

LPT High Level Flu vaccination Action Plan

Action	Lead	Due date	Update	Status
Flu plan signed off at Senior Executive Team meeting	Anne Scott	September 2020	Paper to be presented 18 September 2020	On Track
To complete the PHE self-assessment against the PHE best practice checklist based on five key components of developing an effective flu vaccination programme. To be published in public board papers at the start of the flu season.	Emma Wallis	October 2020	Checklist to go to the Trust Quality Assurance Committee 29 September 2020	Complete
Protect the health of those who are vulnerable to hospitalisation and death from COVID-19 by ensuring they do not get flu. Flu uptake ambition;	LLR STP/ Caroline Trevithick	March 2021		
 100% offer to all frontline health and social care workers and all should receive a vaccination this season 75% uptake for all eligible groups (65 & over, at clinical risk, children 2 & 3, primary school children year 7) 	Anne Scott LLR STP/Caroline Trevithick	March 2021 March 2021	FHCW baseline =4198 staff Total staff = 5329 61 peer vaccinators Planned/booked clinics over an 8 week period commencing 29 September 2020 with current capacity for 5440 dependant on peer vaccinator cover/release to attend and vaccine delivery	
Finalise the housebound and household service provision	LLR STP Flu Board	Mid- September 2020	Need clarity across the system in regard to how LPT staff will access the flu vaccine, resource, cold chain	

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			 and the governance that will sit alongside patients who are not on our caseload. Current CHS patients on caseload 8034 Household member numbers unknown 	
Committed Leadership				
Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	Anne Scott	30 September 2020	To be recorded at the next board meeting	On track
A board champion for flu campaign	Anne Scott	September 2020	Complete	Complete
Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	Anne Scott	September 2020	Completed June 2020	Complete
All board members receive flu vaccination and publicise this	Board members	31 October 2020	To book on and publicise	On track
Flu team formed with representatives from all directorates, staff groups and trade union representatives to meet regularly from September 2020	Emma Wallis/Amanda Hemsley	September 2020	Established in June 2020	Complete
Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	Lisa Mantle	Order completed for 4,000 vaccines	4,000 ordered 1 st delivery expected 18 September 2020 150 vaccines – Over 65 staff Egg free vaccines ordered Additional vaccines to be ordered; Department of Health and Social Care	Complete

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			(DHSC) has procured additional national supply of the adult vaccine and will issue guidance in September on how and when this can be accessed.	
 Communications plan Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders Board and senior managers having their vaccinations to be publicised Programme to be publicised on screensavers, posters and social media Weekly feedback on percentage uptake for directorates, teams and professional groups 	Kamy Basra	September 2020	Flu communication plan complete	Complete
 Flexible accessibility Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released Schedule for easy access drop in clinics agreed Schedule for 24 hour vaccinations to be agreed 	Director of DMH Director of CHS Director of FYPC EPRR Lead Peer Vaccinator leads	September 2020	 61 Peer vaccinators identified. Training w/c 14 September 2020 Require a commitment of 2 shifts in 8 weeks to cover clinics Potential 5440 appointments, across the city and county. Monday to Friday 9-4.30pm Local team and ward peer vaccinators for 24 hour cover 	
IncentivesBoard to agree on incentives and how to publicise this	Board members	September 2020	Board to review potential voucher incentive & monthly draw throughout the season	

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Success to be celebrated weekly	Kamy Basra	October 2020	Included in the comms plan	Complete
Performance Review data to support ambitioning achievement and to react to areas	Director of DMH Director of CHS	October 2020	Electronic system 'Cinnamon' procured a dedicated system for immunisation and vaccination recording & additional	On Track
of poor performance, managing risk to delivery	Director of FYPC HoN MH, CHS, FYPC		booking system. Will provide real time reports drilled down to team level	
Continue to review flu plans and support teams to achieve the maximum uptake	Director of DMH Director of CHS Director of FYPC HoN MH, CHS, FYPC	October - January 2021		
Continue to strengthen the flu plan reacting to changes in guidance, reports from across the STP, learning and new idea and thoughts as they materialise	LPT Flu & Covid-19 pandemic group	October – January 2021		
Quality Improvement To improve on what is understood about 'vaccination hesitancy' by	Lyn Williams/Nicola Hurton/Amanda	September – February 2021	Quality Improvement plan/ conversation starter complete To introduce (appended backle)	On track
developing 'Conversations to build trust in the flu vaccination' (WHO, 2017) informed by research and systematic	Hemsley	2021	To introduce 'enhanced health behaviour change communication skills' to support peer vaccinators to engage in shared decision making	
reviews into previous vaccination programmes			collaborative conversations. Peer vaccinator diaries PDSA approach	
			Establish a learning set	

Covid 40 Dendemic Vescination	
Programme To align and develop a LPT Covid-19 Pandemic Vaccination plan to support the STP/ LLR Programme & ambitions Pandemic Vaccination plan to support distribution Wallis Deane Rennie/Emma Wallis Deane Rennie/Emma Wallis Same cohrisk eligible May look across the Agreemen	I go live date for Pandemic ions 18 October 2020. rid-19 Pandemic ion Programme group P will have a daily on of the vaccine livery model and ion programme ohort as flu- FHCWs and at ole groups. A at a lead provider model ne patch. The pent between regional and level on the delivery model.