

Report to:	Public Board of Directors	Agenda item:	11
Date of Meeting:	30 January 2019		

Title of Report:	Flu Campaign 2018-19 performance update
Status:	For Information
Board Sponsor:	Claire Radley, Director of People
Author:	James Stevenson, OH Nurse Manager
Appendices	None

1.	Executive Summary of the Report
Reporting the current status of the 2018-19 Flu campaign in relation to the CQUIN and the expectations described by Senior NHS leaders in their joint letter to Trusts in September, and to allow publication in the Board papers.	

2.	Recommendations (Note, Approve, Discuss)
The Board of Directors is asked to note the report and to support the ongoing Flu Campaign.	

3.	Legal / Regulatory Implications
The Health and Wellbeing CQUIN 1c is to improve uptake of Flu vaccinations for frontline clinical staff.	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
Full CQUIN achievement approx. £190000, partial achievement payments available.	

5.	Resources Implications (Financial / staffing)
As above	

6.	Equality and Diversity
This report supports equal opportunities for staff across the Trust.	

7.	References to previous reports
N/A	

8.	Freedom of Information
Public report	

Flu Campaign 2018-19 performance update to Board

1. Introduction

The National CQUIN for Health and Wellbeing runs for 2 years and comprises 3 parts. Part C relates to Flu vaccinations for front line staff, this season is the second year having achieved it in full last year. This year the target for “frontline” i.e. patient facing staff is higher than last years at 75% from a larger denominator. There are partial achievement payments available.

In addition to the CQUIN Senior NHS leaders representing amongst others NHS England, Public Health England, the Royal Colleges and NHS Improvement wrote to all Trusts in September stating:

“Our ambition is for 100% of healthcare workers with direct patient contact to be vaccinated.” Source: NHSI

And to ask us to:

“...tell us how you plan to ensure that every one of your staff is offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.”
Source: NHSI

Further that:

“By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as ‘higher-risk’. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2.” (See Appendix 1 for details).

This report addresses this expectation although the Trust has not yet completed the current flu campaign season therefore the data provides performance to date. It is worth noting that the data capture is complex as it is subject to a number of variables and is based on ‘current active members of staff’ at the time of reporting rather than a static target set at the beginning of the year.

2. Strategies employed to achieve the highest possible level of vaccine coverage

As in previous years flu planning began as the last season ended - in March 2018 - and a representative planning group formed in order to learn from last year’s campaign. To support this, group members attended the National Flu Fighter conferences and learning from successful trusts across the country was brought back to the RUH.

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The group has met regularly through the year to develop the campaign plan:

1. Data recording - maintaining existing in the following categories:
 - Consent form to record vaccines received
 - Alternative provider form to demonstrate vaccine received elsewhere
 - Opt out form* as described in the national Flu letter see appendix 1.

**Locally, the opt-out form requires staff to provide their name in order to be removed from the denominator which in turn reduces the overall staff sample requiring a vaccination. The Trust has sought to have 100% of staff provide one form to ensure that we have complete coverage and evidence of the vaccine being offered to all eligible staff.*

2. Provide a dedicated flu clinic in B39 and a targeted “roving clinic” service including out of hours – nights early mornings and weekends, ‘using flu nurses’.
3. Use an extensive network of peer vaccinators to support departments and wards
4. Establish and implement a strong communications plan; including widespread posters, pay slip messages, links from the home page of the intranet to the revised flu pages and regular “in the week” messaging.
5. Provide an incentive / reward (free hot drink voucher).

3. Challenges

There have been a number of challenges.

3.1 The vaccine

There were two vaccines expected this year, but there have been problems with the vaccine recommended for Over 65 year olds. This has caused some confusion which has been reported through the regional governance routes back to the Department of Health and Social Care.

3.2 Opt outs

Staff appear reluctant to complete the opt-out form, which is a trend from previous campaigns. There are a variety of reasons for this and the flu nurses and managers have been briefed about the confidentiality of the process.

We will be reviewing the form for next year and providing additional information in advance of the next campaign season.

We have so far received **302** Opt out forms using the nationally agreed reasons, 28 declined to give a reason. The free text for “other” overlaps with many of the provided responses, at least one person who previously opted out changed their mind and had the vaccine.

Fear of needles	31
Don't think I will get flu	22
Lack of evidence it is beneficial	92
Side effect concerns	93
Lack of knowledge of how / where to get vaccinated	0
Inconvenient location	1
Inconvenient time	3
Other	111
No reason given	28

3.3 Additional groups added to the denominator (overall required staff groups)

New for the season is the requirement to record vaccination rates in: agency staff, bank staff and students working in the Trust. Where a bank worker completes one shift in the period they are included in the numbers of overall percentages. Uptake within the bank staff cohort has been low (this accepts that there are staff who are also permanently employed at the trust who also hold a bank contract) c.38.2%.

4. Actions to date

- Active communications campaign with targeted updates, high visibility posters and a strong intranet and social media presence.
- Regular briefings by What's Going On and In The Week
- Occupational Health Team have worked directly with managers and divisional teams and Matrons to target groups with low uptake and low opt-out returns, so far with limited success. Each of these areas have been left printed opt out forms.
- The bank staff receive a letter with an attached opt out form.
- Flu Nurses are repeatedly visiting low uptake areas and targeting areas with Bank staff booked, they are prioritising “frontline” staff as well as providing clinics to many other departments including pharmacy and cleaning.

5. Current position as of 17th January 2019

Reporting Unit	Total Staff	Vaccinated	% Vaccinated
Trust - Frontline	4233	2925	69.10%
Substantive - Frontline	3756	2743	73.00%
Bank - Frontline	477	182	38.20%

All Substantive Staff by Directorate

Reporting Unit	Total Staff	Vaccinated	% Vaccinated
Substantive - Frontline	3756	2743	73.00%
Substantive - Non-Frontline	1134	673	59.30%

There are currently **1308** frontline staff who have neither opted out or been vaccinated. In order to achieve the CQUIN based on current numbers, **250** more staff will need to be vaccinated. These numbers will fluctuate as staff leave and join the organisation and the final numbers of Bank and Agency staff are adjusted.

Demonstrating the 100% offer of a vaccination to all staff cannot be demonstrated by the consent/opt out form alone unless all staff provide a form. We have good evidence of the Trust efforts in seeking to achieve this target.

6. Next steps

As an NHS employer our aim is to vaccinate as many staff as possible ensuring safety for staff and patients. We shall continue to direct peer vaccinators and the Flu nurses to frontline staff, with particular attention to those low uptake areas and seek also to obtain opt-out forms from those staff insistent that they will not receive the vaccine.

7. Conclusion

The 2018-19 flu campaign has required the Trust to vaccine more people than in previous years, including groups that are more difficult to engage with on a day to day basis.

To date we have vaccinated more staff than in previous years. The Flu team remain very active and continue to provide vaccinations daily, and is committed to ensuring that all staff have access to the vaccine.