

## Royal College of Nursing response to the Public Accounts Committee inquiry into the roll-out of the COVID:19 vaccination programme

With a membership of close to half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK Parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

### 1. Summary

- 1.1. The RCN recognises that the COVID-19 vaccination programme had success, and that nursing and other clinical staff have played a vital role in this. Delivery of vaccination in the UK is primarily a nursing role and nursing teams have been and continue to be at the forefront of the COVID-19 vaccine delivery. This includes leading the delivery models, training, and supervising the wider workforce to support the process, and administering vaccines. Given their central role, the RCN has been clear that the nursing voice and contribution to the successful delivery of this programme must be acknowledged.
- 1.2. The RCN has sought to work with governments across the UK, the NHS and public health teams to support the UK's COVID-19 vaccination programmes, maximising the uptake for safe and effective vaccines across the population and supporting nursing staff to manage and deliver vaccine programmes.
- 1.3. There are several important lessons that have emerged from the roll out of the COVID-19 vaccine, and it is vital that these are learnt and carried forward into future stages of the roll out and wider vaccination programmes. This includes the effective sharing of data and collaboration between services which linked up vital information about where vaccines were administered with patient records.
- 1.4. The RCN also has ongoing and widely reported concerns around the workforce, including the importance of increasing the overall supply of registered nurses and the need for investment to strengthen community, general practice, and public health nursing to support vaccination and immunisation services going forwards. The RCN is clear that the workforce requires adequate training and support to deliver immunisations.<sup>i</sup> While the COVID-19 programme involved professionals who would not normally administer vaccines, this is not necessarily appropriate for other vaccine programmes which are higher risk or more complicated in their administration and should remain the remit of the registered nursing workforce.
- 1.5. The RCN also remains concerned about the inequitable rollout of COVID-19 vaccines globally. Despite successes of the UK's vaccination programme, vaccination rates in low-income countries continue to be low, with only 10.2% of populations being fully vaccinated, compared to 72.4% in high income countries.<sup>ii</sup> It is imperative that all nurses and health workers around the world have access to COVID-19 vaccines, so they can continue to work safely.<sup>iii</sup>

## **2. Progress with the COVID-19 vaccines programme since the NAO last reported in December 2020**

- 2.1. The RCN recognises that the COVID-19 vaccination programme has been a significant achievement, thanks to the central role and incredible efforts of the NHS, nursing staff and other clinicians in the programme's implementation. In December 2021, a combined total of more than 700 staff (full time equivalent) in DHSC, NHSE&I and the Taskforce worked on COVID-19 vaccination, compared with around 20 staff employed on matters related to vaccinations within PHE, DHSC and NHSE&I prior to the pandemic.<sup>iv</sup>
- 2.2. Since the RCN submitted evidence to the last Public Accounts Committee (PAC) inquiry into the vaccination roll out in January 2021,<sup>v</sup> there has been increased engagement between the vaccine rollout programme and the RCN in England. This has included the development of the national protocol, weekly meetings with clinicians leading the vaccination programme from NHS England and NHS Improvement (NHSE/I), allowing the RCN to raise issues from members working in the COVID-19 vaccination programme directly and in a timely way. The RCN has also been involved in the development of the national IT infrastructure, providing input into safe documentation practices, obtaining consent and questioning structure. These means of working together are an improvement, and it is essential that the RCN is actively involved in the planning of the next stages of the vaccination programme to ensure appropriate positioning and expertise of the essential role of the registered nurse as leader, educator, and vaccinator.
- 2.3. However, several of the concerns that the RCN raised in our January 2021 submission are ongoing. The RCN is clear that there are learnings that the UK Government should prioritise for the COVID-19 vaccination programme for other vaccination programmes too.

## **3. The drivers of success in the first phases of the mass roll-out: the rollout of the first and second doses to all priority groups and all adults, and the rollout of first doses to 12–17-year-olds**

- 3.1. The RCN recognises that first and foremost one of the largest drivers in the success of this vaccine roll out has been the dedication and hard work of those delivering it and operating it across the country. Registered nurses and other healthcare professionals have worked long hours with significant effort to vaccinate as many people as possible as quickly as possible, often doing this in addition to their normal working hours, and at times, without remuneration.
- 3.2. Throughout the COVID-19 pandemic, nurses and other health and care staff across the UK have been at the forefront of the response, increasing their potential exposure to the virus. Nurses having access to the vaccination is therefore critical to protect themselves, families and patients and enabling them to continue delivering safe and effective care to patients. The RCN supported the inclusion of health and care staff in the Joint Committee of Vaccination and Immunisation (JCVI) priority groups for the vaccination and supported the UK Government's commitment to offer the first vaccine dose to all those in the top four priority groups by 15 February 2021. The latest data shows that 95.4%, 92.4% and 78.3% of NHS trust health care workers in

England have had their first, second and booster vaccines respectively.<sup>vi</sup> The RCN supported the priority inclusion of health and care professionals within the programme and has actively encouraged our members to have the COVID-19 vaccine as soon as possible.

3.3. Another key driver of success has been the use of IT and data sharing. Our members have significant experience and knowledge of vaccination programmes and we have seen that the IT infrastructure in the COVID-19 programme is unlike any of the other programmes currently being undertaken. Many of the achievements that have been made possible for COVID-19 vaccines cannot currently be replicated in other programmes as there are not the same processes in place for data sharing across different providers. Going forwards, data and the sharing of records is vital for supporting and delivering the UK Government's aims and ambitions of better integrating health and care.<sup>vii</sup>

#### **4. The future aims and challenges for the vaccines programme as the first phases of roll-out come to an end**

4.1. As the RCN outlined in a January 2021 submission to the previous PAC inquiry, the RCN remains concerned about the wellbeing of a severely overstretched workforce. Many RCN members, like all health and care staff across the UK, are exhausted. Many are experiencing the toll of months of unrelenting pressure through mental and physical ill health and burnout. As routine appointments, elective operations, and urgent cancer care are now business as usual again, while Covid patients continue to need care too, nurses and nursing support workers also need both immediate and long-term support.

4.2. The RCN has seen an increase in RCN Counselling referrals for workplace traumatic incidents, and in the intensity of these incidents. The RCN is asking the UK Government to provide guaranteed appropriate rest (not limited to annual leave) which would include enabling staff to take breaks at work, and by reviewing and controlling working patterns to prevent long shifts or excess hours being worked. All employers must also make available and fund timely access to confidential counselling and psychological support for all staff. Staff must be able to self-refer and any barriers that may prevent nursing staff from accessing these services must be addressed by government and employers.

4.3. It is also important for the UK Government to recognise the significant role of primary care in the vaccine rollout and to address the specific issues faced by nurses in primary care. NHSE&I initially planned on the basis that 41% of vaccinations would be delivered at vaccination centres, 56% by GP surgeries and community pharmacies and 3% in hospitals, yet by the end of October 2021, only 21% of first and second doses had been delivered at vaccination centres and 71% by GP surgeries and pharmacies (mostly GPs, at 56%).<sup>viii</sup>

4.4. The RCN is aware that nurses working in general practice only receive statutory sick pay (even when off with COVID-19) and often have less holiday than their NHS colleagues. The RCN calls for nurses working in general practice to have the same pay, terms, and conditions as their NHS colleagues.

4.5. From the outset, the RCN has been clear that the delivery of a novel vaccine at scale, necessitates having the correct authority and trained workforce to be

able to do this safely.<sup>ix</sup> The RCN is clear that all staff, for any part of the process, must be sufficiently and appropriately trained alongside a period of supervision and a competency assessment. This must include the vaccination and injection process, importance of informed consent and recognition of adverse events. They should also have ongoing supervision in the workplace by experienced vaccinators. The National Minimum Standards (NMS) for immunisation training is applicable for any registered health care professional and sets out the education and competencies requirements for all vaccinators.<sup>x</sup>

- 4.6. For the delivery of the COVID-19 vaccine programme, the RCN has recognised the need for an expanded workforce rather than solely relying on the existing nursing workforce. In principle the RCN has been supportive of using an extended workforce, providing people are appropriately supported including having appropriate training, assessment of skills and ongoing supervision and support.
- 4.7. However, the RCN does have concerns about whether staff have been used appropriately in all cases and whether there has been an over reliance on unregistered staff without providing adequate supervision and support. The RCN is concerned that the approach used in COVID-19 or flu in mass vaccine centres would not be an appropriate approach for the majority of the routine children's programme or travel vaccines. This is because the skills and competence required for the administration of a particular vaccine, such as for COVID-19, are not the same for the wider vaccination programme needs.
- 4.8. The routine vaccination programme requires far more extensive knowledge across a range of different vaccines and understanding of the different programmes and strategies for each of them. This is essential to maintain trust and confidence in vaccine programmes with the public and ensure they feel able to contact health care professionals to provide evidence-based information and advice. The children's vaccination programme is also about the wellbeing of the child and their family and the skills of the general practice nurse in this must not be underestimated; for example, spotting post-natal depression or a baby that is failing to thrive.
- 4.9. It is vital that work continues to improve COVID-19 vaccine access and coverage, given that there remain a significant number of unvaccinated people in England<sup>xi</sup>, and given the vaccine effectiveness against symptomatic disease and hospitalisation from COVID-19.<sup>xii</sup> More work is needed to ensure that all population groups have access to and trust in the vaccine, particularly for groups where vaccine uptake is lowest. The RCN welcomed the reversal of the UK Government's policy of mandatory vaccination for social care and NHS staff.
- 4.10. Another ongoing concern that was raised in the RCN's previous submission is the need for a more streamlined and centralised approach to communications on the vaccine roll out. Since the last inquiry, the advice on the vaccines has changed as more research and evidence was published, but incorrect and out of date advice and recommendations stayed in circulation unnecessarily. Changes to the schedule were also not always clearly explained to the public and communication to frontline workers was also disjointed, with reports of frustration with changing messages and the speed with which some changes had to be implemented. For example, the National Audit Office (NAO)

indicated that a particular frustration they found in their discussions with workers was the fact that programme changes were announced in the media (such as the offering vaccinations to 12- to 15-year-olds outside school settings) before NHSE&I had communicated them to local providers.<sup>xiii</sup>

4.11. Lessons must be learnt from the mixed messaging and confusion around the vaccination of pregnant women, given that throughout the pandemic, a significant number of the most critically ill COVID patients were pregnant unvaccinated women.<sup>xiv</sup> It is also important for the UK Government to review and consider the communications about the motivations and rationale for the vaccination of children.

4.12. Vaccination programmes are underpinned by trust, meaning that errors in communication with the COVID-19 vaccine have the potential to impact the relationship the public has with the wider immunisation programme.

## **5. The risks to sustainability and delivering value for money in future, including in phases yet to be evaluated such as the rollout of the boosters, second doses for 12-17-year-olds, and vaccines for younger children**

5.1. Again, and as the RCN referenced in the January 2021 submission, there continues to be a reliance on members of staff who would not normally be involved in an immunisation programme to vaccinate the large number of people required. The response to COVID-19 has been unique, considering the impact of the virus and the nature of this vaccine, and the replicating this model in other areas is unlikely to be sustainable and efficient outside of the context of the COVID-19 pandemic.

5.2. It is vital that there are sufficient nursing staff to deliver the next phases of the vaccination programme equitably and effectively. Workforce planning for wider service recovery must consider the capacity which is likely to be required for ongoing vaccination roll out, and decisions about delivering services safely and effectively with available workforce must be taken carefully. The NAO's local case study interviews of locations that administered the vaccine found that while where six out of 10 interview respondents said they had enough staff in the initial stages, four noted shortages of nurses or people recording consent.<sup>xv</sup>

5.3. With a view to the longer term, it is critical that the UK Government takes meaningful action to address the nursing workforce shortage and the discrepancies in pay between nurses working for the NHS and in general practice. This must include sustained investment in increasing the supply of domestically educated nurses and in retention strategies to support and enable our existing workforce to continue delivering safe and effective care long after the pandemic. In addition to overall investment in the supply of registered nurses, investment is needed to increase nurse capacity in community, general practice, and public health nursing.

5.4. Vaccination is one of the most effective public health interventions available, it prevents illness and disability and saves lives and has been demonstrated to be safe. Therefore, the RCN is concerned about the decline in routine vaccine uptake in England, which has been impacted by the COVID-19 pandemic. UK Health Security Agency (UKHSA) data on vaccine coverage shows a small yet



concerning decline in coverage at 12 months of age in the UK of the completed course of the 6-in-1 vaccine by 0.2% to 91.9% while coverage of the first dose of MMR vaccine at 24 months also declined by 0.4% to 89.4% and for the 2<sup>nd</sup> dose at 5 years by 0.8% to 86.3%.<sup>xvi</sup>. There has been a gradual decline in uptake over a few years, but this has been compounded by disruption to routine services because of the pandemic. There needs to be targeted support for the cohorts of children and young people who have missed vaccines over the last few years to catch up, which will require time and commitment from staff.

5.5. Investment and action are needed to support and strengthen immunisation services in England, including ensuring that information and advice is accessible, appropriate, inclusive, and tailored to address the needs of different groups. A concerted approach is needed across all services – including health visiting, general practice, and school nursing to ensure that parents are aware of the importance of immunisation and the vaccination schedule. It is also critical that vaccination services are well signposted, easily accessible and family friendly and offer discussion about any vaccine questions and concerns.

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<sup>i</sup> RCN (2021) [RCN position on who should administer the COVID-19 vaccine and where | Royal College of Nursing](#)

<sup>ii</sup> World Health Organization [WHO Coronavirus \(COVID-19\) Dashboard](https://covid19.who.int/table/) <https://covid19.who.int/table/> (accessed 18.03.2022)

<sup>iii</sup> RCN (2021) [RCN pledges support for vaccine equity declaration | News | Royal College of Nursing](#)

<sup>iv</sup> NAO (2022) [The rollout of the COVID-19 vaccination programme in England Department of Health & Social Care and Department for Business, Energy & Industrial Strategy](#) <https://www.nao.org.uk/wp-content/uploads/2022/02/The-rollout-of-the-COVID-19-vaccination-programme-in-England.pdf>

<sup>v</sup> RCN (2021) [Written Evidence Submitted by Mrs Wendy Preston, Royal College of Nursing](#) <https://committees.parliament.uk/writtenevidence/19434/pdf/>

<sup>vi</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

<sup>vii</sup> DHSC (2022) [Health and social care integration: joining up care for people, places and populations](#) - GOV.UK ([www.gov.uk](http://www.gov.uk))

<sup>viii</sup> NAO (2022) [The rollout of the COVID-19 vaccination programme in England Department of Health & Social Care and Department for Business, Energy & Industrial Strategy Figure 17](#) <https://www.nao.org.uk/wp-content/uploads/2022/02/The-rollout-of-the-COVID-19-vaccination-programme-in-England.pdf>

<sup>ix</sup> RCN (2021) [RCN position on who should administer the COVID-19 vaccine and where | Royal College of Nursing](#)

<sup>x</sup> PHE and RCN (2018) [National minimum standards and core curriculum for immunisation training for registered healthcare practitioners](#) ([publishing.service.gov.uk](http://publishing.service.gov.uk))

<sup>xi</sup> NHS England COVID-19 Vaccinations webpage: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

<sup>xii</sup> ONS Coronavirus (COVID-19) latest insights: Vaccines [Coronavirus \(COVID-19\) latest insights - Office for National Statistics](#) ([ons.gov.uk](http://ons.gov.uk))

<sup>xiii</sup> NAO (2022) [The rollout of the COVID-19 vaccination programme in England Department of Health & Social Care and Department for Business, Energy & Industrial Strategy Paragraph 3.17](#)

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<https://www.nao.org.uk/wp-content/uploads/2022/02/The-rollout-of-the-COVID-19-vaccination-programme-in-England.pdf>

<sup>xiv</sup> DHSC (2021) [Unvaccinated mothers urge pregnant women to get jabbed](https://www.gov.uk/government/news/unvaccinated-mothers-urge-pregnant-women-to-get-jabbed) - GOV.UK ([www.gov.uk](http://www.gov.uk))

<sup>xv</sup> Paragraph 3.14 <https://www.nao.org.uk/wp-content/uploads/2022/02/The-rollout-of-the-COVID-19-vaccination-programme-in-England.pdf>

<sup>xvi</sup> UKHSA. Quarterly vaccination coverage statistics for children aged up to 5 years in the UK (COVER programme): July to September 2021. Health Protection Report Volume 15 Number 20

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