

## BOARD OF DIRECTORS MEETING Open

Date: 13<sup>th</sup> February 2019

Item Ref: 8

<b>TITLE OF PAPER</b>	Healthcare Worker Flu Vaccination Programme 2018/19: Final Report
<b>TO BE PRESENTED BY</b>	Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
<b>ACTION REQUIRED</b>	Board Members receive the Trust's result of the 18/19 Healthcare Worker Flu Vaccination campaign in line with the 'Best Practice Management Checklist' for Public Assurance via Trust Boards
<b>OUTCOME</b>	The Trust has reported in Open Board (by 28 <sup>th</sup> February 2019) the performance on overall vaccination uptake rates, numbers of staff declines and the action undertaken to deliver the 100% ambition for vaccine coverage this winter
<b>TIMETABLE FOR DECISION</b>	February 2019 Meeting
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	<ul style="list-style-type: none"> <li>▫ Infection Control Programme 2018 – 2019</li> <li>▫ Staff Health &amp; Well-being Strategy</li> </ul>
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION</b>	<p>Strategic Aim: Quality Safety</p> <p>Strategic Objective: A102ii: Deliver safe care at all times</p> <p>BAF Risk No: A102ii</p> <p>BAF Description: Inability to provide assurance regarding improvement in the safety of patient care</p>
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	<ul style="list-style-type: none"> <li>▫ NICE Quality Standards (61, 103, 113, 139)</li> <li>▫ Care Quality Commission Fundamental Standards</li> <li>▫ Code of Practice on the Prevention &amp; Control of infections and related guidance</li> </ul>
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Potential financial implications for 2019/20 campaign due to Patient Group Directive (PGD) requiring Occupational Health to deliver vaccinations, as opposed to peer vaccination.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Legal Requirement to comply with The Health and Social Care Act 2008 (2015) Code of Practice Criterion 10 <i>"Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection"</i>

<b>Authors of Report</b>	Katie Grayson and Liz Lightbown
<b>Designation</b>	Senior Nurse Infection Prevention & Control
<b>Date of Report</b>	6 <sup>th</sup> February 2019

## SUMMARY REPORT

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**Report to:** BOARD OF DIRECTORS MEETING

**Subject:** Healthcare Worker Flu Vaccination Programme 2018/19: Final Report

**Author(s):** Katie Grayson, Senior Nurse Infection Prevention & Control  
Liz Lightbown

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### 1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
		✓		✓	

### 2. Summary

#### Background

Influenza (Flu) can cause a spectrum of illness ranging from mild to severe even amongst people whom consider themselves fit and healthy. The impact in the general population varies from year to year depending on how many people are susceptible, any changes to the influenza virus and the severity of the illness caused by the strain in circulation. The capacity for the virus to mutate/change and the duration of the protection from the vaccine (about one season) are the reasons that the vaccine is tailored each year to protect against the most commonly circulating strains and why annual vaccination is necessary.

Every year influenza vaccination is offered free to NHS staff as a way to reduce the risk of staff contracting the virus and transmitting it to patients / service users in their care protecting themselves and their families.

In order to ensure NHS organisations are doing everything possible to protect patients and staff from seasonal flu NHS England requires Trust Boards to complete the Best Practice Management Checklist for Healthcare Workers (HCW) vaccination, publish a self-assessment against these measures and to report their performance on overall vaccination uptake rates and numbers of staff declines.

HCW with direct patient contact need to be vaccinated because:

- Recent NICE (2018) guidelines highlight a correlation between lower rates of staff vaccination and increased patients deaths.

- 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.
- Flu-related staff sickness affects service delivery, impacting on patients and on other staff. Recently published evidence suggests a 10% increase in vaccination may be associated with as much as 10% fall in sickness absence.
- Patients feel safer and more likely to get vaccinated when they know that NHS staff have been vaccinated.

CQUIN: As part of the Health & Wellbeing indicator there is a focus on the flu vaccinations for Front Line Health Care Workers (FLHCW). Trusts receive CQUIN funds linked to the percentage of FLHCW vaccinated before 28th February 2019. Last year the CQUIN target was to vaccinate 70% this season, 2018/19 the CQUIN is set at 75%.

This report is a retrospective final summary on the achievements and challenges of this year's staff campaign.

All staff that declined the offer of a vaccine were asked to indicate their reason for doing so on the anonymous opt-out form (developed at a national level which SHSC adopted and was signed by the Chief Executive, Director of Nursing, Medical Director and Trade Union Representative). However many staff were suspicious and declined to complete the requested form.

Encouraging more staff to get vaccinated remains a significant challenge to the Trust and as with previous years there continues to be a core cohort of staff that refuses the vaccine due to their personal attitudes, with many believing that the annual influenza vaccine will not be of benefit to them. This is due to an historical and very deep-rooted resistant culture towards the vaccine. Many staff members remain 'vaccine hesitant' despite repeated myth-busting, motivational vaccination techniques being used and the sharing of Clinical Evidence collated by NHS Employers.

### Flu Vaccination Uptake Rates

The campaign was due to commence on the 1<sup>st</sup> October however due to national manufacturing issues with the quad vaccine the campaign launched on the 9<sup>th</sup> October and closed on the 31<sup>st</sup> January 2019.

During September each NHS provider establishes the number of FLHCW that are eligible for the vaccine. This sets the denominator baseline. Public Health England (PHE) guidance requests providers recalculate denominators & numerators on a monthly basis to take into account FLHCW who start & leave the Trust during the flu vaccination programme. This ensures accurate data is submitted to the ImmForm PHE web portal mandatory reporting system on a monthly basis.

The denominator for January was **2,034** FLHCW (100%) Figures are provided by Human Resources (HR) from the Electronic Staff Record (ESR).

January's total headcount for the Trust equates to **2,772**.

As of **31st January 2018** vaccination uptake in FLHCW is **50.05%** = 1,018.

For CQUIN purposes during January the target to vaccinate was **1,526** i.e. 75% of FLHCW's = **66.73%**.

**11** (84%) out of **13** Board Members are currently vaccinated, as of 31<sup>st</sup> January 2019.

**17** (52%) out of **33** Senior Managers (8a & above) are currently vaccinated, as of 31<sup>st</sup> January 2019.

To date **31** Flu Vouchers have been issued to staff. A flu voucher counts as 'vaccinated'.

**69** anonymous 'decline' forms have been received. The top 3 decisions expressed by staff for declining the offer of vaccination remain static:

- *I'm concerned about possible side effects*
- *I don't believe the evidence that being vaccinated is beneficial*
- *I don't think I'll get flu*

Where staff were willing to share their name for recording purposes, **39** formal declines have been recorded separately on the dashboards.

CQUIN payments will be based on the last ImmForm monthly collection in February 2019 however the Trust's will be 31st January when the campaign closed.

In order to calculate final uptake figures, employees on long term sick and those on maternity leave and bank staff who have not worked for the duration of the campaign (9<sup>th</sup> October 2018 – 31<sup>st</sup> January 2019) have been removed from the denominator. See Table 1 below.

Additional to the ESR figures reported above we have vaccinated **103** individuals since the campaign commenced who are not on ESR e.g. (Students, Sodexo, Agency and Social Workers). This makes accurate reporting and recording very problematic. Out of the 103 individuals, **65** are estimated to be frontline staff, based entirely on their job role entered on the consent form.

Manual calculations in merging this data equates to a final total FLHCW vaccination uptake of **52.89%**. This will be reported on January's ImmForm upload to PHE web portal.

The PHE's ImmForm staff group categories do not directly correspond to ESR workforce groups.

This year the highest uptake rate was amongst the Nursing Profession 58% closely followed by other Health Care Professions 57% (Allied Health Professionals & Psychologists) with GPs having the lowest uptake rate at 21%.

**Table One – Final Vaccination Uptake in FLHCW as at the 1<sup>st</sup> February 2019**

*(Recalculated minus employees on long term sick, maternity leave and bank staff whose status has changed to 'inactive not worked')*

ImmForm	ESR		Non-ESR	Total	
	Number of staff	Vaccinated		ESR + Non-ESR	Vaccinated
Nurses	522	297	+13	535	310 <b>(58%)</b>
Professionally Qualified	383	212	+19	402	23 (57%)
Support Staff	853	422	+15	868	437 (50%)
Doctors	141	59	+17	158	76 (48%)
Practice Nurses	12	5	+1	13	5 (38%)
GP Support Staff	39	14	N/A	39	14 (35%)
GP's	23	5	N/A	23	5 (21%)
<b>Totals</b>	<b>1,973</b>	<b>1,014</b>	<b>65</b>	<b>2,038</b>	<b>1,078</b>
<b>Percentage</b>	<b>51.39%</b>			<b>52.89%</b>	

It is a professional duty for healthcare workers to be vaccinated each year. However, despite the 2017/18 season having the highest flu vaccination uptake ever in healthcare workers, significant variation remains. Some Trusts only achieved 30 to 40% uptake, whereas others achieved over 90%. The Government is reviewing whether flu vaccination should be mandatory for certain categories of healthcare workers; the review should conclude by the end of February 2019.

Flu vaccines may include either three virus strains—two influenza A viruses and one Influenza B virus (Trivalent vaccine) or, since the 2013/14 season, four virus strains—two of both influenza A and B viruses (Quadrivalent vaccine). The specific flu viral strains to be included in the flu vaccination for the Northern hemisphere are decided by the World Health Organisation each year in February or March before the start of winter flu season. At this time, recommendations were made for which virus strains should be included in trivalent and quadrivalent vaccines. This year the Trust procured both types of vaccine to ensure we could offer the best protection to our staff.

Our Flu Delivery Programme is aligned to and incorporates the seven elements for a successful flu campaign developed by NHS Employers relating to:

1. Communications
2. Having a balanced flu team
3. Myth-busting
4. Support from Board to ward
5. Accessibility,
6. Rewards
7. Peer vaccination.

We have facilitated successful Job Cafes across the Organisation and dedicated Peer Vaccinators (nurses and a pharmacist) have worked hard to offer vaccines flexibly over various shift patterns. Vaccination has been offered at all induction and mandatory training sessions during the campaign. In addition to supplementing peer vaccination we offered staff Flu Vouchers for 'hard to reach' groups.

Although this year's performance appears to have decreased from last year; it cannot be directly compared 'like for like' due to variances in staff population and who is and who isn't included in the denominator. The Trust still faces significant challenges in changing deep-rooted historical cultural views and negativity towards the flu vaccine. We will continue to address and dispel myths as we endeavour to achieve higher uptake rates. Culture change takes a significant period of time to influence i.e. in this context addressing 'vaccine hesitancy'.

### **3. Next Steps**

During early March 2019 the Flu Planning Steering Group will meet to review the campaign exploring the challenges faced and lessons learned which will provide an opportunity for a more in depth review including of sickness absence figures to be supplied via HR.

Develop and carry out with Communication colleagues a Survey Monkey across the Trust to evaluate the campaign from staff's perspective. It is envisaged as many staff as possible those that did and didn't take up the offer of vaccinations participate in the survey.

The Chief Pharmacist has informed the Executive Director of Nursing that Patient Group Directives (PGD's) are not going to be legally valid and will therefore make peer to peer vaccination of seasonal Influenza vaccine unlawful. In 19/20 therefore only Occupational Health providers will be allowed to use a PGD. This national decision by the MHRA and supported by the CQC means that the SHSC Infection Prevention & Control Team and the peer vaccinators cannot facilitate any future or subsequent staff vaccination programmes.

**Recommendation/Action:** HR contracts with the Occupational Health provider PAM Group to conduct the 19/20 SHSC Flu Vaccination Programme.

### **4. Required Actions**

- i. Members to receive and note the Final Report on the 18/19 FLHCW Flu Vaccination Programme / uptake rates.
- ii. Board understand / support the requirement to contract with an Occupational Health Provider to deliver the 19/20 Flu Programme.

### **5. Monitoring Arrangements**

Nil – as this is the final report for the staff campaign 2018/19

### **6. Contact Details**

For further information please contact:

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

<b>A</b>	<b>Committed leadership</b> (number in brackets relates to references listed below the table)	<b>Trust self- assessment</b>
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.	Recorded in Board minutes
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	Completed March 2018
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6)	Completed
A4	Agree on a board champion for flu campaign (3,6)	Liz Lightbown
A5	Agree how data on uptake and opt-out will be collected and reported	Database & National Anonymous decline form
A6	All board members receive flu vaccination and publicise this (4,6)	13 Board Members 11 vaccinated 1 decline 1 contraindicated
A7	Flu team formed with representatives from all directorates, staff groups and trade union representatives (3,6)	Not all Directorates
A8	Flu team to meet regularly from August 2018 (4)	Monthly meetings
<b>B</b>	<b>Communications plan</b>	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions	Completed
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4)	Completed by Comms
B3	Board and senior managers having their vaccinations to be publicised (4)	As above for Board 17 / 33 Senior Managers vaccinated
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	Completed
B5	Programme to be publicised on screensavers, posters and social media (3, 5,6)	Comms to complete
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	Completed
<b>C</b>	<b>Flexible accessibility</b>	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	19 volunteer vaccinators
C2	Schedule for easy access drop in clinics agreed (3)	Completed
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	Flexible
<b>D</b>	<b>Incentives</b>	
D1	Board to agree on incentives and how to publicise this (3,6)	Discussion at Board
D2	Success to be celebrated weekly (3,6)	Via Comms