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To: Chief Executives of NHS Trusts and Foundation Trusts

Dear Colleague

### **Health care worker flu vaccination**

We know you appreciate the importance of all healthcare workers protecting themselves, their patients, their colleagues and their families by being vaccinated against seasonal flu, because the disease can have serious and even fatal consequences, especially for vulnerable patients. Your leadership, supported by the Flu Fighter campaign and the CQUIN has increased take-up of the flu vaccine, with some organisations now vaccinating over 90% of staff. Our ambition is for 100% of healthcare workers with direct patient contact to be vaccinated.

In February, the medical directors of NHS England and NHS Improvement wrote to all Trusts to request that the quadrivalent (QIV) vaccine is made available to all healthcare workers for winter 2018-19 because it offers the broadest protection. This is one of a suite of interventions that can and should be taken to reduce the impact of flu on the NHS.

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

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

- a) Recent National Institute for Health and Care Excellence (NICE) guidelines<sup>1</sup> highlight a correlation between lower rates of staff vaccination and increased patient deaths;
- 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.

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<sup>1</sup> <https://www.nice.org.uk/guidance/ng103>

In order to ensure your organisation is doing everything possible as an employer to protect patients and staff from seasonal flu we ask 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 2018.

Where staff are offered the vaccine and decide on the balance of evidence and personal circumstance against having the vaccine, they should be asked to anonymously mark their reason for doing so by completing a form, and you should collate this information to contribute to the development of future vaccination programmes. We have provided an example form [appendix 2] which you may wish to tailor and use locally, though we suggest you use these opt out reasons to support national comparisons.

We specifically want to ensure greatest protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful. The evidence suggests that in these 'higher-risk' clinical environments more robust steps should be taken to limit the exposure of patients to unvaccinated staff and you should move as quickly as possible to 100% staff vaccination uptake. At a minimum these higher-risk departments include haematology, oncology, bone marrow transplant, neonatal intensive care and special care baby units. Additional areas may be identified locally where there are a high proportion of patients who may be vulnerable, and are receiving close one-to-one to clinical care.

**In these higher-risk areas, staff should confirm to their clinical director / head of nursing / head of therapy whether or not they have been vaccinated. This information should be held locally so that trusts can take appropriate steps to maintain the overall safety of the service, including considering changing the deployment of staffing within clinical environments if that is compatible with maintaining the safe operation of the service.**

We would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce; to identify and minimise any barriers; to discuss and agree which clinical environments and staff should be defined as 'higher-risk'; and to ensure that the anonymous information about reasons for declining the vaccine is managed with full regard for the dignity of the individuals concerned. Medical and nurse director colleagues will need to undertake an appropriate risk assessment and discuss with their staff and trade union representatives how best to respond to situations where clinical staff in designated high risk areas decline vaccination.

It is important that we can track trusts' overall progress towards the 100% ambition. Each trust shall continue to report uptake monthly during the vaccination season via 'ImmForm'. However from this year you are also required to report how many healthcare workers with direct patient contact have been offered the vaccine and opted-out. This information will be published monthly by Public Health England on its website.

By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as 'higher-risk'. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by

asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2.

You can find advice, guidance and campaign materials to support you to run a successful local flu campaign on the NHS Employers Flu Fighter website [www.nhsemployers/flufighter](http://www.nhsemployers/flufighter)

Finally we are pleased to confirm that NHS England is once again offering the vaccine to social care 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

*- signed jointly by the following national clinical and staff side professional leaders -*

**Prof Stephen Powis** .....National Medical Director, NHS England  
and on behalf of National Escalation Pressures Panel

**Prof Paul Cosford** .. Medical Director & Director of Health Protection, Public Health England

**Prof Jane Cummings** ..... Chief Nursing Officer, NHS England

**Sara Gorton** (Unison)..... Co-chair, National Social Partnership Forum

**Prof Dame Sue Hill**..... Chief Scientific Officer, NHS England

**Dame Donna Kinnair**. Acting Chief Executive & General Secretary, Royal College of Nursing

**Prof Carrie MacEwen** ..... Chair of the Academy of Medical Royal Colleges

**Ruth May**..... Executive Director of Nursing, NHS Improvement

**Dr Kathy Mclean**..... Executive Medical Director NHS Improvement

**Danny Mortimer** (NHS Employers)..... Co-chair, National Social Partnership Forum

**Pauline Philip** ..... National Director of Urgent and Emergency Care

**Suzanne Rastrick**..... Chief Allied Health Professions Officer, NHS England

**Keith Ridge** ..... Chief Pharmaceutical Officer, NHS England

**John Stevens** .....Chairman, Academy for Healthcare Science

**Gill Walton** ..... Chief Executive, Royal College of Midwives

## Appendix 1 - Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2018

<b>A</b>	<b>Committed leadership</b> (number in brackets relates to references listed below the table)	<b>Trust self-assessment</b>
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6)	
A4	Agree on a board champion for flu campaign (3,6)	
A5	Agree how data on uptake and opt-out will be collected and reported	
A6	All board members receive flu vaccination and publicise this (4,6)	
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives (3,6)	
A8	Flu team to meet regularly from August 2018 (4)	
<b>B</b>	<b>Communications plan</b>	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions (3,6)	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4)	
B3	Board and senior managers having their vaccinations to be publicised (4)	
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	
B5	Programme to be publicised on screensavers, posters and social media (3, 5,6)	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	
<b>C</b>	<b>Flexible accessibility</b>	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered (3,6)	
C2	Schedule for easy access drop in clinics agreed (3)	
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	
<b>D</b>	<b>Incentives</b>	
D1	Board to agree on incentives and how to publicise this (3,6)	
D2	Success to be celebrated weekly (3,6)	

### Reference links

- <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Vaccine-ordering-for-2018-19-influenza-season-06022018.pdf?la=en&hash=74BF83187805F71E9439332132C021EFA3E6F24C>
- <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/Reviewing-your-campaign-a-flu-fighter-guide.pdf>
- <http://www.nhsemployers.org/-/media/Employers/Documents/Flu/Flu-fighter-infographic-final-web-3-Nov.pdf>
- <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-acute-trusts-TH-formatted-10-June.pdf>
- <http://www.nhsemployers.org/-/media/Employers/Publications/Flu-Fighter/good-practice-ambulance-trusts-TH-formatted-10-June.pdf>
- <https://www.nice.org.uk/guidance/ng103/chapter/Recommendations>

## Appendix 2 – Example opt out forms for local adaptation and use

### Form to be potentially co-branded by NHS organisation and key trade unions

Dear colleague,

**Did you know that 7 out of 10 front line NHS staff had the flu vaccine last year, and in some departments more than 9 out of 10 staff were vaccinated?**

The flu jab gives our body the information it needs to fight the flu, which stops us from contracting and spreading the virus. For those of us who work in care settings, getting the flu jab is an essential part of our work. In vaccinating ourselves we are protecting the people we care for, and helping to ensure that we are able to provide the safest environment and effective care for patients.

We want everyone to have the jab. The sooner you get it, the more people you can protect. We hope that you will agree to having the vaccine – this really helps to protect patients, you and your family. But, if you choose not to have the flu vaccine, we want to understand your reasons for that by filling in this anonymous form.

*Signed*

*Chief Executive, Medical Director, Director of Nursing, and Trade Union representative*

**Please tick to confirm that you have chosen not to have the vaccine this year:**

I know that I could get flu and have only mild symptoms or none at all; and that because of this I could give flu to a patient. I know that vaccination is likely to reduce the chances of me getting flu and of me passing it to my patients. But I still don't want the vaccine.

**Please tick each of the boxes below that apply to your decision not to have the jab.**

I DON'T WANT TO BE FLU VACCINATED BECAUSE:

- I don't like needles
- I don't think I'll get flu
- I don't believe the evidence that being vaccinated is beneficial
- I'm concerned about possible side effects
- I don't know how or where to get vaccinated
- It was too inconvenient to get to a place where I could get the vaccination
- The times when the vaccination is available are not convenient
- Other reason – please tell us here ▶

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**Thank you for completing this form.**