

2018/19 Healthcare worker (HCW) flu vaccination UPDATE

Introduction

A letter was received on 7 September 2018 from NHS England stating that the ambition was for 100% of healthcare workers with direct patient contact to be vaccinated in the 2018/19 season. The SFH Trust Board at its meeting on 27th September 2018, record their commitment to this ambition.

The letter stated that 'higher risk' clinical environments in particular should take robust steps to move as quickly as possible to 100% staff vaccination uptake. Additionally HCW's who decline the vaccine were to be asked to anonymously give their reason for doing so by completing an 'opt-out' form.

The letter required the Trust to use its Public Board to report overall uptake rates and the number of staff declining vaccinations, including details of rates within each designated 'high risk' area by the end of February 2019. This paper responds to this requirement using the format suggested by NHS England.

The approach to "high risk" that was agreed by the Executive team in September 2018, identified the following areas as being 'high risk' at the Trust:

- Ward 24 – Haematology and oncology
- Welcome treatment centre – Oncology
- NICU
- ICCU

Staff who decline flu vaccination in these areas were asked by the department leader/matron to give their reason for doing so using the localised opt out form which was developed using the template suggested by NHS England.

Progress against the ambition for 100% of healthcare workers with direct patient contact to be vaccinated in the 2018/19 season

As at the 20th February 2019 the Trust had vaccinated 81.3% of healthcare workers with direct patient contact. In addition to this 3.64% of healthcare workers with direct patient contact had formally opt-out of receiving a vaccine, resulting in a total 84.9%.

Table 1: Total uptake and opt-out rates across the Trust (Information as at 20th February 2019)

	Total numbers	Rates
Number of frontline HCW	4110	100%
Uptake of vaccine by frontline HCW	3344	81.3%
Opt-out of vaccine by frontline HCW	150	3.6%

Uptake in each of the high risk areas was tracked weekly by the designated manager/Matron and escalated to the Deputy Chief Nurse. In areas with less than 100% compliance, decisions to redeployed staff were considered on a risk basis.

Table 2: Agreed higher-risk areas identifying uptake and opt-out rates (Information as at 20th February 2019)

Area name	Total number of frontline staff	Number who have had vaccine	Number who have opted-out	Staff redeployed? Y/N	Actions taken
Ward 24	31	23	Not none	N	Action taken identified in section below
Welcome treatment centre	11	9	Not none	N	
NICU	74	55	Not none	N	
ICCU	48	31	Not none	N	

Individual actions taken by the Trust to reach 100% uptake ambition

The actions undertaken to deliver the 100% ambition for coverage this winter were incorporated in the Annual flu vaccination programme led by the Occupational Health department with strong Board level support.

The organisation and co-ordination of the campaign was achieved via a Trust HCW flu vaccination group chaired by the Head of Occupational Health which meets monthly July-Dec. A 'wrap up and review' meeting is held at the end of the season. Membership is from all parts of the Trust including representation from IT, communications, clinical divisions, information analysts, pharmacy, training and development and unions

The campaign was supported by a strong and innovative communication strategy which included using Trust staff in publicity material. This season the focus was on encouraging a change in behaviour and attitude amongst staff that don't have the vaccine. The main aim was to make staff aware of their duty of care to protect the Trusts most vulnerable patients. The campaign included production of a suite of posters that featured Trust staff so that they became the 'face' of the campaign and an advocate for the vaccination.

Screensavers were used in this year's campaign on all computers across the Trust for the duration of the campaign to ensure that flu vaccination was always at the forefront of minds and to deliver key messages including the daily sharing of times and locations of the vaccination drop-in sessions.

Myth busting messages and 'Fake News' videos were produced featuring well known influential clinical members of staff, including the Medical Director, Consultant Microbiologist and a Respiratory Consultant. Social media was also used and staff were encouraged to share photos of themselves having the vaccination. A digital frame was produced and photos shared of the executive team and other key staff having their vaccinations.

Large numbers of Occupational Health drop in 'grab a jab' pop up flu clinics held in a variety of areas with high staff footfall at all Trust sites throughout the flu season. Grab a jab clinics commenced w/c 17 September 2018 and were launched as part of a wider staff H&WB 'winter wellness' week with >1000 staff vaccinated in first week.

A team of ward/clinically based peer vaccinators spread throughout the Trust proactively vaccinated colleagues. Link peer vaccinators allocated to 'high risk' areas and managerial ownership for uptake in high risk areas introduced. Additionally, the Chief Nurse/Deputy mandated that all matrons were trained as peer vaccinators and given accountability for uptake in their clinical areas.

Peer vaccinators were all trained in-house via training and development, with a choice of either face to face or e-learning training options. The training programme equipped vaccinators with the knowledge to be able to challenge misconceptions. For existing peer vaccinators annual update training is required to ensure knowledge is up to date and current

Individual bookable appointments with the Occupational Health Department were available with online booking system

Vaccinators attended opportunistic team and training events throughout the flu season to offer and promote vaccination (e.g. at front line mandatory update training events, infection control study days and medics 'grand rounds'). In addition to this roving vaccinators trawled high risk areas, wards and clinical areas at all sites to actively encourage and 'mop' up front line staff not yet vaccinated

Front line staff that declined the flu vaccination were asked to give their reason for doing so using the localised opt out form that was developed using the template suggested by NHS England.

In support of compliance completion for the high risk areas, information and progress was tracked weekly and concerns escalated to Deputy Chief Nurse around any relevant associated risk which was discussed on a case by case basis.

To support management reporting a bespoke flu data base was developed by IT and linked to data from ESR. This allowed real time uptake reporting for any department/ward/area at any stage during the campaign. Weekly divisional, professional group and high risk areas league table uptake information was provided weekly and communicated to Senior Management and staff.

A range of incentives were offered to increase maximum uptake that included:

- Healthy choice 'meal deal' voucher redeemable at the staff canteen for all Trust staff who had the vaccination (including those who notify OH they have received the vaccine elsewhere e.g. at their GP).
- Every staff member who had the jab in September, October and November entered into a monthly prize draw to win a pay as you go top of the range mobile phone. Additionally, all staff that had a vaccine before the end of December entered into a special grand prize draw to win a Galaxy tablet (phones and tablet donated by Unison Dukeries Branch).
- Ward/peer vaccinators also incentivised - when vaccinated 50 colleagues a £20 high street voucher can be claimed
- Peer vaccinator effort also recognised through individual 'star' peer vaccinator certificates signed by off by Chief Nurse for those vaccinating over 50 colleagues

Reasons given for opt-out

Front line staff that declined the flu vaccination were asked to give their reason for doing so using the localised opt out form that was developed using the template suggested by NHS England.

150 staff agreed to do this. Including the 150 staff who gave their reason for declining had agreed to be vaccinated this would have increased the Trusts overall front line uptake to 84.9%. Further to this a number of employees who declined the flu vaccine did not wish to complete or specify the reasons for opt-out.

Inevitably, some of the staff that declined the vaccination would have been working in the high risk areas. As the localised opt out form that was developed using the template suggested by NHS England form was anonymous, it is not possible to provide information on respondent's professional category or place of work.

Table 3: Specified reason for an employee opting out of a flu vaccine (Information as at 20th February 2019)

Reason	Number
I don't like needles	22
I don't think I'll get flu	16
I don't believe the evidence that being vaccinated is beneficial	37
I'm concerned about possible side effects	45
I don't know how or where to get vaccinated	0
It was too inconvenient to get to a place where I could get the vaccine	0
The times when the vaccination is available are not convenient	0
Other reason	30 ¹
Total	150

Conclusion and next steps

The annual flu campaign is firmly embedded within the culture of the Trust and as a result uptake has been consistently above the national average since 2012 with a stepped increase seen year on year.

The CQUIN flu vaccine target for 2018/19 was to vaccinate 75% of frontline clinical staff by 28 February 2019 and this was achieved 4 months ahead of deadline. This has been recognised by NHSi as being a top performing Trust and SFH has been asked to share good practice and top tips for other Trusts to use.

Additionally, this year Trust representatives have been invited to speak at the annual national flu fighter conference and workshops by NHS Employers in acknowledgment of the work undertaken.

The flu vaccine is traditionally grown on hen's eggs so staff with a confirmed egg allergy have previously been unable to have the vaccine. Next season, a new cell grown vaccine will be licenced for use which is suitable for those with egg allergy. Some of these vaccines have been ordered for use next season as well as the standard egg cultured vaccines.

¹ Other reasons identified in appendix one

The Board can be assured that all staff have been given the opportunity to have the flu vaccine this season, with the exception of the very few who have a confirmed egg allergy.

The flu vaccine is not mandatory. HCW's can choose to decline the vaccination. The reasons given this season by HCW's who declined the vaccination provides useful intelligence and identifies some clear themes concerning barriers to vaccination.

Information obtained from the 2018/19 campaign will be used to inform next season, especially to challenge the misconceptions about the vaccine which despite best efforts so far, still appear to be firmly held by some of the Trusts front line staff.

The Trust will also review the vaccination opt out form, to ensure the maximum possible number of returns.

Going forward the good practice which has been developed over the years will continue to be built on and there will be further engagement with divisional colleagues to encourage and ensure the maximum uptake possible.

Appendix 1:

Narrative around other reasons that were specified

- Always have a bad response to vaccines
- Previously advised by GP not to have
- Never had it and never going to
- Personal
- Egg intolerance
- My choice
- In the past when I have had it I have been unwell and I can't afford to be off sick under the sickness absence policy
- Don't believe in putting foreign bodies into me unless I need to
- Following each vaccine I have increased reactions to it. Not prepared to be unwell just for a vaccine
- Because when I got flu 2 years ago after the jab I was treated badly for needing time off sick
- Medical reasons
- I have witnessed to many staff who have gone off sick after having the jab. Fit healthy people whose sickness is usually good
- I won't have it again as I have been ill after the last 3 flu jabs
- Never had the immunisation. Never had flu
- I have already had flu
- I have angioedema and do not know what is the trigger so been advised not to have
- Made me ill when I had it before, not prepared to risk it again
- I am medically fit and healthy and happy to rely on my own immune system, don't want to compromise it
- Too ill last time
- It's my choice to have or not
- I don't think I will get flu
- I don't believe in it
- Had bad reaction last year
- I am fit and healthy and the flu jab is different to flu strain this year
- I just don't have it
- It made me ill before
- Never had it and don't want it
- I am allergic to it
- I had it once and didn't like it
- I faint