Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 20/2021
(Agenda item: 9(b))

Board of Directors

April 14th 2021

Update to Board on staff vaccination programme

For: Discussion

Executive Summary
This paper is to give an update to the Board on the progress of the staff covid vaccination programme; in particular uptake amongst Black, Asian and Minority Ethnic (BAME) staff.

Governance Route/Escalation Process
Clinical responsibility for the covid vaccination programme sits with the Covid Vaccination Clinical Governance Group; operational delivery of the Trusts Lead provider responsibilities sits with the Vaccination Programme Board. The overarching vaccination programme reports to the Integrated Care System Programme Oversight Board and through to the regional and national vaccination teams. The ICS programme has oversight of all vaccination delivery channels, allocation of vaccine, and includes residents, patients and staff across the system.

Strategic Objectives/Priorities – this report relates to or provides assurance and evidence against the following Strategic Objectives of the Trust

1) Quality - Deliver the best possible clinical care and health outcomes

2) People - Be a great place to work

3) Sustainability – Make best use of our resources and protect the environment

Statutory or Regulatory responsibilities
Oxford Health NHSFT has a responsibility as an NHS employer to ensure sufficient access to the covid vaccine for staff, in line with the national prioritisation led by the Joint Committee for Vaccinations and Immunisations.

It has a secondary role as Lead Provider for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, responsible for providing mass vaccination capability and supporting the ICS vaccination programme.

Recommendation
The Board is asked to discuss the report and support the recommended actions.

Author and Title: Tehmeena Ajmal, Covid Operations Director
Lead Executive Director: Nick Broughton, CEO

Update to Board on staff vaccination programme

Situation

Oxford health NHSFT monitors the uptake of the vaccine amongst Trust staff on a daily basis. In line with Joint Council for Vaccinations and Immunisations (JCVI) all front-line staff fall within priority group 2 and the Trust is required to formally report on the *percentage* of staff who have received a vaccine.

The remainder of Trust staff are vaccinated according to age, underlying health conditions or carer status, in line with the JCVI prioritisation. We monitor, but are not required to report on this group.

As of the date of this report:

77.8% of all staff have been vaccinated[1]
82.6% of all front-line staff have been vaccinated
63.7% of BAME[2] staff have been vaccinated
73.1% of front line BAME staff have been vaccinated

The most recent comparator data across the south east region (29.3.21) suggest that overall front-line staff vaccinations are heading in the right direction; however, we are currently in the bottom five trusts for uptake of the vaccine amongst BAME front line staff. With the significant reduction in vaccine availability during April it is unlikely this position will change in the next few weeks.

When we review the data in more detail the breakdown of uptake by BAME staff by directorate and by ethnic group is as follows. Because the numbers in some teams are very small, both the number and percentage has been included (where numbers are below 5 and individual staff may be identifiable the numbers have been removed):

COVID Dose 1 Uptake: By Directorate & Ethnic Group			
COVID Dose 1 Uptake	**Vaccinated**	**Cohort**	**% Uptake**
Buckinghamshire Mental Health			
Mixed	15	24	**63%**
Chinese	-	-	**67%**
Asian	46	67	**69%**
Black	74	101	**73%**
Other	11	13	**85%**
Unknown	-	-	**100%**

[1] This is based on staff who have reported they have received the vaccine and includes staff who may be on maternity, sick or other extended leave

[2] BAME is used through this report to describe people from Black, Asian and Minority Ethnic groups; however, the author acknowledges that this is not a universally accepted term to accommodate the range of communities represented in the UK and in the organisation

Community Services			
Chinese	-	-	**50%**
Black	25	44	**57%**
Other	13	16	**81%**
Asian	64	78	**82%**
Mixed	17	19	**89%**
Malaysian	-	-	**100%**
Unknown	-	-	**100%**
Corporate Services			
Black	32	67	**48%**
Chinese	3	6	**50%**
Other	6	11	**55%**
Unknown	-	-	**60%**
Asian	36	56	**64%**
Mixed	12	17	**71%**
Oxfordshire and SW Mental Health			
Chinese	-	-	**60%**
Black	69	112	**62%**
Asian	27	36	**75%**
Mixed	25	33	**76%**
Other	8	8	**100%**
Unknown	-	-	**100%**
Specialised Services			
Chinese	-	-	**67%**
Mixed	11	15	**73%**
Black	90	120	**75%**
Other	11	13	**85%**
Asian	38	43	**88%**
Unknown	-	-	**100%**

Background

During the first wave of the covid 19 pandemic, higher numbers of staff from BAME communities contracted the virus, and there was a higher proportion of deaths in BAME NHS staff and population groups. Across the NHS a process was introduced to assess the level of risk for staff working in patient facing roles according to personal characteristics (e.g. age, ethnicity) and underlying health conditions. This resulted in a number of staff working in lower risk environments or from home. Despite the disproportionate impact on BAME communities, the willingness to be vaccinated differs markedly across different communities.

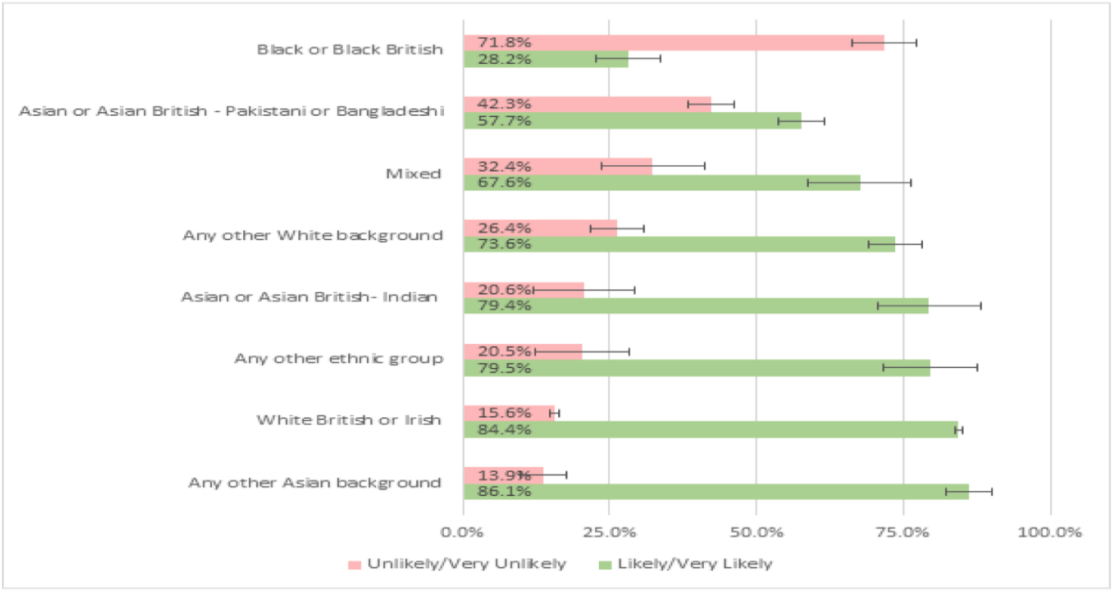

Figure 1. Willingness to be vaccinated in the UK Household Longitudinal Study by ethnic group

The context to the low uptake of the vaccine amongst BAME communities is complex:

- Public trust is essential in promoting public health and this has gradually eroded amongst some BAME communities
- Such trust plays an important role in the public's compliance with public health interventions, especially compliance with vaccination programs, which target mainly healthy people.
- Where public trust is eroded, rumours can spread and this can lead to rejection of health interventions.
- Lack of visible BAME representation in senior decision-making roles.
- Recent studies show that hesitancy is slightly higher among women, young people, those on lower incomes, people of Black ethnicity, people of Muslim faith, those with lower educational attainment, general distrust of authority and lower compliance with immunisation in the past.
- Interventions to reverse vaccine hesitancy have not been researched thoroughly. Most recommendations focus on: community engagement; opt-out options for vaccination programmes; deploying high profile trusted leaders to promote programme; using outreach model for vaccinations; providing a consistent narrative throughout the vaccination journey; targeted messaging for BAME population.

In research undertaken with BAME networks, staff and local communities the following themes are identified as barriers to uptake of the vaccine

1. Perception of risk (e.g. fertility, pregnancy) – this is evident amongst the whole population
2. Perception of rushed development
3. Low confidence in health policy
4. Inconvenience and access barriers – night shifts, child care, caring responsibilities
5. Lack of communication from trusted leaders (e.g. religion and vaccine content)
6. Historical legacy of racialised medical experimentation.

7. Perception that vaccine is unnecessary and the severity of the illness has been exaggerated.
8. Lack of consistent messaging through vaccination journey and pandemic management (including risk assessments, staffing, redeployment).

In a hard hitting article in the Health Service Journal (2.2.21) Dr Nadeem Moghal observes that the roots of the black vaccine hesitancy lie in the mistrust of authority and state institutions, starting with the British slave trade policy just over 400 years ago.

"When you get stories of the vaccine being available, let's say on a Monday and [then] elderly black people getting calls by the Tuesday morning offering them an appointment for the vaccine it [makes us] suspicious. We would be the VERY LAST people they would offer [a vaccine to] if they were even 50 per cent sure this was going to help us. I'm sorry but truly this is how I and many of my peers feel. If they offer it to our elderly black and vulnerable black people first it would only be to see what happens [and] they can modify accordingly. Babe, they are not going to offer us ANYTHING GOOD FIRST…….. that's all I'm saying."

Actions

This context is important because the measures to overcome hesitancy amongst BAME staff need to recognise the underlying and historical issues which may impact on the way in which actions and communications may be received.

Actions to date have included:

- Vaccination programme team, pharmacy, nursing leads, communications, Equality, diversity and inclusion team established Vaccine Hesitancy task group
- One to one and group sessions with senior BAME staff/influencers to inform and counter misinformation.
- Offer to all front-line staff to receive the vaccine in a range of settings (hospital hubs, local vaccination sites, pharmacy sites, mass vaccination sites)
- Discussions with every member of front-line staff
- Opportunities to vaccinate ward based staff during inpatient vaccination visits
- Weekly webinars for all staff discussing the vaccination programme programme to respond to questions and concerns from staff, and including presenters from outside the Trust (Professor Andy Pollard and one of his lead pharmacists)
- FAQs updated each week
- Comprehensive range of resources on the Trust intranet
- Access to a number of targeted events to address specific concerns of BAME staff
- Established BAME pharmacist team to attend webinar/forums and offer 1-1 support to staff, within remit of BAME and beyond
- Engagement of pharmacy team with other organisations to aid the development of BAME research and consequent breaking down of barriers i.e Medication Safety Officer involved in research with Oxford University on understanding the BAME barriers
- Publicity and media opportunities e.g. Imam attending the Kassam mass vaccination centre during the visit from Sir Simon Stevens
- Discussions at Executive team, operational management team and with local clinical and functional teams to encourage uptake of the vaccine

- Use of equality networks to understand barriers and develop local solutions
- Specific support offered by Trust leaders from a BAME background, including the pharmacy team to teams and individuals (see attached leaflet)
- Dedicated staff immunisation inbox to receive questions and queries
- Work at Place to ensure equal access for the vaccine, including development of animated "myth busting" video developed in Oxfordshire
- OH comms part of the Oxfordshire system (OCC, CCG, LAs, TVP, OUH, Ox Uni & Brookes) working on approach to tackle hesitancy in community. A new video www.youtube.com/watch?v=ZchyCePwxlM has recently been shared across Trust and partner social media channels and is an addition to a range of previously published material by health and clinical leaders in a range of languages including Punjabi Arabic, Bengali and Urdu
- Approval to commission two "immbulances" to allow for a roving vaccination and pop up clinics
- Increased drive for vaccinations before Ramadhan (12th April-12th May) as likely that uptake may slow down during this time, including messaging that inoculation does NOT break/invalidate the fast in any way.

Recommendations

- Ensure the managers portal is fully up to date and denominators for percentage uptake exclude people on long terms leave (maternity, sick, extended, career breaks)
- Expand the roving model to include "pop up" vaccination clinics in or near Trust sites
- Follow up local/individual discussions across all teams
- Take intranet resource material to local teams