University Hospitals Dorset
NHS Foundation Trust

Q&A arising from the second all-staff briefing on mandatory Covid-19 vaccinations on 20 January 2022

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
- Gemma Lynn, head of occupational health and wellbeing

Q: Are contractors working in patient areas expected to be fully vaccinated, as well as places like Costa and WH Smith?

AOD: interestingly, we have already heard from a number of major building firms working with us have already mandated the vaccine for their staff. If they're coming into hospital, their staff have to be vaccinated.

CJ: We have agreements with providers of other services, so our expectations would be that those staff would be fully vaccinated by 1 April.

Q: Is the estates department legally mandated to be fully vaccinated?

AOD: I think the short answer is yes, if you are going to be required at any point to go into any patient area then yes you will be. Even if that's not part of your day job, but as part of an on-call rota

Q: Medical history, and the legalities of accessing it.

AOD: That has been addressed in the presentation, but as part of the Covid legislation published two years ago, we absolutely are given a mandate that this is permitted because it is a public health and safety issue.

GL: from an OH point of view, us having our NHS number we are using it to view your Covid vaccination history only, it is not used for anything else. That is why we need your NHS number, to ensure we have the correct records.

AOD: We are not allowed to go in and look for things that are outside of that very narrow remit. This is identified as ‘special category’ data necessary for employment purposes for public health purposes.

Q: What is the justification for vaccines being compulsory in pathology? We are not patient facing.

CJ: We wrote to all of our staff whose vaccination record was incomplete asking them to provide information to us. We are now assessing and evaluating each role within the organisation to determine whether it is in our out of scope of the regulations. If a role is in scope, and the staff member is unvaccinated, that’s when we will hold a further conversation as part of the formal review process I talked about earlier.

AOD: To assure colleagues, it is not that we have been twiddling our thumbs on this, we only received the guidance on Friday. We’ve been making a number of assumptions but we are having to check these against what has now formally come out in the guidance. With all of these things there is a degree of interpretation, and we are making sure is applied equitably across the board.

Q: It’s not law, why are our jobs at risk?

AOD: It is law, it has been since 6 January. As an organisation we are obliged to comply with the law, which is why we are struggling to do this with you and to do it as fairly as we possibly can. As employees, you are also obliged to comply with the law.

Q: Will it be compulsory for admin staff to be vaccinated if they go onto the wards?

CJ: I would say yes, because they are physically entering an area where patient care is delivered.

AOD: if you bump into patients in the corridor, actually that doesn’t count, you are not in scope. But even if you office is through ward doors, that would count and put you in scope.

Q: What if you work off site?

AOD: If you’re non-patient facing and you are not on a rota which might mean you have to come into a patient area out od hours, it is highly likely you would not be in scope. I think some of this is still going to be looked at an individual level.

Q: Guidance states that HR management will meet with unvaccinated staff and allow medically exempt staff to carry on. What about temporarily medically exempt staff, for example those that are pregnant, will there be a meeting with those staff?

CJ: For those people where a temporary exemption applies we would probably undertake a risk assessment to make sure those members of staff carry on doing that role safely and others are protected as well.

Q: While the vaccine can provide short term benefits, how will we manage it when the booster's effectiveness wains?

RB: I don't think we know the answer to this question yet, and it will be dictated by studies and will be guided by the science, dare I say it. It's probable that further boosters will be required, but presently we know that even three months after a booster there is still greater than 90 per cent protection against severe disease.

AOD: In our last session we discussed that it is highly likely we will end up where just as we have a flu vaccine every year, which is against the most common strains of flu circulating in the population, we may end up with a Covid vaccine against the most common strains circulating. I know people are working on a joint vaccine but that is some time away to my understanding. To stop virus escape again and the evolution of new variants I think there will still be a likelihood we will want to keep the general population's immunity up for a significant period of time to come.

Q: What's being done to protect our mental health through all of this? I believe as an employer you have a right to protect this too. I can't even talk to a union rep because the trust has told them not to talk to unvaccinated staff.

GL: In terms of supporting wellbeing as I said earlier in the presentation there are lots of ways you can access support. You can go internally and email OH and we can direct you, or you can access our employee assistance programme provider, Carefirst, available to all staff. We appreciate a number of staff may be feeling anxious about this and you can discuss your wellbeing with Carefirst too. The integrate care system also offers wellbeing support too. If you want to speak to your union rep then please do speak to your union rep. I know they are more than happy to take your questions and discuss it with you.

CJ: I don't know why people think it is the case that people can't speak to their union reps, that is absolutely not the case. We're working closely with our staffside colleagues in supporting members of staff with this process. All of our staffside

colleagues are very supportive of staff and happy to have conversations with them at any point.

Q: If we have an unvaccinated member of staff who has been off with Covid and they can't be vaccinated during the post Covid 28 day period, and this period expires after the 3 February, where do they stand?

A: RB: This would be a temporary medical exemption because they clearly can't have the vaccine during that time. We would encourage them to have it as soon as possible after, and the second dose thereafter.

AOD: We just want to encourage people to be vaccinated, you will not be judged or criticised but thanks for coming forward.

Q: Notice periods: is it fair to inform some staff they are in scope with only three weeks notice to the deadline? Aren't all staff entitled to the 12 weel period our clinical staff will be given?

A: CJ: The 12 week grace period started on 6 Jan until the end of March. For the majority of roles it's quite clear whether they are in scope or not. But as part of our process we are determining those roles that may be in a 'grey' area. Those decisions are going to be made by an expert panel. We will have clarity on that early next week. We want to encourage as many staff as possible to have the vaccine, if staff do decide that they don't want it and they are in scope of the regulations, we will be holding conversations with them as part of this review process. If staff still decide they do not want the vaccine and are in scope, we are not able to make any adjustments to their role we will be holding formal meetings with staff and will obviously look for redeployment but those options will be fairly limited. At the time of the 4 February, we will be holding formal meetings and potentially giving notice of dismissal. We will obviously continue throughout all of our staff's notice period to try and find redeployment, but potentially it will result in dismissal for some people but we do not want to lose anyone and we are trying our hardest to support and encourage staff.

AOD: at the moment you have a contractual notice period which applies to your employment, it's not that that changes. It doesn't count as redundancy and they have not gone the route of statutory dismissal, which would have been quite a harsh tool because that would have meant those unvaccinated on 1 April would have contracts terminated. We will be working with staff over the notice periods, however long they happen to be. And not before 31 March to look at what we can do. The options for people completely clinical are going to be very, very limited. We want to hear from people about what their thoughts are and look to explore options, but the options for clinical redeployment will be very limited.

Q: Who is liable if you have an adverse reaction following the vaccination?

SB: there is a national agency that compensates people but there is a lot of experience with the vaccines now and it's really dependent on what happens. The likelihood of a severe reaction is incredibly small, there are slight risks with the vaccines and we've done so many across the country and internationally, it is probably one of the most widest used medicines on the planet now.

AOD: It's safe to say that for the thousands and thousands of vaccines that we have administered, we haven't had anyone who has had a significant reaction. There is the national vaccine injury compensation scheme if someone was to have significant harm related to the vaccine.

Q: You raise the importance of boosters, it's not currently a requirement to remain in post. Will this be an ongoing vaccination programme?

AOD: Yes, that is the likelihood at the moment. At the moment the focus is on first and second doses, but I think it is very likely that the legislation will change and will be about what is the background requirement for vaccination for the population, which at the moment is two doses and a booster for all adults. In fact it's moving down the age range and the law will change to reflect what the national requirements are.

Q: If the vaccine works then all people who have received them are protected, therefore not at risk from those of us who are unvaccinated. If this doesn't stop people getting Covid then why are we mandating vaccine st o reduce the risk of testing positive?

AOD: There is an issue here about why are people in danger from people who are unvaccinated if most people are vaccinated. The reality here is that this is a virus that mutates therefore in order to give the maximum background protection for the population vaccination rates have to be very high. We know that staff who have been boosted are not getting sick but are infectious and can pass it on to our patients who are vulnerable and at risk from getting serious illness. Our staff may not get sick from it, they may have to be off work, which is potentially a staffing pressure, but the issue is about bringing it into the organisation where we have people that are far more vulnerable and who are likely to get very sick with it or die.

Q: I am a staffside union rep I can assure you that I have not been instructed not to talk to unvaccinated staff. Your union reps are available for support and guidance and may request a telephone conversation if they themselves are vulnerable.

Q: Why is this one sided and not respecting people's personal choices.

AOD: All I can say is that it is the law and a legal requirement. If I jump in my car this evening and either don't buckle up my seat belt or start having a conversation on my mobile phone as a personal choice, I wouldn't be surprised if the police stop me and fine me. We have to think about it in the same way – this is about pubic health and public security.

Q: Should people be concerned about the risk of myocarditis after vaccination?

RB: The first thing to say is that the risk is extremely small, and even those who get it, the vast majority do not have a serious problem with it. The risk of myocarditis with Covid infection is considerably higher that the risk of it from the vaccine, and it's important to stress that. Even in the group of patients with the highest risk of myocarditis post-vaccine, which tends to be early adults or late teenagers, the risk of getting M with a Covid infection in that group and let's face it they have a very high prevalence of Covid, the risk is at least 10 times higher than with the vaccine. In terms of actual statistics, you are still looking at less than one in 10,000.

AOD: I think the message about the risk from natural Covid is similar to those around blood clots, the risk of Covid itself is many, many times higher than it is from having the vaccine.

Q: Being vaccinated overseas, and having to submit the correct documentation, will this be updated?

AOD: I certainly gave boosters to a number of staff who have been vaccinated overseas.

GL: If you've been vaccinated overseas we just need proof in OH of your vaccination status from where you were vaccinated. We really encourage you to contact 119 to get your vaccinations from abroad transferred onto the Covid app so you get the Covid passport within the UK. You just need your NHS number to be able to do that.

So yes, please provide us with your overseas certificate of covid vaccination, but also contact 119 to get it transferred on to the Covid app.

Q: Can you provide the details and assurances that the vaccine has been fully independently and rigorously against control groups and subsequent outcomes of those tests.

SB: some of the vaccines are now licensed so they have met the most rigorous standards for clinical trials and been approved. There's been such a long time of post-marketing surveillance now, in millions and millions of patients, and they are now some of the medicines we know the most about. I'm happy to say that they have the most overwhelming evidence base of almost any of the medicines we've seen.

Q: Novavox – might this be available?

SB: it's not available n the UK. There's no mandate or availability to use Novavax. There are some clinical trials, but at the moment there's the Pfizer, AstraZeneca and Moderna ones. It's probably worth saying that we routinely use Pfizer as a trust but if there were people who had particular contraindications to Pfizer we could source some AstraZeneca if necessary.

GL: I had confirmation yesterday that AstraZeneca is available in the community and can facilitate you having this.

Q: The legislation says that if a person has clinical reasons, it makes them exempt. I have cliical reasons so this should make me exempt?

AOD: My reading of the documentation around exemptions is that the reasons are extremely tight. Having a background health issue does not make you exempt. Essentially, you are either known to be allergic to one of the components of the vaccine, you've had an unspecific anaphylactic reaction where the cause wasn't found, or where you have had a significant adverse effect from the first dose. I don't think anything else counted as a medical exemption.

GL: That's completely correct. When you contact 119 about clinical exemptions they run through a list of questions with you and they can give an indication of whether they think you will be exempt before you go to the next stage. I think it's vital to understand that the cohort of people who will be clinically exempt will be very, very tight. A lot of the time, for people with underlying health issues, the recommendation is actually to have the vaccination to protect you.

AOD: I did see figures that suggested that only 1.5-2 per cent of staff as a maximum would be likely to have a legitimate reason for an exemption. That's why we're really encouraging people to go through 119 and have that conversation as quickly as you possibly can.

Q: When will the in-scope roles be clearly communicated?

CJ: I would say early next week we would have undertaken that assessment of roles.

AOD: I think this would also include a question around services covered by CQC regulations. We hope to have all of that clarified by early next week. If you have been vaccinated, please give us your NHS number so we can check, if you think you may be exempt, please call 119 and start the process for getting your exemption certificate.

Q: Are there any exemptions on religious grounds?

AOD: Leaders of I think 80 faiths have supported vaccinations, and there are no religious grounds on which to be exempt.

Q: How about the vaccine status for external contractors?

CJ: There will be a process in place where we will understand the status of contractors. From 1 April if contractors come onto site and they have patient contact we would expect them to be fully vaccinated. We will need to ensure we have a robust governance process in place for that.

Q: Ongoing vaccination for Covid and flu for inpatients – is this something we will be looking at depending on demand?

SB: I think we will be going for some time yet, the vaccine is widely available and there's no reason why we shouldn't be giving it to inpatients as much as we can, staffing allowing.

AOD: While we were not holding stocks of vaccine we were unable to vaccinate patients, but now we are holding stocks since the beginning of the year, we've got a programme where we are looking to try and capture any patients not vaccinated in the community, particularly those that are high risk or long stay.

SB: The flu programme is a little bit behind this year due to the Covid vaccine roll out, so there is still an opportunity to have your flu vaccine if you have missed out.

AOD: Thanks to everyone who has been on this session and to the panel. I'd just like to reiterate that we do not want to lose a single member of staff. you are all really important to us and part of Team UHD, we want to help and support you to be able to be vaccinated so you can stay with us. We want to make it as easy for you as we

can. If you still have questions, please just come and ask us and we can guide you to the right person to answer those for you.