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| Title of Report | Staff Flu Vaccination Self-Assessment |
| Agenda reference no. | 2.1.1. |
| Presented to | Trust Board |
| Date of meeting | Wednesday 23 rd September 2020 |
| Author | Julia McLaughlan – Senior Human Resources Manager |
| Executive Lead | Jeremy Rushmer – Medical Director |
| Executive Summary | <p>The aim of the staff vaccination action plan for 2020 is to achieve 100% uptake amongst frontline healthcare workers to ensure we are a FLUSAFE Trust by 30 November 2020. The national target is 90% uptake by 28th February 2021.</p> <p>Evaluation of the flu vaccination programme for 2019 showed a significant increase in uptake amongst frontline healthcare workers linked to:</p> <ul style="list-style-type: none"> • Access to vaccination via flu hubs on main sites from day 1 of programme • Increase in number and coverage of peer vaccinators • Improved staff engagement <p>The 2020 campaign has developed these areas further and adapted due to coronavirus constraints relating to social distancing. The delivery model for antibody testing adopted earlier in the year has been used as a framework for safe and effective vaccination administration.</p> <p>The Trust is required to report to Board in relation to a self-assessment of good practice for the vaccination campaign. The attached self-assessment shows that the Trust is following national best practice in relation to the campaign.</p> |
| Recommended actions required by Board/committee | To note the self-assessment document. |

| | | | | | | | |
|--|--|------------------------------|-----------------------------|--------------------------|--------------------|-----------------------|---------------|
| Link to strategic objectives <i>(please tick)</i> | Quality care & improvement | Best place to work and train | Reshape healthcare settings | Financial sustainability | Realistic medicine | Brand & relationships | Public Health |
| | | | | | | | X |
| Board Assurance Framework Reference | | | | | | | |
| Link to CQC KLOE <i>(please tick)</i> | Caring | Responsive | Well-led | Effective | Safe | | |
| | | | X | | | | X |
| Compliance/ regulatory requirements <i>(if applicable)</i> | | | | | | | |
| Financial impact? | CQUIN indicators are on hold for 2020. | | | | | | |

Staff Flu vaccination Programme 2019-20: Evaluation

Introduction

The staff flu vaccination programme commenced on Monday 30th September 2019. An action plan was in place to deliver 80% vaccination amongst frontline healthcare workers.

Uptake Data

Using national guidance on the definition of frontline healthcare workers 6447 were identified as requiring vaccination. This denominator was updated regularly during the flu vaccination period.

By 28 February 2020 the overall frontline healthcare worker uptake rate was 78.3% (up from 67% in February 2018).

Uptake rate by staff group

| Staff Group | 2019-20 | 2018-19 | 2017-18 | Change from previous year |
|---|---------|---------|---------|---------------------------|
| Doctors | 86% | 83% | 66% | +3% |
| Qualified Nurses/Midwives/HV's | 79% | 63% | 47% | +16% |
| Other Professionally Qualified Clinical Staff | 76% | 68% | 56% | +8% |
| Support to clinical staff | 76% | 66% | 49% | +10% |

Uptake rate by Business Unit

| Business Unit | 2019-20 | 2018-19 | 2017-18 | Change |
|------------------|---------|---------|---------|--------|
| Child Health | 82% | 75% | 59% | +7% |
| Clinical Support | 79% | 74% | 61% | +5% |
| Community | 74% | 61% | 42% | +13% |
| Corporate | 90% | 79% | 65% | + 11% |
| Medicine | 82% | 72% | 53% | +10% |
| Surgery | 69% | 61% | 46% | +8% |
| NHFML | 50% | 43% | 37% | +7% |

Uptake rate in Higher Risk Areas

In 2018/19 Trusts were asked to identify higher risk areas and ensure that in these areas there was robust management of the vaccination status of individual staff members. The Trust chose to extend this classification to 6 additional areas in 2019/20.

| Service | 2019-20 | 2018-19 | 2017-18* |
|----------|---------|---------|----------|
| ICU | 95% | 93% | 62% |
| SCBU | 100% | 100% | 72% |
| Oncology | 95% | 98% | 61% |

| | | | |
|--------------|------|-----|-----|
| SSPAU | 100% | 77% | 53% |
| ED** | 92% | 78% | 42% |
| UCC x3** | 85% | 69% | 46% |
| W2, WGH** | 73% | 38% | 24% |
| W12, NSECH** | 93% | 70% | 72% |
| W18, NTGH** | 85% | 52% | 37% |

*The denominator was measured differently in 2019/20 and 2018/19 compared to 2017/18 in line with national guidance

**New departments identified as high risk areas in 2019/20

Peer Vaccinators

| | No. of active peer vaccinators | Total no. of vaccines administered by PV's | Average no. of vaccines administered |
|---------|--------------------------------|--|--------------------------------------|
| 2018-19 | 80 | 1522 | 19 |
| 2019-20 | 158 | 4577 | 29 |

In 2019-20 there were 127 peer vaccinators nominated who did not administer any vaccinations.

Flu Vaccination Elsewhere

Frontline HCW's who are vaccinated somewhere other than the Trust are included in the Trust uptake rate. There was an increase in staff reporting vaccination elsewhere in 2019-20.

| | 2019-20 | 2018-19 | 2017-18 | Change from previous year |
|--|---------|---------|---------|---------------------------|
| Reported vaccination elsewhere - HCW's | 567 | 471 | 199 | +96 |

Successes

Use of flu hubs on main sites – 7am-7pm access to flu hubs was very popular with staff and it was not uncommon to have significant queues of people waiting to be vaccinated.

Action: Flu hubs to be used in 2020 programme managed in a way to maintain safe practice in relation to coronavirus.

Increase in number of 'high risk areas' – areas identified as 'high risk' demonstrated a significant increase in uptake from the previous year.

Action: number of 'high risk' areas increased in 2020 to reflect most vulnerable patient groups.

Increase in number of peer vaccinators – more peer vaccinators improved coverage and, on average, vaccinated more staff each.

Action: all clinical nursing areas expected to nominate at least x1 peer vaccinator.

Use of social media – real time communication via the staff Facebook page enabled key messages and information to be shared widely and quickly.

Action: staff Facebook to be used to promote key messages alongside staff briefings, intranet etc.

Challenges

Vaccine supply – due to the staggering of vaccine deliveries we ran out of vaccines within 3 days of commencing the programme and were required to pause while waiting for the next delivery.

Inactive peer vaccinators – a significant number of people were nominated as peer vaccinators but did not administer vaccines

Teams with low uptake were difficult to engage

Lessons Learnt

Vaccine supply – using x1 supplier left the Trust vulnerable when delivery dates were staggered with 3 week intervals and momentum for vaccination was lost when vaccination was suspended while awaiting deliveries.

Action: more than x1 supplier to be used to provide vaccines.

Action: match supply and demand more closely.

Business Unit ownership of flu plans – managing low uptake areas and inactive peer vaccinators would be easier if business units were involved in the flu planning process

Action: Business Units to appoint flu leads to develop business unit level plan supported by Trust level plan

Healthcare worker flu vaccination best practice management checklist – for public assurance via Trust Boards by December 2020

| A Committed leadership Trust | Status |
|---|---|
| A1 Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers | To be recorded at Trust Board – September 2020 |
| A2 Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers | Yes including alternative for those with egg allergies. In addition, trivalent (TIV) flu vaccine recommended for those aged 65+ years will be available for older members of workforce. |
| A3 Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt | Evaluation report presented at Trust Board by Jeremy Rushmer |
| A4 Agree on a board champion for flu campaign | Marion Dickson and Jeremy Rushmer |
| A5 All board members receive flu vaccination and publicise this | 100% of Board will be vaccinated during September 2020 |
| A6 Flu team formed with representatives from all directorates, staff groups and trade union representatives | Flu team in place |
| A7 Flu team to meet regularly from September 2020 | Flu meetings have been in place since July 2020 |
| B Communications plan | |
| B1 Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions | Via intranet/FB videos/individual e-mails |
| B2 Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper | All arrangements on flu page of intranet, Enyware, Staff FB page and via individual e-mails to staff |
| B3 Board and senior managers having their vaccinations to be publicised | Trust Board will be vaccinated in September 2020 and publicised via FB and Twitter |
| B4 Flu vaccination programme and access to vaccination on induction programmes | Yes |
| B5 Programme to be publicised on screensavers, posters and social media | Yes |
| B6 Weekly feedback on percentage uptake for directorates, teams and professional groups | Weekly uptake reports are circulated |
| C Flexible accessibility | |
| C1 Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered | Over 400 peer vaccinators appointed across acute and community clinical teams |
| C2 Schedule for easy access drop in clinics agreed | Flu hubs scheduled in line with vaccine deliveries between September – November 2020 |
| C3 Schedule for 24 hour mobile vaccinations to be agreed | Flu Hubs, peer vaccinators, pop up clinics |
| D Incentives | |
| D1 Board to agree on incentives and how to publicise this | Flu pin badges will be given to all vaccinated staff |
| D2 Success to be celebrated weekly | Uptake reports will be circulated weekly and ward/department accreditation certificates will be awarded. |



Northumbria Healthcare
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