

Department of Health & Social Care consultation: Making vaccination a condition of deployment in the health and wider social care sector

1. Vaccination as a condition of deployment in health and care services in England
 - 1.1. With a membership of around 465,000 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.
 - 1.2. Nursing staff have led the way through the pandemic in reducing infection transmission through demonstrating excellent infection prevention and control (IPC) measures, and leading both the national immunisation programmes and the large scale COVID-19 vaccination programme. IPC, vaccination and implementing public health measures are fundamental to nursing, and registered nurses understand the importance of these key measures in reducing infection rates. The Royal College of Nursing (RCN) expects the Department of Health and Care (DHSC) to pay heed to expertise of registered nurses to help develop and deliver vaccination programmes.
 - 1.3. Nurses have specialist knowledge in the field of vaccination having always led vaccination programmes, and have been instrumental in the delivery of the COVID-19 large scale vaccination programme. The 93% uptake rates for healthcare workers show that the majority want to be vaccinated to protect their patients, themselves and their families.¹ Experienced nurses who understand why vaccination is essential and safe can support any hesitant staff as they consider vaccination.
 - 1.4. The RCN holds significant expertise in primary care and is clear that there have been significant improvements in uptake of the seasonal flu vaccine when there has been senior nursing leadership support and a planned campaign to support hesitant staff. The RCN believes more can be done to support healthcare providers address hesitancy using the knowledge and expertise of nurses working in vaccination such as general practice nurses, public health nurses and immunisation teams.

- 1.5. The RCN recognises vaccination as a key pillar in infection control and disease prevention in healthcare settings. Ensuring there are high rates of vaccination among staff is critical to limiting the spread of COVID-19, as seen in the PHE (2021) COVID-19 vaccine surveillance reports.ⁱⁱ It is set out widely within the Nursing and Midwifery Council code of practice that getting vaccinated is the right thing to do for professional practice for all registrants.ⁱⁱⁱ
- 1.6. The RCN urges caution when it comes to introduction of mandatory vaccination policy.
- 1.7. The RCN believes all health and care staff should receive the Covid-19 vaccine to keep themselves and their patients safe but that making vaccine mandatory risks creating division where there should be conversation instead. The RCN believes that support and education would be more effective in increasing uptake across health and care staff.
- 1.8. All members of the nursing team should always take the recommended precautions to help protect themselves, patients, colleagues, family members, and the wider community.
- 1.9. The RCN recognises the Green Book 'Immunisation against infectious diseases' as the fundamental guidance that supports who and when people should be vaccinated.^{iv} The RCN advises that anyone exempt from vaccination should be risk assessed for their work environment by their employer to ensure the safety of both staff and patients.
- 1.10. It is considered that there are very few people for whom vaccination is contraindicated and any staff member refusing to be vaccinated should be supported by nurses with expertise in vaccination failing that they should be risk assessed by their employer. Anyone who chooses not to be vaccinated must be risk assessed by their employer and deployed appropriately.
- 1.11. When considering a policy change such as 'mandation', due regard should also be given to underpinning factors where there is a risk to service capacity, such as workforce vacancies, especially in the context of plans to increase elective care, and meeting the demands associated with winter. Social care in particular is likely to be impacted by the introduction of mandatory vaccine as a condition of deployment, as lower paid staff who are vaccine hesitant may choose other work in other industries, which will also impact in turn on the NHS. Reports are coming through RCN networks that staff are being redeployed because they can no longer see patients in care homes, due to not being fully vaccinated, as well as unvaccinated staff being dismissed or

choosing to leave employment in care homes.

- 1.12. Latest data on NHS workforce vaccination rates demonstrates 93% of NHS healthcare workers have received their first COVID-19 vaccination dose, and 90% their second dose.^v The RCN believes that support and education would be more effective in increasing uptake in health and care staff.
- 1.13. The RCN is already receiving reports of staff working in care homes choosing to leave their employment rather than comply with the requirement to be vaccinated for COVID-19. However, the RCN is concerned that mandating vaccines as a condition of deployment may further marginalise those who remain unvaccinated, rather than support them to access vaccination, and the potential impact on retention would put further pressure on service capacity during a highly pressured time for the service.
- 1.14. The World Health Organisation (WHO) states that “Like the wider population, health and care staff are a diverse group and there are both physical and societal barriers for some vaccine uptake. This needs to be addressed by all organisations and employers, who need to take a proactive approach.”^{vi} The WHO states that this includes:
 - Ensuring staff have easy access to the vaccines they need within the working day;
 - Providing staff with access to clear information about the risks and how to overcome or manage those risks, as well as information about the value and benefits of vaccination; and
 - Providing confidential support to staff who have any vaccine related concerns.

2. Equality Impact Assessment

- 2.1. The RCN believes all health and care staff should receive the Covid-19 vaccine to keep themselves and their patients safe but making vaccine mandatory risks creating division where there should be conversation instead. The RCN believes that support and education would be more effective in increasing uptake in health and care staff.
- 2.2. Recent surveys have suggested some staff may feel further marginalised if forced to have vaccines.^{vii} The RCN believes that vaccination as a condition of employment may further marginalise those who are currently vaccine hesitant

– such as Black and Minority Ethnic staff. The RCN is receiving reports of unvaccinated staff being put at risk of redundancy in care settings following the recent introduction of vaccination as a condition of deployment in care settings.

- 2.3. The RCN is concerned that already marginalised staff with protected characteristics may choose to leave employment rather than access vaccination, if mandated to do so. Therefore, the impact of implementation on any specific staff groups disproportionately, or on workforce recruitment, retention, and planning more broadly for the delivery of safe and effective services, must also be closely and transparently monitored. Any unintended impact on staff retention would, of course, impact on the capacity of health and care services to provide safe and effect care to meet the needs of the population – therefore putting patient safety at risk.
- 2.4. Due regard should be given to underpinning factors – such as workforce vacancies - where there is risk to service capacity, especially in the context of plans to increase elective care, and meeting the demands associated with winter. The RCN would be concerned that the risk of staff leaving employment rather than access the COVID-19 vaccination would apply should flu vaccination be mandated.
- 2.5. Anyone choosing not to be vaccinated should be supported by a nursing immunisation expert to discuss any concerns and should be facilitated to get vaccinated through easy access to vaccination, for example, vaccinating staff at the same time as residents (WHO, 2014).
- 2.6. The RCN notes that internationally recruited staff would likely be at risk of being unable to remain working in the UK, as the condition of their visa is unlikely to enable redeployment from a clinical role pending their access to vaccination, which could be better supported through education and support access vaccination.
- 2.7. The impact of implementation of this proposed policy on workforce recruitment, retention, and planning for the delivery of safe and effective services, must be closely and transparently monitored. Any unintended impact on staff retention would impact on the capacity of health and care services to provide safe and effect care to meet the needs of the population – therefore

putting patient safety at risk.

- 2.8. The RCN does not believe that the published Equality Impact Assessment for these proposals fully demonstrates sufficient understanding of the risks and evidence base associated with vaccine uptake and hesitancy, and more urgent work is required to identify mitigating actions.^{viii}

3. Potential conflict with statutory responsibilities

- 3.1. Evidence is emerging of unvaccinated staff being put at risk of redundancy following introduction of vaccination as a condition of employment in care settings. Therefore, the impact of implementation of this proposed policy on workforce recruitment, retention, and planning for the delivery of safe and effective services, must also be closely and transparently monitored. Any unintended impact on staff retention will of course impact on the capacity of health and care services to provide safe and effect care to meet the needs of the population – therefore putting patient safety at risk.
- 3.2. Vaccination as a condition of deployment could be in conflict with Health and Safety legal responsibilities of employers.^{ix} Employers must ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees. This includes, conducting appropriate risk assessments that reflect the specific context workers are operating in. Within the assessment of risk, employers must consider mitigations that will reduce those risks, and this could require staff needing to be vaccinated when working with vulnerable groups and in front-line roles or redeployed to another area.
- 3.3. No vaccine however, will provide 100% protection. It is therefore essential that staff are also protected by adequate respiratory personal protective equipment (PPE) and work within well ventilated environments with appropriate provision for breaks and rest as per RCN guidance.^x
- 3.4. Every effort should be made to support staff to vaccinate or deploy them to lower risk areas if this is possible. This is similar to the policy for hepatitis b vaccine for health and social care workers which sits within the wider guidance to minimise the risk for staff in exposure prone procedures and blood born virus.^{xi}

4. Workforce planning for safe and effective care
 - 4.1. Health and social care providers must also be able to deliver good quality services, safely, and that they are able to recruit and retain the clinical staff they require to provide safe and effective care for patients. The RCN is clear that staffing for safe and effective care is dependent on there being enough health and care staff with the right mix of skills to meet patient's needs, in the right place at the right time. There is a risk that vaccination requirement policy could impact negatively on retention of existing staff, in the current context of now increasing nursing vacancy rates.
 - 4.2. The Government in England and health and care systems in England hold statutory responsibilities for the provision of a health service. Public policy must enable and promote workforce recruitment and retention in health and social care in order to provide safe and effective care. This must be the first guiding principle for policy. In this case, the RCN is concerned that Government has not yet fully considered the potential impact on health and care service capacity, as there is a risk that staff may choose alternative employment rather than be mandated to be vaccinated (rather than supported and education to choose vaccination).
 - 4.3. The nursing profession is already experiencing significant issues with nursing retention, presenting real risks to patient care and safety that must be mitigated. Major factors currently impacting nurse retention are: lack of fair pay, and unsafe working conditions due to insufficient staffing levels, and burnout as a result of going into a pandemic with existing, substantial workforce shortages.
 - 4.4. The most recent NHS Digital data shows an increase in the number of FTE nursing vacancies in the NHS in England, with a current vacancy rate of 10.3% in Q1 2021/22 (up to June 2021), up from a vacancy rate of 9.2% in the previous quarter. The number of FTE nursing vacancies has therefore increased by 12% (4,274) compared to last quarter (34,678), and up 3% (1,192) from the same period last year (37,760). This increase in vacancies demonstrates the rising number of nurses leaving the profession due to existing pressures.^{xii}
 - 4.5. The RCN has raised concerns that employers mandating staff to have vaccines is unlikely to improve uptake and could contribute further to the existing

significant risks to retention of nursing staff.

- 4.6. The latest data on the NHS workforce vaccination rates demonstrates that 93% of NHS healthcare workers have received their first COVID-19 vaccination dose, and 90% have received their second dose.^{xiii} These figures show a huge majority of the NHS workforce have already taken their Covid-19 vaccinations and compares favourably with general population vaccination rates.
- 4.7. Seasonal flu has been available to healthcare professionals for several years now and there have been year on year increases in vaccination rates, from 68.7% in 2017/18 to 76.8% in 2020/21. ^{xiv} The RCN notes that there could be a risk in negatively impacting uptake through a vaccination requirement policy.
- 4.8. The UK Government should also take into account that where organisations have provision in England but also have services in the devolved nations, they may apply an organisational policy to meet the amended legislation in England. As such this could impact staff working for these organisations in other countries.
- 4.9. It is crucial that the impact of implementation of this proposed policy on workforce recruitment, retention, and planning for the delivery of safe and effective services, must also be closely and transparently monitored. Any unintended impact on staff retention will of course impact on the capacity of health and care services to provide safe and effect care to meet the needs of the population – therefore putting patient safety at risk.

5. Conclusion

- 5.1. It is imperative that the contributions of expert stakeholders, including the RCN as the nursing professional body and trade union, are fully taken into account through this consultation and afterward.
- 5.2. The RCN understands and supports the outcome of full vaccine coverage in health and care workforce, however, asks the DHSC to ensure that all risks associated with these proposals are fully understood, mitigated and monitored.
- 5.3. The UK Government must provide assurance as to how the impact on recruitment and retention, and on service quality, staffing levels for safe and effective care, and patient outcomes is being evaluated and monitored, including equality impact assessment. The RCN would also flag the many

challenges to be considered and managed with implementation during winter months, due to existing pressures on workforce, and to enable robust engagement with staff.

- 5.4. As much as possible should be undertaken to support health and care staff to access vaccination, including providing advice and guidance, easy access to the vaccination and release from work to get vaccinated.

Contact: Antonia Borneo, Head of Policy & Public Affairs, UK & International
Royal College of Nursing
antonia.borneo@rcn.org.uk

ⁱ *National Immunisation Management System (NIMS) (October 2021) COVID-19 Vaccinations*

ⁱⁱ PHE (2021) COVID surveillance reports <https://www.gov.uk/government/publications/covid-19-vaccine-surveillance-report>

ⁱⁱⁱ NMC <https://www.nmc.org.uk/standards/code/>

^{iv} PHE (2013) Immunisation against infectious disease

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

^v *National Immunisation Management System (NIMS) (October 2021) COVID-19 Vaccinations*

^{vi} World Health Organisation (2014) *Tackling Vaccine Hesitancy*

^{vii} *London School of Hygiene and Tropical Medicine (2021) COVID-19 vaccination beliefs, attitudes, and behaviours among health and social care workers in the UK: a mixed methods study*

^{viii} Annex C Equality Impacts <https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector#consideration-of-potential-impacts>

^{ix} *Under the Health and Safety at Work Act (1974)*

^x RCN (2021) *Healthy Workplace Toolkit*

^{xi} PHE 2017: BBVs in healthcare workers: health clearance and management

^{xii} NHS Digital (August 2021) *NHS Vacancy Statistics England April 2015 – June 2021:*

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015--june-2021-experimental-statistics>

^{xiii} *National Immunisation Management System (NIMS) (October 2021) COVID-19 Vaccination*

^{xiv} *PHE (June 2021) Seasonal influenza vaccine uptake in healthcare workers (HCWs) in England: winter season 2020 to 2021*