

Meeting Title	Board of Directors		
Date	10 <sup>th</sup> November 2022	Agenda item	Bo.11.22.22A

## Healthcare Worker Influenza Vaccination Programme 2022/23 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 2022/23 campaign		
Key control	To be in the top 20% of NHS Employers		
Action required	To note		
Previously discussed at/ informed by	Covid Vaccine/Flu Vaccination Group		
Previously approved at:	Academy/Group	Date	
	People Academy	26 <sup>th</sup> October 2022	

### Key Options, Issues and Risks

Trusts have been set a target of offering the vaccine to all frontline health and social care workers, both clinical and non-clinical who have contact with patients

53.4% of frontline staff received the vaccine in 2021/2022 which was a steep reduction in previous years and impacted by VCOD (Vaccination as a condition of deployment). National uptake was 60.5% again a reduction from the previous year.

### Analysis

The paper provides an update and review of the 2021/22 campaign and the proposal to improve and enhance uptake for this year.

A Covid Vaccine/Flu Group has been established which will feed into the system group.

### Recommendation

The Board of Directors are asked to note the review of the 2022/23 Flu Campaign and be assured re the 2022/23 plans which have been put in place.

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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Benchmarking implications (see section 4 for details)	Yes	No	N/A
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"/>

Risk Implications (see section 5 for details)	Yes	No
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>

Relevance to other Board of Director's academies: (please select all that apply)			
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 2022 -2023

#### Background

- Trusts have been set a target of offering the vaccine to all frontline health and social care workers by end February 2023.
- One of the Quality Indicators in 2022 to 2023 CQUIN is to vaccinate between 70-90% of staff (clinical and non-clinical who have contact with patients)
- Trusts have been directed to plan a service which makes access to the vaccine easy, encourage staff to get vaccinated and monitors the delivery of the programme.
- Trusts to review best practice management checklist document in relation to committed leadership, communication plan, flexible accessibility and incentives.

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

#### Update on 2021/ 2022 Vaccination Campaign

The BTHFT 2021/2022 campaign resulted in an uptake which equated to 53.4% of frontline healthcare workers, which was considerably lower compared with an 80.2 % uptake in the previous season.

Several strategies were deployed locally following consultation with colleagues throughout the organisation and at Place and the use of Public Health England resources and guidance. These included mobile flu nurses as in previous years and 30 peer vaccinators in addition to:

- Performance responsibility falling to the Head of Nursing / Assistant Head of Nursing in each CBU and performance 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.

Key issues from 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.
- Staff reluctant to complete the decline form.

Less opportunity for pop up clinics due to social distancing concerns.

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Less staff seen in dedicated sessions as Eventbrite self bookings in place, rather than drop in to maintain social distancing measures.

## 2022/23 Vaccination Campaign

### Potential Challenges

- Staff working on the flu vaccination programme are also likely to be working on the Covid booster programme at the same time. Whilst a challenge with staffing this provides an opportunity for co-delivery of vaccines.
- To obtain improved data around staff declining vaccination and reasons for this. Reluctance from staff to share.
- To dispel myths in particular thoughts that having not had influenza means no need to take up vaccination.

The national 2022 to 2023 flu immunisation programme letter states that all frontline healthcare workers should be offered the flu vaccine, with an uptake ambition to achieve at least the uptake levels of 2021/2022. Delivery methods should include co-delivery with the Covid booster and flexible offers around shift times, sites etc.

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 2022 /2023 campaign, the Occupational Health Department had the Written Instruction in place so that peer vaccinator training could take place before the flu vaccine arrives. The OH Manager had pursued this with pharmacy and on-line training had been developed in conjunction with Education and PHE guidance. Consideration has also been given to the infection control requirements that the Coronavirus pandemic has warranted

This year we continue 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. This requires therefore that the influenza details also need recording on other systems such as ESR which is happening.

The PHE recommended vaccine for <65 year old staff is cell-based quadrivalent influenza vaccine and the adjuvant quadrivalent influenza vaccine is recommended to the 65 and overs. The vaccine for the under 65 year old staff is egg free.

### Improving and Enhancing Uptake

A local vaccination team has been established which will feed in to the system wide Vaccine 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  
Lead Nurse: Shasta Kauser

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With support from the OH vaccination team 23 peer vaccinators (nurses, midwives & AHPS) have been authorised to carry out peer to peer vaccination so far. This number continues to increase.

The following will form part of the campaign:

- Campaign launched end September 2022.
- Once again Chief Nurse and Chief Medical Officer appointed as 'Flu Champions' to reinforce messages being sent out by Occupational Health.
- Regular Trust wide communications to be cascaded and reinforced by line managers.
- PHE promotional materials to be cascaded when received. (Only received 20.10.22).
- A personal invitation to have the flu vaccine for each member of staff to be included in online payslip.

Communication to staff with rationale and facts of the influenza vaccination programme

- 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.
  - Provision of 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 Occupational Health roll out the flu vaccination programme with target of various areas including community hospital sites at a variety of shift times and utilising a lead nurse to assist with the programme.
  - Pop up clinics and mobile vaccination to be published electronically and on paper: Areas include:- Main Reception area/ concourse at BRI and within Paediatric outpatients at SLH, educational events such as Trust Induction, Occupational Health Department, Clinical areas - wards/ departments.
- Plan to include early morning, evening and weekend vaccination sessions so vaccination available to all Trust staff
- 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 in place (bank/agency) to assist with NIVS data collection and recording on EPR.
  - Flu vaccination available for staff who attend for their Covid booster in BRI concourse (Tuesday and Thursday) and SLH on Friday afternoon (whilst demand is there).
  - Use of a dedicated email for staff to report that they have attended elsewhere for vaccination (GP surgery, pharmacies etc).

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## 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  
18 October 2022

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## Appendix 1

### Healthcare Worker Flu Vaccination Best Practice Management Checklist for Public Assurance via Trust Boards by November 2022

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
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. (Vaccination Group, Covid and Flu)	Confident
A7	Influenza team to meet regularly from September 2022.	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 only received 20th October).	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.	Partially Confident
C2	Schedule for easy access drop in clinics agreed.	Confident
C3	Schedule for 24 hour mobile vaccinations to be agreed (via peer vaccinators).	Partially 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