

 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Quality, Safety and Improvement Committee Date of Meeting 10 November 2021 Agenda item: 4.8
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Position update on the delivery of the 2021/22 internal influenza campaign

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Approval/Scrutiny route:	Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals Business Executive Team - 18 October 2021.
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Purpose

The paper offers an update regarding arrangements and progress for the delivery of the internal staff influenza campaign which commenced at the end of September 2021.

Recommendation:

The Committee is asked to consider the content of this report and:

- Take **assurance** on arrangements in place to deliver the staff flu campaign.

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	5 - Protecting the public from infection and environmental threats to health
Strategic Priority/Well-being Objective	3 - Promoting healthy behaviours
Strategic Priority/Well-being Objective	6 - Supporting the development of a sustainable health and care system focused on prevention and early intervention

Summary impact analysis

Equality and Health Impact Assessment	No adverse impacts identified
Risk and Assurance	CRR
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Theme 1 - Staying Healthy Theme 7 - Staff and Resources Choose an item.
Financial implications	Nil
People implications	Utilisation of the clinical workforce who have undergone relevant training and have been competency assessed, to provide peer vaccination and support the safe delivery of the campaign.

1. Situation

Influenza vaccination uptake in Wales was the highest ever last year and achieving a high uptake will be an important priority this coming autumn to reduce morbidity and mortality associated with influenza, and to reduce hospitalisations during a time when the NHS and social care may also be managing winter outbreaks of COVID-19.

In addition to the priority groups identified in WHC (2021-004), people aged 50 to 64 years will again be eligible for NHS influenza vaccination, as hospitalisation from COVID-19 increases from the age of 50 years onwards. Individuals in this age group can be offered influenza vaccination from the start of the vaccination period and need not wait until later in the season.

In line with previous years Public Health Wales will continue to promote flu vaccine uptake across all our staff groups, both those working in direct contact with the public and those in supporting services and functions. This approach offers increased protection for individual staff members, their families and increased resilience within the organisation.

The Welsh Government ambition in 2020-21 was 75% flu Vaccination uptake in front line staff, with an internal target of 75% uptake for all staff within Public Health Wales.

2. Background

We reported to BET in September 2021, that we would continue to promote influenza vaccine across all our staff groups to offer increased protection for members of the public who access our services, individual staff members, their families and increased resilience within the organisation.

Our approach for internal influenza vaccine delivery 2021-2022 has replicated previous year's influenza delivery plans within Public Health Wales and includes a number of modes of access to flu vaccination:

- Bank staff and PHW nursing staff immunisers providing dedicated sessions each week
- Peer vaccinators vaccinating within their own areas of work
- Access (through Service Level Agreement) for microbiology staff to receive influenza vaccine through Health Board Occupational Health teams within their place of work e.g. Laboratory settings
- A limited number of pharmacy vouchers for those in remote locations
- Attend primary care (if eligible)
- Where appropriate simultaneous influenza vaccine and COVID-19 booster provided within Mass Vaccination Centres.

3. Assessment

A reassessment of best practice standards and updated risk assessment has been completed which identified the reduced number of people in our sites across the estates, raising a potential increased risk in the event of a clinical emergency arising. It was recognised that there was a need to have two registered health professionals available for each of the vaccination sessions. This is to maintain a safe clinical environment and appropriate support in case of an emergency. However, this can be covered by identifying one person as the fully trained vaccinator and a second person who is Basic Life Support and anaphylaxis trained being available in close proximity, who could support in the unlikely event of an emergency.

During the first two weeks of the internal influenza campaign, we have faced challenges regarding availability of peer, bank vaccinators with two sessions cancelled within less than 24hrs notice due to sickness. Bank staff in North Wales have recently withdrawn from the flu campaign as they have secured full time bank work supporting mass vaccination centres in the region. In addition, there has been more of a challenge than previous years getting sufficient numbers of peer vaccinators to come forward.

On the 4th of October, additional support was requested from the clinical workforce (nursing/Midwifery/relevant AHP staff) to become peer vaccinators. We received confirmation from some additional staff that they could provide support and have subsequently offered their availability to the rota. However, there are barriers to how long it takes to get a person trained up as a flu vaccinator and signed off as competent. There are also some specific challenges in particular geographical locations.

3.1 Risks and Issues

Flu Campaign operational leadership

Pre-COVID the operational leadership and coordination was provided by the corporate Infection Prevention and Control (IP&C) lead and additional support provided from Health Protection. (Previously a Consultant in Communicable Disease Control). Since the commencement of the COVID-19 Pandemic practical support from Health Protection has not been possible, added to which the IP&C corporate lead has taken on responsibility for the operational leadership for the COVID-19 staff vaccination, together with existing IP&C responsibilities. There is currently a gap in this role due to career progression of the previous post holder and completion of the recruitment of process for the new IP&C corporate lead. The new post IP&C post holder commences in mid-November but will need to go through a period of induction and training.

Vaccinators

The requirement of two registered health professions to support each vaccination session for the 2021/22 campaign, means there is an increase in the numbers of vaccinators and clinical staff required to cover the rotas.

In North Wales we have currently only been able to secure two vaccinators (one of which will be leaving the organisation at the end of November). We are also aware current bank nurses have secured full time hours within the Local Health Board further increasing the challenge.

With competing demands of organisational recovery and nursing skills being in short supply across health and social care, it has been challenging to secure sufficient resource to cover all sessions. This was raised at the Business Executive Team meeting and a more agile process to identify required staff was agreed. This included seeking to identify any existing part time clinical staff who may be willing to take on some additional hours.

Training

An issue which has been raised as a further barrier to peer vaccinators coming forward, is that the training is time consuming and the inability to prioritise this above day to day work. Advice sought from colleagues in the Vaccine Preventable Disease Programme regarding core training requirements to deliver vaccinations safely and appropriately, have confirmed that registered health professionals are required (as a minimum) to enrol onto FluTwo (90 mins) ,anaphylaxis (20 minutes) and have up to date annual Basic Life Support (BLS) training. Competencies for administration of vaccinations for those registered health professionals who are new to vaccinating, are assessed by a competent health professional and signed off prior to administering any flu vaccine.

If staff have completed Basic Life Support and anaphylaxis training but not up to date with FluTwo , they can support the sessions as a 2nd person on site. The requirement will be to work in a room in close proximity to the vaccination sessions to offer support in the event of an emergency. The name of the 2nd person will need to be included onto the rota. In the absence of peer vaccinators available to support satellite sessions, a request will be made to the host site to offer BLS competent registered staff to take the role of the 2nd person.

All vaccinators are required to read and sign the organisational Patient Group Directive for Public Health Wales.

Equitable access to vaccination sessions

The internal flu campaign was launched on the 27th of September. Within the first 2 weeks, sessions have been offered twice a week from CQ2 Cardiff, once weekly in Matrix House in Swansea and in Breast Test Wales in Llandudno.

Week commencing 11th October, there were two vaccination sessions offered weekly from CQ2 and Matrix House (see section below with regards to North Wales sessions).

North Wales

Breast Test Wales was identified by estates as the preferred venue for staff to attend vaccination sessions. It is also the most central location for the region.

To date, weekly sessions have been provided from Breast Test Wales sites. Regrettably the session for the 8th of October was cancelled within 24 hrs of the date (bank staff unavailable). To ensure staff are not disadvantaged by unnecessary travel for their vaccination, we will also be offering additional vaccination sessions over two days in Preswylfa (Mold) for staff within the North East to attend. This venue is 12 miles from Clwydian House.

Satellite sessions

We are currently reviewing requests from staff for additional flu vaccination sessions at other sites e.g. The NHS Health Collaborative office at River house Cardiff and staff at Keir Hardy, as to how best to address these requests within the available vaccinator resource.

Microbiology

All staff working within hospital sites will be offered access to flu vaccination through the Health Board Occupational Health department as part of our existing Service Level Agreement. The exception to this will be the laboratories at Cardiff where there is no such Service Level Agreement and arrangements have been made for a peer vaccinator with additional support to provide these vaccination sessions.

Satellite sessions have been requested and are being supported for Magden Park to reduce travel to CQ2, arrangements for which are currently being progressed.

Data

This year, there are multiple options for staff to access their influenza vaccination from sources outside Public Health Wales. Whilst this is beneficial for staff, it does pose a risk that we will not be able to gather accurate surveillance data regarding uptake. We have put mechanisms in place (through an online form) for staff to inform us where and when they receive their vaccine in order to try and reduce this risk.

Messaging to managers will be communicated to highlight their role in encouraging staff to get vaccinated and for those obtaining the vaccine outside of Public Health Wales, to report this on the available tool for the purposes of ongoing reporting of staff uptake.

This year we will be populating details of our vaccinated staff onto the Wales Immunisation System (WIS). There are potential issues in the identification of some staff not appearing on the system and there is a risk that the information regarding uptake rates will have impact on data quality.

There was also a need to further strengthen the administrative staff support, who are required for data entry of the consent forms onto WIS, together with a key role in rota coordination for the vaccinators and ensuring equipment and vaccines are available for each session.

Conclusion

The staff flu and COVID-19 steering group will continue to provide operational oversight of the campaign including assessing how we continue to offer equitable access for staff which is proportionate to available vaccinators.

Further support is requested from relevant Executives to encourage their clinical staff to enlist as peer vaccinators to support or make themselves available to offer the number two supporting role.

For next year's campaign we will scope the necessary clinical governance to consider the inclusion of Health Care support workers as part of the peer vaccinator total resource.

Recommendation

The Committee is asked to consider the content of this report and:

- Take **assurance** on arrangements in place to deliver the staff flu campaign.