

Board of Directors (in Public) Item 5.9*

Subject: 2020 Flu Campaign Summary Report
Date of Meeting: Tuesday 30th March 2021
Prepared by: Helen Martin, Risk and Safety Lead
Presented by: Sue Pemberton, Director of Nursing, Quality & Safety
Purpose of Report: To Note

BAF Ref	Impact on BAF
WC1	

1. Executive Summary

The 2020 Flu vaccination campaign commenced in mid-October 2020 and concluded in December 2020 to facilitate the commencement of the Covid vaccination campaign. A CQUIN target of 90% is attached to the success of the campaign.

A number of methods to ensure staff had full access to the vaccination were deployed, such as: peer vaccinators in each of the clinical areas; walk rounds to the areas and appointments in occupational health. Measures were put in place to ensure covid secure guidelines were adhered to.

A comprehensive communications strategy accompanied 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 staff every year. It usually commences mid-September and is run in conjunction with Team Prevent, our Occupational Health provider. However, this year, the Trust took late delivery of the flu vaccines and it was mid-October before the campaign commenced.

For the campaign, the planning started in May 2020 (appendix 1). As with other years, a CQUIN target is attached to the success of the campaign. This year the target requires 90% of eligible staff (frontline healthcare workers) to be vaccinated.

3. The 2020 Flu Campaign

The flu vaccination campaign is led by the Risk and Safety Lead in conjunction with Team Prevent. The campaign ran until end December 2020. It concluded in December in order to facilitate the commencement of the Covid vaccination campaign which started in January 2021.

To support the vaccination of high numbers of staff across the Trust, peer vaccinators were sought in May 2020. 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 to our staff:

- Modified walk round sessions in which each area of the hospital is visited
- appointment at occupational health
- vaccination was offered at corporate induction from November 2020 to the end of the campaign

To further facilitate the campaign, we added an incentive for managers this year. Those staff who had agreed to be peer vaccinators were able to book bank sessions. This approach didn't rely on the vaccinators having to be pulled from their own clinical work in order to deliver a vaccination session and deliver a more efficient global coverage earlier on in the campaign.

A CQUIN target of 90% for vaccination of frontline staff was set by commissioners for 2020. This is 10% higher than last year, and as anticipated was found to be challenging. The campaign managed to achieve 88% of eligible staff vaccinated.

From August 2020, the Flu Team commenced meetings to discuss the campaign strategy and identify any ideas for achieving maximum vaccination rates across the organisation.

In light of COVID19 and the need for social distancing measures, this year the consent form for staff was available online, for staff to complete before their vaccination, thus limiting the length of time they had to wait to be vaccinated.

The vaccination team did not visit any Covid red areas. Peer vaccinators in these areas vaccinated their own staff.

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 2020 through to March 2021.

4. Conclusion

The 2020 Flu vaccination campaign commenced mid-October 2020 and concluded in December

2020 in order to facilitate the Covid vaccination campaign.

A CQUIN target of 90% is attached to the success of the campaign. LHCH achieved 88% of eligible staff vaccinated.

A number of methods to ensure staff had full access to the vaccination were deployed, with the introduction of peer vaccinators in each of the ward areas working well.

A comprehensive communications strategy accompanied the campaign.

5. Recommendations

The Board of Directors are asked to review and note the contents of this paper.

Appendix 1 - Action Plan for Flu campaign 2020

Date	Issue	Action	Responsible person	Completion date
May 2020	Peer vaccinators required to support the 2020 flu campaign	Call for volunteers to support the 2020 flu campaign	Risk and Safety Lead	June 2020
May 2020	Identify Board Lead for flu campaign	Director of Research and Innovation (Chief Risk officer) identified as Executive Board Lead	Director of Research and Innovation (Chief Risk officer)	May 2020
June 2020	Seek ideas to refresh campaign from high achieving Trusts	Contact made with Occupational Health Lead for Countess of Chester Hospital	Risk and Safety Lead	June 2020
July/ August 2020	Training required for peer flu vaccinators	Training developed for PGD, flu awareness and BLS	Risk and Safety Lead	September 2020
August 2020	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 2020
Late August 2020	Communications strategy	Communications regarding the forthcoming campaign start to appear in staff bulletin from late September	Risk and Safety Lead	September 2020
September 2020 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	October 2020 to end of campaign
November 2020 – March 2021	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 2020/21, including data, successes, challenges and lessons learnt	Complete – Report sent to March 2021 Board
A4	Agree on a board champion for flu campaign	Complete – Dr Marga Perez-casal
A5	All board members receive flu vaccination and publicise this	Will publicise once the campaign starts
A6	Flu team will be formed with representatives from all directorates, staff groups and trade union representatives	Flu team meetings commence August 2020
A7	Flu team to meet regularly from September 2020	Schedule of meetings to be prepared from September
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	To be 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	Will publish the schedule when the campaign commences
B3	Board and senior managers having their vaccinations to be publicised	Will complete once the campaign starts
B4	Flu vaccination programme and access to vaccination on induction programmes	Will complete once the campaign starts
B5	Programme to be publicised on screensavers, posters and social	Programme will be

	media	published when campaign commences
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	To start when campaign commences
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 will be 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	To start when campaign commences