

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 26th July 2017

Title and Author of Paper: Seasonal flu Vaccination Plan 2017/18, Carole Rutter, IPC
Modern Matron

Executive Lead: Gary O'Hare, Executive Director of Nursing and Chief
Operating Officer

Paper for Debate, Decision or Information: Information

Key Points to Note:

- CQUIN target for 2017/18 to achieve 70 % flu vaccination uptake in front line health care workers and to achieve 75% uptake in 2018/19.
- Qualified nursing staff continue to show support for vaccination with the best ever uptake rates in 2016 at 71.1%
- Use of quadrivalent vaccine in 2017/18 going forward.
- NICE guidance: Flu vaccination increasing uptake currently in draft for consultation.

Risks Highlighted to Board :

- Although we have achieved a year on year increase in vaccine uptake in front line staff, we have not to date achieved the 70% required to comply with the CQUIN target nor the 75% to achieve herd immunity.

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: The Board of Directors are asked to note the content of the report.

Link to Policies and Strategies:

Seasonal Flu Vaccination Plan 2017/18

Carole Rutter
Infection Prevention and Control Matron
June 2017

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 UK in 2016 to 2017, with influenza A(H3N2) the dominant circulating virus for the majority of the season peaking in week 01 2017.

The impact of influenza was predominantly seen in older adults, with a consistent pattern of outbreaks in care homes noted. In addition, admissions to hospital and ICU/HDU particularly amongst older adults were observed. Peak admissions to hospital and ICU were lower than seen last season.

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

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 2016/17 Lessons Learnt

Although the 2016/17 seasonal flu vaccination campaign was the most successful to date the increase in uptake percentage from the previous campaign in 2015/16 was a modest 0.8%. Whilst this reflects a year on year increase we continue to fall short of reaching 75% uptake in front line clinical services.

2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
38.6%	48.9%	55.3%	62.4%	63.6%	64.4%

Employing initiatives that have proven to be successful in previous years, the flu team working closely with occupational health colleagues, continued to offer a flexible approach to vaccination across the Trust

In 2016/7 we

- Continued to have a dedicated flu team with nurse director leadership
- Continued to use peer vaccinators in both inpatient areas and community teams this included pharmacists, a directorate manager, clinical nurse manager, and a Consultant psychiatrist.
- Sited the Flu trailer where staff could receive information and be vaccinated at the same time.
- Continued to build upon the refreshed campaign material from 2016/17. The Children and Young People in NTW inpatient services developed a series of posters for display around the Trust.

- Developed a series of posters of personal stories, reflecting upon the reasons why staff choose to be vaccinated.
- 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.
- Offered vaccination to employees at induction, events held by clinical teams, team briefs and encouraged teams to contact IPC if they required a bespoke flu vaccination clinic.
- 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 agency workers.

The flu team held a lessons learnt event in February 2017 which was very well attended promoting discussion and proposals to increase uptake rates in 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 with particular focus upon community teams
- Focus upon engagement with medical staff to be vaccinated and encourage vaccination across clinical teams.
- 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.

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.
- Provide monthly reports 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 2017/18

Date	Time	Venue
19/05/2017	2.30pm - 3.30pm	Large Meeting Room SNH
21/06/2017	9.00am – 10.30am	Large Meeting Room SNH
28/07/2017	3.00pm – 4.30pm	Large Meeting Room SNH
23/08/2017	1.00pm-2.30pm	Large Meeting Room SNH
27/09/2017	2.00pm-3.30pm	Large Meeting Room SNH
29/11/2017	2.00pm-4.00pm	Large Meeting Room SNH
Feb/March 2018	TBC	TBC

3.3 Influenza Vaccine 2017/18

In response to the co circulation of both B/Victoria/2/87 and the B/Yamagata /16/88 lineages in the 2016/17 flu season, the trust has decided to offer the best protection available to both patients and NTW employees in 2017/18 and provide the quadrivalent vaccine.

Flu strains included in the 2017/18 quadrivalent vaccine are:

- A/Michigan /45/2015 (H1N1)pdm09-like virus
- A/ Hong Kong /4801/2014 (H3N2) like virus
- B/ Brisbane/60/2008-like virus
- B/Phuket/60/2008-like virus

Vaccine Type	Age	Dose
Inactivated intramuscular vaccine (number of different brands)	Children aged 6 months and less than 2 years old 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®	Children 2 and 3 years , Reception and school years 1,2,3 and 4 and all primary school children in pilot areas	Both nostrils total dose 0.2ml.

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 18/09/2017	3700
St. Georges Park Hospital pharmacy	w/b 18/09/2017	1320
Hopewood Park	w/b 18/09/2017	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.

It is anticipated that the seasonal flu vaccination campaign will commence on the 25th September 2017. This is subject to delivery dates as stated above.

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 5.

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, e.g. 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 2016/17.

Category	% flu vaccination uptake
Doctors	57.2%
Qualified nurses	71.1%
All other professionally qualified clinical staff	57.8%
Support to clinical staff	64.4%

Vaccine uptake in our qualified nursing staff was the highest to date demonstrating the understanding of the importance of vaccination in ensuring the protection of both our patients and work colleagues.

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 2016/17 127 registered nurses, 29 of which were from community teams and 7 pharmacists from across the Trust were trained to vaccinate all NTW staff. 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 2017/18 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	01/09/2017
Flu Vaccinators Training update	Walkergate Park	04/09/2017
Flu Vaccinators Training update	Ferndene	07/09/2017
Flu Vaccinators Training update	St. Nicholas Hospital	08/09/2017
Flu Vaccinators Training update	Hopewood Park	11/09/2017
Flu Vaccinators Training update	St. Georges Park	13/09/2017
Flu Vaccinators Training update	Monkwearmouth	18/09/2017
Flu Vaccinators Training update	Northgate	15/09/2017
Flu vaccinators Training new	Hopewood Park	05/09/2017
Flu vaccinators Training new	Northgate	06/09/2017
Flu Vaccinators Training new	St. Nicholas Hospital	08/09/2017
Flu Vaccinators Training new	St. Nicholas Hospital	12/09/2017
Flu Vaccinators Training new	St. Georges Park	14/09/2017

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

3.9 Patient Group Direction

All trained vaccinators will administer seasonal influenza vaccine under a Patient Group Direction (PGD) reviewed and signed off by the Medicines Management Committee. The PGD sets out the required characteristics of staff who will undertake seasonal flu vaccination:

- Qualified Nurses or Pharmacist with current professional registration
- Abide by the NTW standards for record keeping and guidelines for the administration of medicines
- Must attend an annual CPR update
 1. inpatient areas Immediate Life support (ILS)
 2. community areas Basic Life support (BLS)
- Attend annual infection prevention and control training
- Undergo annual anaphylaxis training
- Attend annual influenza vaccination training

3.10 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 3. In addition, ad hoc clinics will be held in both community areas

and hospital sites to facilitate a flexible approach, these will also be in response to requests from teams, and where the vaccination surveillance system indicates areas of low uptake.

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. 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. Uptake data information for healthcare workers will be collected on immunisations given from September 2017 to the end of February 2018 (final data collected in March 2018).

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 Group 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 communication campaign will continue to use the animated characters (Matron Carole and Bugsy) to deliver key messages to all NTW staff. NHS employer's campaign material also serves as a valuable communication tool and is to be rebranded in the 2017/18 campaign, these free campaign materials will also be used alongside our internal branding.

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. All vaccinators will have access to power point presentations and the latest vaccine information through the internal intranet share point site, this will facilitate the delivery of key messages at team brief and other meetings.

There is good local evidence to suggest that where the team/ward manager supports the flu vaccination campaign the clinical team in that area has a high level of vaccine uptake. In the capacity of role model and clinical leader, all managers will be asked to sign a flu pledge to demonstrate their commitment to ensuring that flu vaccination is high priority in protecting patient's health. This will be used in a wider context for the purposes of the communication campaign.

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 2017/18 campaign to raise awareness of the importance of vaccination to protect people in clinical risk groups.

Engagement with patients and carers in the flu campaign will both encourage and support patients and all front line clinical staff to be vaccinated where appropriate. The art therapy department for both adult and children's services have in previous years worked with patients to produce posters to be displayed across the Trust. The departments will again be approached to take part in the campaign.

6. Reviewing and monitoring

6.1 CQUIN indicator 2017/18

Incorporated into CQUIN 1 Improving Staff Health and Wellbeing, the Trust has a key milestone in 2017/18 to achieve uptake of flu vaccinations for frontline clinical staff of 70% by 28.2.2018 in year one and to achieve 75% uptake in year two 2018/19.

Our commitment is to achieve 75% uptake in front line staff in all flu vaccination campaigns to ensure herd immunity. Whilst this remains challenging we will continue to

- Work closely with clinical teams to ensure patients are offered and supported to be vaccinated.
- Support carers to ensure they make the right decisions in encouraging their relatives to be vaccinated.
- Provide clinical staff with current information regarding vaccination, including myth busting and common questions.
- Ensure that all patients and staff across NTW have access to vaccination to assist with the promotion of health and wellbeing .
- Continue to provide information trust wide around the benefits of flu vaccination
- 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, (2016). *Influenza Guidance, Guidance for Management of Patients/Clients with an Influenza Like Illness or confirmed influenza (IPC-PGN -26)*.

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DEPARTMENT OF HEALTH (DH), (2006) *Immunisation against infectious diseases 2006*. Updated 17 July. Chapter 19 Influenza, Chapter 25 Pneumococcal [Online], Available: <https://www.gov.uk/government/publications/green-book-the-complete-current-edition> [27 June 2017]

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APPENDICES

Appendix 1	Terms of Reference for Seasonal Flu Group
Appendix 2	Clinical Risk Groups
Appendix 3	Staff Vaccination Clinic Dates 2017
Appendix 4	NTW Front Line Staff Definitions
Appendix 5	Letter to Clinical Staff. The Seasonal Influenza Immunisation and Pneumococcal Vaccination Programme 2017/18.
Appendix 6	Flu trailer dates and venues.

APPENDIX 1 A standing agenda is included with the Terms of Reference

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, carers and visitors from seasonal flu, contributing to business continuity of all services
- 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)
Associate Nurse Directors x3
Community Matrons x 3
Workforce Representative
Team Prevent Representative
Systems Development Support Manager, Informatics
Pharmacy Technician – Procurement
Senior Communications Adviser
Resilience Lead
Staffside Representative
Staffing Solutions Manager
Medical Representative
Medical Staffing Manager
NTW solutions representation
Allied Health Professional Representative

In attendance

Public Health 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 /service users and staff
- Embedding the peer 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 June and November for a maximum of 2 hours. Additional meetings may be held if necessary.

Support Arrangements

Venue: Depends on availability
Secretary: Public Health 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, Business Delivery Group 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.

APPENDIX 2

Clinical Risk Groups

Those eligible for vaccination are:

All patients aged 65 years and over	Defined as people aged 65years or over (including those becoming age 65 years by 31 st March 2018).
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 (e.g. 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

	<p>systemic 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 i.e. 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 2017

Date	Time	Location	Venue
Monday 2 October	9.30am – 12.30pm	St Nicholas Hospital	Conference room , St Nicholas house
Monday 2 October	1.30pm – 4.30pm	Walkergate Park	Conference Room 2
Tuesday 3 October	9.30am – 12.30pm	Northgate	Conference Room ?
Tuesday 3 October	1.30pm – 4.30pm	St Georges Park	North meeting room ?
Wednesday 4 October	9.30am – 12.30pm	Monkwearmouth	Board Room
Wednesday 4 October	1.30pm – 4.30pm	Hopewood Park	Meeting Room 2
Thursday 5 October	9.30am – 12.30pm	Tranwell Unit	ECT Room
Thursday 5 October	1.30pm – 4.30pm	Palmers	Room 4
Friday 6 October	9.30am – 12.30pm	St Nicholas Hospital	Committee Dining Room
Friday 6 October	1.30pm – 4.30pm	Walkergate Park	Conference Room 3
Monday 9 October	9.30am – 12.30pm	St George's Park	Physical Treatment Centre
Monday 9 October	1.30pm – 4.30pm	Northgate	Conference Room
Tuesday 10 October	9.30am – 12.30pm	Hopewood Park	Meeting Room 2
Tuesday 10 October	1.30pm – 4.30pm	Monkwearmouth	Conference Room
Wednesday 11 October	9.30am – 12.30pm	St Nicholas Hospital	Conference Room St Nicholas House
Wednesday 11 October	1.30pm – 4.30pm	Ravenswood Clinic	Portakabin
Friday 13 October	9.30am – 12.30pm	Ferndene	Oak Room
Friday 13 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 This comprises : <ul style="list-style-type: none"> • Qualified scientific and therapeutic & technical staff • Qualified allied health professionals • Other qualified ST&T 	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 Qualified ambulance staff <ul style="list-style-type: none"> • Ambulance paramedics , technicians, emergency care practitioners.
Support to Clinical Staff This comprises : <ul style="list-style-type: none"> • Support to doctors and nurses • Support to ST &T • Support to ambulance 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.

PH/IPC/17/01

To:

Medical Staff, NTW

Chief Pharmacist, NTW

Clinical Directors

Nurse Directors/Associate Nurse Directors/ Associate Directors

Associate Allied Health Professional Directors

Clinical Nurse Managers

Dear Colleagues

THE SEASONAL INFLUENZA IMMUNISATION AND PNEUMOCOCCAL VACCINATION PROGRAMME 2017/18

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 year's 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 2017/18 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 and Control

Seasonal Flu Campaign 2017/18

Flu Trailer Dates

Date	Venue
Mon 16 October	St Nicholas Hospital
Tue 17 October	Move
Wed 18 October	Walkergate Park
Thu 19 October	Move
Fri 20 October	Northgate
Mon 23 October	St. Georges Park
Tue 24 October	Move
Wed 25 October	Hopewood Park
Thu 26 October	Move
Fri 27 October	MWM
Mon 28 October	St. Nicholas Hospital

Opening Times: 9.30am – 4.00pm