

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 September 2016

Title and Author of Paper: Seasonal Flu Vaccination Plan 2016/17
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Executive Lead: Gary O'Hare, Executive Director of Nursing and Operations

Paper for Debate, Decision or Information: Information

Key Points to Note:

This document lays out the strategy for the 2016/17 seasonal flu vaccination campaign and builds upon the success of previous year's campaigns.

All NTW staff are encouraged to be vaccinated with seasonal flu vaccine

75% of front line staff are required to be vaccinated to achieve herd immunity.

Risks Highlighted to Board :

Unvaccinated patients and staff become infected with influenza virus and whilst most people recover, patients with underlying medical conditions often become unwell due to secondary complications therefore requiring acute care.

Does this affect any Board Assurance Framework/Corporate Risks? NO
Please state Yes or No
If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required: support from Board members and senior management team to encourage all NTW staff to be vaccinated with seasonal influenza vaccine

Link to Policies and Strategies: Pandemic Flu Plan

Seasonal Flu Vaccination Plan 2016/17

Carole Rutter
Infection Prevention and Control Matron
August 2016

Shining a light on the future



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Seasonal Flu Vaccination Plan

1. Purpose

This plan sets out Northumberland Tyne and Wear (NTW) strategic approach to the delivery of seasonal influenza vaccination to both patients and staff.

The plan should be read in conjunction with the Pandemic Influenza Plan as a framework for vaccination in the event of a pandemic.

The plan is not intended to provide clinical guidance on seasonal flu vaccine. Guidance for the management of patients with an influenza like illness or confirmed influenza is set out in IPC- PGN- 26, (part of NTW (C) 23 Infection Prevention and Control Policy).

2. Seasonal Influenza (Flu)

Influenza is a highly infectious respiratory illness which can affect all population groups with severe morbidity and mortality common amongst elderly and specific high risk groups. Symptoms include sudden onset of headache, fever, sore throat, lethargy aching muscles and joints.

There are three influenza types; Influenza A and influenza B responsible for most acute respiratory illness with the third Influenza C less typical. Influenza A is the cause of large outbreaks and epidemics.

Influenza viruses are transmitted from person to person by inhalation of large and small droplets from the secretions of an infected person. Environmental contamination with secretions also plays a role in transmission.

The incubation period for influenza ranges from 1-5 days, typically 2-3 days. The infectious period lasts from the onset of symptoms until 3-5 days afterwards, although virus can be detected prior to the onset of symptoms.

Infants and children may continue to shed the virus up to 2 weeks after the onset of illness.

Common complications from influenza include bronchitis, ear infections, sinusitis and more seriously pneumonia and meningitis. Most people will recover from the virus within a few days however people from high risk groups frequently develop secondary bacterial infections.

Influenza viruses undergo frequent changes in their surface antigen therefore new influenza vaccines must be developed annually to match those influenza viruses expected to circulate in the next season.

Antigenic drift, occurring more in Influenza A than B signals minor changes in the virus envelope.

Antigenic shift signifies major changes in the virus envelope, different from those of previously circulating viruses and are responsible for major epidemics and pandemics where populations have no immunity to the new strain.

Moderate levels of influenza activity were seen in the community in the UK in the 2015/16 season with influenza A (H1N1) pdm09 the predominant circulating virus. The impact of this was seen mainly in young adults, the pattern of those affected appeared to be different across parts of the UK, with numerous outbreaks in hospital and high numbers of admissions to hospital and ICU/HDU. Where information on virological testing was available the majority of outbreaks were caused by influenza A (H1N1) pdm09.

3. Seasonal Influenza Vaccination Programme

The epidemiology of circulating flu viruses are monitored continually by the World Health Organisation (WHO). Virus strains selected for seasonal flu vaccines are announced by WHO in the first quarter of the New Year. These strains are those expected to be in wide circulation in the Northern hemisphere in the following winter months.

Current influenza vaccines are trivalent, containing two subtypes of Influenza A and one type B. Vaccines previously and currently used are inactivated and therefore unable to cause influenza.

During the 2015/16 influenza season, the live attenuated vaccine continued to be rolled out across the UK. In England this was offered to all two, three and four year olds through primary care and to children of school age years 1 and 2 (four to seven year olds) this year.

In the event of an emerging pandemic influenza strain, the seasonal flu vaccination will probably be ineffective. The development of a monovalent vaccine will be undertaken and implemented although there may be a considerable delay before the vaccine is freely available for mass vaccination.

3.1 Seasonal Flu Vaccination 2015/16 Lessons Learnt

The 2015/16 seasonal flu vaccination campaign in NTW was the most successful campaign to date with 63.6% of all frontline clinical staff receiving their flu vaccination. This reflects a year on year increase in vaccination uptake rates across the Trust.

| 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---------|---------|---------|---------|---------|---------|
| 14.3% | 38.6% | 48.9% | 55.3% | 62.4% | 63.6% |

Building upon previous year's successes, the flu team continued with initiatives that offered an accessible, flexible approach which enabled all staff working in NTW the opportunity to be vaccinated.

In 2015/16 we

- Have a dedicated flu team with nurse director leadership
- Continued to use peer vaccinators in both inpatient areas and community teams this included three pharmacists as vaccinators.
- Sited the Flu trailer where staff could receive information and be vaccinated at the same time.
- Refreshed the campaign material with bespoke communications

- Worked collaboratively with the informatics team to develop unique animated characters which delivered key messages, these will be used in subsequent campaigns.
- Promoted a dedicated flu page on the intranet/ screen saver with a flu e-mail address for staff to use
- Used social media; Twitter, Chatterbox to give key messages and feed into national campaigns.
- Utilised an enhanced IT database that enabled the flu team to produce weekly vaccination uptake rates to services across the organisation.
- Used a coordinated approach by pharmacy to ensure distribution of vaccine trust wide.
- Simplified the consent to vaccination process by introducing registers.
- Offered influenza vaccination to staff from other organisations who worked into the Trust this included social workers, teachers, ambulance staff, voluntary staff, university staff and front line police officers working with the crisis teams.

Although we continue to improve our uptake rates year on year in front line clinical staff we still failed to reach the aspirational target of 75% and we recognise that we must continue to build upon those strategies that have the greatest impact.

The flu team held a lessons learnt event in March 2016 which was very well attended promoting discussion and proposals to increase uptake rates within front line health care workers.

Proposals:

- To continue to identify those patients in clinical risk groups and offer vaccination.
- To provide vaccination training to established vaccinators and to recruit vaccinators into areas across all services.
- Ensure that positive messages and true facts about the vaccine are available to all staff.
- Continue to provide education around the impact of flu and the consequences of flu on health.
- Continue with a flexible easy to access vaccination plan.
- To engage with carers and encourage them to be vaccinated at GP services where appropriate.

3.2 Seasonal Flu group

The overarching aim of the Seasonal flu group is to

- Produce an effective flu vaccination delivery programme to protect patients, staff and visitors
- Ensure that all patients in clinical risk groups are identified and offered flu vaccine
- Produce weekly reports of front line healthcare worker vaccination uptake rates to Group Directors.
- Monthly reporting to the Department of Health through the ImmForm web site.

Established in 2011, the group has Nurse Director leadership, with the Infection Prevention and Control Matron with operational lead responsibilities. The group has multi departmental representation from both clinical and non-clinical areas. The terms of reference of the group are included in appendix 1.

Meeting dates for the group reflect the activity required as the flu season approaches, although additional meetings may be required to suit the needs of the programme.

The group will report into the Infection Prevention and Control Committee, the Physical Health and Wellbeing Group and the Emergency Preparedness Resilience and Response group to give assurance to the Clinical Commissioning Groups (CCGS) in respect of winter planning.

Seasonal Flu Group Meeting Dates 2016/17

| Date | Time | Venue |
|----------------|-------------------|---|
| 9/03/2016 | 09.30am - 11.30am | Conference Suite SNH |
| 6/06/2016 | 1.00pm - 2.30pm | Seminar Room 1 Training and Development SNH |
| 26/07/2016 | 09.00am - 10.30am | Collingwood Court SNH |
| 23/08/2016 | 09.00am - 10.30am | Collingwood Court SNH |
| 21/09/2016 | 11.30am - 13.00pm | Collingwood Court SNH |
| 21/11/2016 | 09.00am - 10.30am | Conference Suite, St Nicholas House, SNH |
| Feb/March 2017 | TBC | TBC |

3.3 Influenza Vaccine 2016/17

Trivalent inactivated flu vaccine for intramuscular use in pre filled syringes are the preferred choice for both patients and NTW employees.

Flu strains included in the 2016/17 trivalent vaccine are:

- A/California/7/2009 (H1N1)pdm09-like virus
- A/ Hong Kong /4801/2014 (H3N2) like virus
- B/ Brisbane/60/2008-like virus

| Vaccine Type | Age | Dose |
|--|---|---------------------------|
| Inactivated intramuscular vaccine (number of different brands) | Children aged 6 months and older and adults, although some of the vaccines are not authorised for young children. | Single injection of 0.5ml |
| Live attenuated influenza vaccine LAIV .Fluenz Tetra | Two to six years old including four to seven year olds .(school age years 1 and 2) | Both nostrils |

Dosage:

Contraindications

There are very few individuals who cannot receive influenza vaccine. None of the influenza vaccines should be given to those who have had:

- a confirmed anaphylactic reaction to a previous dose of the vaccine
- a confirmed anaphylactic reaction to any component of the vaccine (other than ovalbumin).
- Are presenting with a febrile illness or who are systemically unwell.

More common allergic reactions include rashes but are not contraindications to further vaccination.

The clinical risk groups are included in appendix 2.

3.4 Vaccine Delivery

Vaccine delivery schedule into the Trust is as follows, although the dates are subject to change according to the supplier.

| Site | Date expected | Doses to be delivered |
|------------------------------------|----------------|-----------------------|
| St. Nicholas Hospital Pharmacy | w/b 12/09/2016 | 3300 |
| St. Georges Park Hospital pharmacy | w/b 12/09/2016 | 1000 |
| Hopewood Park | w/b 12/09/2016 | 750 |

Distribution of the vaccine reflects the activity across the Trust and can be transported to community areas adhering to the maintenance of the cold chain in discussion with the pharmacy department.

3.5 Patient Vaccination

To ensure the health and well-being of our service users, influenza vaccine is offered throughout the flu season to ensure protection against the common circulating flu strains.

Wards are reminded to review all patients who are in the clinical risk groups and offer flu vaccination to both current inpatients and new admissions throughout the flu season. It is also an opportunity to ensure that patients are also protected against pneumococcal infection where indicated. A sample letter is included in appendix 3.

Consent must always be obtained prior to vaccination. For further information staff are advised to refer to NTW (C) (05) - Consent to Examination or Treatment Policy.

Community teams and day units across the Trust are encouraged to promote influenza vaccination to patients who they have contact with and are in the clinical risk groups, vaccination is provided by GP services.

In some instances, where patients have no access to GP services, eg drug and alcohol services, flu vaccine is offered and prescribed by the clinician responsible for the care of the individual.

Patients are prescribed seasonal influenza vaccine as a once only medication on their drug kardex by the ward Doctor

3.6 Children and Young Peoples Services (CYPS)

GP services are contracted to provide physical health care to children and young people within NTW in patient services. Children and young people who are admitted into the service as inpatients are assessed on admission. Those who are identified to be in the clinical risk groups are referred to the GP who will offer vaccination in discussion with parents and child/young person.

Community teams working within CYPS have a duty and responsibility to ensure that the patients under their care have information and access to relevant immunisations. In this instance the patient and family are directed to the GP clinic

3.7 Flu Vaccination of Health Care Workers

The Health and Social Care Act 2008 states that all health organisations should; ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care. (Department of Health [DH] 2008).

Transmission of the flu virus from health care workers to patients has been well documented. (Public Health England [PHE] 2016)

The purpose of vaccination of health care workers is

- To protect clinical risk groups in whom flu vaccination may not offer complete protection and thereby reducing the rates of flu like illness, hospitalisation and mortality.
- To protect the health care worker and their family
- To ensure business continuity by reducing sickness leave.

The table below shows the uptake rates of the front line clinical workers in NTW in 2015/16.

| Category | % flu vaccination uptake |
|---|---------------------------------|
| Doctors | 51.9% |
| Qualified nurses | 66.8% |
| All other professionally qualified clinical staff | 59.4% |
| Support to clinical staff | 63.8% |

Whilst 2014/15 saw the highest number of all nursing staff vaccinated across the north east region 68.6%, the 2015/16 campaign saw a decrease by 1.8% to 66.8%.

For the purpose of identifying front line health care workers in NTW, appendix 4 outlines the front line staff groups. This list is not exhaustive and each post should be assessed in accordance with ESR and clinical activity.

3.8 Peer Vaccinators

In 2015/16, 142 qualified nursing staff and 3 pharmacists from across the Trust were trained to vaccinate staff, concentrating on front line clinical services. As in previous years this provided an accessible flexible approach to vaccination and was very well received by staff who often found it difficult to access vaccination clinics. To continue to build upon this success, vaccination training will be provided to existing vaccinators and new vaccinators who have been recruited to cover all clinical areas in the 2016/17 flu season. Community teams have been encouraged to ensure that they have access to vaccinators within their teams. Vaccinator training includes basic/intermediate life support and anaphylaxis training through the Training Department at St Nicholas Hospital.

Training dates for vaccinators

| Course name | Venue | Date |
|---------------------------------|-----------------------|------------|
| Flu Vaccinators Training update | Hopewood Park | 02/09/2016 |
| Flu Vaccinators Training update | St. Georges Park | 06/09/2016 |
| Flu Vaccinators Training update | Ferndene | 08/09/2016 |
| Flu Vaccinators Training update | St. Nicholas Hospital | 09/09/2016 |
| Flu Vaccinators Training update | Hopewood Park | 12/09/2016 |
| Flu Vaccinators Training update | Walkergate Park | 14/09/2016 |
| Flu Vaccinators Training update | Northgate | 16/09/2016 |
| Flu vaccinators Training new | Hopewood Park | 05/09/2016 |
| Flu vaccinators Training new | Northgate | 07/09/2016 |
| Flu Vaccinators Training new | St. Nicholas Hospital | 09/09/2016 |
| Flu Vaccinators Training new | St. Nicholas Hospital | 13/09/2016 |
| Flu Vaccinators Training new | St. Georges Park | 15/09/2016 |

All NTW staff have the opportunity to receive flu vaccine either by attending a clinic held by occupational health or trained vaccinator or at the flu trailer.

3.9 Flu Vaccination Clinics

In addition to trained vaccinators, Occupational Health with support from the Infection Prevention and Control Matrons will hold 20 clinics across the Trust in main hospital sites as set out in appendix 5. Flu vaccine will be offered to all staff by Occupational Health who attend health screening clinics throughout the flu season. Meetings and Trust events provide an opportunity to vaccinate large numbers of staff.

In recognising the importance of accessibility to vaccination to all frontline health care workers in both the NHS and other organisations, NTW will be offering flu vaccination to all staff working within, or into NTW Foundation Trust. This includes North East Ambulance staff, social workers, teachers and others who provide front line care /services to our patients.

Following the success of the flu trailer in previous campaigns, staff can be vaccinated or receive general information about the flu vaccine in the trailer which will be sited throughout the flu season on all of the hospital sites Appendix 6. This allows community teams the flexibility of planning their vaccination around their daily work routine.

Community teams that find it difficult to access the above mentioned clinics will be offered bespoke flu vaccination clinic sessions at a time and place suitable to the teams that operate in these areas.

4. Data Collection

4.1 External reporting

As in previous years, vaccination of front line health care workers will be reported through the ImmForm website. It is anticipated that further reporting through the Clinical Commissioning Groups and NHS England Area Team will be required.

4.2 Internal reporting

NTW Informatics Department have created a system that accommodates information governance and data protection issues, and allows the collection of data to be used in the reporting to ImmForm and any other relevant organisation.

The production of a weekly statistical report to trust senior managers will assist with identifying areas of poor vaccination uptake in front line health care workers. Monthly reporting to Quality and Performance (Q&P) and Safety meeting (a sub group of Q&P) will enable the flu vaccination team to focus upon these wards/areas to ensure staff have access to vaccination.

5. Communication

Communication of key messages to front line health care workers is crucial in informing staff about the benefits to both patients and colleagues of the flu vaccine

Following our lessons learnt event we continue to recognise the importance of effective communication throughout the campaign in dispelling myths and in delivering key messages.

The creation of two new vibrant animated characters (Matron Carole and Buggy), featured in a set of 12 weekly cartoon story boards running alongside an animated pencil drawing , both delivering information, dispelling myths and encouraging staff , relatives and carers to be vaccinated .

These characters will continue to support the communication campaign in 2016/17, with the addition and support of NHS employer's material.

Peer vaccinators continue to play a pivotal role in providing clinical information to frontline health care workers and acting as role models. This is a key priority in all seasonal flu campaigns.

Communication of key messages will start with a phased approach in the Trusts Bulletin. This will be followed by more frequent key messages as the flu season approaches.

Pay slip flyers with flu clinic dates and flu facts will be attached to Septembers pay slip.

A dedicated flu page on the Trust intranet is instrumental in relaying key messages, clinic dates and myth busters. All NTW staff now have access to Twitter and internal messaging through Chatterbox.

A dedicated flu fighter e-mail address for all trust staff to access will be monitored by the Resilience Lead and IPC Matron to offer timely support and advice to all staff.

Following the positive reviews from staff of the “real life” personal stories posters, these will continue into the 2016/17 campaign to raise awareness of the importance of vaccination to protect people in clinical risk groups.

6. Reviewing and monitoring

It is difficult to predict the impact of flu and it is variable depending upon the severity of the season.

Moderate levels of flu activity were seen in the 2015/16 season with numerous outbreaks in hospitals and high numbers of admissions to hospitals and ICU/HDU.

The NHS trajectory to reach 75% vaccination uptake in front line clinical staff remains challenging. To help us to achieve this we will continue to

- Work closely with clinical teams to ensure patients are offered and supported to be vaccinated.
- Undertake weekly internal reporting of vaccination uptake rates in front line health care workers to address areas within the Trust where there is poor vaccination uptake.
- Work with NHS colleagues to give assurances in our winter preparedness.
- Respond to and share lessons learnt both internally and externally.

Carole Rutter
Modern Matron
Infection Prevention & Control

REFERENCES

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST, (2010). *Influenza Guidance, Guidance for Management of Patients/Clients with a Flu Like Illness (IPC – PGN – 26)*.

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PUBLIC HEALTH ENGLAND (PHE), (2016) *Influenza vaccine effectiveness (VE) in adults and children in primary care in the UK: provisional end-of-season results 2015 to 2016*. [Online] <https://www.gov.uk/government/publications/influenza-vaccine-effectiveness-2015-to-2016-estimates> [27 June 2016]

APPENDICES

| | |
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| Appendix 1 | Terms of Reference for Seasonal Flu Group |
| Appendix 2 | Clinical Risk Groups |
| Appendix 3 | Staff Vaccination Clinic Dates 2016 |
| Appendix 4 | NTW Front Line Staff Definitions |
| Appendix 5 | Letter to Clinical Staff. The Seasonal Influenza Immunisation and Pneumococcal Vaccination Programme 2016/17. |
| Appendix 6 | Flu trailer dates and venues. |

APPENDIX 1

Seasonal Flu Group

Purpose of meeting

- To act as a subgroup of the Infection Prevention and Control Committee (IPCC) to promote and protect the health and wellbeing of service users, staff and visitors from seasonal flu.
- To provide the IPCC with assurance that appropriate systems are in place to reach herd immunity in staff groups and provide external assurances on flu vaccine uptake levels.
- Provide the Strategic Emergency Preparedness Group that measures to prevent and protect against flu support the Trust's overall winter preparedness.

Membership

Group Nurse Director, Specialist Care/Director of Infection Prevention & Control (Chair)

Infection Prevention & Control Modern Matron (Deputy Chair)

Senior Clinical Nurse, Inpatient Care x2

Senior Clinical Nurse, Specialist Care x2

Senior Clinical Nurse, Community Care x2

Workforce Representative

Team Prevent Representative

System Admin Manager, Informatics

Pharmacy Technician – Procurement

Senior Communications Adviser

Resilience Lead

Staffside Representative

Staffing Solutions Manager

Medical Representative

Estates & Facilities Representative

Therapy Representative

In attendance

Infection Prevention & Control Support Officer

Quorum

Six, including the chair or deputy chair

Deputies

A nominated deputy should attend if the member is unavailable

Key Outputs

- Delivery of annual flu vaccination campaign to patients and staff
- Embedding the ward based vaccinators model, to ensure the delivery of the physical health programme, which could be replicated for other mass vaccination campaigns
- Embedding the Trust communications campaign for seasonal flu
- To ensure that a robust reporting system is in place to identify the number of frontline healthcare workers vaccinated, both internally and externally, via ImmForm
- Production of Seasonal flu plan

Time, Frequency & Duration

Meetings will be held monthly between July and November for a maximum of 2 hours. Additional meetings may be held if necessary.

Support Arrangements

Venue: Depends on availability
Secretary: IPC Support Officer
Minutes: Draft by one week of meeting
Papers: Circulated one week prior to meeting.

Linkages to other meetings & groups

Updates will be provided to the IPC Committee.

Reports of the vaccine uptake figures will also be reported to the Corporate Decisions Team and Group Management meetings throughout the duration of the campaign.

Key updates will also be given to the Physical Health Group and Strategic EPRR Group.

Governance, rules and behaviours

- All members are expected to attend – if members are unable to attend a nominated deputy should attend on their behalf
- Meetings will start and end on time
- Papers should not be used where a verbal update / slides will suffice
- Papers are to have a maximum length of 4 sides of A4
- Authority to cancel meeting lies with the chair or deputy chair
- To review its Terms of Reference annually
- To review its performance against its Terms of Reference annually.

A standing agenda is included with the Terms of Reference

APPENDIX 2

Clinical Risk Groups

Those eligible for vaccination are:

| | |
|---|--|
| All patients aged 65 years and over | Defined as 65 years and over on the 31 st March 2017 |
| Chronic respiratory disease (6 months or older) | Asthma that requires continuous or repeated use or inhaled or systemic steroids or exacerbations requiring hospital admission. COPD including chronic bronchitis Emphysema Bronchiectasis Cystic fibrosis Interstitial lung fibrosis Pneumoconiosis Bronchopulmonary dysplasia Children who have previously been admitted to hospital for lower respiratory tract infection. |
| Chronic heart disease aged 6 months or older | Congenital heart disease Hypertension with cardiac complications Chronic heart failure Individuals requiring regular medication and/or follow up for ischaemic heart disease |
| Chronic kidney disease aged 6 months or older | Chronic kidney disease at stage 3,4 or 5 , Chronic kidney failure Nephritic syndrome, kidney transplantation. |
| Chronic Liver disease aged 6 months or older | Cirrhosis, biliary atresia, chronic hepatitis |
| Chronic neurological disease aged 6 months or older | Stroke transient ischaemic attack (TIA). Conditions in which respiratory function might be compromised due to neurological disease (eg polio) Clinicians should consider on an individual basis the clinical needs of the patient s including individual with cerebral palsy, multiple sclerosis and related similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability. |
| Diabetes aged 6 months or older | Type 1 diabetes, type2 diabetes requiring insulin or oral hypoglycaemic medicines, diet controlled diabetes |
| Immunosuppression aged 6 months or older | Due to disease or treatment. Patients undergoing chemotherapy. Asplenic or splenic dysfunction HIV infection at all stages. Individuals treated with or likely to be treated with systemic |

| | |
|---|--|
| | <p>steroids for more than a month as a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day. It is difficult to define at what level of immuno- suppression a patient could be considered to be at greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patients clinician. Some immunocompromised patients have suboptimal immunological response to vaccine .</p> <p>Consideration should also be given to the vaccine of household contacts of immunocompromised individuals ie individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below.)</p> |
| Pregnant women | Pregnant women at any stage of pregnancy (first, second and third trimester) |
| People in long stay residential or homes | Vaccination is recommended for people living in long stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance prisons, young offender institutions or university halls of residence. |
| Carers | Those who are in receipt of carer's allowance, or those who are the main carer, or the carer of the elderly or disabled person whose welfare may be at risk if the carer falls ill. |
| Health and Social Care Staff | Professional health and social care workers who are in direct contact with patients/clients should be vaccinated by their employer as part of an occupational health programme. |
| Morbid obesity(class III obesity) | Adults with a Body Mass Index $\geq 40\text{kg/m}^2$ |

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

The above list is not exhaustive and the healthcare practitioner should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself.

APPENDIX 3

Seasonal Flu Campaign – Team Prevent Clinic Dates 2016

| Date | Time | Location | Venue |
|---------------------------------|------------------|----------------------|--|
| Monday 3 October | 9.30am – 12.30pm | St Nicholas Hospital | Collingwood Court |
| Monday 3 October | 1.30pm – 4.30pm | Walkergate Park | Conference Room 2 |
| Tuesday 4 October | 9.30am – 12.30pm | St George's Park | South Wing Meeting Room |
| Tuesday 4 October | 1.30pm – 4.30pm | Northgate | Seminar Room 1 |
| Wednesday 5 October | 9.30am – 12.30pm | Monkwearmouth | Small Meeting Room |
| Wednesday 5 October | 1.30pm – 4.30pm | Hopewood Park | Meeting Room 2 |
| Thursday 6 October | 9.30am – 12.30pm | Tranwell Unit | The Nook |
| Thursday 6 October | 1.30pm – 4.30pm | Palmers | TBC |
| Friday 7 October | 9.30am – 12.30pm | St Nicholas Hospital | Training and Development, Seminar Room 5 |
| Friday 7 October | 1.30pm – 4.30pm | Walkergate Park | Conference Room 1 |
| Monday 10 October | 9.30am – 12.30pm | St George's Park | Physical Treatment Centre |
| Monday 10 October | 1.30pm – 4.30pm | Northgate | Seminar Room 1 |
| Tuesday 11 October | 9.30am – 12.30pm | Hopewood Park | Meeting Room 1 |
| Tuesday 11 October | 1.30pm – 4.30pm | Monkwearmouth | Small Meeting Room |
| Wednesday 12 October | 9.30am – 12.30pm | St Nicholas Hospital | Ground Floor Meeting Room, St Nicholas House |
| Wednesday 12 October | 1.30pm – 4.30pm | Ravenswood Clinic | TBC |
| Friday 14 October | 9.30am – 12.30pm | Ferndene | Oak Room |
| Friday 14 th October | 1.30-4.30pm | Oxford Centre | Assertive Outreach, North Tyneside West CMHT |

APPENDIX 4

Seasonal Flu Campaign – Frontline Staff Definitions for NTW

| Staff Group | Description |
|---------------------------------------|--|
| Doctor | All grades of hospital, community and public health doctor. |
| Qualified Nurse | Qualified nursing staff, working on hospital sites and community services. Includes nurse consultants, nurse managers and bank nurses but not student nurses. |
| Other Professionally Qualified | Qualified allied health professionals (AHPs): <ul style="list-style-type: none"> • Chiropodists/podiatrists • Dieticians • Occupational therapists • Physiotherapists • Art/music/drama therapists • Speech & language therapists. Other qualified health professionals: <ul style="list-style-type: none"> • Pharmacists • Psychologists • |
| Support to Clinical Staff | Nursing assistants/auxiliaries, nursery nurses, health care assistants and support staff in nursing areas. Also includes clerical & administrative staff and maintenance & works staff working specifically in clinical areas, for example medical secretaries and medical records officers. Also includes porters and similar roles provides support to inpatient areas. |

APPENDIX 5

Northumberland, Tyne and Wear NHS Foundation Trust

Public Health /
Infection Prevention & Control Services
St. Nicholas Hospital
C/o Above Mental Health Act Office
Gosforth
Newcastle upon Tyne
Tel: 0191 2456650
E-mail: carole.rutter@ntw.nhs.uk

PH/IPC/16/01

To:
Medical Staff, NTW
Chief Pharmacist, NTW
Clinical Directors
Group Nurse Directors
Directorate Managers
Service Managers
Clinical Nurse Managers

Dear Colleagues

THE SEASONAL INFLUENZA IMMUNISATION AND PNEUMOCOCCAL VACCINATION PROGRAMME 2016/17

We are fast approaching the **Annual Influenza** vaccination programme and I am writing to request inpatient wards and units to commence identifying to the pharmacy department those patients who are eligible to receive the seasonal flu vaccine and or pneumococcal vaccination.

It is crucial to the health and wellbeing of our patients that they have access to vaccination to protect them against this years circulating flu strains. This applies to all new and recurrent admissions who are assessed for eligibility to receive the vaccines.

Please note that pneumococcal vaccine should be offered to those patients who are in the clinical risk groups and where there is no evidence to support previous vaccination.

I enclose a copy of Chapter 19, Influenza and Chapter 25 Pneumococcal from the Green Book for your reference; these chapters identify the clinical risk groups. Also enclosed is a copy of the annual national flu immunisation programme 2016/17 to assist you with informing patients of the importance of vaccination

As in previous years we will continue to audit the uptake of both seasonal flu vaccine and pneumococcal across all groups.

There is continuing evidence that people with enduring mental illness and learning disability in the community, often fail to get access to preventative health services. Once again can I ask you to publicise the criteria for eligibility for vaccination amongst community staff so they facilitate their clients seeking vaccination from the registered GP. Can I thank you in advance for your help this year as in previous years.

Yours sincerely

Carole Rutter
Modern Matron
Infection Prevention & Control.

Appendix 6

Seasonal Flu Campaign 2016/17

Flu Trailer Dates

| Date | Venue |
|----------------|-----------------------|
| Mon 24 October | St Nicholas Hospital |
| Tue 25 October | Move |
| Wed 26 October | Walkergate Park |
| Thu 27 October | Move |
| Fri 28 October | Northgate |
| Mon 31 October | St. Georges Park |
| Tue 1 November | Move |
| Wed 2 November | Hopewood Park |
| Thu 3 November | Move |
| Fri 4 November | MWM |
| Mon 7 November | St. Nicholas Hospital |

Opening Times: 9.30am – 4.00pm