Sheffield Health and Social Care NHS Foundation Trust

Board of Directors' - Open

Date:	11th March 2020	Item Ref:	11

TITLE OF PAPER	Frontline Health care worker Flu Vaccination Programme 2019/20: Final Report
TO BE PRESENTED BY	Dean Wilson, Director of Human Resources
ACTION REQUIRED	Board Members receive the Trust's result of the 19/20 Healthcare Worker Flu Vaccination campaign in line with the 'Best Practice Management Checklist' for Public Assurance via Trust Boards

OUTCOME	The Trust has reported in Open Board the performance on overall vaccination uptake rates, numbers of staff declines and the action undertaken to deliver the 100% ambition for vaccine coverage
TIMETABLE FOR DECISION	March 2020 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	▫ Infection Control Programme ▫ Staff Health & Well-being Strategy
STRATEGIC AIM **STRATEGIC OBJECTIVE** **BAF RISK NUMBER & DESCRIPTION**	Strategic Aim: Quality Safety Strategic Objective: A102ii: Deliver safe care at all times BAF Risk No: A102ii BAF Description: Inability to provide assurance regarding improvement in the safety of patient care
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	NICE Quality Standards (61, 103, 113, 139) Care Quality Commission Fundamental Standards Code of Practice on the Prevention & Control of infections and related guidance
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Potential financial implications for 2019/20 campaign due to Patient Group Directive (PGD) regarding the delivery of vaccinations. Issue relating to peer vaccination or alternative method of service provision.
CONSIDERATION OF LEGAL ISSUES	Legal requirement to comply with The Health and Social Care Act 2008 (2015) Code of Practice criterion 10 'Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection'.

Author of Report	Steve Fisher & Dean Wilson
Designation	Flu Programme Co-Ordinator & Director of Human Resources
Date of Report	14th January 2020

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Sheffield Health and Social Care NHS Foundation Trust

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	x			x	x	

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 nethertheless 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. Previous analysis within SHSC indicated an approximate decrease of 1% in sickness absence overall for staff who received the vaccination.
- 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 29th February 2020. Last year the CQUIN target was to vaccinate 75% this season, 2019/20 the CQUIN was set at 80%. The CQUIN target for 2020/21 has been increased to 90%.

This report is a retrospective final summary of the achievements and challenges of this year's staff campaign. All staff who declined the offer of a vaccine were asked to indicate their reason for doing so, following contact by the Flu Programme Co-Ordinator, but as in the previous year, when the anonymous 'opt-out form' was used, many staff remain reticent and declined to respond to the request.

Additionally, all staff were emailed to ask if they had received the vaccine at a third party provider (e.g. GP or Pharmacy), and a request to respond to the email if they declined the vaccine and why. Most staff who reported back, again failed to give a reason.

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 who refuse the vaccine due to their personal choice, with many still believing that the annual influenza vaccine will not be of benefit to them. This is due to a historical and deep-rooted culture of resistance towards receiving the vaccine, including in the past, from senior colleagues in the organisation. That stance has changed in recent times, however, 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.

Forward View

The final outcome of less than 52% places the Trust near the bottom of the national outcomes league table. The result is 4% below our best ever performance, and is well below where we want to be. Valuable lessons have been learned and have already fed into the first 2020/21 Flu Planning Group which is led by the Chief Operating Officer and HR Director, with Board Executive leadership identified as the Medical Director. One key element for the 2020/21 plan is the increase in both face to face clinics to be provided by STH OH department as well as a huge increase in the number of peer vaccinators within the Trust. Currently 58 already identified and to be trained, with only a handful of sites without an identified peer vaccinator. At least one peer vaccinator per Trust site will certainly help increase uptake, as will a larger number of clinics and opportunities for vaccination in October and November when uptake is highest. It is also likely that the Coronavirus impact could help increase uptake.

Flu Vaccination Uptake Rates

The Trust's Occupational Health provider (PAM Group) proved unable to deliver the service requested as they were unsuccessful in recruiting vaccinators. (Note – we are halfway through a 3 year contract period with the current OH provider). The Trust were offered flu vaccination vouchers for use at a High Street chemist (Boots). The vouchers were delivered two weeks late from their expected delivery date. The vouchers were then distributed to all staff with the bulk envelopes containing payslips or were posted direct, if staff had opted for home or electronic delivery of their payslips.

With the batches of payslips, instructions for distribution were sent along with completion forms to record the issue of the vouchers, and who had received which individually numbered voucher. Unfortunately the forms were initially largely missed, creating some problems in identifying staff who had used them.

Having been let down by our Occupational Health provider, we approached Sheffield Teaching Hospitals' Occupational Health Department (STH OH) and they offered to host some clinics for us, though their capacity was limited. The clinics therefore concentrated on the Trust's larger sites, and at the Trust Headquarters (timed to co-incide with large group training courses). STH OH started our campaign on 7 October 2020.

Some confusion around the 'Patient Group Directive' (PGD) and which had seemingly initially prevented peer vaccinations, was clarified by the 'Written Instruction' issued in September 2019, replacing the PGD (by MHRA, CQC and SPS), so that peer vaccinations could be carried out. So nurses from amongst our own staff were recruited as peer vaccinators and trained by the University of Sheffield (UoS) at short notice. The training was held in late October (update course) / and early November (full course for new vaccinators), but there was

a delay in obtaining a clinical lead, until Dr. Mike Hunter (Medical Director) kindly offered to step-in. Consequently, our peer-to-peer vaccinators started working in late December 2019.

Following a discussion at an EDG meeting, Katie Grayson (Senior Infection Control Nurse) was asked if she could find an additional provider to help administer the programme on our behalf and boost take-up. She contacted various pharmacies, and Well Pharmacy were chosen to help and carry out some clinics.

The voucher scheme succeeded in getting 276 vouchers redeemed.

Analysis of Vaccinations by provider:

	Total	Front line
STH OH	556	375
Well Pharmacy	16	15
Peer-to-peer	135	133
Vouchers	276	227
Third Party	213	145
	1194	**895**

As has happened in previous programmes, post-Christmas, the number of staff seeking vaccination tumbled dramatically.

The staff denominator in January was **1700** FLHCW (100%). (Figures are provided by Human Resources (HR) from the Electronic Staff Record (ESR). The demoniator figure changes each month dependant on new starters and leavers.

Current Denominator

Front Line	**1750**
Non-Frontline	**944**
Total Head Count	**2794**

The final FLHCW uptake is 51.3%.

For full CQUIN purposes, the latest target to vaccinate was **1,400** (80% of FLHCWs).

8 (61%) out of **13** Board Members have confirmed being vaccinated.

Senior Managers – Band 8a+

	Total	Frontline	Non-frontline
Employees band 8a +	179	90	89
Vaccinated	114	59	55
Percetage Vaccinated		65.6	61.8

68 emails were received from people declining vaccination, most have not given a reason, but the top reasons given were:

- *The vaccination made me ill.*
- *I am vegan/vegetarian.*
- *I am egg intolerant.*

Where an intolerance was stated, staff were directed to the STH Occupational Health servicee at the Northern General Hospital site, as they held a stock of QIVc vaccine (cell not egg based). 4 staff members attended.

CQUIN payments will be based on the last ImmForm monthly collection in February 2020, however the Trust's was 29th February when the campaign closed.

In order to calculate final uptake figures, employees on long term sick, those on maternity leave, and bank staff who have not worked for the duration of the campaign (1th October 2019 – 29th February 2020) were removed from the denominator.

Additional to the ESR figures reported above we have vaccinated 77 individuals since the campaign commenced who are not on ESR e.g. (Students, Sodexo, Agency, Locums and Social Workers). This makes up-to-date accurate reporting and recording somewhat problematic. Out of the 77 individuals, **50** are estimated to be frontline staff, based on their job role entered on the consent form.

Manual calculations in merging this data equates to a final total FLHCW vaccination uptake of **51.3%.** This has been reported on February's ImmForm upload to PHE web portal.

This year, the highest uptake was amonst the Add Prof Scientific and Technical (58.6%), followed by the Allied Health Professionals (54.6%). Clover Group GPs were the worst performing staff group with 41.6%.

Table One - Final vaccination uptake in FLHCW as at 14th February 2020 (with one remaining clinic)

Employees	Area	Fl/NFL	Vaccinated	%
179	Add Prof Scientific and Technic	FL	105	58.66%
731	Additional Clinical Services	FL	337	46.10%
4	CloverAdditional Clinical Services	FL	2	50.00%
141	Allied Health Professionals	FL	77	54.61%
97	Medical and Dental	FL	47	48.45%
24	CloverMedical and Dental	FL	10	41.67%
509	Nursing and Midwifery Registered	FL	259	50.88%
13	CloverNursing and Midwifery Registered	FL	7	53.85%
2	Students	FL	1	50.00%
50	Non-ESR Frontline Staff	FL	50	100.00%
1750	FL	51.14%	895	
966	NFL	38.41%	371	

This year, the Trust procured quadrivelent egg-based vaccine (QIVe) and a limited supply of cell based (QIVc). As normally happens, the strains included in this vaccine were decided by the World Health Organisation at the beginning of the year.

Due to the problematic start to the campaign, percentage comparable with 2018/9 (52.9%) has almost been achieved.

NHS Employers have developed the 7 elements of a successful flu campaign –

- Communications
- Having a balanced flu team
- Myth-busting
- Support from Board to ward
- Accessibility
- Rewards
- Peer vaccination

We have also worked hard to deliver vaccinations over various shift patterns during the campaign, and vaccination has been offered at induction and mandatory training sessions too. The flu voucher scheme has proved somewhat successful in 'hard to reach' groups and some shift workers, as they do offer a level of flexibility around receiving the vaccination.

Although this year's performance has dipped slightly from last year, it would be very difficult to draw direct comparisons due to variances in staff populations as well as the significant difficulties experienced early in the programme. The Trust faces challenges in changing some historical 'cultural' views and perceptions toward the vaccine. We will continue to address and dispel myths as we endeavour to achieve higher uptake rates.

3. Next Steps

Going forward, some the problems of 2019/20 have been valuable lessons and will be used to ensure a better performance in the 2020/21 programme. Looking to the future and the next flu programme, over 50 nurses have already expressed an interest in becoming a vaccinator and have already been booked onto courses at the UoS.

This is the highest number of nurses we have ever attracted and hopefully they will be able to make a bigger impact on vaccine-hesitant people. A discussion at EDG on 5 March confirming the approach discussed by the Flu Programme Group indicates that the face to face clinics and peer vaccinators had the greatest impact, and so will be expanded in the next programme. Operational line managers are part of the planning of the next programme and changes will include flexibility around the training dates, and to allow time to hold clinics.

Clear joint ownership by the Chief Operating Officer and HR Director for the coming programme. Executive Board lead is the Medical Director.

The 2020/21 Flu group met on 24 February 2020, to plan the next flu season's campaign with representation from all relevant parties – which was key at this early planning stage. The CQUIN for the 2020/21 Flu Programme has again risen to 90%. Clearly, this result for 2019/20 is not good enough. We have learned from the lessons of the most recent programme and these improvements will be used in formulating a plan for the coming flu programme.

4. Required Actions

Members to receive and note the Final Report on the 2019/20 FLHCW Flu Vaccination Programme.

This campaign requires the continued support of the Board going forward. Board to nominate a Board Champion for the coming Flu Programme.

Development of a clear Delivery Plan for the 2020/21 Flu programme. Already commenced.

5. Monitoring Arrangements

This is the final report for the staff campaign 2019/20.

Future programme will be monitored through EDG.

6. Contact Details

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Appendix 1 - Healthcare worker flu vaccination best practice management checklist – for public assurance via Trust Boards

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.	Recorded in Board minutes
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	Completed March 2019
A3	Board receive an evaluation of the flu programme 2018-19, including data, successes, challenges and lessons learnt (2,6)	Completed
A4	Agree on a Board champion for flu campaign (3,6)	Liz Lightbown / later Dean Wilson (from June 2019)
A5	Agree how data on uptake and opt-out will be collected and reported	Database & National Anonymous decline form
A6	Board members receive flu vaccination and publicise this (4,6)	13 Board Members 8 vaccinated
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 2019 (4)	Monthly meetings
B	**Communications plan**	
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, vouchers 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
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	Feedback on percentage uptake for directorates, teams and professional groups (3,6)	Completed
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	16 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
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this (3,6)	Discussion at Board
D2	Success to be celebrated (3,6)	Via Comms