

Board of Directors (In Public) Item 5.3

Subject: 2021 Flu Campaign Summary report
Date of Meeting: 26th April 2022
Prepared by: Helen Martin, Risk and Safety Lead
Presented by: Sue Pemberton, Director of Nursing, Safety and Quality
Purpose: To Note

BAF Reference	Impact on BAF
BAF 1	Assurance regarding the 2021 flu campaign.

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

The 2021 Flu vaccination campaign commenced in mid-September 2021 and concluded in February 2022. A number of methods were deployed to ensure staff had full access to the vaccination, such as: peer vaccinators in each of the clinical areas; administration of the flu vaccine within the vaccination centre (along with the Covid 19 vaccination); walk rounds to the areas and drop in within the occupational health department. Measures were put in place to ensure covid secure guidelines were adhered to. A comprehensive communications strategy accompanied the campaign. 67% of eligible staff were vaccinated during the campaign.

2. Background

Each year, the NHS runs a flu vaccination campaign targeted at healthcare workers. This is

to ensure protection of staff, patients and others, who may be vulnerable to catching the flu virus. The Trust develops a flu vaccination campaign targeted to all LHCH staff every year. It usually commences mid-September and is run in conjunction with Team Prevent, our Occupational Health provider.

For the campaign, the planning started in May 2021 (appendix 1).

3. The 2021 Flu campaign

The flu vaccination campaign is led by the Risk and Safety Lead in conjunction with Team Prevent. The campaign ran until the end of February 2022. It ran in conjunction with the Covid 19 vaccination campaign, which commenced in January 2021.

To support the vaccination of high numbers of staff across the Trust, peer vaccinators were sought in May 2021. At least one peer vaccinator was identified from each of the ward areas, with other peers identified in the clinical areas to ensure each of the Divisions had adequate representation.

The campaign also included different ways to facilitate the access to vaccination for our staff:

- walk round sessions across all areas of the hospital
- drop in at occupational health
- flu vaccination at the vaccination centre which was set up to provide Covid 19 vaccination booster to health care workers, in the autumn months of 2021.
- Peer vaccinators in each of the ward areas

To further facilitate the campaign, the added incentive of a free refreshment was offered to all staff who chose to have the flu vaccination.

From August 2021, the Flu Team commenced meetings to discuss the campaign strategy and identify any ideas for achieving maximum vaccination rates across the organisation.

A comprehensive communications strategy for the campaign commenced in September and included weekly updates on the vaccination rate in each division, along with myth busting and appointments for occupational health clinics, as per the best practice management checklist (appendix 2).

Social media tools and the LHCH staff app were used to further publicise the campaign. As with other years, monthly reporting by Risk and Safety Lead on ImmForm (the National vaccination reporting platform) commenced on 1st November 2021 through to March 2022.

The 2021 flu campaign vaccinated 67% of LHCH staff. This is one of the lowest percentages the flu campaign has achieved in the past few years. In discussion with other organisations at regional meetings, this was a recurring theme across hospital Trusts. The low uptake of flu vaccination was attributed to vaccination fatigue, as staff had been offered three Covid 19 vaccinations by this point, and many staff did not want to partake in the flu campaign, at the same time.

4. Conclusion

The 2021 Flu vaccination campaign commenced mid-September 2021 and concluded in February 2022. The LHCH flu campaign vaccinated 67% of eligible staff. A number of methods to ensure staff had full access to the vaccination were deployed, along with an incentive for those staff who chose to have the flu vaccination.

A comprehensive communications strategy accompanied the campaign.

5. Recommendations

The Board of Directors are requested to note the contents of this paper.

Appendix 1 - Action Plan for Flu campaign 2021

Date	Issue	Action	Responsible person	Completion date
May 2021	Peer vaccinators required to support the 2021 flu campaign	Call for volunteers to support the 2021 flu campaign	Risk and Safety Lead	June 2021
May 2021	Identify Board Lead for flu campaign	Director of Nursing and Quality identified as Executive Lead	Director of Nursing and Quality	May 2021
July/ August 2021	Training required for peer flu vaccinators	Training developed for PGD, flu awareness and BLS	Risk and Safety Lead	September 2021
August 2021	Identify Flu Team	Flu Team members identified from four Divisions and dates arranged to meet weekly once the campaign commences. Members include Matrons, Peer vaccinators, and union representatives.	Risk and Safety Lead	August 2021
Late August 2021	Communications strategy	Communications regarding the forthcoming campaign start to appear in staff bulletin from late September	Risk and Safety Lead	September 2021
September 2021 onwards	Communications and engagement	Weekly communications appear in the staff bulletin regarding walkround/drop in schedules/myth busting/vaccination rates	Risk and Safety Lead/Communication Manager	September 2021 to end of campaign
November 2021 – March 2022	Monthly Immform reporting	Report figures for vaccination rates on Immform	Risk and Safety Lead	November to end of campaign

Appendix 2 - Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards

A	Committed leadership	
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.	Will be recorded in Board minutes
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Complete – Team Prevent have ordered the vaccine
A3	Board receive an evaluation of the flu programme 2021/22, including data, successes, challenges, and lessons learnt	Complete – Report sent to April 2022 Board
A4	Agree on a board champion for flu campaign	Complete
A5	All board members receive flu vaccination and publicise this	Complete
A6	Flu team will be formed with representatives from all directorates, staff groups and trade union representatives	Flu team meetings commenced August 2021
A7	Flu team to meet regularly from September 2021	Schedule of meetings prepared from September to campaign end
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	sent out in regular bulletins throughout the campaign
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Schedule published to end of campaign
B3	Board and senior managers having their vaccinations to be publicised	Complete
B4	Flu vaccination programme and access to vaccination on induction programmes	Complete
B5	Programme to be publicised on screensavers, posters and social media	Complete
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Complete
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Peer vaccinators identified and trained with a commitment to support the campaign
C2	Schedule for easy access drop in clinics agreed	Complete
C3	Schedule for 24 hour mobile vaccinations to be agreed	Complete
D	Incentives	
D1	Board to agree on incentives and how to publicise this	complete
D2	Success to be celebrated weekly	Complete