

Staff influenza vaccination campaign 18/19- February update

Author: Dr Charles Goss

Sponsor: Hazel Wyton

Trust Board paper I

Executive Summary

Context

Every year, the UHL Occupational Health (OH) Service commits to undertake a mass staff influenza vaccination campaign, which aims to:

- Protect workers from contracting influenza (from patients or in the community) *and*
- Prevent workers spreading influenza to patients (and their colleagues and family)

The uptake of flu vaccines in frontline healthcare staff is subject to a strict CQUIN target (>75% of workers vaccinated, possible penalty over £366K).

It is therefore important for UHL to have a clear and effective plan to offer vaccinations to workers, encourage workers to receive a vaccine, and record the necessary data to enable compliance with the CQUIN target.

Following the late publication in September 2018 of the annual 'flu letter' for healthcare workers- which sets out expectations for the vaccination campaign for NHS staff- revisions to existing plans were made.

Questions

1. What progress has been made with the staff influenza vaccination campaign so far?
2. Will the Trust achieve the minimum target of 75% frontline staff being vaccinated and achieve the £366,955 CQUIN target?
3. What progress has been made with the self-assessment matrix as set out in the 'flu letter' for Healthcare workers 2018-19, and what are the next steps for the remaining month of the campaign?

Conclusions

The UHL OH Service is working in collaboration with all key stakeholders to deliver an effective campaign this year, as in previous years, now taking into account the revised expectations as set out in the 'flu letter'.

Uptake of the Flu jab in UHL staff now exceeds the minimum target of 75%, and thus the CQUIN target has been met. The total number of flu jabs given this season exceeds any previous year. At the time of writing this paper, UHL performance is above average in the region, and we are 24/66 in the league table. It is heartening that the only other Trust of similar size is only marginally ahead, as we know that Trust size and geography are important factors affecting uptake.

However, we continue to make efforts to increase uptake further, particularly in 'high risk' clinical areas (where transmission of flu to hospital in-patients could be most serious) in order to protect UHL patients and staff. The aspirational target of 'near universal' uptake remains optimistic, but we seek to achieve well in excess of the minimum 75% target by the end of February 2019. Looking at

provisional comparative regional and national data, final figures in the region of 80% would likely place UHL amongst the top performing Trusts.

Input sought

Trust Board is asked to:

1. Note and record the achievement of the CQUIN target and the Trust's performance regionally.
2. Endorse the strategy and commitment for the remainder of the campaign to achieve the highest possible uptake of influenza vaccinations in staff.
3. Continue to support the campaign, where possible, though promotion of the importance of vaccination.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register	[Not applicable]
b. Board Assurance Framework	[Not applicable]

3. Related **Patient and Public Involvement** actions taken, or to be taken: [N/A]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [TBC]

6. Executive Summaries should not exceed **4 sides** [My paper does comply]

7. Papers should not exceed **7 sides**. [My paper does comply]

Introduction

This update paper provides Trust Board with further information on the overall progress of the staff influenza vaccination campaign 2018-19.

The annual 'healthcare worker flu vaccination letter', published in September 2018, set out expectations with respect to campaign planning and delivery. This is in addition to the existing minimum uptake targets- coupled to CQUIN funding- as specified in the NHS staff health and wellbeing CQUIN 2017-19.

Summary of planning, actions and delivery.

A) Planning & Actions:

Annual flu letter – 'Healthcare worker flu vaccination'- published September 2018

The letter is usually published in April of any given year, and the delay in publication means that valuable planning time was lost.

The main points to note are:

- There is a new ambition for 100% of healthcare workers with direct patient contact to be vaccinated
- Use of the quadrivalent vaccine is recommended
- Workers declining the vaccine are to be asked to anonymously complete a form indicating their reasons for their decision- so as to influence and improve future vaccination programmes
- Steps should be taken by Trusts to limit the exposure of patients in 'higher risk' clinical environments (e.g. bone marrow transplant, haematology, oncology etc.) to unvaccinated staff- this may include redeployment of unvaccinated staff
- Reporting of the numbers of staff who decline the vaccine on a monthly basis is required
- Trusts must self-assess their strategy and actions against a checklist
- By February 2019 Trusts must be able to report performance (through public board papers) on overall uptake and specifically within those areas designated as 'higher risk'

Existing campaign planning

The UHL Occupational Health Service starts planning typically in February of any given year, before the end of the previous influenza season.

Principal planning elements are:

- **Vaccine procurement**

An order was placed in February for 11,000 vaccines, sufficient to vaccinate well over 75% of frontline healthcare workers.

This year we have been using a Quadrivalent vaccine (2 'A' strains, 2 'B' strains) for the majority of the workforce – and over 65's have been offered a different vaccine (adjuvanted trivalent) more suited to the development of immunity in older persons, although this group have a choice of both.

- **OH Department Planning**

Over the summer months, the OH senior management team met regularly to discuss and arrange deployment of OH nursing and administrative staff to cover the drop-in clinics held in all three OH departments from September onwards.

- **Peer Vaccinator Training**

The use of peer vaccinators (since 2015-16) has been associated with the most significant increase in the total number of workers vaccinated to date. The use of peer vaccinators is a crucial strategy in improving access to vaccinations, as healthcare workers have in the past reported difficulty accessing fixed clinics owing to shift working patterns. Peer vaccinators must be trained fully to ensure they meet requirements in understanding influenza, process of vaccine administration and recording, taking consent, safe storage of vaccines etc.

Peer vaccinators are volunteers and arrange to undertake this work alongside their ordinary duties, often in their own time.

- **Communications Campaign**

Discussions with the communications team to agree themes for desktop messages screensavers and circular emails.

Dates for 'Launch Events', hosted simultaneously in the canteens of the three hospitals are agreed and arranged.

- **'Give aways' and prize draws**

This year free pens, car air fresheners and stickers have been commissioned, subject to popular demand, and funding secured (CQUIN monies & charitable funds) to purchase these. To be given away on launch days in the canteens.

Prize draws (vouchers for peer vaccinators and recipients of the vaccine) are to be held each month.

-£600 in prizes for on the day canteen draws for recipients (£100 for each of the three sites on two days)

-£1200 in prizes for peer flu vaccinators (1x£250 1x£100 1x£50 each month for three months for the 'top' peer vaccinators)

-£300 in prize draws each month for recipients of the vaccine (Oct-Dec, 1x£100, 2x£50, 5x£20)

- **Targeting clinical areas where uptake is poor**

This year we are collecting data using our in house OH software system, which is linked to the Electronic Staff Record (ESR). This approach has made it easier to identify which areas have slower or lower uptake, and so these areas can be targeted directly either by peer vaccinators or OH staff.

Revisions to existing campaign

a) Establishment of a new steering group as prescribed in the flu letter.

It proved difficult to arrange this, but the first meeting took place on 11 December. In the interim discussions took place at the H&S committee, Trust IPC Committee, EPB, PPPC and Trust Board. The second meeting took place on 30 January 2019.

b) Circulation of an anonymous 'declination' form.

A declination form was enclosed with the November 2018 pay slips, in order to allow those who have clearly decided they do not want to have the vaccine to indicate, anonymously, the reasons for their choice. Summary data is given below.

c) Flu jab uptake data to be shared at monthly CMG performance review meetings.

It is important for CMG managers to be aware of uptake within their CMG's. A little 'healthy competition' has been encouraged. Areas with lower uptake have been supported by OH/peer vaccinators.

d) Identification of high risk areas.

Final agreement was reached at the first steering group meeting. These areas include:

- ITU's & ECMO
- Renal Transplant
- BMTU
- PICU/SCBU
- Oncology
- AFU
- Haematology
- Maternity, including antenatal, NNU and postnatal wards

e) Weekly communications messages celebrating uptake.

The communications messages have been changed on a weekly basis to include uptake by CMG as well as staff group.

f) Offer of flu jabs at induction sessions for new starters.

Arrangements have been made to offer jabs at weekly induction sessions for all new starters.

g) Establishment of a dedicated 'flu-fighter' mailbox.

All enquires about the vaccination campaign can be directed here.

h) Other communications.

Board members/ senior managers have engaged in publicity on social media, including Facebook and Twitter.

i) Board-level reporting of progress.

Submissions to EPB and PPC in October 2018, and November 2018 Trust Board completed.

B) Delivery and progress 2018-19**Vaccine delivered on 7 September 2018**

Following early delivery, vaccines were made available at UHL Leadership Conference and UHL Consultants Conference to 'kick-start' the campaign.

Peer Vaccinators

This year we have trained over 174 Peer vaccinators (114 UHL, 60 LPT). This is the most to date: in 2015-16 there were 30; in 2016-17 there were 92, in 2017-18 there were 137.

Launch Days

These were held on 4 October and 18 October. Over **2400** staff received their vaccinations on launch days.

Drop-in Clinics

A comprehensive programme of drop-in clinics in the OH departments has been arranged, and the programme widely circulated. It has been uploaded to the OH section of IN-site.

Roving clinics

Over the course of the campaign so far, numerous roving clinics have been arranged where OH staff or Infection Prevention and Control Staff have visited clinical areas. These continue.

Agreed actions from the Influenza Steering group

A lengthy discussion took place regarding the suggestion that unvaccinated staff should be deployed away from high risk areas. It was agreed that maintaining appropriate minimum staffing levels with sufficient skill mix would be extremely difficult if this approach was followed. Additionally, workers cannot be compelled to disclose to managers if they have been vaccinated and the common law duties of consent and confidentiality mean that a list of names cannot simply be provided by the OH department. Thus, a decision was taken that the Trust would not adopt a policy of redeploying unvaccinated staff, and the existing approach of promoting uptake with positive messages would continue.

A further all staff letter, circulated by email by the communications team, was composed with input from our Staffside Chair, and signed by our Board Flu Champions. The purpose was to remind staff of their professional obligations to protect patients. This was effective and a significant number of medical and nursing staff attended OH drop in clinics the following day.

Additionally, a guidance document to assist line managers to have positive discussions with team members was produced and circulated. Initial feedback has been encouraging.

Compliance with new proposals

Trust self-assessment matrix:

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self-assessment	Notes
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.	✓	November Board
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	✓	Received

A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6).	✓	November EPB and PPPC
A4	Agree on a board champion for flu campaign (3,6).	✓	Carolyn Fox Andrew Furlong
A5	Agree how data on uptake and opt-out will be collected and reported.	✓	OH collate opt-out form and report uptake on ImmForm
A6	All board members receive flu vaccination and publicise this (4,6).		
B	Communications plan		
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions (3,6).	✓	On OH web-pages Letter to all staff Advice letter to managers
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4).	✓	On OH web Pages, posters, twitter etc.
B3	Board and senior managers having their vaccinations to be publicised (4).	✓	Comms working with peer vaccinators
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).	✓	Part of revised comms strategy
C	Flexible accessibility		
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered (3,6).	✓	170 trained and active
C2	Schedule for easy access drop in clinics agreed (3).	✓	
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6).	✓	Peer vaccinators OH team
D	Incentives		
D1	Board to agree on incentives and how to publicise this (3,6).	✓	
D2	Success to be celebrated weekly (3,6).	✓	Part of revised comms strategy

Uptake data as of 30 January 2019

On 23 January 2019 we achieved the minimum target of 75% frontline staff. As of 30 January 2019, the denominator for front line clinical staff was calculated to be 11046 and the number of

vaccinations given was 8323, although this may change slightly over the course of the next month to take account of staff turnover and other exclusions.

Compared to the 2017/18 season, our denominator for 'front line' staff has increased significantly (c.12%): this relates to both a general increase in the headcount of UHL staff and greater data accuracy (which we have achieved by use of our bespoke clinical occupational health software).

In 2017/18 we achieved 7097/9989 meaning that we have already given c.17% more vaccines in total than last year, to frontline staff.

The tables below show uptake by staff group and CMG, and includes higher risk areas. Higher risk areas are at 77% achievement currently, but are not itemised individually as this would be an extremely large data set.

CMG	30/01/2019	Docs	Nurses	AHP	Support staff	Frontline Total	Non Frontline	Grand Total
Alliance	63%	3	45	12	46	106	59	165
CHUGGS	71%	169	274	51	253	747	72	819
CSI	79%	96	69	764	227	1156	262	1418
ESM	72%	343	396	66	348	1153	84	1237
ITAPS	73%	188	412	147	112	859	29	888
MSK	69%	140	145	89	184	558	71	629
RRCV	73%	209	546	121	335	1211	90	1301
W&C	72%	213	619	55	293	1180	69	1249
Non-medical CMGs	91%	104	314	67	868	1353	551	1904
Overall	75.3%	1465	2820	1372	2666	8323	1287	9610

Declination data

Reason	Responses
I'm concerned about side effects	21
I don't believe the evidence	16
Other reason	8
I don't like needles	3
I don't think I will get flu	3
I don't know how or where to get vaccinated	0
The venue was too inconvenient	0
The times were inconvenient	0
Total	51

Following distribution of c.15,500 pay-slip messages in November 2018, 51 have been returned. Whilst this is obviously only a fraction of the forms sent out, it is worth remembering that at the time of circulation, over 70% of patient facing staff had already received their flu jab.

The two main reasons for declination were possible side effects or not believing the evidence. It is heartening to find that no staff member has reported that clinic venues or times were inconvenient, suggesting that access to vaccines is not a factor which limits uptake in UHL.

In response to the feedback about the 'evidence' for the effectiveness and value of the job, a circular email was sent to all staff reminding them of their professional responsibilities with a link to supporting evidence at the NHS employers website.

A document to support line managers in their conversations with their staff was also created and includes a substantial section on the common 'myths' surrounding vaccination, including side effects.

Next steps

Further discussions took place at the Flu Steering group meeting on 30 January 2019.

Agreed actions for the remainder of the campaign include:

1. Arrange further communications to all staff to encourage those who have received the flu jab elsewhere to notify the OH dept. so this can be recorded, as there has been a low response so far.
2. Line managers to continue to promote uptake by holding positive conversations in team meetings/handover meetings etc.
3. CMG's to be provided with weekly data re: areas of low uptake to support point 2.
4. Further promotion of areas of excellence where uptake in specific teams is high e.g. ECMO team/ Adult ITU at GGH where 97% of the team have been vaccinated. Also explore options for using more 'patient stories' and case studies of ITU staff sharing why they thought it was important to be vaccinated.
5. OH team, Infection Prevention and Control Team and Peer vaccinators to continue to target lower uptake areas (especially high risk areas), and areas where there are inpatients with flu, with roving clinics and ward visits.

Summary

The UHL OH Service is working in collaboration with all key stakeholders to deliver an effective campaign this year, as in previous years, now taking into account the revised expectations as set out in the 'flu letter'.

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However, we continue to make efforts to increase uptake further, particularly in 'high risk' clinical areas (where transmission of flu to hospital in-patients could be most serious) in order to protect UHL patients and staff. The aspirational target of 'near universal' uptake remains optimistic, but we seek to achieve well in excess of the minimum 75% target by the end of February 2019. Looking at provisional comparative regional and national data, final figures in the region of 80% would likely place UHL amongst the top performing Trusts.

ENDS