University Hospitals Dorset
NHS Foundation Trust

Q&A arising from our first all staff briefing on mandatory Covid-19 vaccinations on 16 December 2021

To watch the session instead, which includes the background to the mandatory vaccine programme, click here.

Panel:

Professor Alyson O'Donnell, chief medical officer (chair)
Stephen Bleakley, associate director of pharmacy
Dr Richard Balasubramaniam, consultant in electrophysiology
Carla Jones, deputy chief people officer
Lorraine Tonge, director of midwifery
Gemma Lynn, head of occupational health and wellbeing
Pasco Hearn, consultant microbiologist
Jamie Donald, associate director of communications (moderator)

Effectiveness of Covid-19 vaccines

Q: I understand the vaccine provides more antibody protection than recovering from Covid does. Does recovering from Covid plus the vaccine work together to provide the best protection?

A: AOD: that's absolutely correct, and it's to do with repeated exposure. Immunity seems to last longer if you're vaccinated and wanes quicker if you have had the natural disease.

Q: What about the next variant? How many vaccines are we expected to have? As a coronavirus it will always mutate.

A: AOD: This is exactly the same situation we are in with flu, with different variants every year, and therefore we have an annual booster to cover the variants in the population at that time. It is not a new concept and is something we do every year. I don't know if this is something that we do for two, three years, or something that will go on forever like flu – I don't think we know. It's a numbers game – for those that work on the frontline, we know it is very pressured out there. We've just been discussing doubling the capacity for inpatient Covid-19 patients over Christmas. When that happens, we cancel our elective activity. All those patients who have been waiting a really long time for treatment are going to be waiting a lot longer. The NHS has a finite resource, and we have a finite bed base. In January this year we had 450 patients in our beds with Covid-19, and we almost became a Covid-only hospital.

SB: the flu vaccine is developed to have four varieties to address the most common variants. In the future I can imagine the Covid vaccine to have something similar. That's what the drug companies are looking at, and the reality we're facing.

RB: That's exactly what Professor Chris Witty (chief medical officer for England) has said. I think this is the way it is likely to go.

Q: Having had Covid and a measure of natural immunity, is the vaccine you are mandating provide any omicron specific protection, or protection against any of the emerging strains?

A: RB: we have data that has come out recently, both from Pfizer and from other sources, that say a booster of the Pfizer vaccine can provide up to 75 per cent protection against infection, and the hope is there will be ongoing protection with the role of T cells as well, but it is early days.

Q: There was a lot of scientific evidence to support the fact that antibodies derived from infection with Covid-19, and recognises more parts of the virus than vaccines, which can only recognise the 'spike'. So the vaccines are not as comprehensive as the antibodies from infection which are detectable in the T and B cells in the immune system memory for a long time, years in fact. Why is this data currently being ignored?

A: AOD: All we can say is that vaccination is providing better protection against repeat infection than the Covid infection itself. I'm not sitting in SAGE looking art this data, but there are people who are experts in this absolutely looking at that data.

RB: I don't think that data is being ignored, other treatments are looking art those kinds of things. There is a lot of potential for the Pfizer drug being touted at the moment to tackle it, but the thing we have available to us to tackle it are vaccines, and that's why we're promoting it.

SB: With immunity, it's not an all or nothing thing, like tetanus, where you have the jab and you are good for 10 years. Immunity is thought to wear off after 6-9 months, so even if you've had Covid you're immunity will wane over time and you will need a vaccine to increase it. The same with the vaccine, which is why we are up to three vaccines now. It's very likely we will have an annual Covid vaccine in the future.

Q: If most people in the country are vaccinated, surely it's the vaccinated taking up most of the space in hospitals? It is scare tactics from the mainstream media for the public.

A: AOD If we go back just a few short weeks ago, virtually all of our admissions were unvaccinated people in their 50s. Now we are seeing the age range creep back up into the older population, the 65, 70+ who we know are more vulnerable, at the moment we have about 70 per cent of people in our hospitals that have been vaccinated, but 70 per cent of those in intensive care are unvaccinated. That is the

same across the country. The maternity cases Lorraine mentioned earlier, they were all pretty much unvaccinated – very few had been vaccinated. It is not a scare tactic, it is just statistics – the more people you have who are vaccinated, the more people who have been vaccinated will have the illness. It doesn't mean the vaccine isn't working, and it doesn't mean it is not a good thing.

A: RB: there is some evidence from South Africa that those people who have been vaccinated and have omicron have relatively mild disease compared to those who have not.

Q: Will the booster become part of the mandate? At present two doses is considered fully vaccinated.

A: AOD: I suspect the standard course of treatment for vaccination will be three doses. It is likely that there will be an annual booster. In terms of where people are, if you're getting your first two doses in by the end of March, you're not going to be due your booster until the end of June. I suspect there will be some decisions about whether if you're not due your booster until the end of June, does that become part of your autumn booster. I'm sure those conversations will be going on at a very high level nationally.

Q: Are PCR and lateral flow tests affected by the vaccine? If you've just had the booster, and you're a close contact of someone with Covid, would your PCR test show negative for a while as your body 'sorts out' the vaccine?

A: RB: I don't believe that to be the case.

PH: I haven't heard anything about that either. The targets for PCR and lateral flow are different, and it's not at the moment of vaccination that you are going to be producing lots of these antigens, you're going to be mounting an antibody response. Those tests are looking for the antigens.

Who has to have the vaccine?

Q: Who will have to have the vaccine? What about staff in a lab who are not patient-facing? How is the definition made?

A: CJ: there is very clear criteria that has been published. Anyone in a patient-facing role will have to be vaccinated, but also staff who have 'social contact' with patients but not directly involved in patient care, so that's where roles like receptionist come into play.

Q: My medical history is private, I love my job and I'm very good at it. I love the patients. If it was so necessary for everyone to get it, why not now? Why wait until

April? It feels like it's being kicked to the curb after the busy winter period. I shouldn't have to have a medical procedure to do the job I am already doing, and doing well.

A: AOD: the reality of getting people vaccinated is that it takes several months to be fully vaccinated. We know we have a window until 3 February to get people first doses in order to have the second dose before 1 April. We can't apply it now as we have to give people the opportunity to be fully vaccinated.

Q: Are staff on maternity leave included in the requirement for mandatory vaccinations? If there is a refusal to have it by February, will this affect their employment?

A: CJ: in terms of people who are pregnant, who may choose not to have the vaccination, the regulations will apply to them four months after they have given birth, so at that point we would expect them to be vaccinated.

LT: If you are pregnant, it's more vital to get that vaccination, and why we recommend in our maternity service that pregnant women have it – to protect yourself.

Q: I find it morally repugnant that we are being mandated to have a vaccine that is still in its trial phase. I and my child are unvaccinated have had Covid with mild symptoms, other families I know of have been fully vaccinated and had moderate to severe symptoms. We have a right to decline medical treatment, which is what the vaccine is.

A: AOD: I think this shows that Covid-19 is indiscriminate and you cannot tell who is going to get severe illness and who isn't. We have to remember that there are other vaccines that we have at the moment, which are conditions of employment. We expect frontline staff to be vaccinated against hepatitis B and be able to demonstrate that they have immunity. We expect people to be vaccinated against MMR, particularly rubella. So this is something that isn't new, and has existed in the NHS for a really long time.

Q: My team covers logistics, post room, delivery staff, linen room staff, uniforms – do we all need to be vaccinated, and how are we going to check who has or hasn't been before their time runs out to have these jabs?

A: GL: a lot of your staff will be classed as front line.

AOD: We can see who in the trust has been vaccinated on the national record system as long as we have an NHS number for them. There will be letters going out to people based on the data we have who we can see have not been vaccinated. Some of these staff members may have been vaccinated but there is no record, and we think there are about 400 staff in this category. For example they were vaccinated overseas. In those cases we'll be asking for that documentation so we can upload this and take them off that list.

For those whose record shows they are not vaccinated, we'll be asking staff to have conversations with their line manager to understand where their reluctance is coming from, to see if there is anything we can do to support them to have the vaccination.

Mandatory vaccinations and the law

Q: The flu vaccine was never mandatory, nor was I ever at risk of losing my job for refusing it.

A: AOD: Hepatitis B and MMR are mandatory, and people have not been able to have their contract continue because they did not wish to comply with those mandatory vaccinations. Flu vaccinations are not mandatory, but I would be a little surprised if the Government doesn't look at this next year.

This is not something we are looking to do as UHD – this will be a legal requirement, and just as lots of people fought against the wearing of seat belts, now it's just something you do when you get in the car. It's a similar thing around benefits to the national health.

Q: Having a vaccine against coronavirus is not part of our contract to work, therefore redeployment would be breaking the contract.

A: CJ: This is potentially going to be mandated, so it's going to be law, and will supersede anything that is or is not in any employment contract. We don't have a choice in this, the government has set these regulations, and we need to ensure our staff are vaccinated if they undertake any roles that form part of the criteria.

Q: What is the process if you believe you are medically exempt?

A: GL: to achieve an NHS Covid Pass, you would need to go to the Government website and you would be given a certificate showing that you are exempt from the vaccinations, but still able to have Covid Pass. This would be the same documentation we will use through occupational health, to say you are medically exempt.

At this point, you will have an appointment with occupational health and have a risk assessing where you work and how you work, with the fact that you are exempt to make sure that you stay safe and protected in your working area, and we'll review it regularly.

Vaccines and pregnancy

Q: I have a staff member undergoing fertility treatment who does not want to have the vaccine. Any advice please?

A: SB: there are no known fertility effects that have come through in all the studies or in the billions of people who have been vaccinated. In the early days there was some concern around pregnancy, but that was really first trimester pregnancy and since then there has been a very good dataset that has come out on pregnancy, particularly around mRNA vaccines like Pfizer, so they are recommended at all stages of pregnancy now.

AOD: we know that we have some other treatments coming in, for example for people who have got Covid and at risk of serious illness, and actually those antiviral treatments are contraindicated in pregnancy because they potentially may cause birth defects. The treatments if you have Covid-19 are probably more a concern that the vaccination in that respect.

What if I don't have the vaccine?

Q: What is an appropriate role for someone who does not get jabbed, what if they encounter a patient in a corridor who asked for directions, or if a patient or relative collapses? Do they pass by because they shouldn't have face-to-face contact? What do they do when a colleague in a patient-facing role comes into the office? Do they risk infecting a patient-facing colleague. Where does this nonsense stop?

A: AOD: I think this is exactly why we are encouraging everybody to be vaccinated. There are so many blurred lines in a hospital – you cannot guarantee if staff have been protected or not, or guarantee the protection of staff from colleagues or patients who are not vaccinated.

Q: How many staff do we think would have to leave employment or move to a role where they do not come into contact with patients?

A: CJ: we are hoping that everyone will make the decision to be vaccinated unless medically exempt, and I cannot say how many staff won't be by the time they need to by 1 April. People will need to have their first vaccination by 3 February to have the second dose by 1 April.

AOD: I did have a discussion with the medical director at University Hospital Southampton Hospital, and they progressed with mandatory vaccinations well ahead of the national mandate. Out of 830 medical staff, they ended up with two who did not want to be vaccinated and were let go.

Q: Will managers be notified if they have staff who are unvaccinated so they can manage the impact on teams?

A: GL: once we have identified those staff who are not vaccinated we will be supporting managers with next steps.

CJ: We will be liaising with managers regarding unvaccinated staff as we would like then to hold one-to-one conversations just to understand any concerns that member of staff may have, which we will hopefully be able to ally to support them to take up the vaccination.

Q: If I get redeployed to a non-patient facing role, will I keep my current pay scale?

A: CJ: that's something we are awaiting further national guidance on – at the moment a national redeployment framework is being designed.

Q: Presumably unvaccinated staff will be dismissed?

A: AOD this is the logical conclusion if they cannot be redeployed.

CJ: in terms of redeployment, we are awaiting that national guidance. The number of positions we are able to redeploy non-vaccinated staff into non-patient facing roles is going to be limited. Roles may not be available for all of our staff who decline the vaccine, and cold result in loss of jobs.

Impact of the mandatory vaccine on staffing

Q: If we lose staff through non-vaccination, do we have a plan to cover any shortfall?

A: CJ: We're hoping that our staff will decide to have the vaccination, but we will have to have a contingency plan in place to cover any gaps should we lose staff as a result of this.

AOD: I think we will also have to do some assessment of where the high risk areas are. It won't be an issue everywhere, but it might be an issue in some areas, perhaps in small teams. That is something we will look to do rapidly once we start to receive responses to the letter which will go our fairly imminently so we know what our starting position is.

Q: Should non-clinical staff work at home if they are capable?

A: CJ: guidance was published last year when Covid was rife that clearly stated that if staff are able to work from home, then they should, and the Government has announced that directive again. If you can work from home then we suggest you do, but that is down to service demand and need, so please talk to your line manager in the first instance about that.

AOD: Also, just to point out that healthcare workers are exempt from that directive.

Supporting staff and their wellbeing

Q: I'm absolutely distraught about this and it makes no sense. There is so much wrong with our hospitals right now, and you say exemptions exist for medical reasons, but what about mental health reasons? There could be blood on your hands.

A: CJ: I'm sorry this staff member feels this way. I want to follow up with everybody who has raised concerns in this respect because we have a number of support mechanisms in place and I want to make sure those staff have access to those services. We don't want people to feel distressed or anxious.

Q: Is being bullied or threatened morally ethical? I love my job, but currently depressed, almost suicidal, at the thought of living in a world that makes people do something against their wishes or lose their job. Where is the duty of care to staff too? I can show antibodies in tests – why is this not acceptable?

A: AOD: We have to say that this is a national mandate and is about to be signed into law. This is not about UHD not valuing its staff, we absolutely do, which is why we are trying to do this in as supportive a way as possible. We want to understand what people's reluctance is, if there are things we can do to support them that we can consider. But this is law, like wearing your seat belt, that we have to abide by.

Q: Who is financially liable should I suffer an adverse reaction from the vaccine?

A: AOD: there's a national compensation scheme with details available here: https://www.gov.uk/vaccine-damage-payment