



Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
31 January 2019

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|---|--|---|
| AGENDA ITEM | 17.6 | |
| TITLE OF PAPER | Clinical Quality Indicator (CQUIN) 2018/19: Improving the uptake of the flu vaccination from 70% to 75% by February 2019 | |
| Confidential | NO | |
| Suitable for public access | YES | |
| PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED | | |
| This paper has not been submitted to other Committees. | | |
| <u>STRATEGIC OBJECTIVE(S):</u> | | |
| Quality Of Care | ✓ | Protecting patients, colleagues and their families from the flu disease |
| People | ✓ | |
| Modern Healthcare | | |
| Digital | | |
| Collaborate | | |
| EXECUTIVE SUMMARY | | |

| | |
|--|---|
| | <p>In a letter from NHS England to all Chief Executives on 7 September 2018, it asked that all Trusts publically reported on its vaccination programme by end of February 2019.</p> <p>They requested that the report included data on overall vaccination uptake rates and numbers of staff declining the vaccinations.</p> <p>Following the success of the 2017/2018 programme of flu vaccinations where the Trust achieved the identified 70% CQUIN target, the Trust launched its programme for 2018/19 in October 2018, with communications to Divisions being sent as early as June 2018.</p> <p>The CQUIN target for 2018/19 is 75% of frontline health care workers vaccinated by the end of February 2019.</p> <p>Therefore, this report seeks to update the Board on:</p> <ul style="list-style-type: none"> - the action taken over the period October 2018 – January 2019 - the current breakdown of vaccination rates by Division; and - overall performance relating to the CQUIN and related financial outcomes. <p>As at 25th January our current performance is 72%.</p> |
| RECOMMENDATION: | <i>To receive the information and note the action that has been taken towards achieving the Flu Vaccination programme 2018/19</i> |
| SPECIFIC ISSUES CHECKLIST: | |
| Quality and safety | ✓ Protecting patients, colleagues and their families from the flu disease |
| Patient impact | |
| Employee | ✓ Helping to reduce flu related sickness absence |
| Other stakeholder | |
| Equality & diversity | |
| Finance | ✓ CQUIN implications |
| Legal | |
| Link to Board Assurance Framework Principle Risk | |
| AUTHOR | Louise McKenzie, Director of Workforce Transformation |
| PRESENTED BY | Louise McKenzie, Director of Workforce Transformation |
| DATE | January 2019 |
| BOARD ACTION | For assurance |

BACKGROUND AND SCOPE

1. The Board is aware of the importance of all healthcare workers protecting themselves, their patients, their colleagues and their families by being vaccinated against seasonal flu, because the disease can have serious and even fatal consequences, especially for vulnerable patients.
2. The target for the Flu Fighter campaign for 2018/19 was to vaccinate 75% of our frontline workers. For our 'higher-risk' clinical environments, (where we would want to ensure greatest protection for those patients with specific immune-suppressed conditions, where the outcome of contracting flu may be most harmful), NHS England, Public Health and others, have recommended that we move as quickly as possible to 100% staff vaccination uptake. See Appendix 2 – letter dated 7th September from NHS England et al.
3. By February 2019, Trusts are expected to report via public board papers our performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, and include details of rates within each of the areas you designate as 'higher-risk'.

WHY HAVE THE VACCINE?

4. This year the Trust has used the quadrivalent (QIV) flu vaccine, which includes alterations in the B/Victoria component and updates to the influenza A (H3N2) component. This vaccine is recommended for all Healthcare workers (HCWs) directly involved in patient care. It reduces the transmission of infection to vulnerable patients who are at higher risk of a severe outcome and in some cases may have a suboptimal response to their own vaccinations. Vaccinating frontline HCWs also protects them and their families from infection.
5. Staff vaccination results in lower rates of influenza-like illness, hospitalisation and mortality due to influenza in elderly patients in healthcare settings. We believe that our improved performance last year was one of the contributing factors as to why there were no flu outbreaks across the organisation.

PEER VACCINATORS

6. Our approach this year, mirrored that of previous years, in terms of using both Occupational health staff and peer vaccinators to maximise the opportunities for colleagues to receive the vaccination.
7. We have trained 37 registered nurses to be peer vaccinators across, with 33 actively giving vaccinations. To date we have held the equivalent of 86 days of OH clinic time between 25th September and 22nd January.

DELIVERY OF THE CQUIN

8. In 2017/18 the CQUIN value equated to £135k if Trust's vaccinated more than 70%. ASPH achieved this target.
9. In 2018/19 the CQUIN was value equates to £200k for if we meet the target of 75% or £150k for 70%.
10. To note, this year the rules provided by NHSE for collection and submission of the flu vaccination data have changed. Last year, staff were able to identify themselves as 'frontline' and therefore be included in the CQUIN measure. This year, the staff groups identified as 'frontline' are defined by the national guidance. Therefore, a number of non-clinical staff who were included in last year's denominator are not included in this year; which further emphasises the progress made by the OH team and others in doing so well this year.

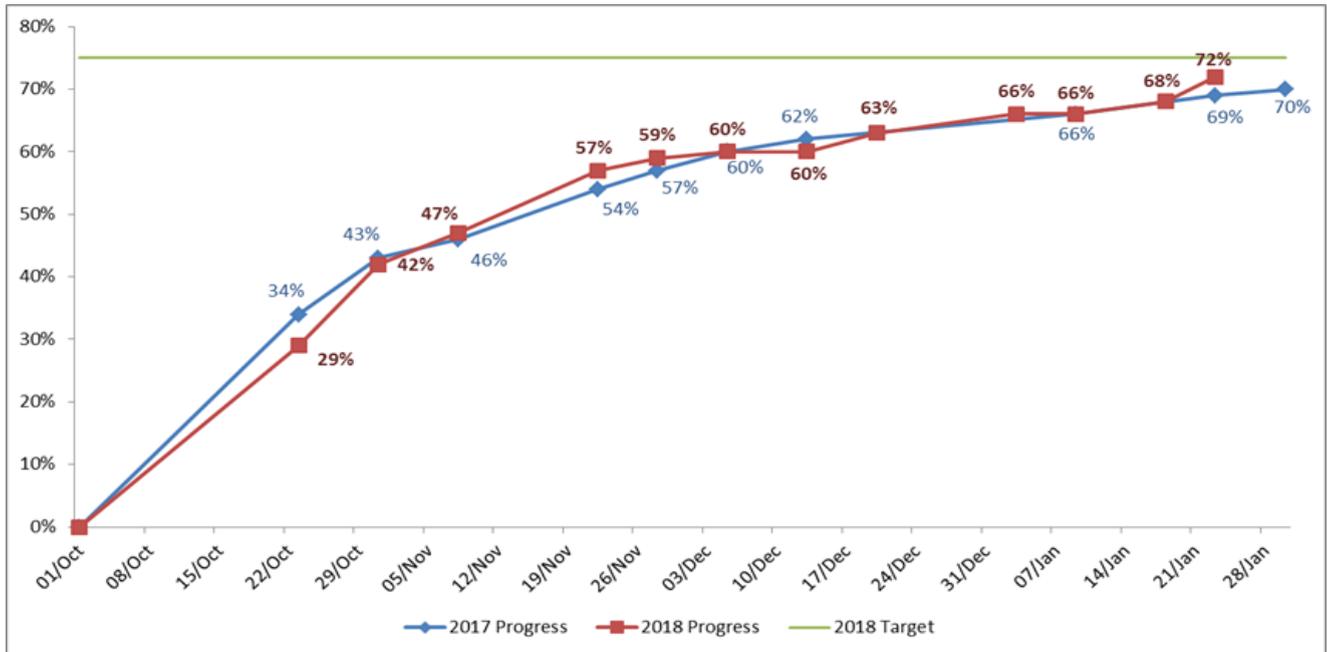
PROGRESS SO FAR

11. ASPH launched its communications to Divisions in June 2018, asking for support towards peer vaccinations, new ideas for engaging staff and identifying flu champions.
12. The official campaign launched on 7 October 2018, and in line with official guidance, the Trust commissioned the quadrivalent (QIV) vaccine to be used for all front-line healthcare workers.
13. Engagement started with senior staff and the following was undertaken. The Chief Executive was trained as a peer vaccinator and was joint highest peer vaccinator in terms of monthly performance for November.
14. Weekly progress emails from the Executive Director of Workforce Transformation, broken down by division were sent to the Trust Executive Committee and other senior leads.
15. There has been regular discussion with divisional directors about their approach to driving this within their area, and focused campaigns within high risk areas ITU, NICU, Cancer, Aspen Ward and Haematology, with clinical specialty leads undertaking risk assessments where compliance was less than 100%.
16. Senior clinical staff were also trained as peer vaccinators to encourage harder to reach groups of staff e.g. consultants.
17. A breakfast session with peer vaccinators was held by Executive Director of Workforce Transformation, Chief Nurse and Medical Director to understand the issues and agree further support.
18. The Communications team engaged from the beginning of the programme, along with a dedicated programme group which links to the Flu Pandemic Committee. They have sent weekly communications on Trust media included: Aspire, vials with divisional performance tracker and videos on case studies.
19. Dedicated Occupational Health clinics set up around the Trust on a daily basis, along with 'pop-up' clinics as and when requested as major events such as Induction and Junior Doctor training.
20. A more detailed project plan was developed for the period of the vaccination programme.

PROGRESS AT 25th JANUARY 2019

| Division | Total front-line staff | Vaccinated | Refused | % Vaccinated |
|---|------------------------|--------------|------------|--------------|
| Estates & Facilities | 115 | 91 | 2 | 79% |
| Medicine & Emergency Services | 775 | 551 | 42 | 71% |
| Quality Medical Nursing & Midwifery | 32 | 24 | 1 | 75% |
| Theatres, Anaesthetics, Surgery and Critical Care | 586 | 378 | 43 | 65% |
| Trauma & Orthopaedics, Diagnostics & Therapies | 631 | 389 | 20 | 62% |
| Women's Health and Paediatrics | 539 | 399 | 30 | 74% |
| Workforce & Organisational Development | 29 | 21 | 0 | 72% |
| Bank / Locum / Students / Others | 340 | 329 | 11 | - |
| Grand Total | 3,047 | 2,182 | 149 | 72% |

PROGRESS BY DATE COMPARED TO PREVIOUS YEAR



REASONS FOR REFUSAL

| Reason for refusal | Count |
|--|-------|
| I have had a previous bad reaction | 28 |
| Non Beneficial Evidence | 25 |
| I don't want it | 21 |
| I might experience side effects | 19 |
| I do not think I am at risk of getting flu | 13 |
| I have a fear of injections | 10 |
| Concerns about side effects | 4 |
| I don't like needles | 3 |
| Religious Reasons | 3 |
| Allergic to Vaccine | 2 |
| None given | 21 |
| Total | 149 |

SUMMARY OF PROGRESS IN HIGH RISK AREAS

| Area | Total | Had Vaccine | Refused | No Record | % |
|-------------------|-------|-------------|---------|-----------|-----|
| Aspen | 36 | 31 | 2 | 3 | 86% |
| Cancer Speciality | 40 | 24 | 5 | 11 | 60% |
| ITU | 68 | 62 | 0 | 6 | 91% |
| NICU | 111 | 88 | 9 | 14 | 79% |

CONCLUSION

21. The Board are asked to note the significant progress that colleagues have made to implement the 2018/19 Flu Vaccination programme. We believe that this performance has had and will have a very positive impact on our ability to protect patient, colleagues and their families from this disease. Final figures will be reported to the Trust Board once the campaign has ended.

Appendix 1 - Healthcare worker flu vaccination best practice management checklist for public assurance via trust boards by December 2018

| 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. | ✓ |
| A2 | Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers (1). | ✓ |
| A3 | Board receive an evaluation of the flu programme 2017-18, including data, successes, challenges and lessons learnt (2,6) | ✓ |
| A4 | Agree on a board champion for flu campaign (3,6) | ✓ |
| A5 | Agree how data on uptake and opt-out will be collected and reported | ✓ |
| A6 | All board members receive flu vaccination and publicise this (4,6) | ✓ |
| A7 | Flu team formed with representatives from all directorates, staff groups and trade union representatives (3,6) | ✓ |
| A8 | Flu team to meet regularly from August 2018 (4) | ✓ |
| 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) | ✓ |
| B2 | Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper (4) | ✓ |
| B3 | Board and senior managers having their vaccinations to be publicised (4) | ✓ |
| B4 | Flu vaccination programme and access to vaccination on induction programmes (4) | ✓ |
| B5 | Programme to be publicised on screensavers, posters and social media (3, 5,6) | ✓ |
| B6 | Weekly feedback on percentage uptake for directorates, teams and professional groups (3,6) | ✓ |
| 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) | ✓ |
| C2 | Schedule for easy access drop in clinics agreed (3) | ✓ |
| C3 | Schedule for 24 hour mobile vaccinations to be agreed (3,6) | ✓ |
| D | Incentives | |
| D1 | Board to agree on incentives and how to publicise this (3,6) | n/a |
| D2 | Success to be celebrated weekly (3,6) | ✓ |

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Friday 7 September 2018

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To: Chief Executives of NHS Trusts and Foundation Trusts

Dear Colleague

Health care worker flu vaccination

We know you appreciate the importance of all healthcare workers protecting themselves, their patients, their colleagues and their families by being vaccinated against seasonal flu, because the disease can have serious and even fatal consequences, especially for vulnerable patients. Your leadership, supported by the Flu Fighter campaign and the CQUIN has increased take-up of the flu vaccine, with some organisations now vaccinating over 90% of staff. Our ambition is for 100% of healthcare workers with direct patient contact to be vaccinated.

In February, the medical directors of NHS England and NHS Improvement wrote to all Trusts to request that the quadrivalent (QIV) vaccine is made available to all healthcare workers for winter 2018-19 because it offers the broadest protection. This is one of a suite of interventions that can and should be taken to reduce the impact of flu on the NHS.

Today we are writing to ask you to tell us how you plan to ensure that every one of your staff is offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.

Healthcare workers with direct patient contact need to be vaccinated because:

- a) Recent National Institute for Health and Care Excellence (NICE) guidelines¹ highlight a correlation between lower rates of staff vaccination and increased patient deaths;
- b) Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues;
- c) Flu-related staff sickness affects service delivery, impacting on patients and on other staff - recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence;
- d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated. <https://www.nice.org.uk/guidance/ng103>

In order to ensure your organisation is doing everything possible as an employer to protect patients and staff from seasonal flu we ask that you complete the best practice management checklist for healthcare worker vaccination [appendix 1] and publish a self-assessment against these measures in your trust board papers before the end of 2018.

Where staff are offered the vaccine and decide on the balance of evidence and personal circumstance against having the vaccine, they should be asked to anonymously mark their reason for doing so by completing a form, and you should collate this information to contribute to the development of future vaccination programmes. We have provided an example form [appendix 2] which you may wish to tailor and use locally, though we suggest you use these opt out reasons to support national comparisons.

We specifically want to ensure greatest protection for those patients with specific immune- suppressed conditions, where the outcome of contracting flu may be most harmful. The evidence suggests that in these 'higher-risk' clinical environments more robust steps should be taken to limit the exposure of patients to unvaccinated staff and you should move as quickly as possible to 100% staff vaccination uptake. At a minimum these higher-risk departments include haematology, oncology, bone marrow transplant, neonatal intensive care and special care baby units. Additional areas may be identified locally where there are a high proportion of patients who may be vulnerable, and are receiving close one-to-one to clinical care.

In these higher-risk areas, staff should confirm to their clinical director / head of nursing / head of therapy whether or not they have been vaccinated. This information should be held locally so that trusts can take appropriate steps to maintain the overall safety of the service, including considering changing the deployment of staffing within clinical environments if that is compatible with maintaining the safe operation of the service.

We would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce; to identify and minimise any barriers; to discuss and agree which clinical environments and staff should be defined as 'higher-risk'; and to ensure that the anonymous information about reasons for declining the vaccine is managed with full regard for the dignity of the individuals concerned. Medical and nurse director colleagues will need to undertake an appropriate risk assessment and discuss with their staff and trade union representatives how best to respond to situations where clinical staff in designated high risk areas decline vaccination.

It is important that we can track trusts' overall progress towards the 100% ambition. Each trust shall continue to report uptake monthly during the vaccination season via 'ImmForm'. However from this year you are also required to report how many healthcare workers with direct patient contact have been offered the vaccine and opted-out. This information will be published monthly by Public Health England on its website.

By February 2019 we expect each trust to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas you designate as 'higher- risk'. This report should also give details of the actions that you have undertaken to deliver the 100% ambition for coverage this winter. We shall collate this information nationally by asking trusts to give a breakdown of the number of staff opting out against each of the reasons listed in appendix 2.

You can find advice, guidance and campaign materials to support you to run a successful local flu campaign on the NHS Employers Flu Fighter website www.nhsemployers/flufighter

Finally we are pleased to confirm that NHS England is once again offering the vaccine to social care workers free of charge this year. Independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. There are two parallel letters to primary care and social care outlining these proposals in more detail.

Yours sincerely - *signed jointly by the following national clinical and staff side professional leaders -*

Prof Stephen Powis National Medical Director, NHS England
and on behalf of National Escalation Pressures Panel

Prof Paul Cosford .. Medical Director & Director of Health Protection, Public Health England

Prof Jane Cummings Chief Nursing Officer, NHS England

Sara Gorton (Unison).....Co-chair, National Social Partnership Forum

Prof Dame Sue Hill..... Chief Scientific Officer, NHS England

Dame Donna Kinnair. Acting Chief Executive & General Secretary, Royal College of Nursing

Prof Carrie MacEwen Chair of the Academy of Medical Royal Colleges

Ruth May.....Executive Director of Nursing, NHS Improvement

Dr Kathy Mclean Executive Medical Director NHS Improvement

Danny Mortimer (NHS Employers)Co-chair, National Social Partnership Forum

Pauline Philip.....National Director of Urgent and Emergency Care

Suzanne Rastrick..... Chief Allied Health Professions Officer, NHS England

Keith Ridge.....Chief Pharmaceutical Officer, NHS England

John Stevens.....Chairman, Academy for Healthcare Science

Gill Walton..... Chief Executive, Royal College of Midwives