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Hywel Dda University Health Board Influenza Vaccination Improvement Plan 2021/22

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Hywel Dda University Health Board Influenza Vaccination Improvement Plan 2021/22

Purpose & Aim

The Hywel Dda University Health Board Influenza Vaccination Plan 2021-2022 describes how we will work together in this unprecedented season to minimise the co-circulation of flu and COVID-19, protect those most at risk, and reduce the impact of respiratory illness on health and social care services this winter. These aims will be achieved through the deployment of a wide range of actions to increase uptake of the Influenza vaccine.

Vision & Ambition

This past eighteen months has seen Hywel Dda University Health Board consult on and agree a transformation in the way it delivers healthcare services. It has committed to make a shift from a system focused almost exclusively on treatment and diagnosis to one where preventing ill health is a core activity and which embraces consideration of people's wellbeing. The Hywel Dda University Health Board Seasonal Influenza Improvement Plan for 2021/22 seeks to embrace the principles of the UHB *Health and Wellbeing Framework* in recognising the need to shift the culture around vaccination, build on our assets, and promote community health and wellbeing.



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Successful implementation of the annual Influenza vaccination campaign requires collaboration between a broad range of partners. At the end of the 2018-19 flu season, our partnership gathered together in an ambitious attempt to think differently – to review the annual Flu campaign through a ‘wellbeing lens’. We worked through a process of Appreciative Inquiry – a method of identifying our assets and **building on what works**. This new look Plan reflects the outcome of that process.

There is plenty that works in our partnership. We have a lot of accumulated knowledge and experience gathered in a variety of disciplines and settings. We understand and apply evidence. We work with communities. We work collaboratively and influence practice. The number of Flu vaccines we give increases year on year. We have achieved some real successes – in the number of school-aged children who are vaccinated, for example. Some of our GP practices achieved levels of uptake that exceeded Welsh Government targets, while others showed significant improvement on previous years. Our community pharmacies saw a 36% increase in uptake last season alone. Our UHB staff increasingly recognise the importance of vaccination for patient safety and many have volunteered as Flu Champions to vaccinate colleagues on the wards. We continue to build on the positive relationship developed with the UHB Operations Directorate, which ensures our work complements and supports wider Winter Planning arrangements across the Health Board.

The Hywel Dda University Health Board Influenza Vaccination Improvement Plan for 2021/22 outlines how we will build on these examples of successful evidence-based practice and continue to work towards our ambition of a Flu-Free Hywel Dda in which our communities and health services are protected from the harms that influenza can cause. We will continue to roll out our **Vaccination Saves Lives** theme in all aspects of the campaign: emphasising the benefits of



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vaccination for the whole community and the positive contribution that everyone can make to keep our communities safe and well.

There are two elements to the Improvement Plan. Firstly, the **core components** section describes the specific responsibilities of UHB delivery partners to ensure implementation of the Welsh Health Circular WHC [2021] 019: *The National Influenza Immunization Programme 2021-22*. Secondly, our **proposed developments** outline how we will push further innovation and improvement into next season.

The rationale behind our collective partnership priorities is outlined below:

- Priority 1: Maximise uptake of Influenza vaccination in inpatients;
- Priority 2: Protect care home residents from respiratory viruses;
- Priority 3: Maximise uptake of Influenza vaccination in children;
- Priority 4: Priority 4: Maximise uptake of vaccination in 49 year old and under at clinical risk, including pregnant women AND members of the population 50 years and over;
- Priority 5: Maximise uptake of vaccination in UHB Staff for both COVID-19 and Flu vaccination; also any Primary Care Staff in Managed Practices;
- Priority 6: Ensure most effective use of our mass vaccination centres for Flu and COVID-19 vaccinations;
- Priority 7: Maximise vaccine accessibility.

Monitoring our Progress through the Season

Due to the added complexity of delivering the Flu vaccination programme, where it aligns with the COVID-19 Boosters, the Influenza Vaccination Delivery Plan will be carefully monitored through a variety of means to ensure the effective delivery of the programme:

- Monthly partnership (IN-FLU) meetings will be held through the season for delivery partners to check progress against partnership priorities and address any arising operational issues from the Project Plan. This meeting will include any updates following the receipt of new Welsh Health Circulars, COVID-19 vaccine developments, Flu and COVID-19 surveillance.
- Specific Issue meetings arranged with the Delivery Lead to mitigate any risks to the delivery of the programme.
- In-season performance reports will be provided to SDODC, and quality and safety issues reported through the Medicines Management Sub-Committee of QSEC, as required.
- Working closely with the COVID-19 Vaccine Delivery Group to ensure alignment and employment of measures that can impact on maximising shared benefits and uptake by eligible at-risk populations.
- Reporting and escalation of issues to the Immunisation & Vaccination Executive group.
- In the 2020/21 season, Occupational Health provided monthly reports for directorate leads on staff uptake at ward and department level. These were disseminated by directorate leads to ward and department managers to enable positive action in areas of low uptake. Due to redeployment and movement of staff during COVID-19, ward level data monitoring is currently challenging; the focus this season will be on ensuring all vaccinations are recorded in staff records and this data will then be aggregated and used to report monthly on uptake to Public Health Wales (PHW).

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- The Public Health Team will produce regular uptake reports and analysis, using data from the Vaccine Preventable Disease Tabular website Programme (VPDP) team within PHW, along with local and national campaign and surveillance updates. These reports will be provided to Practice Managers, Practice Flu Leads and Cluster Leads on a weekly basis during Phase One of the campaign. These comprehensive documents provide tailored information at a practice, cluster, county and Health Board level alongside comparators with other Health Boards and the Wales average.
- Cluster-level uptake reports will be provided for discussion at Cluster/ Locality meetings throughout the season.
- Hywel Dda University Health Board representatives will participate in fortnightly National Influenza Action Group (NIAG) teleconferences and report back actions and emerging issues to local partners.
- An end-of-season debrief session will be held for all partners to evaluate and begin the planning process for the 2022-23 season.

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How will we report on progress?

**HB Strategic Development and Operational Delivery
Committee (SDODC)**

**HB Quality, Safety and Experience Committee (QSEC)
via the Medicines Management Sub-Committee**

Immunisation & Vaccination Group
Lead: Director of Public Health

IN-FLU
Hywel Dda Influenza Partnership Group
Lead: Consultant in Public Health

Staff Flu Group
Lead: Head of Occupational
Health

Primary Care & Children's I&V Group
Leads: Head of GMS & Child Health
Service Delivery Manager

In-Season Flu Task & Finish Groups
Leads: IN FLU members as
appropriate

Section One: Core Components

This section of the Plan describes the specific responsibilities of IN-FLU partners to support implementation of the Welsh Health Circular WHC (2021) 019 The National Influenza Immunisation Programme 2021-22. In addition, we are dependent on the support of all UHB and primary care colleagues as well as our local authorities, care homes, schools, pre-school settings, third sector groups and communities to encourage and facilitate influenza vaccination at every opportunity. (The Influenza Project Plan has more detailed information and will be used as the agenda for monitoring the progress of the Health Board and Partners in the delivery of the programme).

Priority Area	Contribution	What does this mean?	Leadership
Priority 1: Maximise uptake of influenza vaccination in inpatients	To provide specialist advice and support in relation to the prevention and control of influenza disease in secondary care, and to support the delivery of vaccination to staff and patients in secondary care settings	<ul style="list-style-type: none"> • Support recruitment and training of vaccinators in secondary care (including Infection Prevention Nurses and Flu Champions) • Support Delivery of vaccination to patients and staff in agreed secondary care settings • Consider the risk assessment for unvaccinated staff working in high risk areas and the Health Board's Response • Provide advice, liaison and support across the HB in relation to rapid respiratory testing, management of patient caseload, screening, isolation and cohort nursing and patient flow • All staff to wear PPE to reduce the risk of flu in high risk areas, and all staff to be offered the flu vaccine in a timely manner • Identify the Peer Vaccinators within the Health Board and Investigate the possibility of these vaccinators immunising patients in addition to staff 	Assistant Director of Nursing: Professional Standards and Workforce

Priority 2: Protect care home residents from respiratory viruses	To provide specialist advice and support in relation to the prevention and control of influenza disease care homes and to support the delivery of vaccination in this setting	<ul style="list-style-type: none"> • Co-ordinate and deliver immunisation training for practice and community nurses • Liaise with vaccinators to support implementation of national guidance including WHCs • Respond to vaccine-related queries and incidents • Ensure Patient Group Directions are in place 	Director of Primary Care, Community & Long Term Care
Priority 3: Maximise uptake of influenza vaccination in children	To deliver the school-based influenza vaccination campaign to children in years 7 to 11 as detailed in WHC (2021) 019 The National Influenza Immunisation Programme 2021-22	<ul style="list-style-type: none"> • Develop and Deliver local plans in partnership with Primary and Secondary Schools to vaccinate children in school settings, including mop-up sessions where appropriate • Manage collection and collation of parent / carer consents • Undertake recall of parents to maximise consent and uptake • Vaccination of 2-3 year olds within a Primary Care Setting 	Director of Public Health
Priority 4: Maximise uptake of vaccination in 49 year old and under at clinical risk, including pregnant women AND members of the population 50 years and over	To support independent contractors, managed practices and Community Pharmacies to deliver commissioned services under an Enhanced / Direct Enhanced Service for eligible population groups, as detailed in WHC (2021) 019 The National Influenza Immunisation Programme 2021-22	<ul style="list-style-type: none"> • Work with independent contractors and Managed Practices to ensure effective planning, delivery and performance monitoring • Encourage collaborative working at cluster / locality level to support Flu campaign priorities for all Primary Care specific Immunisations • Share knowledge and insight regarding general practice systems, challenges and emerging issues to enable IN-FLU to work effectively with practices and clusters • Provide Training for Pharmacists expressing an interest in providing the Enhanced Service • Issue PGD, Service Specification and Service Level Agreements • Liaise with and support Pharmacies to establish and deliver an effective Enhanced Service to all eligible groups including HB Staff and Care Home Staff • Monitor uptake data and share with IN-FLU partnership • Ensure Midwifery teams are equipped with knowledge and resources to engage in effective conversations with patients • Facilitate opportunities for pregnant women to receive the vaccination in appropriate and accessible locations • Support annual immunisation update training for Primary Care Nursing staff 	Director of Primary Care, Community & Long Term Care

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		<ul style="list-style-type: none"> • Support recruitment of nurses to Peer Vaccinator roles • Liaise with Lead Nurses in managed practices and develop plans to increase uptake • Ensure practices are aware of updated guidance from VPDP and CMO • Support I&V Co-ordinator with Patient Group Directions 	
<p>Priority 5: Maximise uptake of vaccination in UHB Staff for both Covid and Flu vaccination, also any Primary Care Staff in Managed Practices</p>	<p>To support the delivery of the influenza vaccination campaign for UHB healthcare staff, as detailed in WHC (2021) 019 The National Influenza Immunisation Programme 2021-22</p>	<ul style="list-style-type: none"> • Facilitate Flu Peer Vaccinator recruitment, training management and competency sign-off • Manage the collection and dissemination of vaccine uptake data with Directorate Leads, Ward and Department Managers • Manage Vaccine Storage and Cold Chain Arrangements • Promote ownership and the importance of the Flu Vaccine across Directorates • Support planning, promotion and delivery of staff flu vaccination clinics • Promote positive conversations with staff to highlight the importance of Influenza Vaccination • Provide Vaccinations to HB staff during Scheduled Flu Clinics and ensure vaccine recorded on staff Occupational Health record • Share insights and emerging issues with IN-FLU via Occupational Health Representative • Support opportunistic delivery of flu vaccine via peer vaccinator model ongoing • Develop booking system for staff to attend • Identify suitable venues for flu vaccination clinics • Joint Letter from Executive Team to Directorate Leads 	<p>Head of Occupational Health Director of Public Health</p>
<p>Priority 6: Ensure most effective use of our mass vaccination centres for flu & covid vaccinations</p>	<p>To support the delivery of the influenza and covid booster vaccination campaign for the priority groups as identified by Welsh Government and JCVI.</p>	<ul style="list-style-type: none"> • Liaise with the Vaccination and Immunisation Coordinator to ensure immunisers at mass vaccination centres are trained to give flu vaccines, including fluenz • Ensure there is a supply of flu vaccines, including fluenz, at mass vaccination centres ahead of any planned clinics • Support co-administration through a ‘making every contact count’ approach later in the flu season 	<p>Director of Public Health</p>

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		<ul style="list-style-type: none"> • Support specific flu clinic delivery throughout the season 	
<p>Priority 7: Maximise vaccine accessibility</p>	<p>To support partnership, planning, communication strategy and monitoring arrangements locally and nationally and support influenza vaccination uptake across all eligible groups, utilising support from the national campaign delivered the Health Board and Partners</p>	<ul style="list-style-type: none"> • Draft the Influenza Improvement Plan • Convene IN-FLU Meetings • Analyse and share uptake & surveillance data and emerging evidence • Liaise with PHW Vaccine Preventable Disease Programme and share national programme developments • Support effective collaboration between partners, encouraging a focus on long term development and direction in line with evidence and strategic priorities • Develop and distribute planned and opportunistic media messages to support campaign priorities, through a variety of channels, at appropriate times through the season • Ensure consistency between the local and national campaigns • Provide specialist communications advice to IN-FLU 	<p>Director of Public Health</p>

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Section Two: Looking Forward: Developments for 2022 and Beyond

This final section of the Plan describes how we will continue to build on what works into the future. Taking forward new and innovative actions requires us to be continuously evaluating, learning, and building our relationships and networks, and to acknowledge the long term nature of cultural and behavioural change around vaccination.

What do we want to do?

Build on what works with partners, by:

Improving our understanding of the systems, processes and day-to-day pressures associated with delivery of the seasonal influenza vaccination programme

Improving our understanding of how systems and accessibility impact on people's vaccination behaviour

Further developing the IN-FLU partnership

How can we do it?

Evaluate the impact of the Primary Care Incentive Scheme and explore how to mainstream in 2022 if successful

Evaluate the impact of UHB Flu Peer Vaccinators and how to develop further in 2022 if successful

Evaluate the impact of vaccination in secondary care (including antenatal) settings in 2021-22 and how to mainstream in 2022 if successful

Evaluate how we worked together as a partnership this season, using an assets-based approach

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Build on what works with communities, by:

Shifting away from doing things to and for communities, and towards doing with and by them, in line with the ambition of the UHB Health and Wellbeing Framework

Continuing to build awareness of asset-based approaches within the IN-FLU partnership

Supporting a shift in the system towards prevention as described in the UHB Health and Wellbeing Framework and Strategic Plan: A Healthier Mid and West Wales

Explore the use of Motivational Interviewing to understand and address vaccine hesitancy in target populations

Consider how to include influenza in the DPH '10,000 Conversations' community engagement programme to understand what matters in communities

Support the Director of Public Health to make the case for the reallocation of mainstream resources into the influenza vaccination campaign; demonstrate the return on investment and how the campaign contributes to the UHB's three Strategic Goals

Supporting documents

- *Our Future Generations Living Well: A Health and Wellbeing Framework for Hywel Dda*
- *A Healthier Mid & West Wales: Our Future Generations Living Well*
- *Welsh Health Circular WHC [2021] 019: The National Influenza Immunization Programme 2021-22*
- Vaccination uptake data for 2020-21 season, Hywel Dda UHB

Our Future Generations Living Well: A Health and Wellbeing Framework for Hywel Dda

<http://www.wales.nhs.uk/sitesplus/documents/862/Item%205.1%20A%20Health%20and%20Wellbeing%20Framework.pdf>

A Healthier Mid & West Wales: Our Future Generations Living Well

<http://www.wales.nhs.uk/sitesplus/documents/862/A%20Healthier%20Mid%20and%20West%20Wales%20FINAL%20amended%20-%2028.11.18.pdf>

Welsh Health Circular WHC [2021] 019: The National Influenza Immunisation Programme 2021-22

<https://gov.wales/national-influenza-immunisation-programme-2021-2022-whc2021019>

Summary by Health Board and Local Authority (23mar2021)

		Children 2 to 3 years			Clinical risk 6m to 64y			65y and older		
		Denominator	Immunised	Uptake (%)	Denominator	Immunised	Uptake (%)	Denominator	Immunised	Uptake (%)
Hywel Dda UHB	Carmarthenshire	3,582	2,129	59.4%	25,148	12,794	50.9%	42,840	32,432	75.7%
	Ceredigion	1,446	680	47.0%	10,937	5,326	48.7%	23,426	16,342	69.8%
	Pembrokeshire	2,267	1,209	53.3%	16,441	8,018	48.8%	31,187	22,974	73.7%
	HD Total	7,295	4,018	55.1%	52,526	26,138	49.8%	97,453	71,748	73.6%
Wales	Wales	66,234	37,270	56.3%	444,330	226,590	51.0%	681,255	521,082	76.5%

HD Total breakdown by patient group

Category	Denominator	Immunised	Uptake (%)
2y olds (all)	3,568	1,889	52.9%
3y olds (all)	3,727	2,129	57.1%
Clinical risk <65y	52,526	26,138	49.8%
chronic asplenic disease (<65y)	1,419	669	47.1%
chronic diabetes disease (<65y)	10,283	6,310	61.4%
chronic heart disease (<65y)	8,733	4,534	51.9%
chronic immuno disease (<65y)	3,043	1,963	64.5%
chronic kidney disease (<65y)	1,685	1,030	61.1%
chronic liver disease (<65y)	1,322	641	48.5%
chronic stroke/neuro disease (<65y)	4,728	2,425	51.3%
chronic respiratory patients (<65y)	23,712	12,313	51.9%
morbidly obese (18-65y)	9,582	4,034	42.1%
All patients aged 50 to 64 years	86,022	29,915	34.8%
65y and older	97,453	71,748	73.6%

Choose area

- Carmarthenshire
 Ceredigion
 HD Total
 Pembrokeshire
 Wales

None chronic respiratory disease patients breakdown

Category	Denominator	Immunised	Uptake (%)
Patients <65y with asthma	42,614	21,846	51.3%
Patients <65y with COPD	5,056	3,154	62.4%
Patients <65 with other resp dis	2,330	1,334	57.3%