

**LCC Workforce Influenza
Vaccination Programme
Service Specification, 2026 to 2028**



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1. Introduction and Background

1.1 Introduction

- 1.1.1 The Commissioner has a core purpose to ensure that the Services it commissions not only reduce poverty, discrimination, and inequality, but also improves the quality of life for Lancashire's residents.
- 1.1.2 Building the prevention and wellbeing offer in our local communities is central to the Commissioners Public Health aims.
- 1.1.3 Lancashire is a complex county with 12 districts, one Integrated Care Board (ICB), an Integrated Care System details can be found at this link: <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/what-integrated-care-board-icb> and many diverse communities.
- 1.1.4 Influenza is a vaccine preventable disease; in terms of the morbidity and mortality associated with seasonal flu, vaccination is the most effective method, particularly if in a high risk group.¹
- 1.1.5 The seasonal influenza programme for England is set out in the Annual Flu Letter (<https://www.gov.uk/government/collections/annual-flu-programme>). Both the flu letter and the flu plan have the support of the Chief Medical Officer (CMO), Chief Pharmaceutical Officer (CPhO) and Director of Nursing. This plan is to provide guidance for the local arrangements of seasonal flu vaccination delivery, based upon a co-ordinated and evidence-based approach.
- 1.1.6 The LCC Workforce Flu Programme initiative supports and aligns to the National Health Service Seasonal Influenza Programme which targets those cohorts in the agreed clinical at-risk groups.

¹Vaccines (Basel). 2022 May 1;10(5):714. doi:[10.3390/vaccines10050714](https://doi.org/10.3390/vaccines10050714)

1.2 Aim

- 1.2.1 A free influenza vaccination offer will be made on an individual employee basis through a workplace settings approach, to provide a Service to those that wish to take up this staff benefit.

- 1.2.1 The Provider will:
 - 1.2.1.1 deliver a non-judgemental, client-centred, confidential safe space clinic in the workplace setting;
 - 1.2.1.2 administer the influenza vaccine to Local Authority Employees deemed eligible by their employer;
 - 1.2.1.3 determine eligibility through the NHS Seasonal Influenza Programme or the LCC Workforce Flu Programme;
 - 1.2.1.4 communicate the importance of vaccination in the protection of influenza virus transmission within the population.
 - 1.2.1.5 The Commissioner requires the Provider to improve health outcomes and reduce inequity by delivering a workplace influenza vaccination programme where requested, to support a reduction in respiratory infection throughout the winter period.

1.3 National Context

- 1.3.1 Seasonal flu vaccination is a critically important public health intervention to reduce morbidity and mortality in those most at risk including older people, pregnant women and those in clinical risk groups.²

- 1.3.2 The Commissioner Workforce Flu Programme supports the national agenda of health protection by offering a staff benefit of a free flu vaccination, prioritising both those frontline staff working with vulnerable individuals, and those working in the council within business critical Services. E.g. The vaccination of those in health and social care roles protects staff, whilst reducing the risk of spread to both close contacts and the wider community.²

²UK Health Security Agency. The national flu vaccination programme 2025 to 2026.

1.4 Local Context

1.4.1 Individuals who are eligible to access this Service are:

1.4.2 Employees who have been identified by their Local Authority as being eligible who present to the Provider clinic by way of an internal booking system.

2. Service Overview

2.1 Overview

2.1.1 The agreement is for the Provider to offer immunisation against influenza to those identified as being eligible by Commissioner.

2.1.2 The Service will operate as an on-site clinic model between the period of the 1st October to 30th November for both annual periods, 2026 and 2027. There is the possibility of a further annual extension in the 2028 time period.

2.1.3 The Provider should, in accordance with their Patient Group Direction (PGD), offer immunisation from the beginning of the scheme, until the end of the scheme to fulfil all booking appointments.

2.1.4 If a shortage of vaccines disrupts deliver, the Provider must inform the Commissioner as early as possible, with contingency measures outlined.

2.1.5 The Provider will work under PGD's developed by their own organisation or a PGD under which they are authorised to work. The NHS Seasonal Flu PGD cannot be used for this scheme.

2.1.6 The Provider will deliver the requirements set out in this specification.

2.1.7 Record any suspected adverse reaction to the Medicines and Healthcare Regulatory Agency (MHRA) using the Yellow Card reporting scheme.

2.1.8 The provision of Service will be proactive, flexible, and responsive to change in the evidence base, plus local and national developments.

- 2.1.9 The Provider will give advice, where requested, and within the appointment time slot, in order that individuals can make an informed choice on vaccination.

3. Geographic Coverage

3.1 Footprint

- 3.1.1 The Provider will ensure the Service is available to all eligible employees in the council.
- 3.1.2 The Provider will deliver Services in all twelve districts across the Lancashire footprint. This may be subject to change, the Commissioner will advise.
- 3.1.3 The Service must be accessible to all people with protected characteristics covered by the Equality Act 2010.
- 3.1.4 The Service will be non-stigmatising and non-discriminatory, providing fair and equitable access. The Service will comply with the Equality Act 2010.
- 3.1.5 The Service should be sensitive to the cultural needs and backgrounds of all council staff.

3.2 Premises

- 3.2.1 The Commissioner will provide all location information and will liaise to book rooms with colleagues in relevant settings, meeting clinic requirements, e.g. privacy and dignity.
- 3.2.2 The Commissioner will provide a list of locations and suitable dates/times for settings-based clinics, e.g. (highway depots, special schools, LCC offices, etc).
- 3.2.3 The Provider will link in with the site co-ordinator or nominee to ensure effective operation on the day, minimising barriers where possible (e.g. arrival times, any requirements to enter premises, etc).

- 3.2.4 The consultation area or room shall be clean, with any equipment laid out and organised.
- 3.2.5 The consultation shall ensure that patient confidentiality is respected.
- 3.2.6 Vaccines shall only take place in a consultation room which is large enough to allow:
 - 3.2.6.1 The vaccination to be administered safely;
 - 3.2.6.2 Sufficient workspace to allow for preparatory work, easy access to the sharps container, and easy storage of any paperwork;
 - 3.2.6.3 Immediate access to anaphylaxis pack and anaphylaxis algorithm; In the event of a severe anaphylactic reaction, the Provider shall have a facility to call for ambulance assistance immediately without leaving the patient unattended;
 - 3.2.6.4 The individual to be vaccinated, and where necessary, remove and store any garments, with privacy and dignity, to allow safe vaccination;
 - 3.2.6.5 The management of any anaphylaxis or patient collapse, including putting a person into the recovery position and/or carrying out Basic Life Support. This may require that the door is opened but in all cases privacy and dignity must be maintained.
- 3.2.7 The Provider shall ensure that a suitable waste contract is in place to ensure the safe disposal of any waste and sharps generated as a result of this Service.

3.3 Equipment

- 3.3.1 The Provider shall provide the equipment, at its own cost, required to deliver the scheme, e.g. sharps bins and arrangements for disposal of clinical waste.
- 3.3.2 The vaccines must be transported and stored appropriately, in line with manufacturer's guidelines.

3.3.3 The Provider will need to ensure procurement of inactivated influenza vaccination through the pharmacies established procedures.

3.3.4 The Provider must ensure that suitable processes are in place to:

3.3.4.1 monitor and maintain the cold chain for the vaccines;

3.3.4.2 dispose of used sharps and waste;

3.3.4.3 maintain hygiene and has suitable hand washing facilities;

3.3.4.4 for dealing with needle stick injuries and spillages;

3.3.4.5 provide the necessary personal protective equipment (PPE);

3.3.4.6 comply with current infection control guidelines.

3.3.5 The Provider must provide a suitable anaphylaxis treatment pack on the premises.

3.4 Days, Opening Houses and Contact Details

3.4.1 The Service may, on occasion, be required to run several early morning or evening clinics to accommodate employees who do not work standard working hours.

3.4.2 The Provider will ensure that any changes will be clearly communicated with the council Health Protection Team and site co-ordinators or nominee, in a timely manner.

3.4.3 If due to unforeseen circumstances the Provider is unable to provide the Service, the Provider should signpost eligible individuals to another Provider setting, who are able to deliver the Service to the patient.

4. Service Scope

4.1 Key Outcomes

4.1.1 Support the reduction in employees numbers with influenza infection;

- 4.1.2 Support the reduction of the impact on council services;
- 4.1.3 Support the reduction of virus transmission in vulnerable settings;
- 4.1.4 Support the reduction of absenteeism in the workplace during the winter period.

4.2 Service Model and Deliverables

- 4.2.1 The Provider will:
- 4.2.2 administer a free flu vaccination to all eligible Local Authority Employees, at their request.
- 4.2.3 receive a list of eligible staff members that have booked in for vaccination at each setting, with a specific date and appointment slot.
- 4.2.4 request to see the council staff ID badge to confirm their eligibility for the vaccine, detailing attendance by logging of employee name, which will support the evaluation of the programme.
- 4.2.5 ensure that the employee meets the vaccine requirements set out in this Service specification and within the national guidance documentation for administration of the influenza vaccine.
- 4.2.6 assess the need and suitability for a client to receive the influenza vaccine in line with national guidance documentation and the inclusion and exclusion criteria contained therein.
- 4.2.7 ensure employees with health concerns, allergies or guidance exclusions should be advised to discuss with their General Practitioner for a more formal risk assessment.
- 4.2.8 where deemed appropriate, the pharmacist shall administer the vaccination according to the legal requirements.

- 4.2.9 record eligible employees consent for the vaccine and share information between the Provider and Commissioner on appointment bookings and attendees.
- 4.2.10 oversee waiting area and have a chaperone available.
- 4.2.11 provide this Service free of charge to the employee at the Local Authority expense.
- 4.2.12 To support the programme, the Commissioner will:
 - 4.2.12.1 monitor the Service and ensure prompt payment of claims;
 - 4.2.12.2 enable prior arrangements are made with regards to appropriate locations, to enable an efficient Service for Provider delivery;
 - 4.2.12.3 maximise advertising of all clinics to enable full capacity clinic attendance;
 - 4.2.12.4 evaluate the impact of the Service to inform future commissioning decisions.

4.3 Priority Population Groups

- 4.3.1 All eligible council employees. Frontline staff working with vulnerable population groups and those working in business critical services will be a priority, should there be a need to determine order of administration.
- 4.3.2 In the event that there is a need to implement a prioritisation in clinic delivery, the council Health Protection Team will define how this should be delivered.

4.4 Acceptance and exclusion criteria

- 4.4.1 Individuals who are eligible for a Flu Vaccination through the LCC Workforce Flu Vaccination Programme:
 - 4.4.1.1 Employees who have been identified by their Local Authority as being eligible and have a scheduled appointment date and time, as authorised by the council Health Protection Team.

- 4.4.2 The following groups are **excluded** from the vaccine under the terms of this agreement: *(to be updated for 2026/27)*:³
- 4.4.2.1 These exclusions, based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI) and documented within The Green Book.
- 4.4.2.2 If excluded, the individual should be referred back to their general practitioner for a more formal risk assessment to look at the balance of risks. This does not necessarily mean that vaccination will not be possible, but it will fall outside the remit of this Service.
- 4.4.2.3 History of true anaphylactic reaction to a dose of influenza vaccine or to any of its components. (This is different for each product, check by brand).
- 4.4.2.4 Acute illness at presentation If this is the case, postpone vaccination until recovered.
- 4.4.3 Council staff who do not present with an ID badge.
- 4.4.4 Council staff authorised as eligible for a free Flu Vaccination through the NHS Seasonal Flu Programme (and therefore excluded from the LCC Workforce Flu Programme) *(to be updated for 2026/27)*:³
- 4.4.4.1 pregnant women;
- 4.4.4.2 those aged 65 years and over;
- 4.4.4.3 those aged 18 years to under 65 years in clinical risk groups (as defined by the [Green Book, Influenza Chapter 19](#));
- 4.4.4.4 those in long-stay residential care homes/facilities;
- 4.4.4.5 carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person;
- 4.4.4.6 close contacts of immunocompromised individuals;
- 4.4.4.7 frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by

³Including national updates for subsequent seasons.

those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants.

4.5 Interdependences with other Services

4.5.1 The Provider will maintain regular discussion with the council Health Protection Team, all named site co-ordinators or nominee, and staff attending for vaccine.

4.5.2 The Provider will also ensure links to:

4.5.2.1 NHS Systems for the recording on patients records

4.5.2.2 LCC Safeguarding Team (where necessary).

5. Service Model

5.1 Overarching Principles

5.1.1 We are seeking a Provider who is committed to working with the Commissioner and one who will be flexible.

5.1.2 The Commissioner will work in partnership with our Provider, offering support and guidance to facilitate relationships whilst working towards the improvement of health protection across the winter period in the workplace; supporting health protection to self, family, colleagues and the wider community.

5.1.3 The Commissioner acknowledges that it is not possible to specify in detail all elements of the Service and there will be further work around the logistical aspects of the model, after the Provider is appointed.

6. Communications and Media

6.1 In the event of a media request, the Provider will work with council Communications to appropriately manage reputational issues, provide a joint response to media related issues and harness positive media opportunities.

- 6.2 To ensure that any approaches by the media for comments or interviews must be referred to LCC Corporate Communications Team via: flu@lancashire.gov.uk

7 Staffing and Workforce Competencies and Requirements

- 7.1 Pharmacists providing this Service shall meet the following criteria:
- 7.1.1 The pharmacist providing the Service is registered with the GPhC;
- 7.1.2 The pharmacist works regularly for a Contractor at a Provider that meets the premises criteria specified in this agreement.
- 7.2 The Provider Contractor will ensure that any pharmacist who is involved in administering a vaccine has successfully completed a training course that meets requirements National Minimum Standards and Core Curriculum for Immunisation Training, completion of Declaration of Competence (DoC).
- 7.3 To ensure that pharmacists providing the Service have been offered hepatitis B vaccination. This is the responsibility of the contractor as the employer.
- 7.4 Training must provide pharmacists with the skills necessary for administering intra-muscular injection, including:
- 7.4.1 Needle length and needle bevel – research findings on the significance of this;
- 7.4.2 Body mass and choice of needle length;
- 7.4.3 Intramuscular sites and the rationale for this choice;
- 7.4.4 How to administer an intramuscular injection, including patient assessment, side effects and contraindications to influenza administration;
- 7.4.5 Anaphylaxis – recognition, treatment and completion of appropriate resuscitation training.

- 7.5 Where interruption of the Service is unavoidable, the identified pharmacist(s) will ensure that support staff and any replacement pharmacists are aware of the details of the scheme and are able to ensure continuity of the Service.

8 Monitoring and Evaluation

- 8.1 The Provider will work with the Commissioner to develop the performance monitoring and associated outcomes framework.

9 Applicable Service Standards – national and local (to be updated)

- 9.1 The Provider will ensure adherence to best practice, and commitment to continually improving the Service.
- 9.2 The Provider will meet all clinical standards, legislative guidance and local procedures, as required.

10 Governance Risk Management, Quality Standards and Business Continuity (to be updated)

- 10.1 Appropriate arrangements must be in place for the supervision of all staff, including clinical supervision where required.
- 10.2 The Provider will work within a continuous quality improvement model and will develop, meet and monitor the agreed quality standards, and/or performance indicators/targets.
- 10.3 The Provider is required to meet and monitor compliance with all relevant NICE Quality Standards.
- 10.4 The Provider must ensure Services are delivered in a safe manner and ensure that a Service user's needs are central to providing appropriate quality Service interventions.

- 10.5 The Provider will have robust mechanisms and processes in place to manage all aspects of clinical governance including the management of medicines. Any prescribing the Service undertakes must be conducted in line with the relevant NICE guidelines.
- 10.6 The Provider will demonstrate openness and transparency in accordance with Francis recommendations including commissioner, service user and public and collaboratively including other service providers.
- 10.7 The Provider will demonstrate its priority to service user privacy (in line with the 2018 Data Protection Act) and dignity seeking and responding to the patient voice.
- 10.8 The Provider will maintain oversight of clinical governance arrangements and will provide the Commissioner with assurance about Service compliance with relevant legislation, national and local standards or guidance and any updates to guidance which may affect the operation of the Service.
- 10.9 The Provider must comply with all clinical standards and practices and evidence there is a relevant reference point within the organisation for medicines management information and advice.
- 10.10 The Provider will develop a risk register and effective information flow which will be made available to the Commissioner prior to mobilisation and available on request thereafter.
- 10.11 The Provider shall have in place and be able to evidence appropriate and workable Clinical Governance arrangements including: (to be defined by you for this Service)
- 10.12 A named Clinical Lead for all clinical Services delivered as part of the contract. The Provider may need to look for clinical leadership/system pathways from regional colleagues.

- 10.13 Governance Policies which are clear and accessible to all staff and Service users, setting out organisational accountabilities and reporting mechanisms.
- 10.14 A planned programme of Service improvement informed by audits, customer feedback, performance and evidence for change.
- 10.15 The Provider will provide an annual written summary of clinical audit undertaken, outcomes and actions taken and any plans for further clinical audit.
- 10.16 Clinical Governance policies shall be accessible to all staff, including volunteers, and reviewed by the Provider annually and whenever required to comply with national and local policy change.
- 10.17 The Provider is responsible for maintaining a risk register and for ensuring that there are systems in place to bring any strategic risks, or risks to business continuity to the attention of the Commissioner as soon as these are identified.
- 10.18 The Provider will support and provide appropriate input as required in any emergency situation and/or pandemics.
- 10.19 The Provider will have a defined and accessible incident reporting and management system, which will be clearly outlined in an incident reporting policy. This should be shared with the Commissioner prior to mobilisation.
- 10.20 The Provider must adhere to the Commissioner policy and guidance for the reporting of serious incidents.

11 Pricing – to be confirmed

12 Performance Management – Data and Information Privacy & Access Issues

- 12.1 The Provider must have a robust electronic system for Service and Service user management and data collection in place prior to mobilisation. The system must hold consent forms and pharmacist information.
- 12.2 An electronic data collection process must also be in place to record LCC employee personal information of those attending appointment in order to allow the Commissioner to build a Service level oversight of vaccinations administered.
- 12.3 The Provider must maintain appropriate, accurate records to ensure effective ongoing Service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.
- 12.4 The council Health Protection Team will analyse uptake via staff Service, via cross referencing on data collection items from the Provider and council systems.
- 12.5 Quality and outcome key performance indicators for this contract will include the information presented in Box 1. Additional Key Performance Indicators to follow.

Box 1: Key Performance Indicators

Performance Indicator	Threshold	Method of Measurement	Frequency of Monitoring
Quality - Key Performance Indicators and Outcome Indicators			
Pharmacists and staff involved have received the appropriate training and accreditations	100%	Continual monitoring of the programme and clear communication between the Pharmacy and LCC HPT.	Annually
Clearly documented complaints procedure in place	100%		Ongoing
Accurate and timely input of service delivery <u>including</u> : ability to attend clinics at defined sites across the geography, punctuality to deliver clinic appointments, data submissions within 72 hours of clinic delivery.	100%		Ongoing

- 12.6 The Provider must comply with the Data Protection Act (2018).
- 12.7 The Provider will comply with all Information Governance standards required by the Commissioner.
- 12.8 The Provider must obtain consent from all Service users regarding the collection, retention, sharing and reporting of data, specifically for the purpose of this Service.

13 Mobilisation

- 13.1 The Provider must submit and have in place a detailed mobilisation plan, which must set out how each aspect of the Service will be mobilised, including key milestones to achieve the contract commencement date. The plan must include as a minimum:
 - 13.1.1 Key milestones and timescales for the Service to be fully operational plus who/what roles will be accountable for delivery of each milestone;
 - 13.1.2 Working with the Authority to ensure the requirements in the Service Specification are clearly addressed;
 - 13.1.3 A risk log, identifying and quantifying risks in achieving full Service delivery, proposing actions to reduce the likelihood and /or mitigate the impact of identified risks;
 - 13.1.4 Detail of any resources the tenderer is willing to commit prior to the commencement date;
 - 13.1.5 Information management system that meets the requirements procured and in place and all Service User data and case file transfer is to be completed by contract commencement date;
 - 13.1.6 An organisation structure chart clearly outlining staffing levels including management structure in place from commencement of the contract e.g. number of part time/full time posts, roles/responsibilities upon commencement of the mobilisation period:
 - 13.1.7 Suitably qualified and experienced staff are in post and all required staff security and safeguarding clearance completed, including up to date registrations;

- 13.1.8 Establish information governance and clinical governance systems and ensure they are in place in advance of the contract commencement date ensuring all policies and procedures are ratified and in place;
- 13.1.9 Plans for ensuring the Provider will meet the full requirements of the Service Specification from the Contract Commencement Date;
- 13.1.10 All equipment is procured and ready to use including any clinical equipment.

14 Quality and Performance Oversight

- 14.1 The Commissioner may request the Provider for additional items not linked to the formal management of the contract.

15 Public Services (Social Value) Act 2012

- 15.1 The Commissioner is committed to the Public Services (Social Value) Act 2012. This ensures that social, economic, and environmental issues are considered at all stages of our commissioning and procurement process and as part of the whole of a contract.
- 15.2 The Service Provider must consider the employment needs within their local community when recruiting and selecting staff, and as such, must give consideration to how their recruitment processes support the local economy as per the Authority's policy.
- 15.3 In accordance with the Commissioner social value framework (Social Value Policy Lancashire.gov.uk), the Provider will meet the following social value outcomes for the Service.
- 15.4 More local people in work.
- 15.5 A local workforce which is fairly paid and positively supported by employers.

15.6 The Provider will work with the Commissioner to evidence Social Value from the delivery of the Service.

16 Communicable Diseases/Pandemics

16.1 The Provider will operate in line with national guidance and legislation concerning communicable disease outbreaks or future pandemics.

16.2 The Provider will ensure a digital engagement option is available for Service users and utilise this should further communicable disease/pandemic restrictions come into force.

16.3 The Provider will develop contingency plans to deal with outbreaks and/or pandemics; including how Service users will be supported to isolate, whether individuals are able to isolate themselves or if cohorting arrangements are required – i.e., a 'household' approach.

16.4 The Provider will support any appropriate testing policy(ies) for communicable diseases (as dictated by national/local guidance) put in place as and when outbreaks or pandemic conditions apply.

16.5 The Provider will support system efforts to test and vaccinate against communicable diseases as appropriate.

17 Policies and Procedures (to be updated)

17.1 The Provider must demonstrate that it has an adequate range of evidence-based policies, protocols and strategies in place to deliver a safe and effective Service. If they are absent at contract award the Provider must demonstrate steps being taken towards their development and a timetable for delivery, ensuring full compliance within 6 months of the contract start date.

- 17.2 Policies, including any relevant updates, will be shared with the Commissioner as soon as they are available.
- 17.3 As a minimum the Provider must evidence the following policies:
- 17.3.1 Equal opportunities - *A clear policy that ensures equal access for all regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation and race – this includes ethnic or national origins, colour or nationality, religion belief or lack of belief.*
 - 17.3.2 Equality and Human Rights Commission (2002) Equality Impact Assessment (EIA) guidance.
 - 17.3.3 Health and safety (staff and Service users).
 - 17.3.4 Staff training and development.
 - 17.3.5 Safe staffing.
 - 17.3.6 Safeguarding, adults, and children's protocols.
 - 17.3.7 Complaints and compliments.
 - 17.3.8 Service user and carer involvement and experience.
 - 17.3.9 Records management.
 - 17.3.10 Risk management.
 - 17.3.11 Information Governance and GDPR.
 - 17.3.12 Confidentiality and Caldicot procedures.
 - 17.3.13 Drugs and alcohol in the workplace.
 - 17.3.14 Human resources.
 - 17.3.15 Exclusion from the Service.
- 17.4 The Provider must ensure that Service users and carers are aware of the range of policies which may impact upon their support and be given access to them should they wish to review them; all documents to be available in print and electronic formats.
- 18 Relevant National Documentation (to be updated)**
- 18.1 Relevant guidelines must be adhered to in order to undertake provision of this Service in line with: Immunisation Against Infectious Disease: The Green Book [Immunisation against infectious disease - GOV.UK](#)

- 18.2 JCVI statement on the routine annual influenza vaccination programme - GOV.UK
- 18.3 Green Book, Influenza Chapter 19
- 18.4 Annual Flu Letter
(<https://www.gov.uk/government/collections/annual-flu-programme>).
- 18.5 NHS eligibility (to be updated in due course)

19 Annexes

- 19.1 Annual flu programme
- 19.2 National Institute for Health and Care Excellence guidelines on increasing flu vaccine uptake
- 19.3 Influenza vaccines marketed in the UK
- 19.4 Community The Provider Seasonal Influenza Vaccination Advanced Service
- 19.5 Flu immunisation training
- 19.6 e-learning programme
- 19.7 Flu vaccine uptake figures
- 19.8 Health Publications
- 19.9 Campaign Resource Centre (for public facing and health and social care worker marketing campaigns)
- 19.10 UKHSA [Vaccine update - GOV.UK](#)