

BTHFT OCCUPATIONAL HEALTH DEPARTMENT

HEALTHCARE WORKER INFLUENZA VACCINATION PROGRAMME 2019-2020

Background

Trusts have been set CQUIN targets for vaccine uptake of 80% by end of February 2020.

The 2018/19 campaign has been evaluated and is outlined below.

Update on Vaccination Campaign 2018/19

The BTHFT 2018-2019 campaign resulted in an uptake of 3975 vaccinations of which 3768 doses were administered to front line healthcare workers by the end of February. This equated to 76.9% of this group compared with a 71.7% uptake in the previous season. The national uptake of frontline healthcare workers was 70.3%. The CQUIN target was 75% uptake by the end of February 2019.

Several strategies were employed locally following consultation with colleagues throughout the organisation and the use of NHS employers Flu Fighter resources and guidance. These included mobile 'flu nurses as in previous years and 26 peer vaccinators in addition to:

- Pop up 'flu clinics at large training events such as Grand Round and Trust Induction
- Targeted 'flu vaccination sessions in areas of low uptake
- Use of small incentives such as pens & stickers for all staff taking up the vaccine
- Use of 'flu fighters across the Trust to dispel myths and encourage uptake.
- Frequent targeted email campaigns advising of uptake levels and availability.
- Weekly articles in 'Let's Talk' with a feature of individual staff's reasons for receiving the vaccine
- Use of social media to promote clinics
- Out of hours sessions throughout Oct – Dec

2019/20 Vaccination Campaign

A target has been set by the Commissioning for Quality & Innovation scheme. This is an uptake of a 80% target for year 2019/20, with the date of submission being 28.2.20. (NHS England). Payment levels for this CQUIN is Minimum 60% and Maximum 80%.

In planning for the 2019/20 campaign, the Occupational Health Department are keen to have the Written Instruction in place as soon as practicably possible so that peer training can take place before the 'flu vaccine arrives. The OH Consultant is pursuing this with pharmacy.

Key issues from last year's campaign included:

- Dispelling the myths

- The number of peer vaccinators increased, however these did not cover all areas across the Trust
- Staff were reluctant to complete the declination form
- Some staff felt unhappy with perceived pressure

Recommended Vaccine

The PHE recommended vaccine for <65 year old staff is quadrivalent, the adjuvant trivalent vaccine is recommended to the 65 and overs. A small stock of cell derived vaccine has been ordered which will allow vaccination of staff with true egg allergy. Cost per vaccine is:

Quadrivalent vaccine £4 / dose (4700 doses ordered)

Adjuvant trivalent vaccine £5.99 / dose (140 doses ordered)

Cell derived vaccine £6.25 / dose (200 doses ordered)

Improving and Enhancing Uptake

We are proposing to adopt the following approach:

- Campaign launch late September/ early October (date to be confirmed once availability of vaccine is known)
- Chief Nurse and Chief Medical Officer appointed as 'Flu Champions' to reinforce messages being sent out by Occupational Health
- Propose performance responsibility falls to the Associate Directors of Nursing and Head of Nursing and Midwifery in each Care Group and performance to be managed at CBU level. The Associate Director of Nursing and Head of Nursing and Midwifery to be responsible for ensuring sufficient numbers of peer vaccinators who will cover their whole area.
- Regular Trustwide communications based on PHE "Time to get your flu jab" materials cascaded and reinforced by line managers
- Proposing use of "have a jab give a jab" initiative, for every flu vaccine given to a member of staff the Trust would donate the cost of one tetanus vaccine (approximately 8p) to Unicef to help them keep children safe.
- Personalised BTHFT posters explaining why particular members of staff have had their flu vaccine and encouraging staff to take up the offer of the vaccine. This would be members of staff recognised within the different areas of the trust.
- A personal invitation to have the 'flu vaccine for each member of staff to be included in online payslip
- Weekly updates illustrating overall uptake, 'top teams' and/or departments receiving vaccine league tables etc to encourage competitiveness
- Promotion of the campaign via weekly bulletins, Let's Talk, screen savers and via Trust Induction, this would include video messaging including myth busting information.

Appendix 2

- A dedicated 'flu vaccination page on the Occupational Health intranet site advertising clinics, peer vaccinator information, links to clinical evidence and dispelling myths
- Improve the number of peer vaccinators across the Trust with support from the Infection Prevention Team and Heads of Nursing
- Utilising bank/agency nurses to assist with target of various areas including community hospital sites at a variety of shift times, using funding from resilience monies if there is not coverage of peer vaccinators across all areas. This would also support out of hours vaccinations.
- Involve any available qualified nursing & midwifery staff on the Trust redeployment list to assist with the programme
- Efforts to increase in areas of low uptake evidenced in previous years' statistics
- Hold pop-up clinics for staff at large educational events/meetings including Trust Induction.
- Hold regular early morning pop-up clinics in the main reception area to capture staff at the start/end of their shifts.
- Hold 'drop in' sessions for staff in the Occupational Health Department over lunchtime periods throughout the campaign. This to be publicised through Trust Comms and by managers.
- Small incentives such as pens/stickers for staff receiving vaccine from Trust appointed vaccinators. The Task and Finish Group felt that other incentives should be considered to improve uptake ranging from a free cup of coffee to an additional annual leave day.
- Peer vaccinators assisting with the programme will also be provided with letters of thanks evidencing their contribution adding to CPD evidence for revalidation purposes
- Refinement of Occupational Health data systems / ESR to ensure optimal data collection and dissemination back to the Trust
- Use of a dedicated email for staff to report that they have attended elsewhere for vaccination (GP surgery, pharmacies etc)
- Engagement via Flu task and finish group to support and monitor the process throughout the campaign.

It should be noted that insufficient peer vaccinators will mean that occupational health clinical activity will have to reduce.

Statistics

These will be collated by the Occupational Health Department.

Subject to confirmation by ImmForm of collection criteria these will be as in earlier years.

Flu performance will be added to the Workforce dashboard as we did last year with more detailed reporting via the workforce report.

Request for consideration by the Executive Team

Use of resilience monies to fund agency/bank nurses and campaign resources to assist with mobile 'flu vaccination clinics if peer vaccinators numbers do not increase significantly.

Propose performance responsibility falls to the Associate Director of Nursing and Head of Nursing and Midwifery in each Care Group and performance to be managed at CBU level. The Head of Nursing to be responsible for ensuring peer vaccinators cover their whole area.

Proposing use of "have a jab give a jab" campaign, for every flu vaccine given to a member of staff the Trust would donate the cost of one tetanus vaccine (approximately 8p) to Unicef to help them keep children safe.

Consideration of incentives to promote and improve uptake.

Amanda Grice

Acting Occupational Health Manager

18th July 2019