

Meeting Title	People Academy		
Date	27 <sup>th</sup> October 2021	Agenda item	PA.10.21.7

## Healthcare Worker Influenza Vaccination Programme 2021-22 and Best Practice Management Checklist

Presented by	Pat Campbell, Director of Human Resources		
Author	Amanda Grice, Manager Workplace Health & Well-Being Centre		
Lead Director	Pat Campbell, Director of Human Resources		
Purpose of the paper	To review the 2020/21 campaign and be assured re the 2021/22 campaign		
Key control	To be in the top 20% of NHS Employers		
Action required	To note		
Previously discussed at/ informed by	Winter Vaccination Group		
Previously approved at:	Academy/Group	Date	
	N/A		

### Key Options, Issues and Risks

Trusts have been set a target of offering the vaccine to 100% of frontline health and social care workers with an ambition of 85% uptake by the end of February 2022.

80.2% of staff received the vaccine in 2020/21.

### Analysis

The paper provides an update and review of the 2020/21 campaign and the proposal to improve and enhance uptake for this year.

A Winter Vaccination Group has been established which will feed into the system group.

### Recommendation

People Academy are asked to note the review of the 2020/21 Flu Campaign and be assured re the 2021/22 plans which have been put in place.

People Academy are asked to review and be assured re the Healthcare Worker Flu Best Practice Management Checklist which will be presented to the November Board of Directors (Appendix 1).

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

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<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Well Led</b>
<b>Care Quality Commission Fundamental Standard: Staffing</b>
<b>NHS Improvement Effective Use of Resources: People</b>
<b>Other (please state):</b>

<b>Relevance to other Board of Director's academies: (please select all that apply)</b>			
People	Quality	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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## BTHFT OCCUPATIONAL HEALTH DEPARTMENT

### HEALTHCARE WORKER INFLUENZA VACCINATION PROGRAMME 2021-2022

#### Background

Trusts have been set a target of offering the vaccine to 100% of frontline health and social care workers with an ambition of 85% uptake by end February 2022.

The 2020/21 campaign has been evaluated and is outlined below.

#### Update on Vaccination Campaign 2020/21

The BTHFT 2020-2021 campaign resulted in an uptake of 4,360 vaccinations of which 4,021 doses were administered to front line healthcare workers by the end of February. This equated to 80.2% of this group compared with an 82.9% uptake in the previous season. Only 0.5% of frontline staff reported to have declined the flu vaccination with the majority of these citing concerns about the side effects of the vaccine as the reason. The national uptake of frontline healthcare workers was 76.8%. The CQUIN target was 90% uptake by the end of February 2021.

Several strategies were deployed locally following consultation with colleagues throughout the organisation and the use of Public Health England resources and guidance. These included mobile flu nurses as in previous years and 83 peer vaccinators, our highest ever number, in addition to:

- Performance responsibility fell to the Head of Nursing / Assistant Head of Nursing in each CBU and performance was managed at CBU level with weekly uptake reports generated for each area.
- Use of “Eventbrite” for self-booking of appointments.
- Targeted flu vaccination sessions in areas of low uptake.
- Frequent targeted email campaigns advising of uptake levels and availability.
- Articles in “Well-Being Wednesday Bulletin” and “‘Let’s Talk’ with a feature of individual staff’s reasons for receiving the vaccine and dispelling myths.
- Use of social media to promote clinics.
- Out of hours sessions throughout October – December.

#### 2021/22 Vaccination Campaign

##### Potential Challenges

- Resource limitations due to the impact Covid-19 has had and continues to have on services.
- Ambivalence towards flu vaccines programmes as risks are felt to be lower or minimized as being part of illnesses that occur every winter across Britain.
- This is the first winter where Covid-19 will co-circulate alongside other respiratory viruses, including flu.

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- Scientists have predicted that more people are likely to get flu this winter. This is because less people have built up immunity to the virus due to measures put in place for Covid-19 (mask-wearing, physical and social distancing, and restrictions on international travel).
- Higher bar set for public information regarding Covid vaccination programme. People are used to receiving more detailed, scientific, statistical data and this will be expected and required at the outset of the flu campaign.
- Staff working on the flu vaccination programme are also likely to be working on the Covid booster programme at the same time.

The national 2021 to 2022 flu immunisation programme letter states that 100% of frontline healthcare workers should be offered the flu vaccine, with an uptake ambition of 85%.

All frontline healthcare workers, including clinical and non-clinical staff, are eligible for the flu vaccine and Covid-19 booster jab this winter, as set out in the Covid-19 and seasonal flu vaccination in Trusts letter. Both vaccines are vital for protecting our staff and patients, they are the best defence we have against these life-threatening viruses.

In planning for the 2021/22 campaign, the Occupational Health Department have the Written Instruction in place as soon as practicably possible so that peer vaccinator training can take place **before** the flu vaccine arrives. The OH Manager has pursued this with pharmacy and on-line training is being developed in conjunction with Education and PHE guidance.

Consideration also needs to be given to the additional infection control requirements that the Coronavirus pandemic has warranted and the restrictions that this would impose on training of peer vaccinators and the organisation and implementation of flu immunisation clinics.

This year there is an additional requirement to record influenza vaccination details onto the National Immunisation and Vaccination System (NIVS). This system feeds directly into GP practice systems but does not allow for statistical reporting and focussed breakdown of uptake amongst professional groups or business units.

Key issues from last year's campaign included:

- Dispelling the myths, in particular concerns about the side effects of the vaccine.
- Some ambivalence about having flu vaccination as perceived protection from Covid pandemic mitigating factors such as mask wearing and social distancing.
- Some deferral of flu vaccination until Covid vaccination programme was rolled out.
- Staff were reluctant to complete the decline form.
- Less opportunity for pop up clinics as face to face training events moved mainly on-line.

The PHE recommended vaccine for <65 year old staff is quadrivalent, the adjuvant quadrivalent 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. Pharmacy has provided cost information as:

- Quadrivalent vaccine £4.99 excl VAT / dose (7000 doses ordered)
- Adjuvant quadrivalent vaccine £94.90 excl VAT / pack of 10 (100 doses ordered)
- Cell derived vaccine £62.50 excl VAT / pack of 10 (600 doses ordered)

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## Improving and Enhancing Uptake

A local winter vaccination team has been established which will feed in to the system wide Flu Steering Group. Local plans will feed into a wider plan where there will be enhanced support as a system which may include mutual aid, sharing of best practice and communications. The governance is:

Trust Operational lead: Amanda Grice  
Trust Executive Lead: Pat Campbell  
System Lead: Caroline Tomes

The plan is for peer vaccinators to be responsible for the majority of vaccination this year. 59 peer vaccinators (nurses, midwives & AHPS have volunteered to date). The following will form part of the campaign:

- Campaign launch early October.
- Once again Chief Nurse and Chief Medical Officer appointed as 'Flu Champions' to reinforce messages being sent out by Occupational Health.
- Performance responsibility falling to the Associate Directors of Nursing / Matrons in each CBU and performance to be managed at CBU level. The Associate Director of Nursing to be responsible for ensuring peer vaccinators cover their whole area.
- Regular Trustwide communications based on PHE "Boost your immunity this winter" materials to be cascaded and reinforced by line managers.
- PHE promotional materials to be cascaded when received. This would include use of the flu jab sticker, using this as a visual symbol of positive action taken by staff which is something to wear with pride.
- 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 to encourage competitiveness and celebrate successes from end of October.
- Promotion of the campaign via weekly bulletins, Let's Talk, screen savers and via Trust Induction.
- A dedicated flu vaccination page on the Occupational Health intranet site advertising clinics, peer vaccinator information, links to clinical evidence and dispelling myths.
- Utilising bank / agency nurses to assist with target of various areas including community hospital sites at a variety of shift times and utilising nursing, midwifery and AHP staff on the Trust redeployment list to assist with the programme.
- Occupational Health clinical activity to reduce to core minimum levels for the first two weeks in October to maximise focus on uptake in wards and clinical settings.
- Pop up clinics: Main Reception area.  
Educational events such as Trust Induction.  
Occupational Health.

Using self-booking system (Eventbrite) to book in advance.

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- 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 additional admin resource (bank/agency) to assist with NIVS data collection.
- Flu vaccination to be available for staff who attend for their Covid booster in the hospital vaccination hub.
- Use of a dedicated email for staff to report that they have attended elsewhere for vaccination (GP surgery, pharmacies etc).

### 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.

Data will be provided weekly broken down to CBU, work area and staff group. This will be repeated via the Dashboard and through the System meeting.

Amanda Grice  
Occupational Health Manager  
20<sup>th</sup> October 2021

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## Appendix 1

### Healthcare Worker Flu Vaccination Best Practice Management Checklist for Public Assurance via Trust Boards by December 2021

A	Committed leadership	Trust self-assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers.	Confident
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers.	Confident
A3	Board receive an evaluation of the flu programme 2020/21, including data, successes, challenges and lessons learnt.	Received by People Academy Confident
A4	Agree on a Board champion for flu campaign.	Confident
A5	All Board members receive flu vaccination and publicise this.	Confident
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives. (Winter Vaccination Group, Covid and Flu)	Confident
A7	Flu team to meet regularly from September 2020.	Confident
B	Communication plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions.	Confident
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper.	Confident
B3	Board and senior managers having their vaccinations to be publicised.	Confident
B4	Flu vaccination programme and access to vaccination on induction programmes.	Confident
B5	Programme to be publicised on screensavers, posters and social media. (PHE materials received 22 <sup>nd</sup> October and issued to peer vaccinators).	Confident
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (from end Oct).	Confident
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered.	Confident
C2	Schedule for easy access drop in clinics agreed.	Confident
C3	Schedule for 24 hour mobile vaccinations to be agreed (via peer vaccinators).	Confident
D	Incentives	
D1	Board to agree on incentives and how to publicise this. No proposal at present to incentivise – to review end November/.	Confident
D2	Success to be celebrated weekly.	Confident