

London Region NHS and Social Care Workforce VCOD Preparation and Learning Workshop

2nd December 2021

NHS England and NHS Improvement



Welcome and session aims

Mark Watson, Director of Workforce
NHS England and NHS Improvement – London region

NHS England and NHS Improvement



Agenda

2.30pm	Welcome and session aims
2.35pm	Where we are now
2.40pm	National Team Overview of Vaccination as a Condition of Deployment
2.55pm	Legal view - VCOD considerations
3.05pm	Learning Session – VCOD in Care Homes
3.25pm	Learning Session – Best Practice in increasing vaccine uptake
3.55pm	Early preparations – what can you start doing now?
4.05pm	Discussion: what else would help you?
4.25	Summary and next steps
4.30pm	CLOSE

Where we are now

Overview of the latest health and social care data

**Jacqueline Walker, Operational Director – COVID-19 and
Influenza Immunisation Programmes**

NHS England and NHS Improvement – London region

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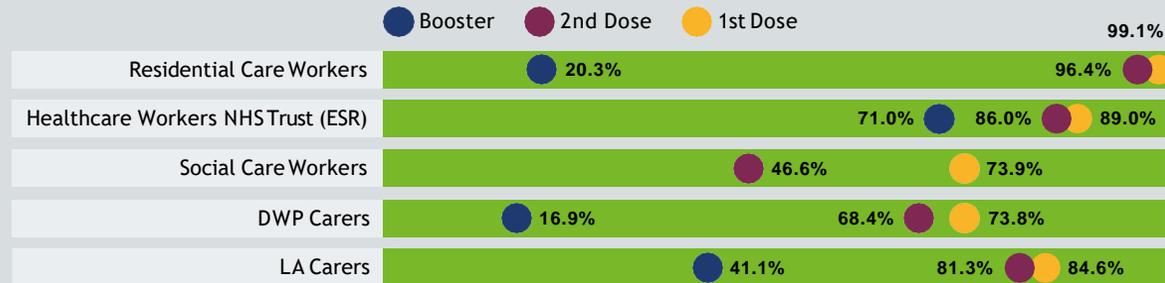
COVID-19 Vaccination Levels Across Staff in London

November 2021

Snapshot to Date

Vaccinated workforce

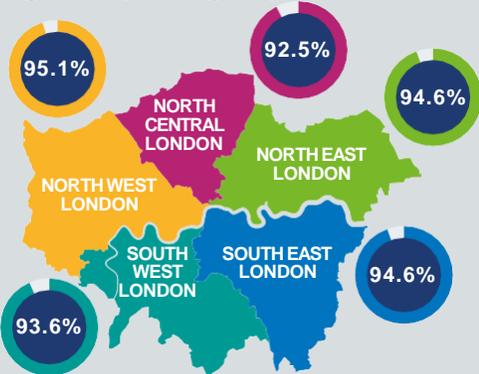
The total number of all NHS staff recorded in ESR is in London is **277,000** with 1st dose uptake in the region of **89.2%**, **85.6%** for 2nd doses, **71.3%** booster eligible uptake and **38.4%** uptake for flu.



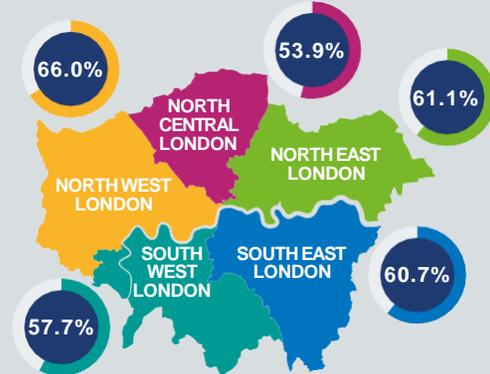
General Practice Staff uptake stands at **84.5%**, with a vaccination rate of **92.7%** for dental, optometry and community pharmacy.

0.58% of staff are medically exempt.

2nd dose: Care home staff is the highest uptake group



2nd dose: Social care staff is the lowest uptake group



Remaining Challenges

27,300 of health and care staff remain unvaccinated

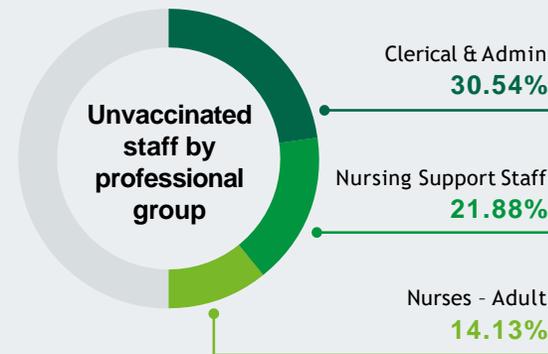
21% male 79% female



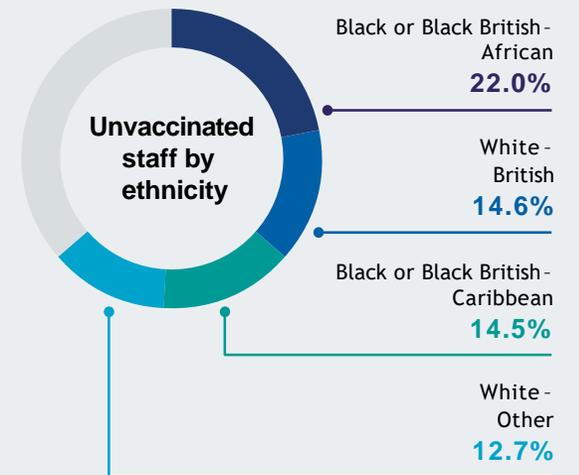
COVID-19 vaccine – all trust uptake

Understanding the profiles of unvaccinated staff

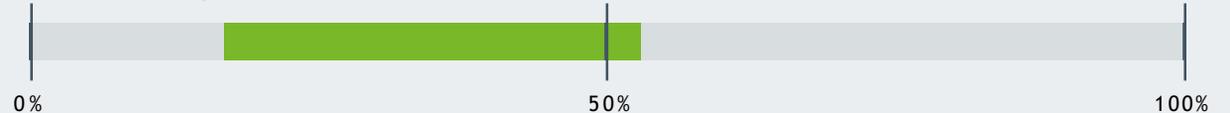
Highest



Highest



Flu vaccine uptake across staff working in NHS trusts ranges from **17%** to **53%** with the majority under **50%**.



All data is correct as of 11.2021 unless otherwise noted. The region is reporting a 100% offered rate to all front line health and social care workers. Data for trusts is based on returns from 37 trusts. Community rates are provided by CCGs, and domiciliary care and care home staff by ADASS. Trusts and CCGs continue to refine local data capture mechanisms to improve data quality.

National team overview of Vaccination as a Condition of Deployment

**Carly Webb, Clinical Fellow,
Workforce Safety and COVID-19 Vaccination Programme
NHS England and NHS Improvement – National Team**

NHS England and NHS Improvement



Key Headlines for Vaccination as a Condition of Deployment



Workforce and sector coverage

- The government policy has recommended that **COVID-19 vaccination will be a condition of deployment from the 1st of April 2022.**
- DHSC is recommending that COVID-19 vaccination is prioritised, and Flu vaccination is not included within statutory requirements.
- This policy will apply to **all Providers, both public and private, who provide a CQC regulated activity.** This covers a broad range of services including those provided by hospitals, GP, and dental practices. The requirements apply to those workers employed, or otherwise deployed, in the provision of a CQC regulated activity.
- **Independent & Voluntary sectors** are in scope if they are providing CQC regulated services.
- **Scope of the government regulations:**
 - a) frontline staff as well as non-clinical ancillary staff who may have social contact with patients, but not directly involved in patient care (e.g. receptionists, ward clerks, porters, and cleaners);
 - b) will not apply, if the person deployed satisfies one of the following:
 - no contact with a service user;
 - under the age of 18;
 - clinically exempt;
 - participant in a clinical trial
- DHSC are working with NHSE/I, NHS Employers, and other stakeholders on guidance to support the sectors in implementing the requirements.

November 2021

December 2021

January 2022

February 2022

March 2022

First draft of Stage 1 HR Guidance expected (w/c 29/11)

Parliamentary vote mid-December

Further Stage 2 guidance on implementing VCOD is expected following confirmation by parliament

12-week grace period begins – subject to parliamentary vote (06/01)

3rd of February – First dose vaccine cut-off for all staff

31st of March – Deadline for all staff to be fully vaccinated

Key Headlines for Vaccination as a Condition of Deployment



Key Updates

- NHSEI VCOD working group meets weekly to bring together key stakeholders (including representation from community, voluntary, and independent sectors) to input into current priorities and ensure all areas are considered.
- Continuing to drive up vaccine uptake with regional engagement and a targeted approach to comms and engagement as per the 'Staying Safe and Well' communications strategy
- Regional Information sharing meeting held on the 23rd of November allowing all 7 Regions to come together and share best practice and consider the implications of VCOD, with presentations from NHSEI and University Hospital Southampton. Work now begins on collecting relevant material to disseminate across regions to further encourage information sharing to drive up vaccination – particularly for hesitant groups.

Next Steps

- Stage 1 HR Guidance aimed at HRDs/CPOs across the system going through final DHSC and internal approval processes.
- Stage 2 Documentation (including Operational Guidance, FAQs, Stage 2 HR Guidance) expected to be released w/c 13 December pending successful parliamentary vote. This will include further sector specific information.
- Creating data flows which will track and monitor potential impact of VCOD and provide insights into other workforce initiatives such as supply, retention and elective recovery
- Equality & Health Inequalities Impact Assessment (EHIA) being developed

VCOD – current uptake numbers (25th November)

Data Included: 25 Feb – 21 Nov



Healthcare Worker Uptake - COVID-19 1st & 2nd Dose Vaccinations

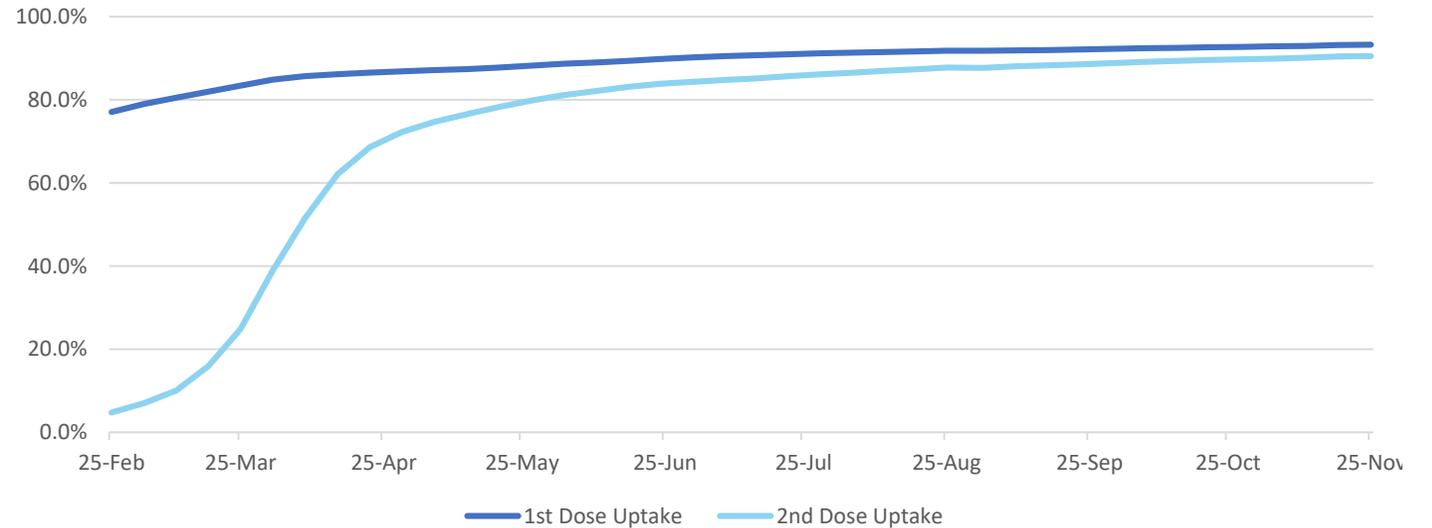
1st Dose

- National **1st dose uptake is 93.3%***
- London 1st dose uptake is considerably lower than other regions (88.4%)
- **There has been a 0.1% increase in 1st dose vaccinations between w/e 14th Nov to 21st Nov.**
- To support uptake the national team has:
 - *engaged with targeted communities where uptake is the lowest, including extensive work with BAME and faith networks to encourage HCWs to receive the vaccine*
 - *provided consistent messaging through professional and workforce channels*

2nd Dose

- National **2nd dose uptake is 90.6%***
- London 2nd dose uptake is considerably lower than other regions (84.7%)
- **There has been a 0.1% increase in second dose vaccinations between w/e 14th Nov to 21st Nov.**

HCW 1st and 2nd Dose COVID-19 Vaccinations



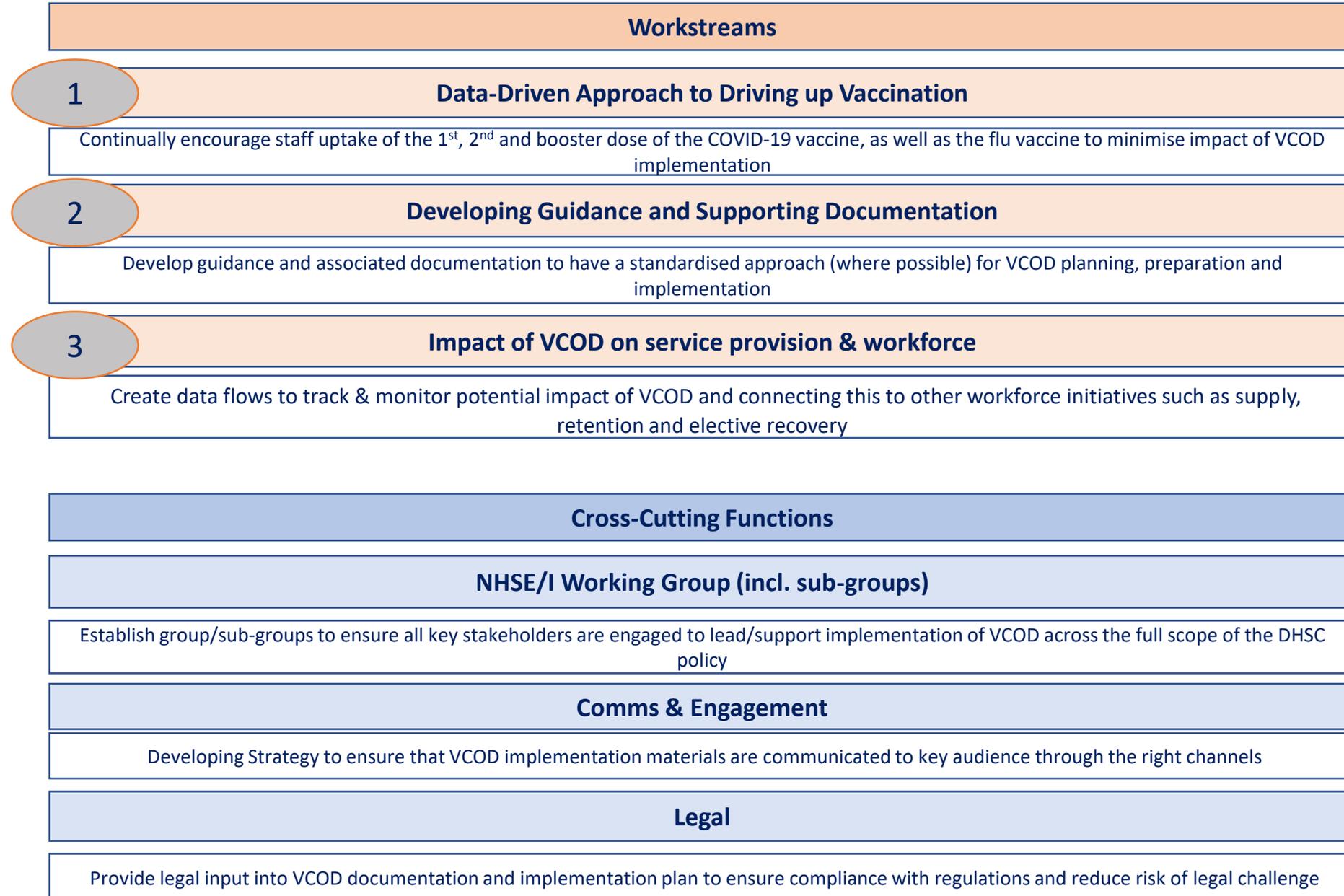
Data source: Covid-19 Vaccinations of NHS Trust Healthcare Workers in ESR, NHSE Covid-19 Weekly Announced Vaccinations, published 25 Feb to 25-Nov

Region	1st Dose Uptake	2nd Dose Uptake
East of England	94.6%	92.3%
London	88.4%	84.7%
Midlands	93.3%	90.7%
North East and Yorkshire	95.3%	93%
North West	93.7%	91%
South East	95.2%	93.1%
South West	95.5%	93.2%
National	93.3%	90.6%

Data source: COVID-19 Vaccinations of NHS Trust Healthcare Workers in ESR NHSE COVID-19 Weekly Announced Vaccinations, published 25-Nov-21

*Refers to all Healthcare workers on ESR in Trusts

VCOD Phase 2 Programme – Implementation Approach by Workstreams



MANDATORY COVID-19 VACCINATION IN THE NHS: LEGAL ISSUES

2 DECEMBER 2021

Guy Bredenkamp, Consultant



Proposal for mandatory vaccination

- Government announcement on 9 November 2021
- The regulations will apply to:
 - “health and social care workers who have direct, face-to-face contact with people while providing care – such as doctors, nurses, dentists and domiciliary care workers, unless they are exempt”*
 - and to
 - “ancillary staff such as porters or receptionists who may have social contact with patients but are not directly involved in their care”*
- Exemptions are likely to be limited to those with allergies to the vaccines.
- More detailed recommendations in Chapter 14a of the Green Book on immunisation against infectious diseases (p.30 onwards)

Employment law issues

○ Contracts of employment

- No need to amend contracts of existing staff: regulations will require employers to implement the vaccination mandate. Might be sensible to include provisions in new contracts however.

○ Dismissal for non-compliance

- There will probably be some *constructive dismissal* claims from those who refuse vaccination. These should not succeed, because employers will be legally required to implement the regulations, regardless of whether they have the contractual right to mandate vaccination.
- More commonly, employers will face *express dismissal* claims from front-line staff who refuse vaccination and cannot be redeployed. We would expect these claims to be low-risk.

Employment law issues

○ Religion or belief discrimination

- In our view, the beliefs of 'anti-vaxxers' who are opposed to vaccination on philosophical grounds will not be protected by the Equality Act. Even if they are, it is very likely that the vaccine mandate will be justified by the requirement to protect patients and other staff. It will be important for these issues to be managed sensitively at a local level, however.

○ Concerns about vaccine safety

- Unless an employee is exempt due to an allergy, concerns about vaccine safety should not 'trump' concerns about COVID-19 safety. The available evidence suggests that the risk from vaccination is far lower than the risk of contracting COVID-19.
- Trusts should not be liable for any adverse reaction to the vaccine: that would be a product liability issue for the vaccine manufacturer.

Employment law issues

○ Disability discrimination

- It might be argued that the vaccine is contra-indicated for people with some disabilities. Unless an employee is exempt because of a condition listed in Chapter 14a of the Green Book, employers should be justified in requiring them to be vaccinated, although redeployment might be a reasonable compromise in some cases, even if it is not legally a required reasonable adjustment.

○ Human rights

- Some employees might cite Article 8 (right to privacy) or Article 9 (freedom of thought, conscience and religion) as reasons for not consenting to vaccination.
- Trusts should manage any such concerns as grievances but would generally not uphold them because of the Trust's obligation to comply with the regulations. Our view is that any human rights issues arising from the regulations will generally be matters for the government rather than for employers.

Employment law issues

○ Data protection

- An employee's vaccination status will be special category data for the purposes of the GDPR/Data Protection Act. It will be lawful to process that information for the purposes of establishing their right to work in patient care roles, but should otherwise be kept strictly confidential.
- Some staff and manager training might be appropriate in respect of managing staff privacy in connection with their vaccination status.

○ Unfair dismissal

- A front-line employee who refused to be vaccinated could be fairly dismissed if they could not be persuaded to change their stance, or be redeployed into a role where vaccination was not mandatory. The process would be akin to redundancy but the reason for dismissal would be statutory compliance.

For more information contact



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Learning Session – VCOD in Care Homes

Aileen Buckton
London ADASS

NHS England and NHS Improvement



What we learned (1)

- The challenges faced by Care Homes in London was more acute than the rest of England because of the socio/economic and demographic profile of its workforce – Targeted approaches are therefore needed for each segment of the workforce. A “*one size fits all*” approach will not work!
- It is important to keep the evergreen offer going in targeted way – Needs to address all 3 C’s
- Actively listening to staff with genuine concern, taking time to understand the reasons people were not yet vaccinated and then acting on what you learned was critically important – This informs the planning of targeted interventions
- Organising 1 to 1’s with “*relatable*” and “*trusted*” people such as a local GP or a well-trained staff or community ambassador is effective
- Paying staff to attend their vaccination appointments and if they were sick following an adverse reaction to the vaccine addressed a key barrier to staff getting vaccinated
- Support for staff to travel to be vaccinated and policies to bring the vaccine to staff in care homes also addressed key barriers to staff getting vaccinated
- Regular tailored comms/engagement about the importance of being vaccinated, the safety of vaccinations and about how to practically access a vaccination helped increase confidence
- Training managers and staff to have confident COVID conversations – Ensured consistent messaging
- Resources produced nationally and regionally with key partners on topical issues, COVID guidance, and FAQs information with links to further information – Helped local initiatives
- Processes to ensure a regular review of data on take up rates and reporting back to the sector. This was supported by establishing and supporting a network of capacity tracker champions

Recognise the challenges



1 to 1's really work



Enable confident COVID conversations

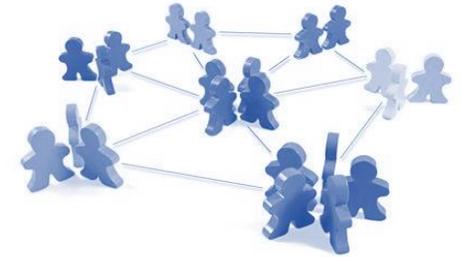


What we learned (2)

In the run up to Vaccine as Condition of Deployment (VCOD) in care homes:

- The London regional team met ICS care home leads weekly to monitor progress, ensure regional supports was available as required by care homes and to capture and escalate issues requiring a national response
- Care homes were supported to :
 - Initiate HR processes where termination of employment may be required
 - Understand the importance of the 1st dose deadline (will be 3rd Feb for extension to whole H&SC workforce)
 - Make arrangements for staff with their 1st vaccination, but not their 2nd one by the VCOD deadline
 - Advised about medical exemptions and the self-certification processes
 - Advised on the key VCOD milestones and their implications
- Take up rates were closely monitored at the level of individual care homes - Those furthest away from the VCOD requirement for 100% of staff to be fully vaccinated by VCOD deadline were liaised with closely to ensure they had all the support they needed
- Estimates of staff who would not get vaccinated and would need to leave their jobs were made - Business continuity planning was initiated at care home level to ensure minimal disruption to services should homes be faced with staff shortages as a result of VCOD.
- Recruitment campaigns began as early as possible and some care homes are also changed shift patterns to ensure that they have adequate staff cover for their services beyond VCOD deadline - Local efforts were supported by the ADASS London proud to care campaign and at individual Borough level by employment services
- It was important to encourage care home managers to keep data up to date.

Build Relationships



Knowledge and Data Matter



CONTINGENCY
PLAN



Learning Summary: Implementing Vaccine as a Condition of Deployment (VCOD) in Care Homes

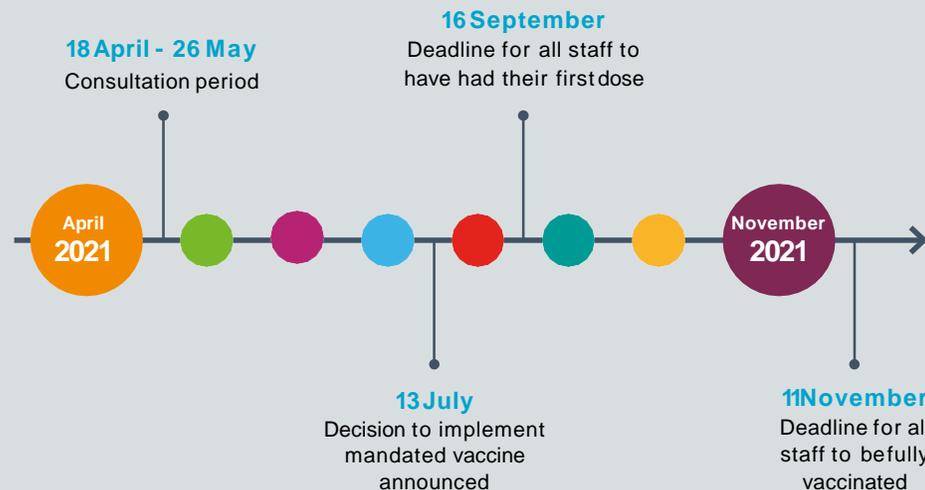
November 2021

Background

- Care homes and their staff were in the first cohorts to be vaccinated
- Care home staff are from diverse socioeconomic and demographic backgrounds, with high numbers of staff from cultural or social groups that were slower to adopt the vaccine
- 66%** of care home staff in London are from Black, Asian and Minority Ethnic groups
- Concerns of financial loss was a key factor associated with initial delays – paying for travel, time to get the vaccine and protected sick pay remains important

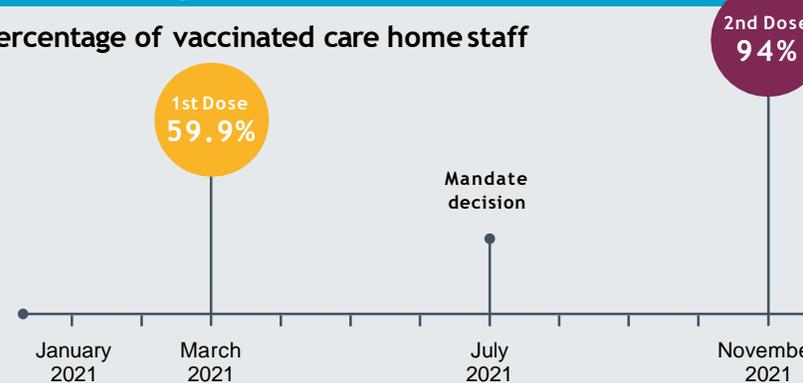


VCOD Timeline

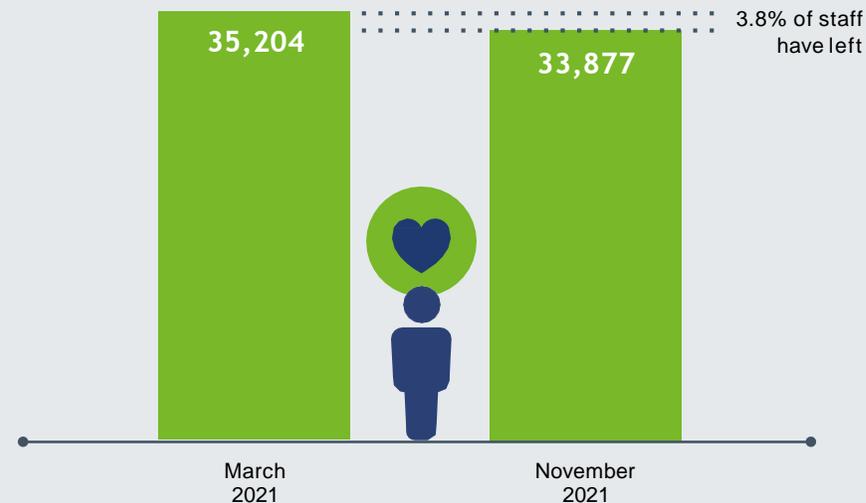


London Uptake in Care Home Staff

Percentage of vaccinated care home staff



Total Care Home Staff in London (including Agency)



Top Tips



Supporting staff uptake of the vaccine

- Use data to identify priority staff
- Equip managers with skills and information for 1-2-1 conversations
- Give staff access to local community champions and peer voices
- Make time to listen to staff
- Provide financial support for staff to attend and recover from their vaccine

Specific interventions for VCOD

- Make estimates of staff who may decide to leave
- Initiate recruitment campaigns targeting priority staff groups at high risk of shortages
- Keep data up to date to identify target groups and bespoke support for organisations with lowest uptake rates



Learning Session – Best practice in increasing vaccine uptake

**Mark Macguire, Director COVID-19 Vaccination and Testing
Central and North West London NHS Foundation Trust**

NHS England and NHS Improvement



Factors influencing staff vaccination uptake

- Trust
- Conversation
- Access
- Leadership
- ‘Customer’ Experience
- Easy to use tools
- Great team



Learning Session – Best practice in increasing vaccine uptake

**Kim Perry, Assistant Chief Nurse
North Middlesex University Hospital NHS Trust**

NHS England and NHS Improvement



Learning Session – Best practice in increasing vaccine uptake

**Dr Oge Ilozue, GP Partner and Clinical Advisor
COVID-19 Vaccination Programme**

NHS England and NHS Improvement



Learning Session – Best practice in increasing vaccine uptake

**Joan Bothma, Head of Care
Carepoint Services**

NHS England and NHS Improvement



Best Practice in increasing vaccine uptake HOMECARE

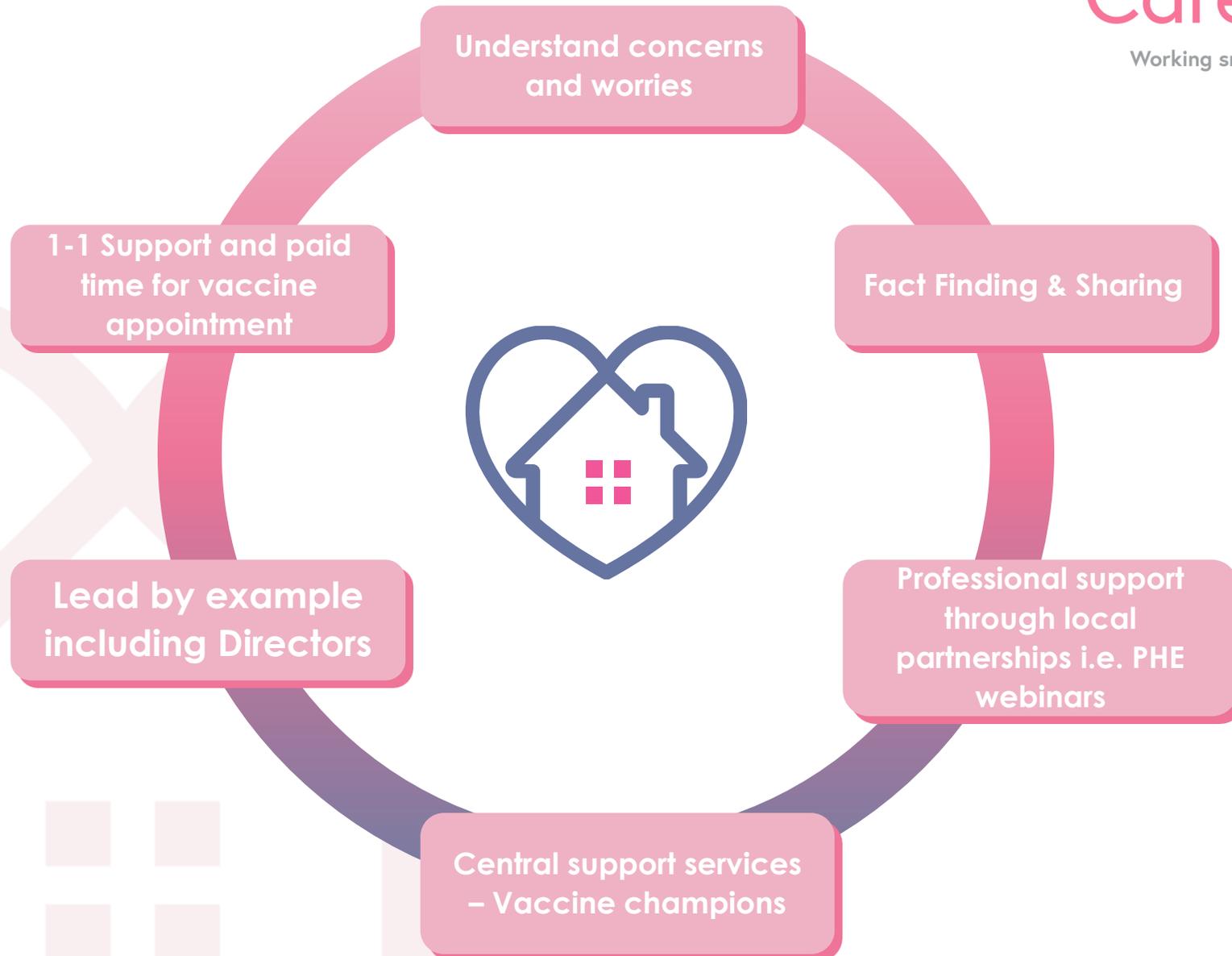
Carepoint 

Our Approach

Inform

Educate

Influence



What worked for us

- The personal touch
- Softly persuade, influence & encourage
- Open, honest and transparent conversations
- Senior management sharing their own vaccine journey
- Having our own mantra – Take the vaccine to protect yourself

Our figures

- 66% 1st Dose
- 57% Double vaccinated
- 14% Booster vaccinated

Q&A

Vaccination as a Condition of Employment (VCOD) - Early Preparations

What you can start doing now

**Dan Short, Health and Social Care Workforce Improvement
Adviser, COVID-19 Vaccination Programme**

NHS England and NHS Improvement – London region

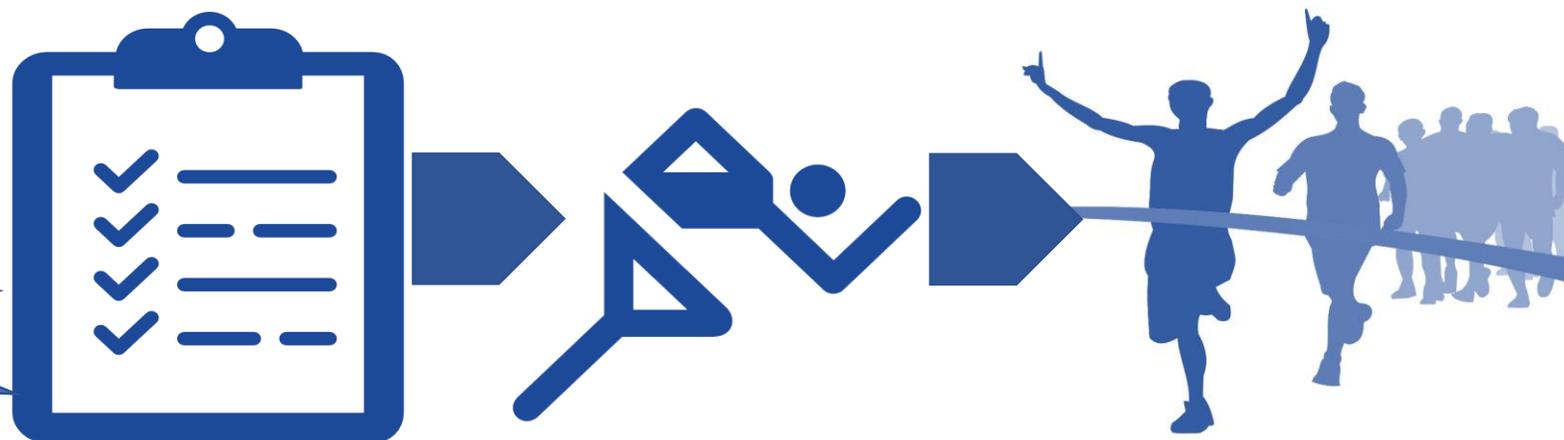
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Readiness Checklist – Issued 9th November 2021

- Incorporates 10 key preparations and simple preparedness rating scale.
- Provided to support internal discussions about how ready the Trust is to implement the required VCOD policy.
- The aim is to help Trusts to prepare as much as possible as early as possible.
- Additional, guidance and other supporting resources will be provided in due course.

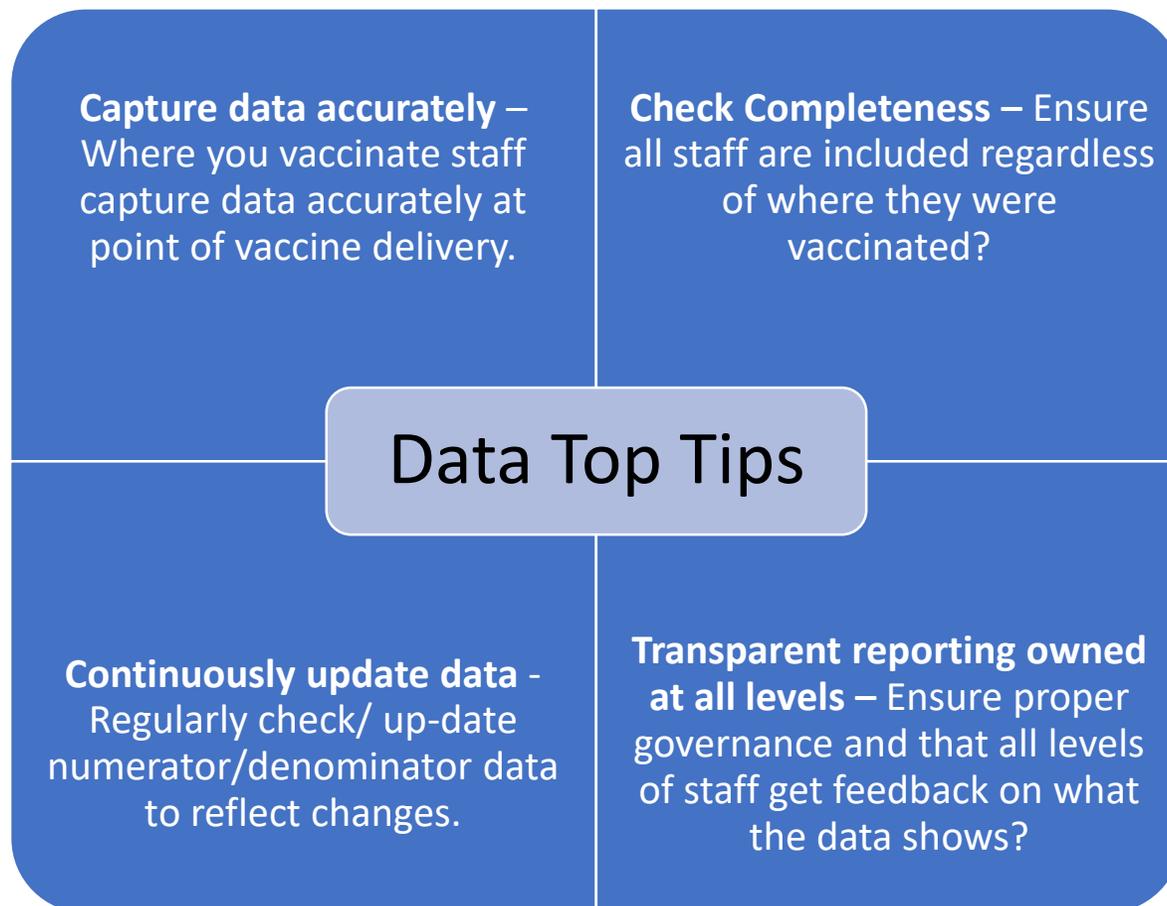
Preparedness Rating	Definition
1. Commitment	Preparation is recognised as important
2. In development	Preparation is being planned
3. In progress	Preparation is in progress
4. In place	Preparation is in place and informing VCOD



Readiness Checklist – Issued 10th November 2021



Data Top Tips for Trusts - Issued 14th June 2021



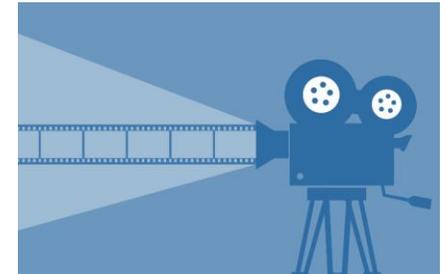
How to consistently report staff vaccine take up rates accurately – Some key learning so far (14th June 2021)

Experience to date shows that accurate reporting on staff COVID vaccination take up rates is dependent on capturing data effectively at the point of vaccination, having systems to check the completeness of the data and working hard on a continuous basis to validate and update the data sets. In turn this enables transparent reporting of uptake rates.

Capture data accurately – Where you vaccinate staff capture data accurately at point of vaccine delivery.	Check Completeness – Ensure all staff are included regardless of where they were vaccinated?	Continuously update data sets - Regularly check/ up-date numerator/denominator data to reflect changes.
<p>Ensure vaccine delivery admin processes capture and record new vaccinations accurately:</p> <ul style="list-style-type: none"> Add staff details in NIVS at point of vaccination. Ask staff to hand their booking form in on exit. Check NIVS entry before they leave vaccine area. Reconcile, at the end of each day, the recorded vaccinations against lists of staff booked, lists of staff checked in. Where different call staff to check <p>Validate and triangulate each week's data against other independent data sources: For example compare: (1) Age/gender/ethnicity breakdowns with summary data from GP records/ESR etc. and (2) Each week's data with the previous week's data and ask - "is it reasonable?"</p> <p>As eligibility rules evolve ensure the base data is updated accordingly: For example, ensure staff originally excluded on clinical grounds, but who are now assessed as safe to vaccinate e.g. pregnant women, people with certain health conditions etc. are included in adjusted base data sets for both the total workforce and for members of the workforce vaccinated.</p>	<p>Ensure Trust reporting processes for staff take-up:</p> <ul style="list-style-type: none"> Include full data on vaccinations of the Trust's own staff at its own sites - Check data in reports includes data from (1) All vaccination locations you give vaccines at, (2) All staff groups you employ e.g. all ages, all genders, all professions etc. Include full data on staff vaccinated elsewhere: For staff not shown as vaccinated or as "declined" search NIVS every week for (1) NHS numbers when known. or if not known search by (2) Staff name, DOB, post code and gender. Update records for staff found to have been vaccinated elsewhere. Identify staff whose vaccine status remains unclear after steps 1 and 2. Arrange individual calls from nominated staff: Manually update the system based on learning e.g. if a person declined or was vaccinated elsewhere (pharmacy/abroad). Record the reasons when staff decline: This is to guide follow-up actions e.g. introductions to a medical specialist to discuss specific concerns. 	<p>Update the base data weekly: Establish a robust HR system to record staff in post including bank / agency staff. Regularly (e.g. weekly) use "lookups" to compare staff in post per HR system and adjust lists of staff:</p> <ul style="list-style-type: none"> Vaccinated staff (Numerator), and In the workforce (Denominator) <p>Regularly cleanse data to identify duplicate entries: For example: One Trust has recently used a team of Bank staff to go through every staff member on their system to cross ref. their NHS number against ESR. This helped:</p> <ul style="list-style-type: none"> Confirm staff classified as front-line is accurate. Detect 500+ errors and duplicates. To identify 200 staff still shown as unvaccinated, so they could be contacted individually to confirm the accuracy of the record and to see if they need any support/information to help them access a vaccination. Through this exercise the Trust will achieve 100% accuracy in its data return.
<p>Transparent reporting owned at all levels of the organisation – Ensure proper governance and that all levels of staff receive feedback on what the data shows?</p>		
<p>If data does not compare well with the previous data always investigate. If necessary correct it. If it is correct add explanatory notes to reports to add to readers understanding.</p> <p>Ensure frontline staff ownership of the data being reported. Report data back to the staff doing the base record keeping so they see the value in getting records accurate first time.</p> <p>Ensure leaders own the data and actively use the data to plan the next steps. Senior Management Team (SMT) should review and sign off the latest data and reports each week. SMT should use the data to (1) Plan further actions to increase take-up based on the data, and (2) Monitor the effectiveness of management interventions and other actions on future vaccination activity by monitoring take-up rates immediately after new actions.</p>		

Domiciliary Care Resources

- As stated before a readiness checklist is being prepared
- There is an excellent [video](#) to show staff and potential recruits and featuring Joan who we heard from earlier
- There is a [London Domiciliary Care COVID-19 Vaccine Information Pack](#) . It is updated on a regular basis and contains:
 - The latest information about VCOD and other vaccine related topic such as FAQ's for staff
 - Advice on how to use capacity tracker
- For advice on how to complete capacity tracker accurately you can also e-mail capacitytracker-guidance@dhsc.gov.uk



Discussion

What else would help you?

**Sophie Bulmer, Network Development Lead
UCLPartners**

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Summary and next steps

Jane Clegg, Chief Nurse

NHS England and NHS Improvement – London region

NHS England and NHS Improvement

