 2019
A4	Agree on a board champion for flu campaign	CHIEF NURSE		
A5	All board members receive flu vaccination and publicise this	Chair & Exec Directors only	Non-exec directors to be offered vaccination (non-clinical staff)	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	YES		

Appendix 3 Clatterbridge Cancer Centre – Self Assessment Checklist – Flu Campaign 2019/2020

A7	Flu team to meet regularly from September 2019	YES		
B	Communications plan			
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	YES		(i) Spotlight briefing email from Dir of Nursing & Quality. Info and invitation for flu jab. October 2019 (ii) News Now: Flu Case Study/Jab reminder Dec 2019 (iii) Spotlight briefing email from Dir of Nursing & Quality. Letter from Chief Nurse of England/Jab reminder Dec 2019
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	YES		
B3	Board and senior managers having their vaccinations to be publicised	YES		
B4	Flu vaccination programme and access to vaccination on induction programmes	YES		(I) Email from H&S Advisor detailing all flu activity during Oct 2019 (II) Email from H&S Advisor to all Senior Leaders of flu jab availability 20.11.19 (III) Email from H&S Advisor to all Senior Leaders of flu jab availability 25.11.19
B5	Programme to be publicised on screensavers, posters and social media	YES		Screensaver in place
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	YES		(i) Stats sent to Comms by H&S Advisor to accompany pictures taken 1.11.19 (ii) Email and document from H&S Advisor to Steering Group of current campaign (inc Dept analysis) 1.11.19 (iii) Seasonal flu update 8.11.19 (iv) Seasonal flu update 15.11.19 (v) Seasonal flu update 22.11.19 (vi) Seasonal flu update 20.12.19 (vii) Flu Update paper for IGC 20.12.19 (viii) Seasonal flu update 27.12.19

Appendix 3 Clatterbridge Cancer Centre – Self Assessment Checklist – Flu Campaign 2019/2020

C	Flexible accessibility			
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	YES		In place with PDG to support flu vaccination List of flu vaccinators Record of training of vaccinators
C2	Schedule for easy access drop in clinics agreed	YES		Through communications
C3	Schedule for 24 hour mobile vaccinations to be agreed	YES		In place as all clinical areas has stock of vaccine and staff trained to vaccinate
D	Incentives			
D1	Board to agree on incentives and how to publicise this	NO	Consider if incentives required to achieve 100%	
D2	Success to be celebrated weekly	YES		See communications above

Any of the evidence listed above is available from Gill Murphy, Associate Director for Improvement.