

Workforce Reports– Resourcing

1. Introduction

Ensuring that the Trust has adequate workforce resources to deliver safe, effective care is a key accountability of an NHS Trust Board. A key risk on the Board Assurance Framework is a critical shortage of workforce capacity or capability. This quarterly report is designed to provide the Trust Board with an update about latest developments and provide assurance by describing the activities that are being undertaken in order to mitigate the workforce capacity and capability risk.

2. 2018 Workforce Plan Update

The Activity, Workforce and Financial plan was submitted to NHS Improvement (NHSI) on 30th April 2018. In the plan, the Trust accepted an agency ceiling target of £16.65m for 2018/19. The workforce numbers are set out in the table below:

Plan submitted	2018/19
ALL STAFF	4,251.8
Bank	194.6
Agency staff (including, Agency, Contract and Locum)	66.8
Substantive WTE	3,990.4
Total Substantive Non-medical -Clinical Staff	3,020.3
Total Substantive Non-medical- Non-Clinical Staff	492.2
Total Substantive Medical and Dental Staff	477.9

Performance against the plan is being tracked monthly at the Trusts Workforce Planning Group and in Divisions. Below is the position against the Month 4 (July) plan.

M4	Plan	Actual	Variance
ALL WTE STAFF	4241.11	4308.31	67.2
WTE Staff (including bank, overtime and additional hours)	4105.77	4167.17	61.4
WTE Agency staff (Inc. Agency, Contract and Locum)	135.34	141.14	5.8

The Trust is 67 wte (whole time equivalent) off plan which is a gap of 1.6%. This is suggesting that we are using more staffing than expected to deliver our activity. Contributing factors to additional worked wte are levels of increased patient acuity and a higher level of activity across our Medicine and Urgent & Emergency Care divisions. In addition, the Trust has a number of roles which require a supernumerary period such as Clinical Fellows. The monthly variance against plan has reduced recently.

3. Staff in Post, Turnover and Recruitment

Trust Position as at August 2018

The Trust tracks its staff in post against funded establishment in order to identify vacancies and its turnover. Below is the staff in post position for August 2018. Only nursing has vacancies in excess of 10%. Medical & Dental has reduced to 9.49% which is the lowest that it has been for several years.

	Aug-18							
	Budget - FTE	SIP - FTE	SIP - Headcount	Vac - FTE / Gap - FTE	% Vacancy / % Gap	Starters	Leavers	% Turnover
Total Trust								
Admin & Clerical	1148.00	1070.76	1317	77.24	6.73%	6.97	14.17	1.32%
Allied Health Professionals	223.69	222.23	275	1.46	0.65%	5.00	3.60	1.62%
Ancillary	39.72	36.99	44	2.73	6.87%	0.00	0.00	0.00%
Medical & Dental	504.79	456.90	477	47.89	9.49%	2.00	1.00	0.22%
Registered Nurse Operating Line * - ALL Bands	1345.39	1145.26	1366	200.12	14.87%	4.39	0.40	0.03%
Scientific & Professional	222.58	203.83	223	18.75	8.43%	9.00	2.60	1.28%
Technical & Other	283.34	265.98	326	17.36	6.13%	5.60	2.60	0.98%
Unregistered Nurse	603.28	575.18	673	28.10	4.66%	1.45	2.44	0.42%
Total - Trust	4409.74	3977.12	4701	432.62	9.81%	36.48	27.72	0.70%
Band 5 Registered Nurse Only operating line *	740.13	568.83	696	171.30	23.14%	5.15	0.40	0.07%

Note: Starters and Leavers excludes Rotational Doctors - *Establishment and thereby vacancies in the Band 5 RN category have been reduced by 5% of establishment in order to reflect the margin that would usually be left unfilled to fund the cover for unplanned absences such as sickness with bank and agency. This margin is never filled with substantive staff. This impacts both the band 5 RN figure and the total RN figure.

The Trust repeatedly delivers a lower turnover than its threshold of 1%. In most months, the Trust welcomes more new starters than leavers and across the latest quarter it was 0.7%.

Medical Staff

Below is the table tracking the medical staff vacancy position since August 2016.

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	483.57	413.30	70.27	14.53	-
April 17	494.09	427.96	66.13	13.38	-1.15
Aug 17	493.74	430.79	62.95	12.75	-1.78
Dec 17	497.96	445.79	52.17	10.48	-4.05
May 18	503.67	448.49	55.18	10.96	-3.57
Aug 18	504.79	456.90	47.89	9.49	-5.04

Over the last two years, there has been a sustained improvement in medical staff vacancies with an overall reduction of 1/3rd. Much of this has been achieved through the Trust ability to success fill consultant vacancies and the Clinical Fellow and CESR programmes.

Registered Nurses – All Bands

Below is the table tracking the all Registered Nurse vacancy position since August 2016.

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	1327.51	1123.65	203.86	17.39	-
April 17	1328.24	1164.22	164.02	12.35	-5.04
Aug 17	1332.86	1165.50	167.36	12.56	-4.83
Dec 17	1336.10	1187.43	148.67	11.13	-6.26
May 18	1346.89	1160.54	186.34	13.84	-3.55
Aug 18	1345.39	1145.26	200.12	14.87	-2.59

This table shows a general trend of improvement. However, it does fluctuate. The Trust is showing a 2.59% improvement in the last 2 years from August 2016. Registered Nurse recruitment is seasonal as the newly qualified student nurses take up positions in September and October each year. Therefore, it is expected that May will generally show a worse position than December each year. In addition, there has been an increase in funded establishment of almost 20 wte, which means that more posts need to be filled for the percentage to remain static.

Registered Nurses – Band 5

Below is the table tracking Register Nurse (band 5) vacancies since August 2016. These are ward based nurses and therefore gaps tend to have to be filled with bank or agency nurses.

Date	Budgeted establishment	Staff in Post	Vacancies	Vacancy %	Change since baseline
Aug 16	773.30	613.58	159.12	20.65	-
April 17	748.75	626.76	121.99	16.29	-4.36
Aug 17	756.87	607.22	149.65	19.77	-0.88
Dec 17	752.10	625.51	126.59	16.83	-3.82
May 18	740.69	590.05	150.64	20.34	-0.31
Aug 18	740.13	568.83	171.30	23.14	+2.49

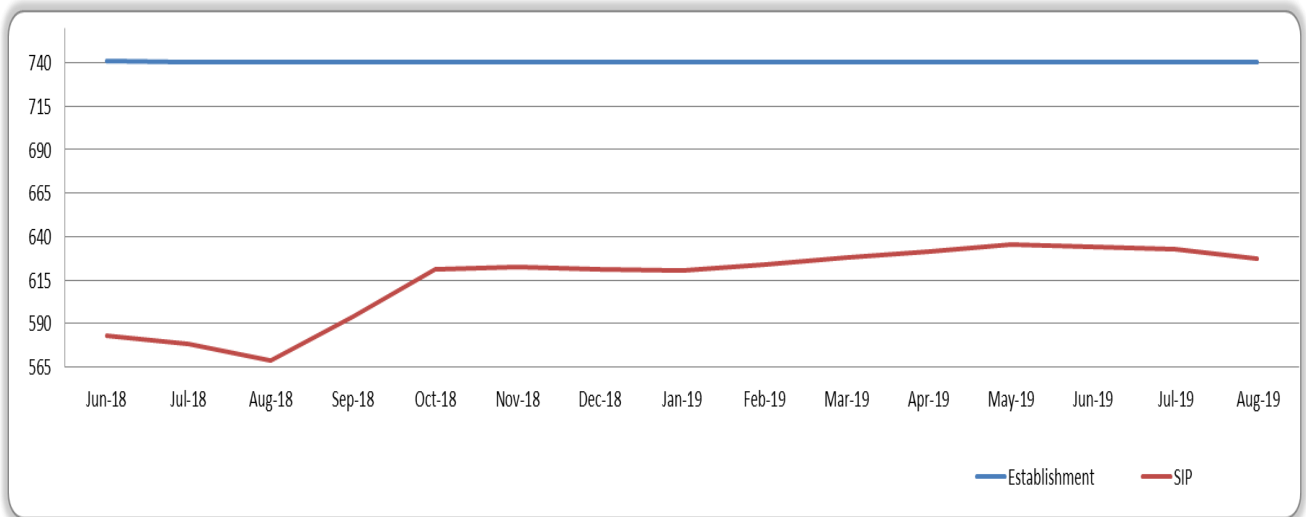
This table was indicating a general trend of improvement in the vacancy position. However, more recently that has slowed and the seasonal effect with Registered Nurses has the most profound impact on this vacancy line. Funded establishment has reduced, which corresponds with the increase in the all Register Nursing establishment as nurses were promoted from Band 5 to 6. This can help with recruitment and retention of nurses.

It is anticipated that the success with student nurse recruitment this year and our international recruitment will address the slightly worsened vacancy position. However, the band 5 vacancy position appears to fluctuate more widely than any other staff group, driven by rapid promotions and nurses choosing to work more flexibly.

Band 5 Registered Nurse Trajectory

The band 5 nursing trajectory which is our predictor tool for ward based nurse staffing, indicates that the position should start to recover from September 2018, with significant increase due to the newly qualified nurses starting. However, we are still anticipating operating with at least a 100 Registered Nurse vacancy gap for the next 12 months.

Fortunately, the very significant increase in the Trusts nursing bank means that much more of the gap is covered with bank nurses as opposed to agency staff.



The Trust had twenty one (15.98 WTE) Band 5 registered nurse new starters between June and August 2018. These did not include the newly qualified nurses.

The Trust has 58 newly qualified student nurses starting this Autumn, which is the highest that it has ever attracted. They have started or are due to start on the following dates:

Date	Number of new starters
3 rd Sept	6
19 th Sept	20
1 st Oct	20
15 th Oct	9
5 th Nov	1
19 th Nov	1
tbc	1

Autumn 2018 Nurse Recruitment Activity

The following recruitment activity is scheduled over the next few months for nursing.

- 14th Sept **Healthcare Support Worker Assessment Centre**
A new approach is being trialled to attract candidates who are not currently working in this role. The approach measures the applicants against Trust values and potential to be trained in the role, rather than existing skills and knowledge.
- Registered Nurse Assessment Centre**
This is the regular monthly Registered Nurse Assessment Centre
- 20th & 21st Sept **Registered Nurse Interviews Emergency Department**
Bespoke interviews, any suitable candidates not appointed to ED will be offered roles across the Trust
- 27th Sept **Healthcare Support Worker Assessment Centre**
This is the regular monthly HCSW Assessment Centre

19 th Oct	Registered Nurse Assessment Centre This is the regular monthly Registered Nurse Assessment Centre
24 th Oct	Clinical Typist Assessment Centre New approach to recruit into hard to fill roles across the Trust & Bank
26 th Oct	Healthcare Support Worker Assessment Centre This is the regular monthly HCSW Assessment Centre

4. International Recruitment

Registered Nurse International Recruitment

International specialist agency HealthPerm, who have successfully recruited international Registered Nurses to Nottingham University Hospitals NHS Trust has now been contracted to supply circa 20 Registered Nurses for our Trust.

All shortlisted candidates have obtained English language clearance and some have also already passed the Computer Based Test (CBT) that is required prior to beginning the process of registration with the Nursing and Midwifery Council.

Recruitment took place via Skype over three days and 22 job offers have been made. It is planned to have the nurses arrive from January 2019. They will then be given support to pass the required clinical assessments before being fully qualified to work in the UK.

Medical International Recruitment

Since June 2018 a further seven Clinical Fellows have started working for the Trust. All of these have come from overseas and are in various stages of their supernumerary period which should be completed within the next two months to enable them to take up the full role during the winter period.

5. Retention

Retirement and Age Demographics

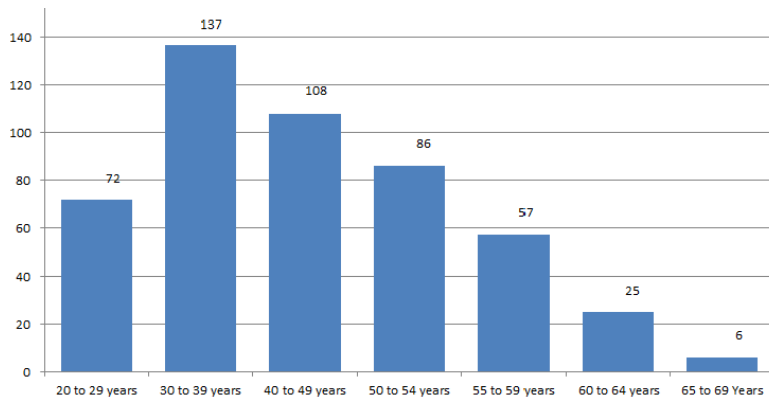
An area of risk for the Trust relates to workforce age demographics. The Workforce Planning Group is overseeing work to further quantify this risk.

Previously, this report covered details of a Trust level initial analysis of the situation regarding age demographics and the risks relating to retention. Further detailed analysis is being carried out by divisions and is being reported through the Workforce Planning Group. Two Divisions have undertaken a detailed review so far.

Women and Childrens Division

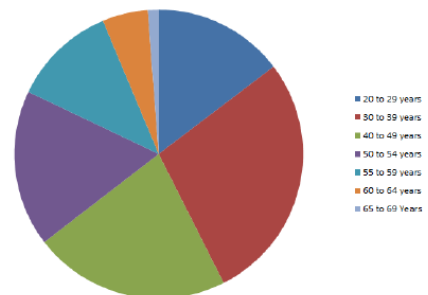
This Division faces one of the highest risks in the Trust regarding its age demographics and the retention of older staff.

Divisional overview



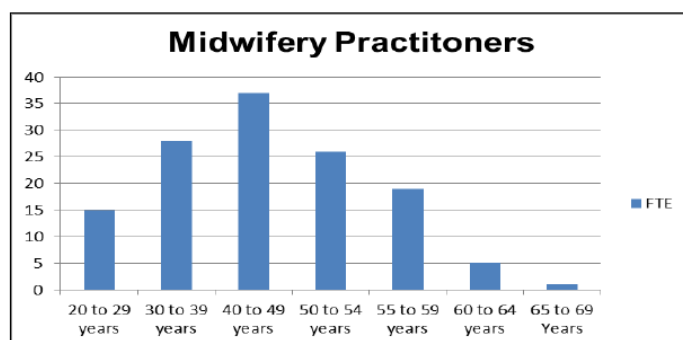
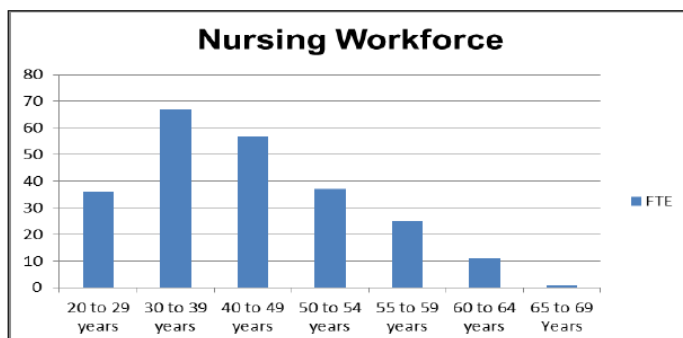
Age Group	Total	Percentage
20 to 29 years	72	14.66%
30 to 39 years	137	27.90%
40 to 49 years	108	22.00%
50 to 54 years	86	17.52%
55 to 59 years	57	11.61%
60 to 64 years	25	5.09%
65 to 69 Years	6	1.22%
Total	491	

- As of April 2018 the division has an available workforce of **491wte employees**
- The **majority** of the workforce is aged between 30-39 (27.90%) that is followed by 40-49 (22.0%)
- The division currently has an available workforce of **6wte** who are aged over 65 years
- The division does not employ anybody under the age of 20



17.92% of the workforce in the Women and Childrens Division are aged 55 and over. However it has an additional 17.52% aged between 50 and 55, meaning that over 1/3rd of its workforce are 50+. Particular risk areas for this division relate to nurses and midwives; doctors and administrative staff.

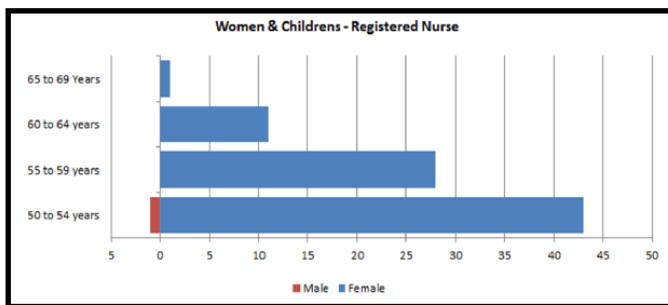
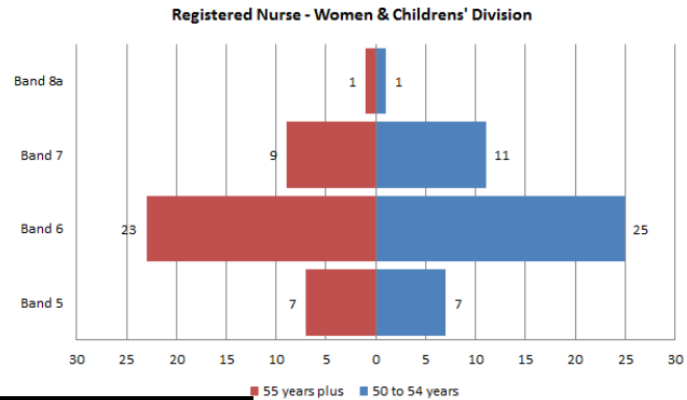
Staff Group – Nursing and Midwifery



- **68%** of Nursing & Midwifery workforce are aged between 20 and 49
- **32%** of Nursing workforce over 50
- **39%** of Midwifery workforce over 50
- **86%** of workforce on Ward 25 are under 50
- **50%** of NICU management team aged over 50

Registered nurses and midwifery practitioners in the NHS have the right to retire on their full pension at age 55. This is called special class status. Therefore, the fact that 32% of nurses and 39% of midwives in this Division are aged 50+ is a real concern.

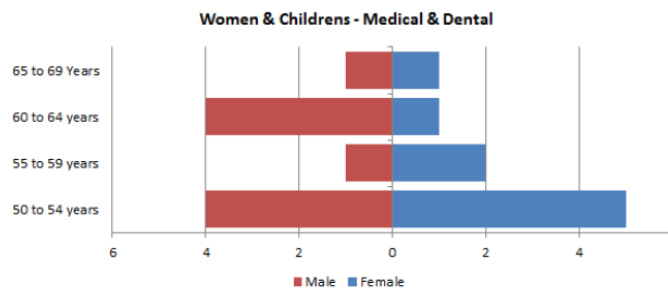
- The Division has **84wte** registered Nurses & Midwives **over the age of 50**
- The majority of the **Registered Nurses & Midwives** are female and aged between 50-54
- From 13 wte **Specialist Nurse/ Midwives** 9 are over 50



Age Group	Female	Male	Total
50 to 54 years	43	1	44
55 to 59 years	28	0	28
60 to 64 years	11	0	11
65 to 69 Years	1	0	1
Total	83	1	84

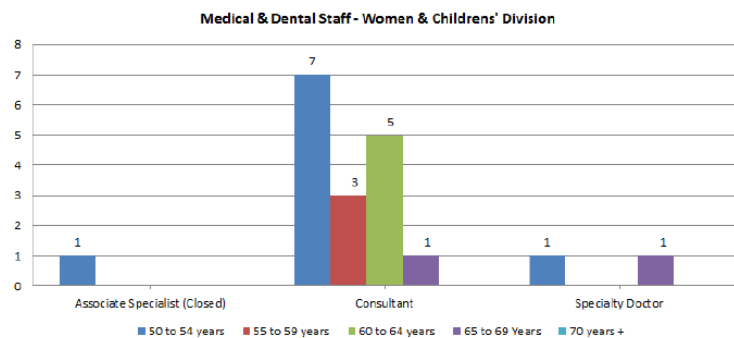
There is a particular risk with senior and specialist roles. Of 13 specialist nurses/midwives 9 are over 50. It is important for the Division to have a succession pipeline for these and its leadership roles. The risk to nursing and midwifery is replicated across the system locally, especially the risk to continuity and succession at a very senior level.

Staff Group – Medical



Age Group	Female	Male	Total
50 to 54 years	5	4	9
55 to 59 years	2	1	3
60 to 64 years	1	4	5
65 to 69 Years	1	1	2
Total	9	10	19

- The Division has **19 wte** registered Medical professionals **over the age of 50**
- The majority of the **Medics** are male and aged between 50-54
- **The Medical role of Consultant** is the most concentrated staff role of employees over the age of 50



The risk with older senior medical staff leaving has been amplified with the HM Revenue and Customs taxation rules concerning pensions and the annual and lifetime allowances.

Divisional Actions

In midwifery the Division are concentrating on retaining and nurturing existing staff. This is involving a degree of flexible working. There is also a band 6 development programme in paediatric nursing and bespoke recruitment events.

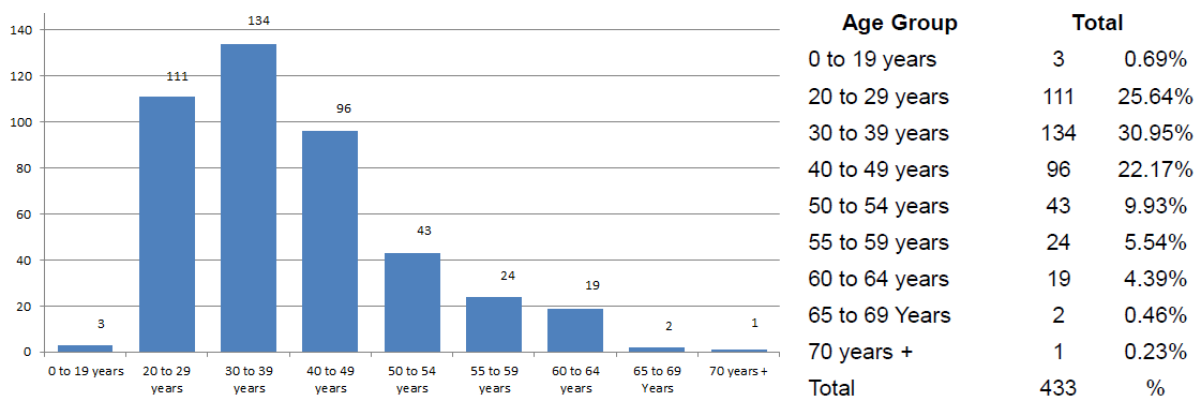
Specialist nurses are included in our succession planning and talent management work to identify a succession pipeline which not only mitigates the risk to the senior positions, but also act as a retention aid for more junior staff who can see a career path for themselves.

The Division are exploring the use of apprentices to help mitigate some of the risk with administrative staff, again to encourage a career path and succession plan.

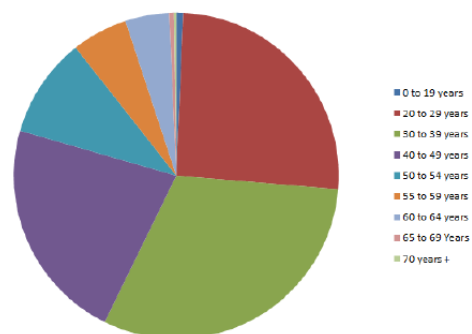
Workforce planning for medical staff is involving the Heads of Service and Service Directors and looking at individual posts.

Urgent and Emergency Care

This Division generally has a younger workforce and therefore faces less risk from age demographics.



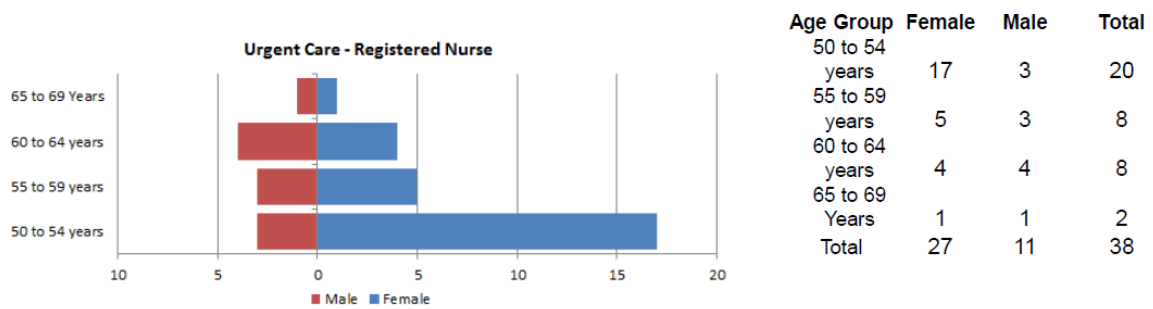
- As of April 2018 the division has an available workforce of **433 wte employees**
- The **majority** of the workforce is aged between 30-39 (30.95%) that is followed by 20-29 (25.64%)
- The division currently has an available workforce of **3wte** who are aged over 65 years
- The division **only** employees **3wte** employees under the age of 20



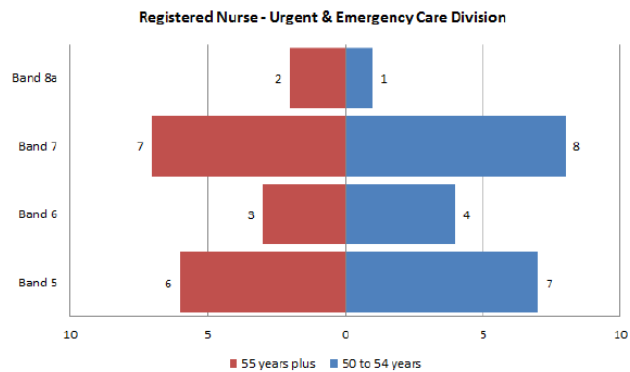
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There is less risk relating to the impact of age demographics in this Division as only just over 20% of staff are aged 50 or above.

Staff Group – Nursing

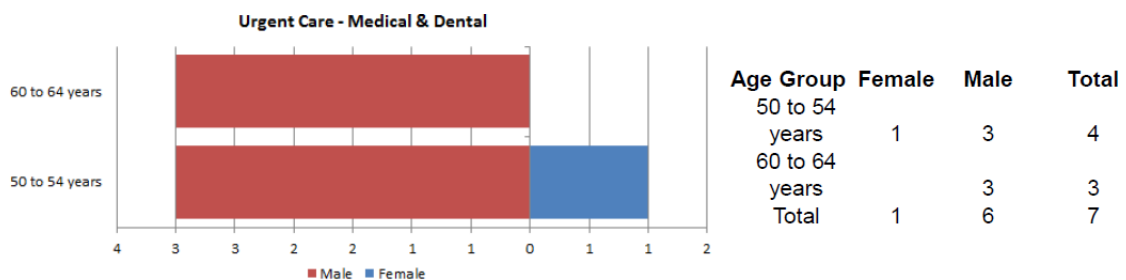


- 38 wte registered nurses professionals over the age of 50
- The majority of the Registered Nurse are female and aged between 50-54

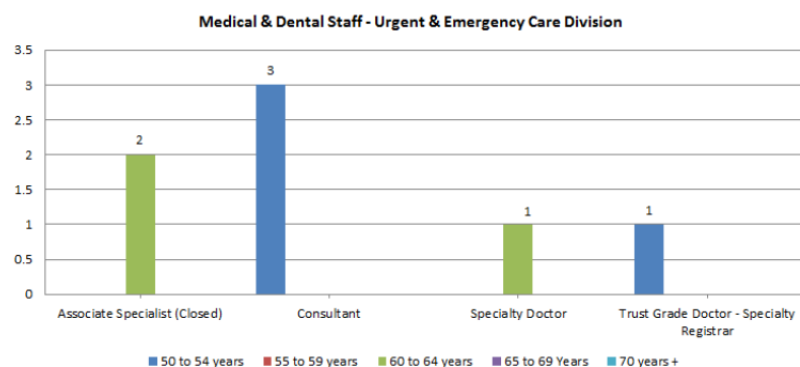


There are a number of nurses who are already retired and returned in this group, there are 20 who will be eligible to retire in the next few years. Whilst this is not a significant proportion of the nursing workforce, the Division will be working to retain them.

Staff Group – Medical



- 7wte registered Medical professionals over the age of 50
- The majority of the Medics are male and aged between 50-54
- The Medical role of Consultant is the most concentrated staff role of employees over the age of 50



The medical workforce is relatively young in this Division, with only 7 medical staff who are over age 50. The challenge tends to be one of recruitment and retention of medical staff generally as opposed to those specific to age in this Division.

Divisional Actions

Regarding retention, they are concentrating on supporting education, the maximising our potential approach and staff engagement and developing a supportive culture. For instance, the Division has a newly qualified nurses support programme and they are planning to develop a Divisional aspire programme to support succession.

They have also been using financial incentives to support recruitment, especially incentive packages for medical staff and use the keeping warm approach with new recruits waiting to commence employment with the Trust.

To some extent this risk is mitigated by the Trusts retire and return arrangements and in reality, many retired nurses continue to work bank shifts for the Trust.

6. New Role Development

Overview

There are fifteen alternative roles in the pipeline. Eleven are in the training stage whereby the individuals have completed a period of training and are in transition towards obtaining the required skills to perform the role in full or are still partway through their training period.

There are a further three in the active development stage where the role is being review and worked up and one suggested alternative role requires a degree of further consideration

	June 2018	Sept 2018
In training	10	11
In development	1	3
In consideration	4	1

Since the last report an additional five Clinical Fellows have been appointed and are currently in a programme of development. An additional CESR doctor has also commenced employment with the Trust.

Further development has taken place with the Doctors Administrators role that was reported on in detail in the resourcing paper last quarter. It is to be introduced within Trauma and Orthopaedics in Q3 of 2018/19.

New role – Acute Care Practitioner

A new role currently under consideration is the Acute Care Practitioner (ACP).

Two years ago our Trust undertook a comprehensive piece of work in relation to this role. The work examined the time and cost involved in training Acute Care Practitioners, the benefits of the role and the ongoing support required.

Although there are a small number of these roles in the Trust, recruited in from elsewhere, it was not considered viable to recruit and train our own cohort of them. At that time there were on average many more Medical vacancies in the Trust but that number has now reduced significantly. Our remaining vacancies are generally in specialties with national shortages. Therefore, further consideration is being given to alternative roles, and the Acute Care Practitioner is being reconsidered.

The role of Acute Care Practitioner has been embraced by Derby and Burton Hospitals, with a view to using their experience to inform our development of the role. They have 77 Acute Care Practitioners working across the Hospital. The majority of those posts are in the Emergency Department- including the Paediatric Emergency Department (20), Medicine (18), Surgery (9) and HCOP (9).

It takes approximately five years to fully train an Acute Care Practitioner and Derby have a new cohort of trainees annually. These trainees have both an Educational and Clinical Supervisor and they are supported by Team Leaders who manage and provide pastoral support. During training, Acute Care Practitioners rotate through a number of specialties. While training, they are expected to complete the following:-

- A minimum of 5 acute care assessment tool within the clinical portfolio
- Work place based assessments up to a minimum of 77 portfolio entries.
- MSc, or additional essential modules if recruited with MSc.
- Be an independent prescriber where profession permits. If unable to complete independent prescribing, demonstrates knowledge of therapeutics within the clinical portfolio.
- Portfolio evidence demonstrating evidence of teaching activity.
- Completion of Derbyshire School of Advanced Practice Competency Framework or alternative approved curriculum.

Following completion of the above, the portfolio is submitted for an ARCP (Annual Review of Competency Progression), which is the formal method by which a trainee's progression through their training is monitored. If successful, the trainee will progress onto band 8a and become a qualified Acute Care Practitioner where contribution to medical rotas is expected and they provide 7 day cover.

It is clear that investment in the Acute Care Practitioner role as a long term strategy which could help to compensate for the reduction in the number of junior doctors and to provide consistent, flexible cover to all specialties. It would have a positive impact on reducing variable pay expenditure which has been evidence at Derby.

Our Trust has a Clinical Fellow programme across both Medical and Surgical specialties, but primarily Medical specialties. The Clinical Fellow programme has enabled the Trust to cover both junior doctor and rota gaps in a planned way. Clinical Fellows generally leave the Trust after approximately two years to enter the junior doctor training programme. To provide a more stable and flexible workforce going forward, consideration is being given to recruiting trained Acute Care Practitioners and also to developing a training programme for growing our own Acute Care Practitioners too.

7. Annual Training, Education and Development Report

The Trusts Training, Education and Development Report for 2017/2018 is a real testament to the dedication and success of a highly skilled and focussed integrated multi-professional training, education and organisational development department. The report emphasises the wide range of opportunities offered.

The CQC nationally are encouraging Trusts to create similar integrated departments like ours as they can see the real benefits and strengths of multi-professional working.

Our education facilities are often quoted as being some of the best in the county and the Trust's training, education and development work is well regarded in the local system. Our Trust is leading on a number of system wide initiatives such as the development of a Nottinghamshire Talent Academy. During 2017/2018, the Department has achieved many notable successes which accord with our values:

Communicating and Working Together

- First Trust in the East Midlands to lead the Widening Access Programme into medical education for pupils from disadvantaged backgrounds.
- Sherwood Forest Hospitals continues to lead the Mary Seacole leadership programme for the Nottinghamshire Integrated Care System.
- Over 2,400 of our staff have accessed leadership and management training in the last three years.

Aspiring and Improving

- Over 1,200 applications were received for work experience placements in Nottinghamshire from young people looking to become part of our future workforce. It also evidenced an increase in BME applications.
- The Medicine team will be presenting at the national ASME (Association for the Study of Medical Education) conference in July 2018 on the electronic marking of timed SCIMS (Structured Clinical Insights Modules which basically means a simulated clinical scenario in which students have to assess clinical situation often using a real patient to diagnose a condition and make a recommendation for treatment)

Respectful and Caring

- Sherwood Forest Hospitals scored the 4th highest in the country for staff engagement as demonstrated in the national NHS Staff Survey 2017.
- Our Trust is the largest provider of pharmacy insight visits in the East Midlands.

Efficient and Safe

- 98% of staff in the 2017 NHS Staff Survey had received mandatory training within the last 12 months and 77% received access to continuing professional development training too.
- The Resuscitation Team was part of the winning team that won the Human Factors and Designing Out Errors Award at the National Patient Safety Congress.

In 2017/2018, 67,737 instances of training were recorded as having taken place across the Trust compared to 62,508 instances in 2016/2017. A total of 2,035 training events were delivered across the Trust during the same period.

During 2017/2018, the department generated a total of £154,200 of additional income for the Trust through the hiring of its training facilities and external course delivery, despite the challenging economic landscape.

The full Training, Education and Development Report for 2017/2018 is in the reading room.

8. 2018/19 Healthcare Worker Flu Vaccinations

National Ambition for Vaccination of 100% of Frontline Healthcare Workers

The annual flu campaign is firmly embedded within the Trust, with a track record of front line staff uptake that is consistently well above the national average year on year.

2017/18 resulted in the highest uptake so far with a front line uptake of 78.4%. Additionally the CQUIN target of vaccinating 70% of front line healthcare workers was achieved three months ahead of deadline. Public Health England published information regarding healthcare worker flu vaccine uptake levels for all NHS Trusts in England as at the end of February 2018, and out of 279 Trusts only 31 achieved a higher uptake than us.

A letter, received on 7 September 2018 from NHS England stated the ambition for 100% of healthcare workers with direct patient contact to be vaccinated in the 2018/19 season.

The letter states that 'higher risk' clinical environments in particular should take robust steps to move as quickly as possible to 100% staff vaccination uptake, and staff working in these areas should confirm to management whether or not they have been vaccinated.

Healthcare workers who decline the vaccine will be asked to anonymously give their reason for doing so by completing an 'opt-out' form. Trusts will be required to submit uptake details together with the number of healthcare workers who have been offered the vaccine and 'opted-out' via a monthly 'ImmForm' submission.

Planning the 2018/19 Flu Season

January 2018. Executive team approve a request made by Occupational Health to order a quadrivalent flu vaccine, rather than a trivalent vaccine which has been offered in previous seasons. The medical directors of NHS England wrote to all Trusts in February 2018 to request that a quadrivalent vaccine is made aware to all healthcare workers for the 2018/19 flu season because it offers the broadest protection.

May 2018. A Survey Monkey was undertaken exploring barriers and enablers to vaccine uptake amongst Trust staff. 384 staff completed the survey: 78% of responders had the vaccination last season and 22% did not. The survey came up with:

- **Top reasons for having the vaccination:** To protect myself from the flu; to prevent me from passing it to my family; to prevent me from passing it to my colleagues; to prevent me from passing it to patients; it was convenient to get the vaccination at work
- **Top reasons for not having vaccination:** Don't think it's effective; don't like needles; I've never had flu before so don't think I need the jab; I'm unsure about having it as it isn't tested enough.

Some staff commented that it was their own personal choice to have the vaccine or not - and nothing would encourage them to have it. Others said that the reason they would not have the vaccine is because it is tested on animals (flu vaccine is grown on hen's eggs). Other reasons for not having included: 'other staff put me off with negative comments', 'last time I had it I was ill/had more colds' 'by the time the vaccine is available there are new strains that aren't covered by it' and 'I have a high immune system'.

Results were used to inform the Communication Strategy for the 18/19 flu campaign.

In May 2018 contact was made with two of the three NHS organisations which achieved >90% uptake in 17/18 for any new 'hints and tips'. However, approaches were confirmed as being similar to those undertaken at our own Trust.

July 2018: First peer vaccination training session of the 2018/19 season held; training sessions then available until early October. In addition to the existing peer vaccinators all members of the Nursing, Midwifery and AHP business meeting were offered training which was provided at the meeting held on 30 July 2018.

July 2018. First meeting of the 2018/19 healthcare worker flu group held. Meetings then scheduled monthly until December 2018.

August 2018. 2018/19 flu vaccine PGD signed off by the Trust Drug and Therapeutic committee.

September 2018. Updated Flu data base (amended to incorporate new functionality) completed. Vaccine administration commences.

Approach for the 2018/19 season

The annual flu vaccination programme is led by Occupational Health and the campaign is organised and co-ordinated through the Trusts healthcare worker flu vaccination group.

The campaign is supported by a strong and innovative Communication strategy which includes using Trust staff in publicity materials

A trained team of ward/clinically based peer vaccinators spread throughout the Trust will be available to proactively vaccinate colleagues. Link peer vaccinators will be allocated to 'high risk' areas and managerial ownership for uptake in high risk areas will be introduced.

Large number of drop in 'grab a jab' pop up flu clinics will be held in a variety of areas with high staff footfall at all Trust sites throughout the flu season.

Individual bookable appointments with the Occupational Health Department are available with bespoke on-line booking system.

Both Occupational Health and ward vaccinators attend opportunistic events throughout the season to offer vaccination (e.g. at mandatory update training for front line staff). Roving vaccinators from Occupational Health will also trawl wards/clinical areas.

A range of incentives will be offered:

- Healthy choice 'meal deal' voucher redeemable at the staff canteen for all Trust staff who have the vaccination, including those who notify Occupational Health they have received the vaccine elsewhere e.g. at their GP.
- Every staff member who has the jab in September, October and November are entered into a monthly prize draw to win a pay as you go top of the range mobile phone. Additionally, all staff who have a vaccine before the end of December are entered into a special grand prize draw to win a Galaxy tablet. Both the phone and tablet have been donated by the Unison Dukeries Branch.
- Ward/peer vaccinators are also incentivised - when they have vaccinated 50 colleagues a £20 high street voucher can be claimed

Weekly uptake rates will be communicated across the Trust starting from the end of September 2018 and will include information in the weekly CEO blog and staff bulletin.

By February 2019, as required by NHS England, a report will be made available to Public Board setting out overall uptake rates and number of staff declining vaccinations, including details of rates within each designated 'high risk' area.

Best Practice Management Checklist

The checklist below is required by NHS England to be submitted to Trust Boards for assurance purposes by December 2018. A self-assessment has been undertaken for our Trust with compliance being evidenced.

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self-assessment
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.	Planned commitment to be recorded at September Board

A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1).	Yes - quadrivalent vaccines received 7 September 2018
A3	Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6)	Partially. Included in February and May 2018 Maximising our Potential updates to Public Board. Results of the Survey Monkey reported verbally.
A4	Agree on a board champion for flu campaign (3,6)	Yes – It is the Executive Medical Director
A5	Agree how data on uptake and opt-out will be collected and reported	Yes – agreed collection and reporting process in place
A6	All board members receive flu vaccination and publicise this (4,6)	Yes – planned for September 2018 Board meeting
A7	Flu team formed with representatives from all directorates, staff groups	Yes – Healthcare worker flu group has been established for a number of years
A8	Flu team to meet regularly from August 2018 (4)	Yes – regular meetings arranged throughout flu season
B	Communications plan	
B1	Rationale for the flu vaccination programme and myth busting to be published – sponsored by senior clinical leaders and trade unions (3,6)	Yes – Communication strategy in place, commenced early September
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4)	Yes – dedicated intranet page supported by daily and weekly communications
B3	Board and senior managers having their vaccinations to be publicised (4)	Yes – arrangements in place
B4	Flu vaccination programme and access to vaccination on induction programmes (4)	Yes – all front line staff attending Occupational Health assessment pre-employment are offered flu vaccination.
B5	Programme to be publicised on screensavers, posters and social media (3, 5,6)	Yes – included in communication strategy
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6)	Yes – uptake percentage to be communicated from end of September
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered (3,6)	Yes - established peer vaccinator model in place for many years and staff trained
C2	Schedule for easy access drop in clinics agreed (3)	Yes -many drop in 'grab a job' pop up flu clinics will be held in a variety of areas with high staff footfall at all Trust sites throughout flu season
C3	Schedule for 24 hour mobile vaccinations to be agreed (3,6)	Yes –peer vaccinators work 24/7 and available to vaccinate

D	Incentives	
D1	Board to agree on incentives and how to publicise this (3,6)	Yes – incentives agreed and publicised
D2	Success to be celebrated weekly (3,6)	Yes – weekly uptake to be celebrated through CEO blog and staff bulletin along with monthly prize draw winners.