Mandatory staff vaccinations in health and care

DHSC consultation – NHS Providers response

Which persons should be required to be vaccinated?

Question 1

Which of the following best describes your opinion of the requirement: Those deployed to undertake direct treatment or personal care as part of a CQC regulated activity in a healthcare or social care setting (including in someone's home) must have a COVID-19 and flu vaccination?

Please provide a separate response for COVID-19 vaccination and flu vaccination. You may also provide a separate response for healthcare settings and social care settings.

- supportive
- slightly supportive
- neither supportive nor unsupportive
- slightly unsupportive
- not supportive
- I don't know

Please provide details to support your answer.

Please note: answers to questions requiring a selection are denoted throughout this document with green highlight (as above).

As a member-led representative body for all 213 NHS trusts and foundation trusts in England, we are responding to this consultation on behalf of trust boards. Our response has been informed by direct feedback from trust leaders, and through a member survey which ran between late August and early October this year, gaining responses from 172 leaders in total from 114 trusts across the country (54% of all trusts).

We are slightly supportive of the requirement for staff deployed across health and care settings to be vaccinated, including in the NHS. However, our slight support for the principle of this policy and legislative change can only be stated alongside a series of significant caveats and concerns around the impact of a vaccine mandate on NHS staff, providers and patients. We will explore these concerns in more detail in answers to subsequent questions.

The first and most obvious caveat to our support for this policy is the fact that there is no consensus view for trust leaders on this requirement. Our *State of the provider sector* survey of trust leaders found:

- 58% in support, and 32% opposed to mandatory COVID-19 vaccinations (10% answered don't know). This question was answered by 170 trust leaders.
- 57% in support, and 33% opposed to mandatory flu vaccinations (10% answered don't know). This question was answered by 172 trust leaders.

Support for a vaccination requirement varied by trust type. The survey showed:

- Support for the policy is highest among community trust and acute specialist trust leaders, with 70% in favour and 20% opposed in both cases.
- Mental health and learning disability trust leaders, and combined acute and community trust leaders were almost evenly split on the policy, with 53% in favour and 47% opposed among the former, and 46% in favour and 42% opposed among the latter group.
- Ambulance leaders from two trusts responded to our survey and expressed support for the requirement, although the low number of responses needs to be noted, given this represents just 20% of the ambulance trust sector.

Mandatory COVID vaccination has been a key issue of discussion and area of concern for trust leaders over the past few months, particularly since the announcement of the initial consultation for a requirement in care homes in the spring. Feedback provided by chairs and chief executives (outside of our qualitative evidence gathering) reflected very similar messages and sentiments to those found by the survey.

Trust leaders are split on this issue and are aware of the potential for a mandate to have a divisive effect on the workforce. However, boards are conscious of their primary objective to provide safe and effective care to patients and their local communities and acknowledge the impact an unvaccinated segment of the workforce may have on that aim. Trusts have dedicated significant time and resources to increasing uptake of the COVID vaccine among staff this year under the voluntary system, and feedback from trust leaders – alongside the very high rates of vaccination as a whole across the NHS – indicates significant levels of success through targeted campaigns of persuasion. These efforts have become particularly effective as line managers have become better equipped to have challenging but understanding conversations with hesitant staff.

Discussions with trust leaders, and the comments we received within our survey, have highlighted the extent to which boards need to balance a set of risks and harms related to this issue, and that a

mandatory vaccination policy cannot be seen in isolation. Trust leaders have commonly stated a view that it is their 'moral' or 'ethical' responsibility to protect staff and patients, but they also must look at this issue through various lenses, including through an operational perspective as the NHS prepares for what promises to be its toughest ever winter.

We will further explore the potential benefits for a vaccine requirement and principled arguments in favour in the relevant section of this response.

Please note that throughout this response, we have provided evidence and reflections gained from trust leaders regarding the impact of potential mandates for both COVID-19 and flu vaccinations. Unless stated otherwise, our answers to the following questions are relevant to both mandates, given the very similar position our members have taken on the proposed policies to tackle both COVID and flu viruses.

Question 2

Do you think there are people deployed in or visiting a healthcare or social care setting (including someone's home) who do not undertake direct treatment or personal care as part of a CQC regulated activity but should also be included within the scope of a requirement to have a COVID-19 and flu vaccine?

- yes
- no
- I don't know

We believe that, on balance, a requirement to be vaccinated should ultimately apply to all staff working in the NHS if a policy to mandate vaccination for frontline clinical staff is to be taken forward by the government.

Trust leaders must consider their whole workforce when making decisions on – or implementing nationally determined – benefits or conditions of employment in their organisations and across systems (ICSs). Workforce managers and other trust leaders need to ensure a sense of togetherness and positive working cultures across multi-disciplinary teams in order to provide high quality care to patients, and policies which create different rules and conditions for separate groups within the trust workforce can create a sense of unfairness.

The importance of managing staff as a single collaborative workforce and ensuring a 'one team' ethos has been emphasised by trust leaders in discussions regarding the scope of this policy. One trust leader told us while the issue is "really finely balanced" and that there are benefits to a mandate for clinical staff only, they felt a single approach across their staffing team was "easier to justify to

everyone and leaves fewer grey areas." Recognising the importance of vaccinating as many staff as possible to support the provision of safe and effective care for patients, another trust leader told us, "if you work for the NHS you should want to protect yourself and others irrespective of your role." Conversely, other trust leaders have told us they support a narrower definition of the type of staff subject to this requirement. One chief executive argued that such an approach makes the most sense within a risk-based approach to reducing transmission while limiting impact on workforce supply.

We believe that within the framework as currently proposed, there is an expectation that trusts would respond to the minority of staff who still choose not to be vaccinated by exploring opportunities for redeployment into non-patient-facing roles. The proposal as currently articulated by DHSC explicitly calls for the requirement to apply "to all those that are deployed to undertake direct treatment or personal care as part of a CQC regulated activity", while additionally welcoming views on whether staff who "work for a regulated service but do not provide personal care or treatment as part of the specific care of an individual" should also be required to be vaccinated.

Opportunities for redeployment would likely become much more limited, or potentially cease to exist altogether, if all NHS staff were required to be vaccinated. Our survey findings indicate that an overwhelming majority of trust boards expect they will try and redeploy staff who continue to refuse vaccination, with only 7% of respondents saying they did not expect to redeploy any staff as a result of the potential policy change.

Based on further feedback from trust leaders, we believe a balanced approach could potentially include a phased introduction of the requirement to different groups based on assessment of risk. This could be carried out by taking forward the mandate for clinical staff in the first instance, followed by all NHS staff who interact with and greet patients (e.g. administration staff and porters), and eventually followed by all NHS staff irrespective of their roles. This could enable more opportunities for redeployment initially and more time for managers and colleagues of vaccine hesitant staff to have the right conversations, with the right approach and resources to convince others to become vaccinated.

Question 3

Which people do you think should be covered by the scope of the requirement to have a COVID-19 vaccination and flu vaccination? (tick all that apply)

Please provide a separate response for COVID-19 vaccination and flu vaccination.

- porters
- administration staff

- cleaners
- volunteers
- other (please specify)
- I don't know

Answer to this question covered in response to question 2.

Question 4
For COVID-19 and flu vaccination are there people deployed to undertake direct treatment or personal care as part of a CQC regulated activity that should not be in scope of the policy?

Please provide a separate response for COVID-19 vaccination and flu vaccination.

- yes
- no
- I don't know

Please explain your answer

Answer to this question covered in response to question 2.

Question 5
Are there any other health and social care settings where an approach similar to adult care homes should be taken (that is, all those working or volunteering in the care home must have a COVID-19 vaccination or have an exemption)?

- yes
- no
- no opinion

As the representative body for all 213 NHS trusts and foundation trusts in England, we are best placed to focus our evidence on activity within our member organisations. As such, and unless stated otherwise, our answers throughout this consultation response refer to all trust settings. It is worth noting that trust staff will at times work outside of 'traditional' secondary care settings, in the community including in people's homes. This is particularly the case for much of the work undertaken by ambulance trust staff and some activity carried out by community trust staff.

Question 6
If yes, please select setting listed below. If other, please specify.

- hospice
- residential recovery services for drugs and alcohol
- registered extra care and supported living services
- registered Shared Lives services
- other

Under 18s

Question

Which of the following best describes your opinion of the requirement: Those under the age of 18, undertaking direct treatment or personal care as part of a CQC regulated activity (in a healthcare or social care setting, including in someone's home), must have a COVID-19 and flu vaccination?

Please provide a separate response for COVID-19 vaccination and flu vaccination. You may also provide a separate response for healthcare settings and social care settings.

- supportive
- slightly supportive
- neither supportive nor unsupportive
- slightly unsupportive
- not supportive
- I don't know

Please provide details to support your answer.

We believe that if a vaccine requirement is to be implemented for NHS staff, it should not vary based on age. Exclusion of people under the age of 18 working in the service (a very small minority of staff) would send mixed messages while providers focus on rolling out the vaccine to teenagers. It is not clear that an exclusion for staff under the age of 18 would create significant benefits for trusts or the workforce specifically as well.

NHS Providers has expressed support for the wide rollout of the vaccination programme to additional groups across society in general, including 16 and 17 year olds in line with advice from the JCVI and other key expert advisory groups.

Our statement in response to the recent government announcement accepting the JCVI recommendation read, "We urge everyone, including 16 and 17 year olds, to have their COVID-19 jab when they are offered it, in line with the advice of Joint Committee on Vaccination and Immunisation. The UK's vaccination programme has played a pivotal role in tackling the COVID-19 pandemic. Our falling infection, hospitalisation and death rates are testament to this."

Exemptions

Question
Do you agree or disagree that exemption from COVID-19 vaccination and flu vaccination should only be based on medical grounds?

Please provide a separate response for COVID-19 vaccination and flu vaccination.

- strongly agree
- somewhat agree
- neither agree nor disagree
- somewhat disagree
- strongly disagree
- I don't know

Question

On what other basis, if any, should a person be exempt from this requirement?

If vaccination is to become a condition of deployment in the NHS, it is essential that a clear and logical system for exemptions is in place. We would agree that advice provided by a medical practitioner or other clinician should be the primary basis upon which exemptions are considered and granted.

It is equally important that the system for exemptions, including timings and deadlines, is well communicated and supported by strong guidance to support use within the NHS. Currently, staff working in care homes can gain exemptions through self-certification, or through the new, formal system using the NHS COVID pass platform. It would make sense to work towards a single system for the health and care workforce and trust leaders will support the implementation of formal procedures.

However, it is also particularly important that staff are not affected by a rapid 'cliff edge' deadline to become vaccinated or provide evidence to support an exemption. It is worth noting that while the government made its official decision on a vaccination mandate for staff in care homes on 16 June, a requirement for staff to use the formal exemption mechanism will not come into place until 25 December, allowing time for staff and employing organisations to determine eligibility for exemptions and increase the rate of vaccination. We will provide further reflections on the implementation of a grace period in the impacts section to follow.

Equalities impacts

Question
Are there particular groups of people, such as those with protected characteristics, who would particularly benefit from COVID-19 vaccination and flu vaccination being a condition of deployment in healthcare and social care?

- yes
- no
- not sure

Question
Which particular groups might be positively impacted and why?

A vaccination requirement for NHS staff should reduce the risk of nosocomial infections in health and care settings. This policy would thus provide a benefit for staff and patients who are at increased risk from COVID and flu, most notably older people and/or people with one or multiple pre-existing morbidities.

This policy should also provide a specific benefit to people with protected characteristics, including some disabled people and certain ethnic minority individuals and groups. According to the Office for National Statistics (ONS), people in all ethnic minority groups – except for Chinese women or white female ethnic minority people – have suffered an elevated risk of mortality from COVID in both the first and second waves of the pandemic. In particular, people from Bangladeshi and Pakistani ethnic backgrounds, and both Black African and Black Caribbean groups have experienced significantly higher rates of death than white men and women in the pandemic. Similarly, there is "a considerably raised risk of death" for disabled people – both people who described themselves as 'more disabled' and 'less disabled' in the 2011 Census – according to ONS research, and a particular impact on people with medically diagnosed learning disabilities.

Disabled people have also been affected by a range of other negative outcomes from COVID and the pandemic, reporting higher rates of concern over mental health and wellbeing and higher rates of long COVID symptoms, and poorer access to non-COVID care and essential goods and services compared to non-disabled people.

Annual NHS Workforce Race Equality Standard data details how ethnic minority staff are disproportionately employed in lower-mid level bands in the Agenda for Change grading structure. Ethnic minority staff (described as 'BME' in WRES) are represented above the indicative target level set

by NHS England/Improvement of 19% in bands 1 (19.5%) and 5 (27.5%) only, while representation falls to below 10% at senior levels. According to trust WRES data returns, there is also a higher proportion of ethnic minority staff working in clinical (non-medical) roles at 'support' and 'middle' grades compared to non-clinical roles.

Staff working in predominantly patient-facing roles at these levels are likely to be working in larger teams with significant interaction with patients and would therefore disproportionately benefit from an increase in vaccination coverage among their colleagues, both for the sake of their own protection from COVID and flu, and for the patients they care for. A policy requiring vaccination for all NHS staff would, therefore, provide a benefit to ethnic minority staff specifically if it is genuinely effective in increasing the level of coverage to 100% or very close to 100% of the workforce.

Question

Are there particular groups of people, such as those with protected characteristics, who would be particularly negatively affected by COVID-19 and flu vaccination being a condition of deployment in healthcare and social care?

- yes
- no
- not sure

Question

Which particular groups might be negatively impacted and why?

While there are potential benefits to a vaccine mandate for ethnic minority staff in the NHS, this condition of deployment – if implemented – would almost certainly have a negative impact on employment opportunities and working conditions for some ethnic minority staff.

While overall rates of vaccination among NHS staff are impressively high (89% double vaccinated on 14 October) and persistently higher than rates across the general population (79% in England on 19 October), trust leaders have reported that concerning levels of vaccine hesitancy continue to be held within some ethnic minority staff groups.

Vaccination rates are not broken down by ethnicity in official central data, however a Lancet study in July found hesitancy among registered healthcare professionals to be between 10 and 30% higher for nearly all ethnic minority groups. Official data and discussions with stakeholders in the sector have confirmed that trusts and other NHS and non-NHS providers in London are encountering difficulty

matching extremely high levels of staff vaccination coverage in other parts of the country partly due to their more diverse workforces.

Trust leaders are working to address the structural racism that exists within the NHS (and wider society) as a core priority. Ethnic minority staff and leaders, and white allies in the NHS are frustrated by the slow pace of change and lack of progress on racial justice issues within the service. While representation at board level has improved marginally in recent years, ethnic minority staff are less likely than their white colleagues to be appointed from a shortlist to a role; less likely to be feel they have equal opportunities for career progression and promotions; more likely to experience discrimination at work from a manger or team leader; and more likely to enter formal disciplinary procedures.

The implementation of a vaccine mandate risks creating a situation where a considerable number of ethnic minority staff will be redeployed or have their employment terminated. It also risks creating distrust between ethnic minority staff and trust leaders, who in recent months have been taking forward targeted approaches to increase voluntary uptake of the vaccine among more hesitant groups, and in the longer term are seeking to increase opportunities for advancement and improve experience at work for ethnic minority staff.

This policy would likely exacerbate the impact of existing health inequalities in our society. COVID-19 had a disproportionate impact on Black, Asian and minority ethnic communities and this has also proved to be true for the NHS staff affected by coronavirus. While 21% of all NHS staff are from ethnic minority backgrounds, these individuals made up 63% of all healthcare workers, and 95% of doctors, who died in the first wave of the pandemic. The disproportionate impact of the pandemic on the economic freedom and wellbeing of ethnic minority people and communities has been clear too, with multiple studies showing ethnic minority people have been far more likely to lose employment or face economic hardship, while being less likely to be furloughed by employers.

These factors need to be considered in the implementation of a vaccine requirement, should it be introduced. This includes a clear understanding within government on the levels of vaccine hesitancy within specific ethnic minority groups, supported by improved data, and the measures taken forward by trusts and other stakeholders across the NHS which have shown to be successful in driving up rates of vaccine take up within these groups.

Staffing impacts

These questions are specific to those who manage frontline health and care workers.

Question
Thinking about circumstances in which staff fall within a requirement to be vaccinated but remain unvaccinated, how do you anticipate you would respond?

- redeploy unvaccinated staff
- cease employment for unvaccinated staff
- other (please specify)
- not applicable

Our *State of the provider sector* survey asked trust leaders about the potential for both redeployment and outright staffing losses in the event of a vaccine mandate across the NHS workforce. The results showed:

- 91% expect to redeploy staff into different roles if vaccination becomes mandatory.
- Nearly half of respondents (46%) expect they would seek to redeploy between 1-5% of their workforce, whereas one in five trust leaders (21%) expect a redeployment of over 5% (18% of respondents said between 5-10%, 3% said over 10% would have to be redeployed).
- One quarter of respondents (25%) said they would redeploy less than 1%, while only 9% said they would not expect to redeploy any staff.
- Expectations over levels of redeployment did not vary significantly based on trust leaders' stated support for, or opposition to a vaccination requirement.

This question was answered by 160 trust leaders. It is important to note that the question did not inquire about the availability of existing or theoretical redeployment opportunities specifically, and as such the results should not be read as an informed analysis of the ability for trusts to redeploy significant numbers of staff in the short term. We will discuss the context of wider staffing gaps and workforce pressures in response to a following question.

In response to the question, "what proportion of your trust's workforce do you expect to lose altogether if vaccinations become mandatory?":

- 89% of trust leaders said they expected to lose some staff altogether if vaccination becomes mandatory.
- Over a third of trusts (35%) said they expect to lose between 1-5% of their workforce, while 44% said they expect to lose less than 1%.
- One in ten (10%) said they expect to lose over 5% of their workforce (9% of respondents said between 5-10%, while 1% said over 10%), and one in ten respondents (11%) also said they would not expect to lose any staff due to this policy.
- The survey showed a correlation between opposition to the policy and higher levels of expected staff losses among trust leaders, and lower levels of expected losses for those in support:
    - Almost two-thirds of trust leaders (61%) in opposition to the policy said they expect they would lose more than 1% of their workforce, with half (49%) estimating losses between 1-5%, and 12% of those opposing the policy saying they would expect to lose between 5-10% of staff.
    - Conversely, almost two-thirds (63%) of trust leaders supporting mandatory vaccination said they would expect to lose less than 1% (52% of supportive respondents) or no staff at all (11% of supportive respondents).

This question was answered by 158 trust leaders.

Question

Do you have concerns about the impact of a vaccination requirement policy on the ability of your organisation to deliver safe services?

- yes
- no
- I don't know

Regulations introduced in 2014 under the Health and Social Care Act (2008), include a requirement for healthcare providers – including NHS trusts and foundation trusts – to ensure safe and effective care for patients. The regulations specifically point to the need for providers to ensure "that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely." They also point to the need "to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users."

Requirements to ensure staffing expertise and competence, and timely care planning to ensure the safe delivery of services could be threatened by the potential loss of staffing capacity across the NHS, and across the health and care sector as a whole, should this mandate be introduced. Risks to the

provision of safe and effective services in the NHS are a consideration due to the compromised state of the workforce as a whole, prior to any considerations around a vaccine requirement.

Trusts are facing considerable staffing capacity constraints and uncertainties. To summarise the current pressures facing the workforce:

- The service entered the pandemic with over 100,000 workforce vacancies, and staff are now exhausted and overstretched having worked flat out throughout the pandemic.
- In a June 2021 survey, half of trust leaders (48%) reported concerns about the levels of staff already leaving their organisations due to early retirement, burnout, or the impact of working in a pandemic.
- Staff desperately need time to recuperate and process the past 18 months - not only due to the enormous challenges which they have faced within their roles, but also the illness and deaths of colleagues and loved ones.
- Between staff vacancies, infection prevention and control (IPC) measures reducing capacity, and a significant care backlog, this tension is proving difficult to resolve.

To truly protect the wellbeing of the NHS workforce, more (and not less) staff are needed not only to cover existing workforce gaps, but also to build flexibility into the system. This would bring several benefits, including reduced reliance on agency staff – or already-exhausted bank staff – to cover shifts at huge cost.

The introduction of a policy to mandate staff vaccination could run counter to the aim of creating additional workforce capacity, unless it is complemented by significant levels of investment and effective programmes to not only compensate for staffing losses and anticipated redeployments but increase the size of the workforce as a whole. Addressing workforce numbers is a longstanding, structural challenge for government and both national and local NHS organisations but given the level of waiting lists and burnout among staff now, national policy interventions to ensure recruitment and retention in sufficient numbers has never been more vital.

Question

Which of the following are concerns that you have about the impact of a vaccination requirement policy on your organisation? (tick all that apply)

- some staff may refuse the vaccine and leave their current job
- some staff may leave in protest at the policy, if this conflicts with their personal beliefs
- remaining staff may resent the requirement, reducing morale
- staff may seek to challenge employers in court

- the supply of alternative trained staffing available
- the cost of short-term staff cover
- the cost of recruiting new permanent staff
- the time it will take to recruit new permanent staff
- time taken to train new members of staff
- other (please specify)
- I don't know

Question
Please provide an estimate of the scale of potential impact

- severe impact
- major impact
- moderate impact
- minor impact
- insignificant impact
- I don't know

Impact on NHS staff

We anticipate a vaccination requirement for NHS staff would have a major impact on the workforce and the delivery of services based on conversations with trust leaders and the responses to our survey. Above we have discussed the long-term, structural nature of staffing gaps, impact of the pandemic, and overall strain affecting the NHS workforce at this time, all of which are highly relevant to the impact of this proposed policy.

In specific reference to the proposed condition of deployment, trust leaders have expressed near universal concern over the potential for additional staffing gaps:

- 94% of trust leaders said they were concerned about the potential for additional staffing gaps due to mandatory vaccinations.
- Two-thirds of respondents (67%) said they were either extremely concerned (34%) or moderately concerned (33%), with only 5% of trust leaders saying they have no concern about the potential for additional staffing gaps.
- Mental health/learning disability trust leaders have the highest level of concern over the potential for additional staffing losses in the NHS (79% extremely or moderately concerned in standalone mental health/learning disability trusts, and 82% extremely or moderately concerned in combined mental health/learning disability and community trusts).
- Standalone acute and community trust leaders are slightly less concerned, however in both sectors 60% are still extremely or moderately concerned about potential staffing losses.

Many trust leaders responding to the survey told us their views on a vaccination requirement were affected by these concerns. We received multiple comments highlighting the existing and anticipated pressures facing providers and staff at this point in the year, with one respondent stating that "workforce shortages will be in place all winter", should a strict enforcement be implemented. Another said, "anything which prompts staff to leave the sector to go into the many competing job opportunities will be of even greater detriment to patient safety and care", than the continued employment (and deployment) of a relatively small number of vaccinated staff.

Several trust leaders said that – while they support the principle of requiring vaccination – they felt the cost of additional staffing gaps and service pressures outweighed the potential benefits to staff and patient safety. A number of comments we received pointed out that only a small proportion of the workforce lost would have a major effect on the provision of care, while others argued that the specific patient safety risk may be greater with a workforce stretched further by reduced capacity.

Another recurring area of concern for trust leaders is around the impact on the relationship between workforce managers and frontline staff, should a compulsory vaccination policy be introduced. One trust leader said that "compelling staff will create a series of disputes with some staff which will consume time and energy and goodwill better spent on patients." Another suggested that "by mandating jabs, the argument about an individual's right to choose will defeat the aim of getting people vaccinated and take up valuable resource."

Impact on social care staff

Trust leaders have expressed significant concern over the impact of mandatory vaccinations on the social care sector, both in respect to the existing mandate affecting care homes and the potential for a requirement for staff to be vaccinated when deployed in all other care settings (including in domiciliary care).

This concern has increasingly been fed back to us in discussions with trust leaders, and it is a worry exacerbated by general increased pressures faced by social care providers – and trusts as a result – at this time. Recent media coverage has underlined particular challenges to trusts seeking to discharge medically fit patients, and to care providers seeking to create space and retain enough staff to enable these transfers.

Our survey asked trust leaders specifically about their views on the impact of a vaccination requirement in social care. The results showed:

- 95% of trust leaders are concerned about the potential for additional staffing gaps in social care, with 85% either extremely or moderately concerned.
- The proportion of trusts 'extremely concerned' about the impact of the mandate on the social care workforce, was notably higher than for the NHS workforce (34% as mentioned above).
- Across different trust types, most trust leaders were extremely or moderately concerned about the potential for additional staffing gaps in social care due to mandatory vaccinations, particularly those in mental health/learning disability trusts (71% were extremely concerned).
- However, community trust leaders took a different view to leaders in other sectors, with only 5% extremely concerned. Less than half of leaders of standalone community trusts (42%) reported some level of concern over staffing losses.

A number of trust leaders said they felt it was inevitable the social care sector would continue to lose staff through the implementation of a vaccine mandate. One trust leader noted that "social care staff have the key competencies that make them employable across a range of sectors. Those staff who continue to refuse the vaccine now have many more, and better paid choices for employment." Another said that they are already seeing a negative effect (prior to the end of the grace period), stating that "the care sector has made COVID vaccinations mandatory and people are leaving the sector. We cannot allow the same to happen in the NHS given the workforce challenges that we have."

Increasing concern among trust leaders over the impact of mandatory vaccinations for staff in social care reflects what we are hearing through conversations with colleagues representing providers in the care sector. Anecdotal feedback and estimates prior to implementation suggests that staffing losses in the care sector due to this policy could reach as high as 15-20% in some areas, though this is likely to vary significantly by region.

While these numbers are provisional and there is confidence in government that the care homes mandate has not yet led to significant departures, it is important to underline the fact that both the social care sector and the NHS will not learn of the true impact of this policy until after 11 November when the grace period for staff ends.

We note with particular concern the comments earlier this month from National Care Association Chief Executive, Nadra Ahmed, who warned of care providers being unable to staff their services safely, severely limiting the number of patients who are able to receive care, and in some cases leading to contracts being handed back to local authorities.

Question
What, if anything, do you think could minimise any negative impact of a vaccination requirement policy on the healthcare and social care workforce? (tick all that apply)

- ease of access to vaccination
- access to up to date information
- support from local vaccination champions
- I don't know
- none
- Other (please specify)

As noted in response to questions on the scope of this proposed policy, we believe a staged approach to a vaccination mandate, should it be confirmed, would help to mitigate the effects of this requirement to a degree.

It would also be important for the government to ensure an effective utilisation of 'grace periods' as has been the case for staff deployed in care homes. This would allow more time for trust leaders to convince staff who remain hesitant and to properly communicate the many implications of this policy to staff at all levels throughout their organisations.

We appreciate there is a risk to using grace periods in that such an approach would prolong a separation between the approach used in care homes (with the grace period ending on 11 November), and the approach used in all other health and care settings. However, on balance, the avoidance of a 'cliff edge' deadline and additional time to support persuasion and effective communication of this potential requirement within trusts should take precedent.

Question
Which of the following, if any, do you think your organisation could benefit from as a result of a vaccination requirement policy? (tick all that apply)

- reduction in patient or client morbidity or mortality
- prevention of outbreaks
- reduced levels of staff sickness absence
- reduced number of staff self-isolating after being in contact with someone testing positive for COVID-19
- cost savings from reduced bank or agency staff needed to cover staff sickness absence
- time saved by needing to acquire less staff to cover staff sickness absence
- reduction in staff anxiety about contracting COVID-19 and/or passing it on to friends or family
- reduction in the anxiety of family and friends of those being cared for
- none

- other (please specify)
- I don't know

Question
Please provide an estimate of the scale of potential benefit

- very substantial benefit
- substantial benefit
- moderate benefit
- minor benefit
- insignificant benefit
- I don't know

We expect there to be a minor benefit to trusts if this policy is confirmed and implemented across the NHS. The most notable area of potential benefit is to infection, prevention and control (IPC) efforts within the service, and specifically a reduction in nosocomial infections if a greater proportion of staff are fully vaccinated against both COVID and the flu virus.

Trust leaders have worked incredibly hard to limit the risk of infections within the care settings they manage. This has, quite obviously, been a considerable challenge throughout the pandemic in the face of changing conditions that have included evolving levels of understanding on COVID and the factors influencing its spread.

National societal and NHS policies have – for the most part – been implemented effectively to reduce spread of the virus within trust settings, but counterbalancing factors (including the need for sufficient workforce capacity and the protection of patients' and their families' rights) have meant that trusts have not always been able to take every possible measure to prevent nosocomial infections.

Trust leaders have also worked hard to promote staff and patient safety by encouraging 100% vaccine take up, and the NHS as a whole is remarkably close to achieving this with almost 90% of staff now double vaccinated. In response to our survey, several trust leaders explained that they felt it was their primary responsibility to protect their colleagues, patients and people within their communities by ensuring they are treated by vaccinated members of staff.

One trust leader stated that "as healthcare providers and workers we have an ultimate responsibility to do all we can to keep our patients and colleagues safe and vaccination is a strong element of this." Another said that all staff have "a responsibility to protect themselves and patients from transmission of diseases. As there is increasing evidence to suggest that vaccinated individuals are less likely to

become severely ill and transmit infection, it would seem the most sensible decision to protect staff, reduce sickness and protect patients."

Greater protection for staff through universal vaccination coverage should also carry the benefit of reducing the amount of staff absence due to COVID-19 and flu, given the impact of contracting these viruses is considerably less severe for those protected by vaccination. The latest NHS sickness absence data showed close to 80,000 staff absences, with 20% of these absences due to staff contracting COVID or needing to self-isolate. The rate of overall staff absence is significantly higher than pre-pandemic levels and a number of trust leaders told us a vaccine mandate could be an effective means to tackling this issue. One respondent to our survey said their responsibility as an employer included both "protecting our staff from contracting illness… and protecting our patients by ensuring less sickness absence." Another said, "mandatory vaccinations would significantly reduce sickness absence and improve resilience", while noting their concerns over potential infringements on the human rights of staff.

While there is much more to learn about long COVID and protracted symptoms from the virus, ONS research has shown that the prevalence of self-reported long COVID is highest among people working in health care (3.1% of the population) or social care (2.7%). Greater vaccination coverage across the workforce may, therefore, serve to protect staff health and wellbeing both in the short and longer term.

Question
Do you think a vaccination requirement policy could cause any conflict with other statutory requirements that healthcare or social care providers must meet?

- yes
- no
- I don't know
- not applicable

Question
Please give further detail on other statutory requirements that a vaccination requirement policy could conflict with.

See above answer on the provision of safe and effective care (Health and Social Care Act regulation 12).

Question
Thinking about your staff who were initially hesitant to get vaccinated, what were the effective steps and actions that led to those staff accepting the vaccine?

Many trusts have told us they feel a voluntary approach has been an effective means of driving up rates of vaccination, and that sensitive but challenging one-to-one conversations with hesitant staff have helped to change minds in a number of places.

Other specific approaches trust leaders have found to be useful include:

- Team briefings and workshops on vaccine benefit with a focus on promoting positive team culture;
- The use of on-site vaccination 'hubs' and clinics for staff use;
- The deployment of 'peer vaccinators', 'champions' or 'advocates' from a range of backgrounds, including staff from ethnic minority groups where some colleagues remain hesitant;
- Major education and communication campaigns focusing on 'hard to reach' groups, with the support of community and religious leaders in some instances;
- Inviting national virologists and ethnic minority leaders into trusts to present data and information on vaccine effectiveness and risks;
- 'Fact and fiction' communications, including Q&A resources for all staff, using video blogs (vlogs);
- Using staff networks to spread positive messages around vaccination.