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| SUMMARY REPORT | Meeting Date: | 28 March 2019 |
| | Agenda Item: | 9.1 |
| | Enclosure Number: | 6 |

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|---|--|----------------------|--|
| Meeting: | Trust Board | | |
| Title: | Final Flu Campaign Report | | |
| Author: | Susan Upton – Senior Occupational Health Adviser | | |
| Accountable Directors: | Jan Ditheridge, Chief Executive | | |
| Other meetings presented to or previously agreed at: | Committee | Date Reviewed | Key Points/Recommendation from that Committee |
| | Quality and Safety Committee | 21/03/19 | |

| Purpose of the report | | | |
|--|--|-----------------------------------|--|
| This report aims to provide the Board with oversight and assurance of our 2018/19 flu campaign and how we will approach the development of our flu campaign for 2019/20. | | | Consider for Action |
| | | | Approval |
| | | | Assurance ✓ |
| | | | Information ✓ |
| Strategic Priorities this report relates to: | | | |
| To deliver high quality care | To support people to live independently at home | To deliver integrated care | To develop sustainable community services |
| ✓ | | | ✓ |

| Summary of key points in report |
|--|
| <p>We set out to target our 1166 frontline healthcare workers to achieve a CQUIN target of 75% and a stretch target of 100%.</p> <p>An achieved uptake of 76.7% ensured we met the CQUIN target resulting in no loss of the allocated £71,433 associated with it.</p> <p>The Occupational Health team are disappointed that our final uptake figure was over 20% away from our 100% stretch target and over 3% less than our uptake last year. Once our full evaluation of the campaign is complete we will better understand why this is and identify learning to use in the 2019/20 campaign.</p> <p>Learning from previous campaigns informed our approach, with a focus on core messaging throughout the campaign on the risks associated with flu, how you can pass flu on without having</p> |

symptoms and protection of patients, colleagues and families.

The campaign commenced on the 1 October 2018, and in conjunction with line managers, Occupational Health planned a range of activities to capture as many staff as possible including attendance at work bases, team meetings, Trust Away Days, Trust inductions and training sessions as well as enabling staff to have their vaccination at their workplace rather than having to take time out to attend a flu clinic.

Publicity throughout the campaign highlighted how staff could access the vaccine, shared myth busting facts and highlighted the importance of protecting patients, colleagues and families.

A new requirement to collect anonymised information on the reasons that staff gave for opting out of the vaccination has shown that the decision to take the vaccine to staff at their workplace was a positive one. However it also highlights the need to establish a more informative and better targeted publicity programme for our next campaign.

Following a wash-up meeting with key stakeholders in April 2019, we propose to have developed a 2019/20 campaign strategy, including our aims, objectives, communications and action plan by the end of May 2019.

Key Recommendations

The Board is asked to note the:

1. Overall vaccination uptake rate for the 2018/19 campaign;
2. Numbers of staff declining the vaccination;
3. Reasons given for opting out;
4. Actions taken to achieve the 100% uptake ambition;
5. Plans to develop the 2019/20 campaign strategy;
6. Aspiration to return to this Committee for oversight and challenge of the 2019/20 campaign strategy in August 2019.

| Is this report relevant to compliance with any key standards? YES OR NO | | State specific standard or BAF risk |
|---|-----------|---|
| CQC | NO | |
| IG Governance Toolkit | NO | |
| Board Assurance Framework | NO | |
| Impacts and Implications? | YES or NO | If yes, what impact or implication |
| Patient safety & experience | Yes | Unvaccinated staff may pass on the flu virus to vulnerable clients and work colleagues. Flu related staff sickness affects service delivery. Clients will feel more protected knowing that the staff are vaccinated |
| Financial (revenue & capital) | No | |
| OD/Workforce | Yes | Flu vaccine campaign has the potential to reduce staff sickness. |
| Legal | No | |

People Strategy Priority: Healthy Engaged Staff



In our 2018/19 Flu Vaccination Campaign we set out to:

Deliver a campaign that engaged with staff, increased accessibility to the vaccine, achieve our CQUIN target of 75% and our 100% stretch target.

What we Achieved:

We set out to target 1166 staff identified as frontline healthcare workers, and vaccinated 885 of them – equating to 76.6% of this group.

Despite all of their efforts, the Occupational Health team are disappointed that our final uptake figure was over 20% away from our 100% stretch target and over 3% less than our uptake last year. Initial informal feedback has suggested that this may have been linked to the milder weather we have had during this campaign, as well as the lack of national publicity. However we will not fully understand the reasons until our evaluation of the campaign is complete and learning identified.

We achieved this year's CQUIN target of 75% resulting in no loss of the allocated £71,433.

For context, we have included the last three year's targets and Trust uptake rates below.

| Year: | CQUIN Target Set At : | Trust Uptake: |
|------------------|-----------------------|---------------|
| 2016/2017 | 75% | 72.3% |
| 2017/2018 | 70% | 80.3% |
| 2018/2019 | 75% | 76.7% |

Recent figures issued by Public Health England state that 68.6% of all eligible frontline healthcare workers have received a flu vaccination. Therefore our final uptake figure of 76.7% has exceeded the national average by 8.1%.

Out of the 281 frontline healthcare workers who did not have the vaccination, 83 completed opt out forms giving their reasons for declining the vaccination.

What we did to achieve our targets:

We used the learning from previous campaigns to inform our approach, which was led by our Occupational Health Service.

We had a multi-disciplinary Flu Team, which included members of Occupational Health, Infection Prevention & Control and the Communications Team.

We started our planning in May 2018 and using the learning from our evaluation of previous campaigns, we decided to focus our core messaging throughout the campaign on the risks associated with flu, how you can pass on flu without having any symptoms, protection of patients, colleagues and families.

The Chief Executive was our Board Champion for the campaign and progress throughout was discussed regularly at Committee and at public Board meetings.

Our campaign commenced on the 1 October 2018 with an initial week dedicated to the provision of flu vaccinations.

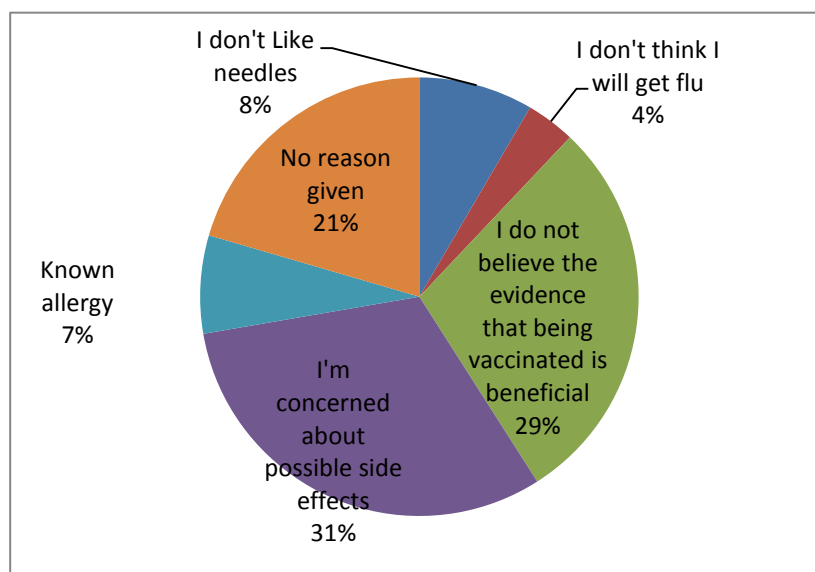
Over the course of our campaign and in conjunction with line managers, Occupational Health planned a range of activities to capture as many staff as possible including attendance at work bases, team meetings, Trust Away Days, Trust inductions and training sessions. The team ensured that the vaccine was offered to staff members attending Occupational Health appointments, and enabled staff to have their vaccination at their workplace rather than having to take time out to visit a flu clinic. The programme included early morning and evening sessions to accommodate night staff and allowed employees to have the vaccine prior to or after work.

Our publicity included advertising flu sessions via e mail and our health and wellbeing twitter account, as well as direct liaison with line managers and team leaders. Vaccination of board members was carried out in October and publicised through a variety of media. Communications and myth busting information was sent out by Occupational Health and our Communications Teams on a regular basis. HR Managers promoted the importance of the flu vaccine at the monthly Service Delivery Group meetings and bi-monthly HR& Workforce Group meetings. The Senior Occupational Health Adviser attended and provided information to Quality & Safety Committee, and took back learning to refine our campaign. The Chief Executive supported our flu programme by publicising the benefits of vaccination in her Weekly Brief to all staff.

What was new this year?

Taking account of our learning from previous years, we took the decision to visit workplaces and teams rather than require staff to visit flu clinics. This enabled the Occupational Health team to maximise their limited resources and vaccination uptake per visit.

During this year's campaign there was also a new requirement to collect anonymised information on the reasons that staff gave for opting out of the vaccination – whether these were for their own choice or because they were unable to practically access the vaccination. 83 staff (7.1%) within the target group completed opt out forms after declining the vaccine and the reasons provided were:



No staff indicated that they had opted out because they didn't know how or where to get vaccinated, it was too inconvenient to get vaccinated or the times when vaccination was available were inconvenient.

This indicates that the decision to take the flu vaccine to the workplace rather than requiring staff to visit a set flu clinic was a positive one and will be carried forward to the next campaign.

What went well:

We closely monitored the uptake information gathered from vaccination and opt-out forms throughout the season, which resulted in us proactively targeting teams and staff groups where uptake was lower.

Occupational Health liaised closely with every targeted team. Where team leads actively engaged with the programme, vaccination rates were at their highest. We have included a list of the vaccination rates for all targeted teams at Appendix 1.

Reminder emails to All Staff just prior to site visit had a positive effect on numbers having the vaccine. These reminders also prompted staff who had the vaccine elsewhere to let us

know, as these were included within our final uptake figures.

Early liaison with HR, OD and Team Leaders throughout the organisation assisted us in planning a programme of attendance at various training, away days, team meetings, corporate induction, etc., where a large number of vaccinations were undertaken.

We delivered all mandatory updates to NHSi and Public Health England within the appropriate timeframes.

Learning so far:

Learning gleaned to date during this campaign has highlighted the following:

- We could be more ambitious in our aspiration, focussing on our stretch target rather than our CQUIN target.
- Improvement of our consent process with the aspiration to utilise technology instead of paper, reduce the time taken for staff to give consent and reduce the need for manual data entry within Occupational Health.
- Improvement of our ability to access a real-time staff list (with up to date starters, leavers and team structures) to streamline our recording and monitoring of vaccine uptake and enable us to better target areas of low uptake.
- Using the learning from the information provided on the opt-out forms to establish a more informative and better targeted publicity programme for our next campaign - and engage with the low uptake areas prior to and during the campaign.
- Specifically target our bank-only workers to ensure they are fully engaged with our flu campaign.
- Increase the availability of Occupational Health bank worker team to enable the deployment of additional flexible resources during the flu campaign.
- From the opt-out information gathered, we have identified that there are 7% (approximately 6 individuals) who have declared a genuine medical reason preventing them from taking up the vaccine. This means that the 100% stretch target is unrealistic.

Next Actions:

The Senior Occupational Health Advisor will be attending the NHS Employers Flu Fighter Conference on the 25 March 2019 to pick up national learning.

Our 2018/19 wash-up meeting with key stakeholders will take place during April 2019.

By the end of May 2019 we will have worked with our key stakeholders to develop our 2019/20 campaign strategy, including our aim, objectives, communications and action plan.

We will bring our 2019/20 campaign strategy to Quality & Safety Committee in August 2019 to enable oversight and appropriate challenge.

Recommendations:

The Board is asked to note the:

1. Overall vaccination uptake rate for the 2018/19 campaign;
2. Numbers of staff declining the vaccination;
3. Reasons given for opting out;
4. Actions taken to achieve the 100% uptake ambition;
5. Plans to develop the 2019/20 campaign strategy;
6. Aspiration to return to Quality & Safety Committee for oversight and challenge of the 2019/20 campaign strategy in August 2019.

Appendix 1

2018/19 Frontline Healthcare Workers vaccine uptake by team

| SERVICE | TOTAL STAFF | VACCINATED | NOT VACCINATED | PERCENTAGE VACCINATED |
|---|-------------|------------|----------------|-----------------------|
| NE ID Team 1&2 | 27 | 5 | 22 | 18.51% |
| IDT Ludlow | 20 | 5 | 15 | 25% |
| School Nursing | 78 | 23 | 55 | 29.50% |
| Bishops Castle | 64 | 21 | 43 | 32.81% |
| Ludlow Hospital | 178 | 62 | 116 | 34.83% |
| NE Comm Neighbourhood Team | 17 | 6 | 11 | 35.30% |
| Podiatry | 41 | 16 | 25 | 39.00% |
| Stoke Heath | 40 | 12 | 18 | 40% |
| SE Team 1,2&3 | 37 | 15 | 22 | 40.50% |
| Telford Comm Neighbourhood teams North & South | 44 | 18 | 26 | 40.90% |
| NW Team 1&2 | 51 | 21 | 30 | 41.20% |
| Bridgnorth Hospital | 165 | 71 | 94 | 43.03% |
| Comm Neuro Rehab Team | 23 | 10 | 13 | 43.50% |
| Whitchurch Hospital | 162 | 77 | 85 | 47.53% |
| S'bury Comm Team 1&2 | 50 | 24 | 26 | 48% |
| Respiratory Team | 39 | 19 | 20 | 48.70% |
| SE & SW Comm Neighbourhood Teams | 10 | 5 | 5 | 50% |
| Specialist Nursing Diabetes | 18 | 9 | 9 | 50% |
| S'bury Comm Neighbourhood Team North & south | 42 | 22 | 20 | 53.30% |
| 0-19 Shropshire | 121 | 66 | 55 | 54.54% |
| Shrewsbury Dental | 27 | 15 | 12 | 55.50% |
| Child Community acute care/complex/palliative teams | 46 | 29 | 17 | 63.04% |
| 0-19 Telford | 85 | 61 | 24 | 71.76% |