

To: Chief Executives of NHS Trusts and Foundation Trusts

CC: Chairs of NHS Trusts and Foundation Trusts

Dear Colleague

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
- 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.

In 2018/19, your trust achieved a frontline healthcare worker flu vaccination uptake rate of XX.X%. This puts your trust within the lower quartile of trusts.

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

Ruth May
Chief Nursing Officer

Steve Powis
Chief Medical Officer

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 staff who decide 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	Kelvin Cheatle
A5	All board members receive flu vaccination and publicise this	At next board meeting
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	CQUIN group
A7	Flu team to meet regularly from September 2019	✓ CQUIN meetings
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	At next board meeting
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	✓ maternity
C2	Schedule for easy access drop in clinics agreed	✓
C3	Schedule for 24 hour mobile vaccinations to be agreed	✓ (during November only if required)
D	Incentives	
D1	Board to agree on incentives and how to publicise this	✓ Mini Cadbury chocolate bars
D2	Success to be celebrated weekly	✓