






Trust Board Report

Meeting Date:	27 th March 2017
Title:	RWT Flu Campaign Report 2016/17
Executive Summary:	Historically the Flu campaign has been led by the Occupational Health team and has predominantly been driven by the OH team. 2016 was the first year a CQUIN was attached and to plan, deliver, achieve and review the campaign, a strong team was required; so a different approach was taken. This report sets out that approach and recommendations for the 17/18 campaign.
Action Requested:	The Board are asked to note the update report.
Report of:	Linda Holland, Director of HR and OD
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Links to Trust Strategic Objectives	
Resource Implications:	Revenue: Capital: Workforce: Funding Source:
Equality and Diversity Assessment	(Include here details as to the equality and diversity impact of the recommendation (if any), specifically in relation to the Protected Characteristics under the Public Sector Equality Duty, namely age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion and belief, sex, and sexual orientation)
Risks: BAF/ TRR (describe risk and current risk score)	
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences  Cross community working  Best Value  Accountability through local influence and scrutiny

BACKGROUND DETAILS

Following the conclusion of the 2016/17 Flu Campaign, on 13th February, the Flu Project Team evaluated the approach taken this year. They were able to draw out some lessons to be learned and recommendations to put in place for the 2017/18 Flu Campaign. As part of this evaluation, best practice from high performing Trusts was considered alongside the successful actions from this year's campaign. A key recommendation for the 2017/18 campaign is to establish early on a Flu Board and this is scheduled to have its first meeting on 5th April 2017.

The information that follows sets out the approach taken in the 2016/17 campaign, the outcomes of the campaign and recommendations that apply the lessons learned to take forward into the 2017/18 campaign.

The 2016/17 Flu campaign

Peer vaccinators

To support the 2016/17 campaign, volunteer peer vaccinators undertook an on-line learning module to ensure their skills were in line with training provided by NHS employers. The peer vaccinators were qualified nurses based across all three sites and within the community. The full complement of peer vaccinators was up and running by the end of October 2016 and once everyone was trained the approach worked well.

Communications

The Communications team supported the campaign with publicity via emails, bulletins, press release and social media. Pull ups and posters were displayed across all three sites providing:

- dates of where and when staff could access their peer vaccinator or OH team.
- myth busting information and
- facts and figures

The Communication team publicised daily, via social media, the flu activity and awareness raising photos of staff having their vaccines.

Incentives

In line with previous years, prize draws were undertaken over the three months October to December. This year, along with the monthly prize draw, a free pen, protein bar and a hot drinks/bottle of water voucher were issued to everyone who had the vaccine. A final prize draw was done at the end of the campaign following a big push for staff having their vaccine. Ten employees were picked randomly and each received a £100 in high street voucher.

Additional Resources and Vaccination Sessions

In order to ensure adequate resources were available to support the campaign, two band 5 bank nurses were recruited to specifically add support to the Occupational Health team. Occupational Health staff, both clinical and admin, worked with the band 5 bank nurses and peer vaccinators to deliver the flu vaccines at corporate meetings, off site visits, drop in service daily, out of hour's service at the weekend and night duty. Drop in services and ad hoc walkabouts were delivered across all three sites including satellite units, travelling as far as Stoke.

Outcome

Overall the final number of front line staff vaccinated in RWT by the end of December was 72%. An outcome that was an improvement from last year's campaign where the Trust achieved 67.5% of front line staff by the end of March.

Review of the 2016/17 campaign

The timescale to deliver the flu vaccine this year against the CQUIN was half that of the timescale for campaigns in previous years. Some of the positive outcomes include:

- achieving much better front-line vaccination and awareness of the campaign
- the use of peer vaccinators to support the delivery of the vaccine was effective improving the availability of the vaccine for staff, across all three sites and at different times to suit working hours
- the incentives of hot drink/water voucher, pens and protein bar were successful compared to sweets and a pen the previous year
- the 2016/17 campaign had full support from senior managers with decisions being made and signed off quickly
- The 2015/16 campaign didn't have clearly positioned senior management support and was solely led by the Occupational Health head of service at the time.
- Operational managers promoting the campaign throughout their services.

Less effective elements of the campaign were:

- some inconsistent messages about the campaign and the flu vaccination, initial focus was on patient safety and personal responsibility then shifted to achieving the CQUIN target
- being able to overcome resistance from some staff and needing to myth bust by reinforcing factual messages

- data capture within the Occupational Health COHORT system was also a limitation in providing information back to managers on take-up, mainly related to consenting issues.

Applying the lessons learned for the 2017/18 campaign

- It is essential to have Board level ownership with leads at directorate/divisional management fully engaged.
- Ensure the project team consists of the key influencers to deliver the campaign
- Determine at the outset, the key roles for those involved within the campaign
- Consider more senior nursing and education leads as peer vaccinators with the status and impact to challenge, inform and persuade effectively and address negative attitudes
- Incorporate Doctors or senior leads into the peer vaccinating programme for 2017/18 Flu Campaign
- Target peer vaccinator recruitment early in the campaign to ensure coverage in all key areas ie some areas were under resourced such as the community team
- Develop an agreed and clear peer vaccinator role profile including resource requirements (e.g. access to fridges for vaccine stock)
- Be clear about availability/release commitments and expectations with a recruitment time-line planned in to ensure full mobilisation at start of campaign
- Location of drop-in-sessions – plan and resource a more central location in the hospital
- Compelling, coherent and planned communications campaign with a build from 1-2 months prior to the campaign launch point including
 - Consistent messages about Trust expectations and responsibilities of staff
 - Myth busting ahead of the start of the campaign and formal briefing tool for all managers to use to minimise the impact of misinformation
- Determine the right reporting system, so that data can be assessed more accurately against staff establishment figures, being mindful of the requirements of medical records confidentiality
- Record into ESR (with restricted access to data field) and back process into the occupational health system COHORT at the end of the campaign

- Develop paperless consent forms – online or via hand held device. Use league tables and competition to encourage take-up.

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