

Report Title	Flu Vaccination Plan – Winter 2020		
Sponsoring Executive	Professor David Carruthers – Acting Chief Executive		
Report Author	Raffaella Goodby – Director of People and OD, Paula Gardner, Chief Nurse, Ruth Wilkin, Director of Communications		
Meeting	Trust Board (Public)	Date	2 nd July 2020

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Trust has a history of success in vaccinating colleagues during the winter period to protect them against contracting and spreading the flu virus. Last year (2019) the Trust reached 83% coverage of patient facing colleagues, this puts us in the top 10% nationally and regionally. Executive and deputy colleagues have met to produce a plan for winter 2020, which is based on learning and evidence from UNITY implementation and the Covid-19 pandemic. This will be a 'locally driven' peer vaccinator campaign, with strong clinical leadership.

The communication team have developed another innovative campaign to capture the minds and imagination of colleagues and create a sense of fun alongside the serious message of safety. This will be an Abba 'Fluper Trooper' theme, which will be developed further in coming weeks for launch in late August. The communications campaign will be targeted for different audiences, including evidence and research, in an easy to understand format, for all colleagues.

Board colleagues are invited to discuss the new 'locally led' approach and to discuss the learning from Covid 19 that could contribute positively to colleagues undertaking to have their flu jab. The board are also invited to be visible leaders in this year's communication campaign.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

None

4. Recommendation(s)

The Trust Board is asked to:

- a.** **DISCUSS** the new 'locally led' approach to flu vaccinations
- b.** **DISCUSS** the positive learning from Covid that could positively influence this campaign
- c.** **NOTE** the timelines for the launch of the campaign

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		N/A				
Board Assurance Framework	x	SBAF 13				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 2nd July 2020

Flu Campaign - Winter 2020

1. Introduction or background

- 1.1 The Trust has a strong history of achieving the flu vaccination target. This is monitored in the Trust Board's IQPR and the relevant returns and targets have always been met.

The 2019 flu campaign achieved 83% coverage 83% (4454) of patient facing staff and 73% (5027) of all Trust staff. The CQUIN target is 80% as this is widely understood to mean there is herd immunity in the organisation. This was achieved however, after 22 weeks, and the campaign was faced with late vaccinations, limited take up initially, UNITY implementation and some vaccines being destroyed.

This meant that the OH leaders had to manage the data and vaccination programme very closely right in to the new year (22 weeks in total), whereas previously vaccinations were mostly achieved by December. Achieving herd immunity earlier in winter affords colleagues and patients more protection in the winter months when flu is more prevalent in the community, and on our sites.

- 1.2 The relevant executives, Chief Nurse, Medical Director, Director of People and OD, and Director of Communications have met, with their deputies and Dr Aga, Occupational Health Consultant, to plan out the approach to the winter 2020 Flu Campaign. The meeting focussed on positive learning from rolling out the UNITY programme, and from the positive messages of vaccination, infection prevention and control and the importance of evidence from the Covid 19 Pandemic.

2. Winter 2020 – a localised approach through peer vaccinators

- 2.1 In previous years, the Trust has trained peer vaccinators, who undertake the 'jabs' for colleagues in their local area. This is evidenced to work well, as colleagues feel a sense of obligation to their peers, and it enables local clinical leaders to understand and support colleagues who may be nervous about the vaccine. It also enables clinicians to understand where potential risk may lie to patients, if there are outbreaks of flu in wards or bays.
- 2.2 During 2019 the peer vaccinator take up was low, resulting in only 29% (33 out of 113) registered vaccinators actively administering one or more flu vaccinations. Only one doctor was registered as a peer vaccinator and was not active during the campaign.

- 2.3 In order for the campaign to be successful, we plan to start in August and September to recruit peer vaccinators. All clinical areas will be required to have active peer vaccinators (learning from the UNITY Super User approach) and the compliance will be closely monitored at group management board level. The flu campaign aims to achieve over 80% compliance within the first 8 weeks of launch.
- 2.4 The peer vaccinator training has been reviewed by Dr Aga, and the Trust have made the decision to use the national Skills for Health training package. This is updated every year with all of the latest evidence and guidance, and colleagues will be required to undertake a short assessment. This is congruent with our Trust wide approach to mandatory training and it is more straightforward to monitor and implement.
- 2.5 The peer vaccinators will be core to the roll out of the 2020 programme. The Medical Director has already written to his deputies who will take visible leadership roles in the flu campaign, they will be responsible for signing up medical peer vaccinators, and feeding back any issues or barriers. They will also be visible peer vaccinators. The Chief Nurse has engaged nursing colleagues through her regular nursing leadership model. The associate and deputy chief nurse will play key leadership roles in this campaign and undertake 'Jabathons' and other high profile interventions to show leadership and support compliance.
- 2.6 'Low compliance' areas (detailed in annex 1, flu data) during 2019 have already been approached and asked to consider their approach for Winter 2020 for Flu Vaccinations.
- 2.7 The Occupational Health service will support with vaccinations at key events, drop in sessions, attending induction for new colleagues, attending the Trust Board, and supporting large events. This will enable the service to target the resources to support the Trust in a proactive way.

3. Communications Campaign

The communications campaign will launch during August or September depending when we receive confirmation of the flu vaccination arrival date. At the time of writing this report, the vaccines are due to arrive on the 1st October 2020.

- 3.1 The key principles of the campaign are:
- Enable directorates and groups to own their flu vaccination activity and safety in their clinical area
 - Early identification of peer vaccinators, particularly medical colleagues with an expectation that each team identifies at least one vaccinator

- Clinical leadership to recognise the importance of influence among our clinical workforce and be positive role models for vaccination
- Fun activities to engage with the campaign
- Rewards and competitions to engage and interest colleagues

3.2 The theme of the campaign will be “FluperTroopers” and we will raise the profile of each FluperTrooper vaccinator. Incentives will be important throughout to encourage compliance. A number of activities will be put on that people can take part in including Jab-a-thons. The Occupational Health team are exploring targeted communication to individuals who have not had a vaccination and further understanding of people’s refusal, which was an issue during 2019.

4. Data and recording

The flu campaign is always closely monitored by regulatory bodies and NHSI (See Annex 2). In order to ensure that the vaccination data is easy to understand, and that all vaccinations are recorded, the Deputy Director of People and OD with responsibility for occupational health, is overseeing the creation of a new data monitoring tool. This will work in a similar way to mandatory training and PDR compliance, and be set up before the communications launch in September.

It is critical to record when colleagues have declined their flu jab, and the reasons why, for future learning and campaigns. We also are required to record where colleagues have had their jab elsewhere, and so have protection from the flu virus. This will be discussed and monitored through the People and OD Delivery CLE Committee. All relevant executive directors attend this committee.

4.1 The Trust Board is asked to:

- a. DISCUSS the new ‘locally led’ approach to flu vaccinations
- b. DISCUSS the positive learning from Covid 19 that could positively influence this campaign
- c. NOTE the timelines for the launch of the campaign

Raffaella Goodby
Director of People and Organisation Development

25th June 2020

Annex 1: Flu Data 19/20‘Data compiled by Tracy Lees, Lead Nurse’

Annex 2: Regulatory Monitoring Template

Review of the Flu Data

Healthcare workers with direct patient contact need to be vaccinated because:

- a) Flu contributes to unnecessary morbidity and mortality in vulnerable patients
- b) Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic).
Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues.
- c) Flu-related staff sickness affects service delivery, impacting upon patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence.
- d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are protected.

Taken from NHS England and NHS improvement 2019 CEO letter

Figure 1 illustrates the total number of patient facing staff and all trust staff vaccinated against seasonal Flu in 2019/20.

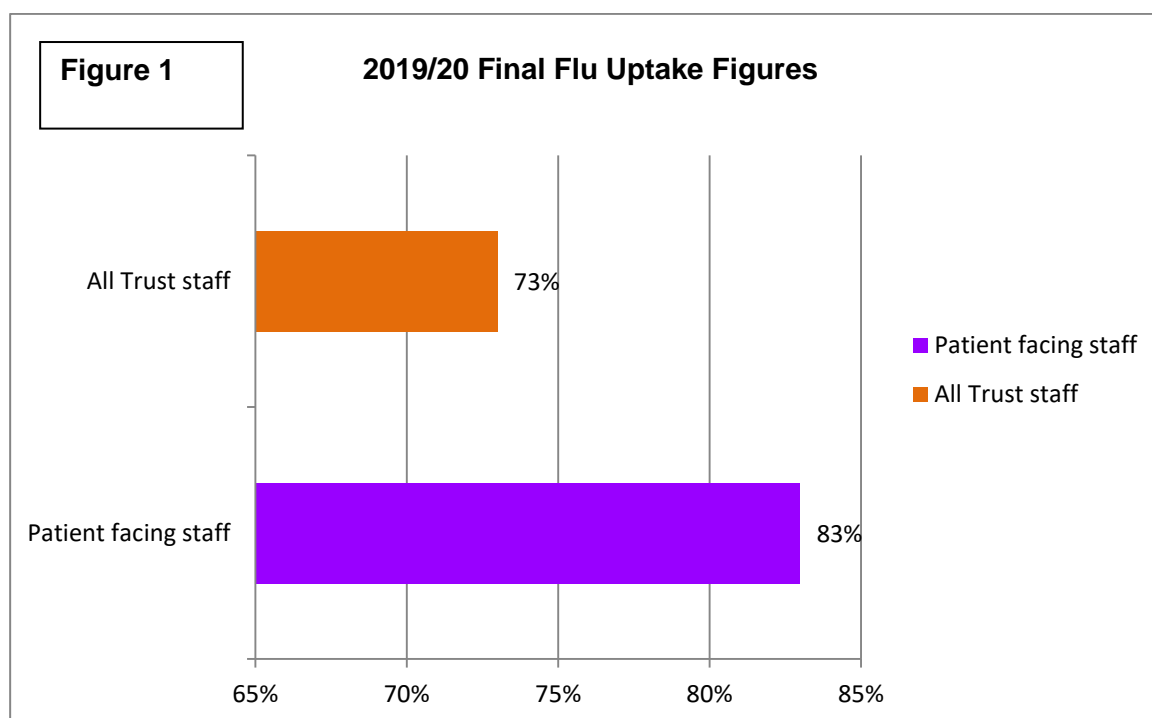


Figure 2 shows the percentage of staff from the 580 staff vaccinated in the 'hot spot' areas. A total of 57.4% staff combined were vaccinated in the 'hot spot' areas with 'elderly' being the lowest with only 28.3% vaccinated.

NB: % includes volunteers, students etc who were vaccinated and working in these areas.

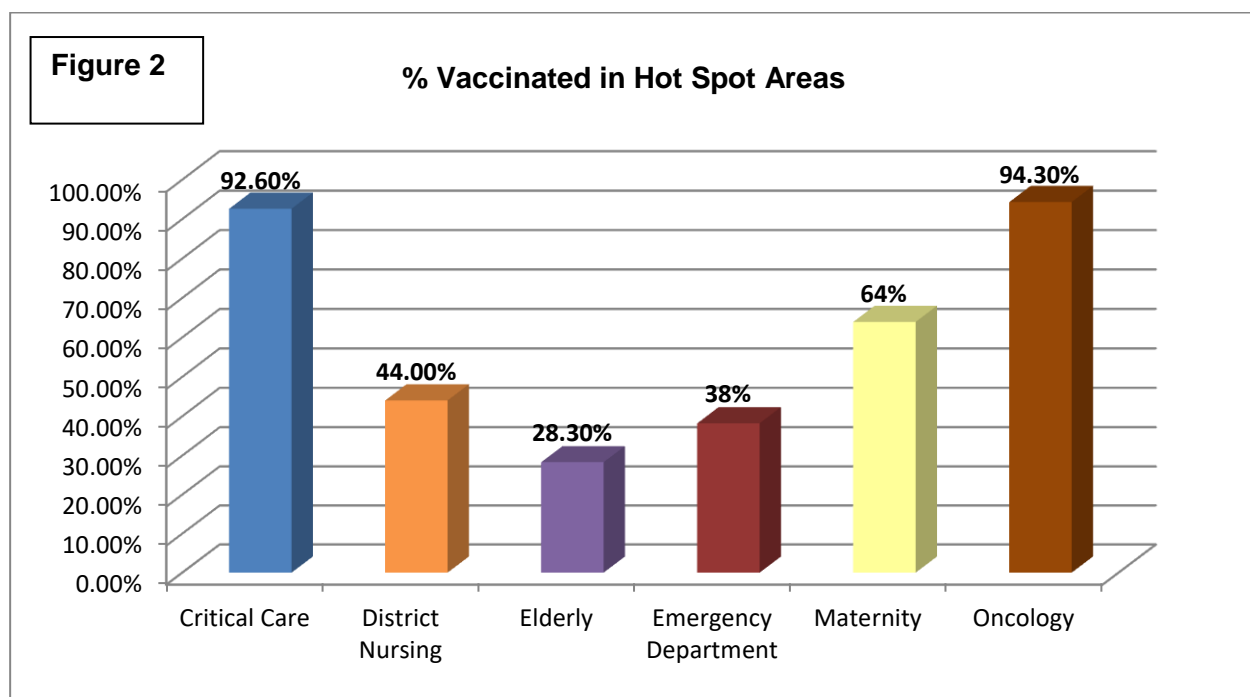


Figure 3 shows percentage of vaccine uptake by staff group. Estates and ancillary were the lowest uptake staff group with only 50.5% vaccinated.

NB: % includes volunteers, students etc who were vaccinated and working in these areas.

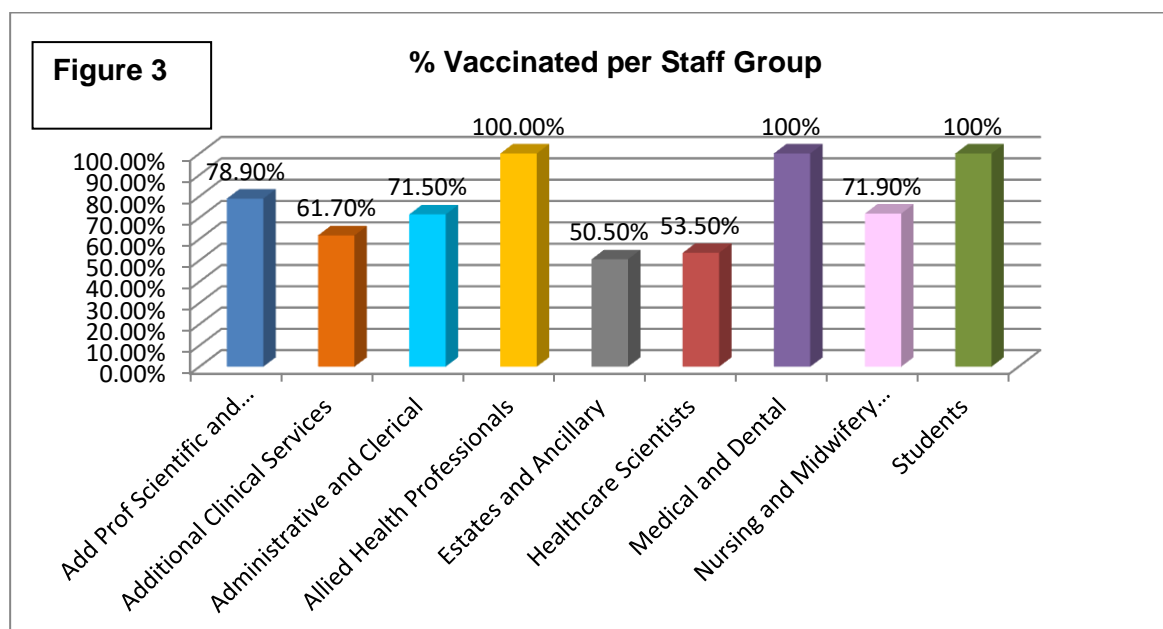


Figure 4 shows that 72% of Flu vaccinations were administered by the OHWBS in comparison to 61% the 2018/19 season. Only 21% were administered by peer vaccinators in comparison to 30% in the 2018/9 season. 7% of staff had declared having their vaccination done elsewhere in comparison to 9% in the 2018/9 season.

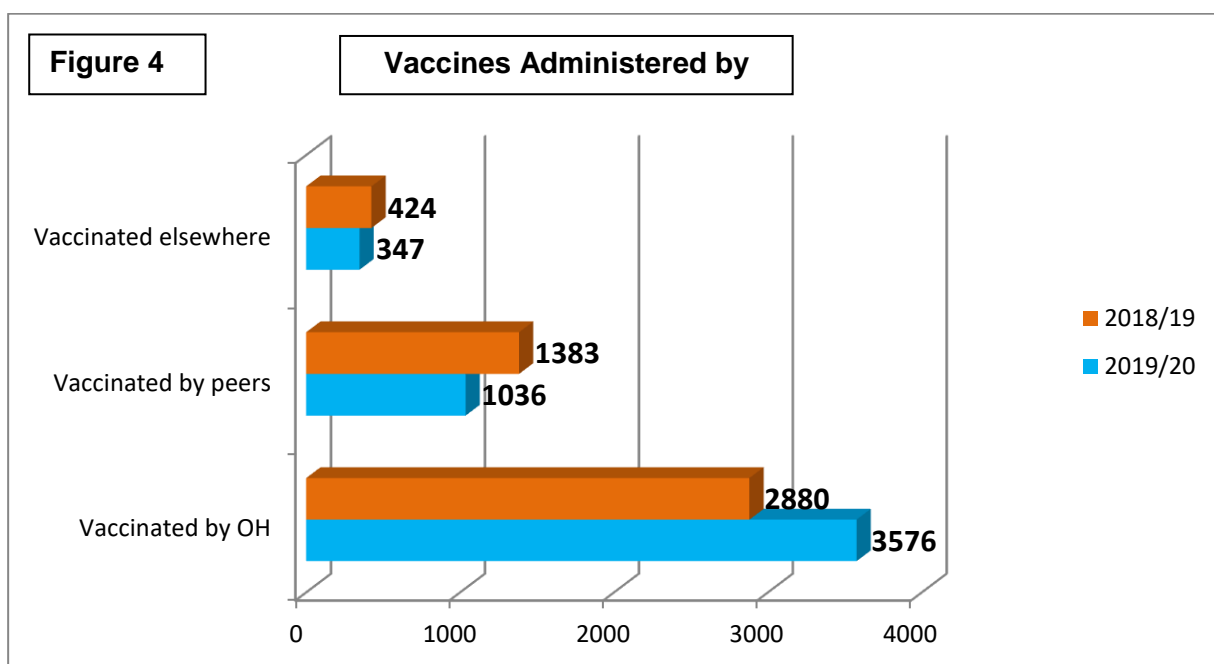
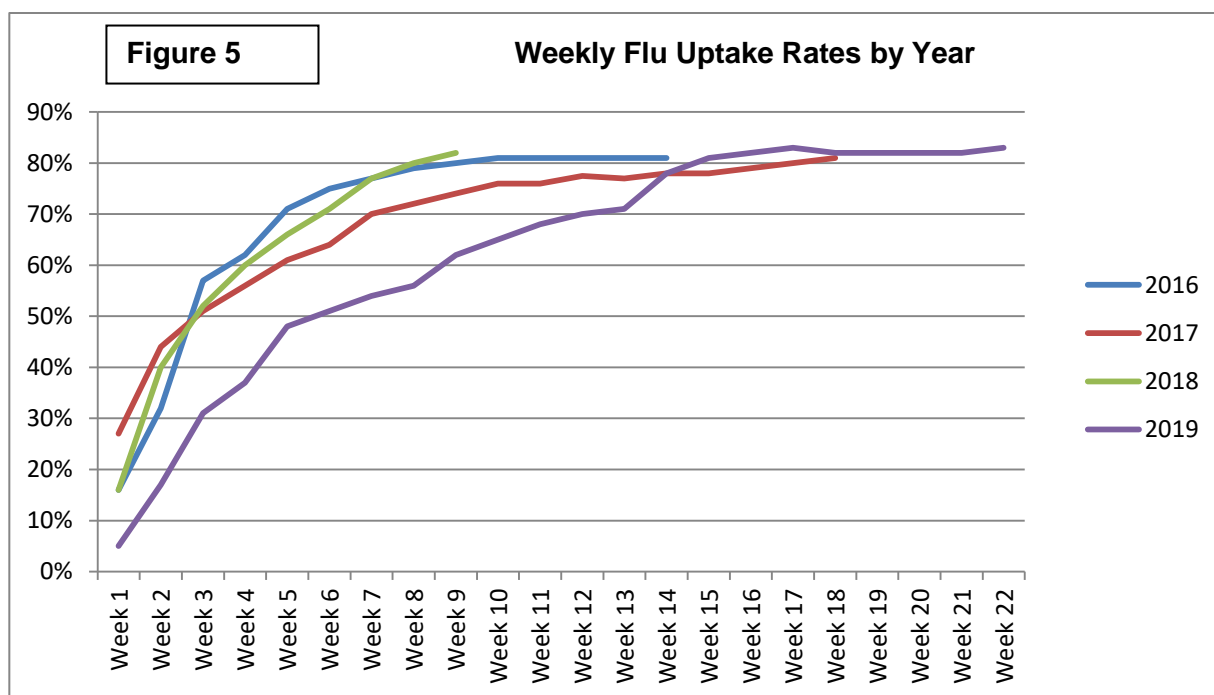


Figure 5 compares the weekly patient facing uptake rates of the last 4 Flu campaigns and demonstrates that the 2019/20 campaign had the slowest start and the longest duration.



Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self-assessment
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.	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	
A4	Agree on a board champion for flu campaign	
A5	All board members receive flu vaccination and publicise this	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Flu team to meet regularly from September 2019	
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be publicised	
B4	Flu vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters and social media	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	
C2	Schedule for easy access drop in clinics agreed	
C3	Schedule for 24 hour mobile vaccinations to be agreed	
D	Incentives	
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	