

Board of Director (in public)

Item 2 CEO Report

Subject: 2025 Flu Vaccination campaign
Date of Meeting: 23rd September 2025
Prepared by: Helen Martin Head of Risk Management, Rachael McDonald Deputy Chief People Officer
Presented by: Director of Risk and Corporate Governance

1. Executive Summary

This operational plan outlines the activity in support of the Seasonal Flu vaccination programme Autumn/Winter 2025/26

The 2025 vaccination program will commence in October 2025 and is expected to ultimately conclude in February 2026 and will be offered to 100% of healthcare workers (frontline and back office functions included).

LHCH achieved 31% vaccination rates for flu in 2024 (50% in 2023). While this is the lowest figure achieved for some years, LHCH were not an outlier as other healthcare organisations achieved similar percentages. In regional network meetings, this was attributed to vaccination fatigue.

It should be noted that there is no requirement for healthcare workers to routinely receive the Covid vaccination as part of the campaign for Autumn/Winter 2025/6.

2. Background

The NHS must deliver 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 flu campaign will be provided by the new Occupational Health provider (LUHFT) with support from the Head of Risk Management. A similar collaborative approach was trialed in 2024 with over 70 of BGH staff attending for vaccination at the clinic provided by the LHCH vaccination nurse.

[National Flu immunisation letter programme 2025 to 2026](#)

3. Implementation Plan

The campaign will be delivered across a 10 week window, which commences on or around 1st October 2025 through to 19th December 2025. Should the campaign prove slow to gain momentum, an extension to this may be required.

Communications to promote the plan will commence in September and will continue throughout the campaign with a focus on myth busting, competition between wards/departments, where and how to get the vaccination.

Senior leaders will lead by example, receiving their vaccinations publicly and encouraging participation through visible advocacy.

Access to vaccination will be provided by having a vaccine nurse on site at least three times per week in both the clinic setting and as a roving offer, visiting wards and departments.

1,500 vaccines have been ordered to meet anticipated demand.

This campaign will adopt a more targeted approach, with a reduced window for clinic attendance across October and November. This focused timeline is intended to encourage prompt uptake following the campaign's go-live date. Historically, we have found that running extended clinics does not represent the best use of resources, often leading to lower engagement and inefficiencies. By concentrating efforts within a shorter period, we aim to drive attendance while optimising staff time. A small Health and Wellbeing (HWB) budget will be available to support bank staff where needed, ensuring adequate clinic coverage during peak periods.

Oversight of the vaccination programme is provided by the Director of Risk and Corporate Governance – Ben Vinter, who serves as the named Executive Lead for staff vaccination.

4. Conclusion

The proposed vaccination campaign will provide maximum access to receive the flu vaccine by all staff on the Broadgreen hospital site. The campaign will incorporate a clinic and roving vaccination model to ensure all staff have access to the vaccine.

A strong leadership and communications program will support the campaign.

5. Recommendations

The Board of Directors are asked to review this paper.

Appendix 1 - 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 flu vaccine for healthcare workers	Complete – LUFHT have sourced the vaccine
A3	Board receive an evaluation of the flu programme 2024/25, including data, successes, challenges and lessons learnt	Complete – Report sent to April 2025 Board
A4	Agree on a board champion for flu campaign	Complete
A5	All board members receive flu vaccination and publicise this	Will be actioned as appropriate
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	Schedule to be published to end of campaign
B3	Board and senior managers having their vaccinations to be publicised	Will be actioned as appropriate
B4	Flu vaccination programme and access to vaccination on induction programmes	Will be actioned as appropriate
B5	Programme to be publicised on screensavers, posters and social media	Will be actioned as appropriate
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Will be actioned as appropriate
C	Flexible accessibility	
C1	Schedule for easy access drop in clinics agreed	Will be actioned as

		appropriate
C2	Schedule for 24 hour mobile vaccinations to be agreed	Will be actioned as appropriate
D	Incentives	
D1	Board to agree on incentives and how to publicise this	Will be actioned as appropriate
D2	Success to be celebrated weekly	Will be actioned as appropriate

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