

**Reference Number:** UHB 494  
**Version Number:** 1

**Date of Next Review:** July 2023  
**Previous Trust/LHB Reference Number:** 271

**Cardiff and Vale University Health Board 2022/23 Staff Winter Respiratory Vaccination (Seasonal Influenza (Flu) and COVID-19 Autumn Booster) Policy**

**Policy Statement**

In order to protect our patients, our staff and our families from infection-related morbidity and mortality, and in so doing contribute to the resilience of our health services during Winter 2022/23, Cardiff and Vale University Health Board (hereon referred to as the Health Board) will ensure all eligible staff are proactively offered seasonal vaccination(s) in line with Joint Committee for Vaccination and Immunisation (JCVI) advice and Welsh Government policy for the Winter 2022/23 season.

For 2022/23, Winter respiratory vaccination will include the proactive offer of the seasonal influenza (flu) vaccination and the COVID-19 Autumn booster vaccination.

**Policy Commitment**

As an employer of healthcare staff, the Health Board has an occupational health responsibility and commitment to ensuring that all eligible staff are aware that they are eligible, are actively invited to receive the recommended Winter respiratory vaccination(s), are provided and supported with relevant accessible information to make an informed decision and are provided with accessible options to receive the vaccination(s).

**Overall aim of the policy**

Whilst Winter respiratory vaccinations are strongly recommended for all staff with patient contact, they are not mandatory. The emphasis of this policy is to ensure all eligible staff have actively received an offer of vaccination.

**1. Offer of vaccination**

1.1: For the purpose of this policy, Health Board 'staff' refers to all staff who deliver services on behalf of the Health Board including clinical and non-clinical roles, and those with honorary contracts, medical and dental students<sup>i</sup> on placement with the Health Board and volunteers.

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<sup>i</sup> No formal agreement for occupational health to offer to other healthcare students. Occupational health may offer to other students on placement where capacity and costs allow.

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1.2: Eligibility for the Winter respiratory vaccinations is informed by United Kingdom (UK) and national guidance, including the JCVI, Welsh Government<sup>ii</sup> and the Vaccine Clinical Advisory Panel (VCAP).

#### 1.2.1: Seasonal influenza (flu) vaccination eligibility 2022/23

For 2022/23, the seasonal influenza vaccination is recommended for specified high-risk groups including “frontline NHS/primary care services, healthcare workers with direct patient contact”, which is consistent with previous years. The Health Board has, in recent years, extended the influenza vaccination offer to all staff in the Health Board where supply and capacity has allowed. Where possible, the Health Board will continue to offer influenza vaccination to all staff members, with priority to those who have face-to-face clinical or social contact with patients if there are supply constraints.

#### 1.2.2: COVID-19 Autumn booster vaccination eligibility 2022/23

For 2022/23, an Autumn COVID-19 booster vaccination is recommended for specified high-risk groups, including “Frontline healthcare workers”. Therefore, all staff<sup>iii</sup> who have face-to-face clinical or social contact with patients (as defined by the Green Book<sup>iv</sup> and VCAP) will also be offered COVID-19 booster vaccination from the Health Board.

1.2.3: Individuals who do not meet the eligibility criteria for vaccination as a Health Board staff member but are eligible for seasonal influenza and/or COVID-19 Autumn booster vaccination(s) due to another risk factor (including all those aged over 50) will be invited in line with that cohort.

1.2.4: If any staff have not yet received their initial course of COVID-19 vaccination (1<sup>st</sup> and/or 2<sup>nd</sup> dose), they will still be able to access this under the ‘leaving no-one behind’ offer.

1.3: Clinical boards and corporate departments in which eligible staff members work have overall responsibility for ensuring every eligible staff member will receive an offer for vaccination and will be able to access the vaccination(s).

1.4: The offer of vaccination will be cascaded to staff via several routes including line managers, Health Board communications (e.g., e-mails, staff newsletters, and social media) and/or through personal invitations. The offers should be provided in a variety of accessible formats.

## 2. Supporting informed decision making for the recommended vaccinations

2.1: Winter respiratory vaccination(s) are strongly recommended for eligible Health Board staff but are not mandatory. Therefore, every eligible staff member is required to make an

<sup>ii</sup> Welsh Government. Winter respiratory vaccination strategy: Autumn/Winter 2022 to 2023. 15<sup>th</sup> July 2022. Available [online](#).

<sup>iii</sup> How frontline healthcare workers will be identified falls under the operational and delivery planning which is outside the scope of this policy.

<sup>iv</sup> The Green Book (Immunisation against infectious disease) [Chapter 14a – COVID-19 – SARS-CoV-2](#)

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informed decision as to whether they will receive the recommended vaccination(s). The Health Board will support staff to be able to make these informed decisions, by promoting a supportive culture at all levels in the organisation including executive, senior management, and peer support.

2.2: Accessible information should be provided at the point of offer to allow for time for each staff member to review and process the information, and to make their informed decision. It will be provided in a variety of formats; this includes access to a short e-module on Influenza/COVID-19.

2.3: The content of the information will be evidence-based and up-to-date, and developed in consideration of guidance and research on providing information to support decision making for vaccination uptake. This includes providing information on the rationale for the vaccine and addressing known concerns.

2.4: All staff delivering the vaccinations will have received appropriate training outlined in the National Minimum Standards and Core Curriculum for Immunisation Training for Registered Health Professionals<sup>v</sup>. This includes knowledge on the vaccination(s) and ability to support the individuals to make an informed decision.

2.5: Line managers are responsible for ensuring that all their eligible staff have received accessible information about the vaccination(s) and can escalate to Flu Champions or the Clinical Board lead if there are staff members who are unable to access the information in its provided format.

### **3. Consent to the vaccination(s)**

3.1: Staff who wish to receive the vaccination(s) will be asked to provide verbal consent at the point of accessing the vaccination(s) (see Section 4: Access to vaccination). The verbal consent will be recorded on the Welsh Immunisation System (WIS).

3.2: Staff who consent to vaccination(s) but have/will receive the vaccination(s) elsewhere (e.g., via their GP or community pharmacy) will be encouraged to complete a self-certification process or inform Occupational Health directly once they have received the vaccination(s). Vaccinations delivered by a Health Board Flu Champion, the Health Board Occupational Health Department or a Health Board Mass Vaccination Centre will be entered directly and recorded on the WIS, and Occupational Health will not need to be notified directly.

3.3: Staff who wish to decline the offer of vaccination(s) will be encouraged to complete an optional anonymous online form (see Section 5.5.1)

<sup>v</sup> Public Health England. 2018. National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners. February 2018. Available online [here](#)

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#### 4. Access to the vaccination(s)

4.1: Staff should be allowed time by their line manager during their working day/shift to receive the vaccination(s), where service delivery allows. This includes protected time to review information, consent to the vaccination(s), receiving the vaccination(s), and if required any observation period following vaccination. In cases where line managers are struggling to release staff for vaccination due to service pressures, they should contact the Clinical Board lead for further support. For the influenza vaccination, this may include 'Flu champion' peer vaccinators to offer vaccination in their workplace.

4.2: Occupational Health will offer a blended approach to access to vaccination, including drop-in vaccination sessions throughout the season, sessions in high footfall areas and on request at staff team meetings<sup>vi</sup>. Vaccination will also be available to all eligible staff via the Health Board Mass Vaccination Centres. If required to attend a vaccination site away from their usual work base, staff should be supported by their line manager.<sup>vii</sup>

4.3: Co-administration of the influenza and COVID-19 vaccinations should be the standard delivery model where possible, for staff who are eligible<sup>viii</sup>. As the COVID-19 vaccinations are less transportable than the influenza vaccination, it is anticipated that COVID-19 vaccination delivery will be limited to designated sites.

4.4: Clinical Boards will support staff working across different clinical areas to train (or maintain their training through annual updates) as 'Flu Champion' peer vaccinators and flu supporters, to enable them to have supportive conversations about the vaccinations, and to offer influenza vaccination in the workplace.

4.5: Where a staff member is returning to work in the Health Board following a period of leave, a Return-to-Work Interview with the line manager will include the staff member being informed of the offer of Winter vaccinations if during the seasonal vaccination period. The usual process of supporting informed decision making (section 2), consent (section 3) and access to vaccination (section 4) will then be followed.

4.6: New starters joining the Health Board will complete a screening form for their pre-employment occupational health checks, which includes a question on COVID-19 vaccination status. If they have received the vaccination(s), it will be recorded in the Occupational Health system. As part of induction for new starters, if they are joining during the seasonal Winter vaccination period, the new starter should be made aware of the offer of vaccination and the usual process of supporting informed decision making (section 2), consent (section 3) and access to vaccination (section 4) will then be followed. Supporting information such as this policy and the Flu for All e-module should also be available.

<sup>vi</sup> Dependent on occupational health capacity and service delivery needs at the time of request

<sup>vii</sup> Including discussion of facilitators such as reimbursement of travel expenses

<sup>viii</sup> Welsh Government. 2022. Welsh Health Circular: The National Influenza Immunisation Programme 2022-23. 1<sup>st</sup> June 2022. Available online [here](#).

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4.7: In the scenario where there is a limited supply of vaccines at any given time, prioritisation of vaccines will be through a risk assessment approach to identify groups of staff or departments with the greatest need.

## 5. Data storage, sharing and reporting on vaccination status

5.1: All individual level data on vaccination status will be stored securely according to NHS Wales and the Health Board's information governance policies and procedures, in line with current Data Protection legislation, and will be treated as confidential.

5.2: Information on how an individual staff member's data will be recorded, shared, and stored should be communicated to the staff member prior to consent for the vaccination.<sup>ix</sup>

5.3: Individual level data on vaccination status for those who choose to receive the vaccination(s) from the Health Board will only be available to: the practitioner who completes the data entry into the Welsh Immunisation System (WIS), the Health Board's Data Warehouse, Occupational Health (who transfer the information into the Health Board's occupational health database (flu vaccine only)), and to the individual staff member via their personal ESR if they do not "opt out".<sup>x</sup>

5.4: Individual level data on vaccination status for those who have received the vaccination(s) from an alternative provider than the Health Board (e.g., GP, community pharmacy) will only be known to the Health Board if the individual staff member opts to report it via a self-certification process. This process is not mandatory.

5.5: Individual level data on those who have declined the vaccination(s) will not be collected.

5.5.1: Staff who wish to help Public Health/Occupational Health teams understand the reasons for declining a vaccination can complete an anonymous online form. This **optional** form **only** collects data on Clinical Board and staff group and the reasons why the vaccination(s) has/have been declined. This information can support Occupational Health and Public Health teams with general campaigns to improve take-up of vaccinations for flu and COVID-19.

5.6: Where a vaccination has not been confirmed on an individual's confidential occupational health record either through the WIS for Health Board delivered vaccination (5.3) or by the individual staff member informing occupational health of a vaccination elsewhere (5.4), the vaccination status is 'unreported'. No record of vaccination does not directly indicate the individual has declined or not received the vaccination.

<sup>ix</sup> A wider Data Protection Impact Assessment (DPIA) is being completed regarding the data sharing of staff vaccination data between WIS and the Health Board, and so the data sharing arrangement may be subject to change. Any such changes will be communicated to staff.

<sup>x</sup> Specific processes are described elsewhere as part of the operational delivery.

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5.6.1: To ensure the use of this information will not result in any unfair treatment of employees, whilst data will be collected at an individual level, this will only be used at an anonymised group/cohort level. Status of individual vaccination will not be made available to managers or clinical boards.

5.7: The purpose for the data to be transferred from the WIS to the Health Board's Data Warehouse (COVID-19) or Occupational Health (Influenza) is to provide reports on Health Board staff vaccination uptake by department<sup>xi</sup>, clinical board or staff group (which is not currently possible using the WIS), by matching it with the ESR Staff in post list (COVID-19)/ Occupational record (Influenza).

5.7.1: Uptake reports could help identify areas or staff groups (not individuals) where uptake is lower than expected, and where additional support from Occupational Health could be offered. The reports may also demonstrate trends over previous years, comparisons with different health boards in Wales, and achievement against national and local targets for vaccination uptake.

### Supporting Procedures and Written Control Documents

This Policy and the supporting procedures describe the following regarding the Health Board staff Winter vaccination for 2022/23:

- To demonstrate who is eligible for the staff winter vaccination (seasonal influenza and COVID-19 Autumn booster) programme in 2022/23
- To outline what eligible staff can expect in terms of offer, information, access, delivery of the vaccinations and data management

#### Other supporting documents are:

- CIPD 2022. COVID-19 vaccination: guide for employers. 7 March 2022. Available online at: <https://www.cipd.co.uk/knowledge/fundamentals/emp-law/health-safety/preparing-for-covid-19-vaccination> [Accessed 04.07.22]
- Joint Committee on Vaccination and Immunisation (JCVI) interim statement on the COVID-19 vaccination programme for Autumn 2022. 20<sup>th</sup> May 2022. Available online at: [Joint Committee on Vaccination and Immunisation \(JCVI\) interim statement on the COVID-19 vaccination programme for Autumn 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/jcvi-interim-statement-on-the-covid-19-vaccination-programme-for-autumn-2022) [Accessed 05.07.22]
- JCVI. Updated Statement on the COVID-19 vaccination programme for Autumn 2022. 15<sup>th</sup> July 2022. Available [online](#).

<sup>xi</sup> Department level data will be reported by request only, and only for departments where the number of individuals is sufficient to ensure confidentiality of individual staff vaccine status.

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- NICE Guideline [NG103] – Flu vaccination: increasing uptake. 1.7 – Employers of health and social care staff.
- Thorneloe R, Lamb M, Jordan C et al. 2021. Understanding and addressing the barriers and facilitators for influenza and COVID-19 vaccine uptake among NHS employees in Wales: Qualitative insights and co-produced interventions. Public Health Wales and Cwm Taf Morgannwg University Health Board.
- UKHSA. 2013 (Updated 2020). Influenza: the green book, chapter 19. Available online at: <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19> [Accessed 06.07.22]
- UKHSA 2020 (Updated 2022). COVID-19: the green book, chapter 14a. Available online at: <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a> [Accessed 06.07.22]
- Vaccine Clinical Advisory Panel (VCAP). Autumn Booster Dose Categories – VCAP paper – final. (Internal circulation).
- Welsh Government. 2022. Welsh Health Circular: The National Influenza Immunisation Programme 2022-23. 1<sup>st</sup> June 2022. Available online [here](#).
- Welsh Government. Winter respiratory vaccination strategy: Autumn/Winter 2022 to 2023. 15<sup>th</sup> July 2022. Available [online](#).

### Scope

This policy applies to all of our staff in all locations including those with honorary contracts.

### Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be an overall positive impact.

The results can be found in the attached EHIA and incorporated within this policy/supporting procedure.

### Policy Approved by

Strategy and Delivery Committee on 27<sup>th</sup> September 2022

### Group with authority to approve procedures written to explain how this policy will be implemented

N/A

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<b>Accountable Executive or Clinical Board Director</b>	Executive Director of Public Health
<b><u>Disclaimer</u></b>	
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <a href="#">Governance Directorate</a> .	

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	Date approved by Strategy and Delivery Committee 27/09/2022  <a href="#">Link</a> to agenda.	<b>TBA</b>  <i>[To be inserted by the Gov. Dept]</i>	New Staff Winter respiratory vaccination policy including seasonal influenza vaccination and the addition of COVID-19 Booster vaccination.  Supersedes the Staff Influenza (Flu) Vaccination Policy v1.10 September 2020 (Previous reference number unknown).
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**Equality & Health Impact Assessment for  
Cardiff and Vale University Health Board 2022/23 Staff Winter Respiratory Vaccination  
(Seasonal Influenza (Flu) and COVID-19 Autumn Booster) Policy**

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Cardiff and Vale University Health Board 2022/23 Staff Winter Respiratory Vaccination (Seasonal Influenza (Flu) and COVID-19 Autumn Booster) Policy  Reference no: UHB 494; Version no: 1; Date: September 2022
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Cardiff and Vale University Health Board (All clinical boards and corporate directorates)  Accountable Executive Director: Fiona Kinghorn, Executive Director of Public Health <a href="mailto:Fiona.kinghorn@wales.nhs.uk">Fiona.kinghorn@wales.nhs.uk</a>
3.	Objectives of the policy	<p><b>Overarching purpose</b></p> <ul style="list-style-type: none"> <li>• To ensure all eligible staff are proactively offered seasonal influenza (flu) vaccination each year to protect at-risk patients, other staff and themselves from influenza-related morbidity and mortality</li> <li>• To ensure that all eligible staff are proactively offered a COVID-19 Autumn booster as per current JCVI and Welsh Government guidance to protect at-risk patients, other staff and themselves from COVID-19 related morbidity and mortality.</li> </ul> <p>The policy outlines the Cardiff and Vale University Health Board (Hereon referred to as the Health Board) offer of Winter vaccinations to all eligible staff in the Health Board, in order to:</p> <ul style="list-style-type: none"> <li>• To demonstrate who is eligible for the staff Winter vaccination (seasonal influenza and COVID-19 Autumn booster) programme in 2022/23</li> <li>• To outline what eligible staff can expect in terms of offer, information, access, delivery of the vaccinations and support after</li> </ul>

	<p>The objectives are:</p> <ul style="list-style-type: none"> <li>- To ensure that all Health Board staff members who are eligible to receive the seasonal influenza and/or COVID-19 vaccination: <ul style="list-style-type: none"> <li>o are aware they are eligible</li> <li>o are able to access relevant information</li> <li>o are able to make an informed decision for vaccination</li> <li>o are able to communicate that decision</li> <li>o are able to access the vaccine(s)</li> <li>o are supported after receiving the vaccine(s)</li> <li>o are confident in the confidentiality of their data</li> </ul> </li> </ul>
<p>4. Evidence and background information considered.</p>	<p>This is an update of the 2015 Staff seasonal influenza policy to include updated information regarding the influenza vaccination programme and the addition of the COVID-19 booster vaccination programme.</p> <p>The policy is being taken to the Local Partnership Forum Employment Policy Sub-Group to engage with stakeholders prior to sign off.</p> <p>The policy would apply to all Health Board staff who have regular contact with patients, so access should reflect the make-up of the Health Board staff cohort. This is in line with Welsh Government and UK Government policy for all health and social care staff who have regular contact with patients to be offered the vaccine.</p> <p><b>Data on staff influenza vaccination</b></p> <ul style="list-style-type: none"> <li>- There is limited data available on staff influenza vaccination uptake by protected characteristics or other demographic factors.</li> <li>- In discussion with the Project Leader for Employee Health and Wellbeing services, data on uptake by age and gender may be possible as this information is available in ESR, but the processes are not in place to extract and report this data currently.</li> </ul> <p>Whilst there is no local evidence available on whether staff flu vaccination is taken up differentially within equalities groups, staff flu vaccination data is reported at Health Board level and by staff group. Overall in Wales, as of 26/04/22, 56% of all NHS staff were recorded as having received the influenza immunization in 2021/22, compared to 63.4% in 2020/21, and of staff with direct patient contact 57.2%</p>

in 2021/22 compared to 65.2% in 2020/21<sup>12</sup>. In Cardiff and Vale Health Board, overall uptake of flu vaccination for staff with direct patient contact for 2021/22 was 52.9% (significantly lower than 2020/21 – 66.4%). Uptake varied by Clinical Board from 43.2% (Mental Health) to 63.4% (Clinical Diagnostics and Therapeutics).

**Data on staff COVID-19 vaccination**

There is limited data available on COVID-19 vaccination uptake for Health Board staff.<sup>13</sup> Overall coverage of healthcare workers in the Health Board was reported (as of 10<sup>th</sup> March 2022):

At least one dose = 98.4% (male) and 98.1% (female)

At least two doses = 97.6% (male) and 97.2% (female)

Two doses plus booster = 88.3% (male) and 87.6% (female)

Data on COVID-19 vaccination uptake in Health Board healthcare workers by broad ethnic subgroup (as of 1<sup>st</sup> January 2022) identified that staff who report their ethnicity as Indian had significantly higher uptake than the average for all staff (98.6% first dose, 97.7% second dose and 92% third dose) compared to the average of 96.3% first dose, 95.0% second dose and 83.1% booster, and the highest uptake for booster vaccinations was for staff in the Chinese ethnic group (96.1%). Mixed, unknown and Black Caribbean ethnic groups had significantly lower coverage than average for the first dose, with only 86.0% of Black Caribbean staff members having the first dose. An increasing number of ethnic groups were below average coverage for the second and booster doses, with lowest uptake for the booster dose for Bangladeshi ethnicity at 60.3%.

Regarding coverage by occupational group (as of 10<sup>th</sup> January 2022):

Considering occupational group, coverage varied. Groups with consistently higher average coverage were Medical and Dental, Allied Health Professionals and Additional Professional Scientific and Technical groups. Groups with consistently lower than average coverage were Additional clinical services and Estates and Ancilliary. However, even for booster vaccination the uptake was above 75% for all occupational groups.

<sup>12</sup> Public Health Wales. Influenza Vaccination Coverage Downloadable data. 26.04.22. Available online at: [Weekly Influenza and Acute Respiratory Infection Report - Public Health Wales \(nhs.wales\)](#) [Accessed 05.07.22]

<sup>13</sup> COVID-19 Booster Vaccine Uptake in Cardiff and Vale UHB Staff. Presented to Cardiff and Vale UHB Vaccine Programme Board 2021 to 2022.

Earlier data from June 2021, showed by Clinical Board uptake was lowest in the corporate board, and when considering frontline active staff only, the Children & Women, Corporate and Mental Health Boards were below the target of 80% coverage.

More information on protected characteristics and COVID-19 vaccination equalities uptake data is available for the whole population of Cardiff and Vale The most recent, covering the period up to March 2022, has demonstrated gaps in coverage by age, ethnicity, deprivation and sex.

**Overall uptake in Cardiff and Vale Health Board population:**

**Age and sex:** There is a general trend of coverage reducing with age for both sexes, which may still reflect in some cases the roll-out of vaccination by age. The working age population who have received two courses and a booster dose ranges from 43.3% (males) and 48.4% (females) aged 18-29 years old to 84.8% (males) and 88% (females) aged 60-69 years old. It was suggested the higher rate in females may reflect the higher proportion of females in health and social care roles.

**Ethnicity:** A gap in coverage is present in all age groups when comparing combined White ethnic groups to combined Black, Asian, Mixed and Other ethnic groups, where White ethnic groups are more likely to have received COVID-19 vaccinations. This was consistent across all age ranges. For all of Wales, the gaps in coverage by age group for the first COVID-19 booster for Black, Asian, Mixed and Other ethnic groups compared to combined White ethnic groups for working age adults (18-69 years old) ranged from 8% to 15.7%.

**Deprivation:** Overall, a deprivation gradient is present where the proportion of individuals vaccinated decreases with increasing deprivation. For example. In the 40-49 year old age group, 78% in the least deprived quintile were received a booster vaccination compared to 54.5% in the most deprived quintile. For all of Wales, this means inequality gaps of 8.1% to 18.7% between the least and most deprived quintile for those who have received the booster vaccination in the working age population (18-69 year olds).

		<p>The benefit of vaccination for individuals who have received the vaccine (as opposed to other people they interact with) is known to be greater among those with pre-existing risk factors, such as people with long-term conditions, carers, people aged over 65, and pregnant women<sup>14,15</sup></p> <p>Although data relating to uptake of flu and COVID-19 vaccination among staff with protected characteristics is limited and therefore a gap, this Health Board policy is the local implementation of Welsh Government (WG) policy, to ensure all eligible staff are offered vaccination(s). Recording and evaluating data on offer of vaccination in relation to protected characteristics would not affect the policy or its implementation, as vaccination would continue to be offered to all eligible staff for them to make an individual informed decision on uptake. Therefore, this data collection will not be pursued at present.</p> <p><b>Supporting documents:</b></p> <p>Chartered Institute of Personnel and Development (CIPD). 2022. COVID-19 vaccination: guide for employers. 7<sup>th</sup> March 2022. <i>(This document includes general advice to all employers (not just healthcare employers) but discusses planning for employees with protected characteristics)</i></p> <p>Department of Health &amp; Social Care. 2021. Making vaccination a condition of deployment in health and wider social care settings – Equality Impact Assessment. 9<sup>th</sup> November 2021. <i>(This document considers the equality impact of the introduction of mandatory COVID-19 vaccinations for health care staff. Whilst the Health Board policy does not mandate vaccination, the document considers equality impact in terms of uptake and access to vaccination which may be relevant to the Health Board’s population)</i></p>
5.	Who will be affected by the policy	<p>The policy will directly affect all Health Board staff who have patient contact, to whom the policy applies, as they will all receive a proactive offer of vaccination.</p> <ul style="list-style-type: none"> <li>• Some eligible staff may not be aware of the offer of vaccination and that they are able to access it.</li> <li>• Individual staff members who are vaccinated against influenza are less likely to develop seasonal influenza.</li> </ul>

<sup>14</sup> Department of Health & Social Care. 2021. Making vaccination a condition of deployment in health and wider social care settings – Equality Impact Assessment. 9<sup>th</sup> November 2021

<sup>15</sup> The Green Book (Immunisation against infectious disease) [Chapter 14a – COVID-19 – SARS-CoV-2](#)

		<ul style="list-style-type: none"> <li>Individual staff members who are vaccinated against COVID-19 are less likely to experience severe illness, hospital admission and death, and may be less likely to transmit the COVID-19 infection.<sup>16</sup></li> </ul> <p>The policy will indirectly positively affect:</p> <ul style="list-style-type: none"> <li>Vulnerable patients and contacts of staff members who are eligible for and receive staff vaccinations, where vaccinations are obtained and the route of transmission therefore reduced.</li> <li>The Health Board workforce as a whole where vaccination reduces staff sickness and absence, and supports maintenance of the service.</li> </ul>
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**6. EQIA: How will the policy impact on people?**

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<p><b>6.1 Age</b> For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>under 18;</li> <li>between 18 and 65; and</li> <li>over 65</li> </ul>	<p>The policy applies to all eligible staff members with patient contact, regardless of age.</p> <p>Influenza vaccination offer: Positive impact on older patients and staff, and children. These groups of individuals are more likely to be adversely affected if they catch seasonal influenza, so reducing the risk of exposure will have a positive impact on this age group.</p> <p>COVID-19 vaccination offer: Positive impact on older patients and staff. These groups of individuals are more likely to be adversely affected if they catch</p>	None required	None required

<sup>16</sup> Stokel-Walker C. 2022. What do we know about covid vaccines and preventing transmission? BMJ 2022;376:o298 Available online at: <https://www.bmj.com/content/376/bmj.o298> [Accessed 05.07.22]

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
	<p>COVID-19, so reducing the risk of severe illness and exposure will have a positive impact on this age group.</p> <p>Vaccine hesitancy may be higher in the younger age groups – ONS data has shown for COVID-19 vaccination, compared to 4% of the general population, 9% of 22-25 year olds were hesitant.<sup>17</sup> However, all age groups will be provided with an equal offer of vaccination as per the policy.</p>		
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>The offer of vaccination will be to all eligible staff regardless of whether they have a disability.</p> <p>Influenza vaccination offer: Positive impact on staff and patients with a disability, in contact with vaccinated Health Board staff. Many individuals with disabilities are more likely to be adversely affected if they catch seasonal influenza, so reducing the risk of exposure will have a positive impact on this group. Although staff with a disability may be eligible anyway for flu vaccination from their GP, being offered vaccination at work as well increases the opportunity to be vaccinated</p> <p>COVID-19 vaccination offer: Positive impact on staff and patients with a disability in contact with vaccinated Health Board staff. Many</p>	<p>The operational delivery of the vaccination offer is outside the scope of this policy, but the policy states that any information should be provided in an accessible format, and that delivery of the vaccination should be accessible to all staff who are eligible.</p>	<p>None required</p>

<sup>17</sup> ONS 2021. Coronavirus and vaccine hesitancy, Great Britain: 9 August 2021. Available online at: [Coronavirus and vaccine hesitancy, Great Britain - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/articles/coronavirusandvaccinehesitancygreatbritain) [Accessed 05.07.22]

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
	<p>individuals with disabilities are more likely to be adversely affected if they catch COVID-19, so reducing the risk of exposure will have a positive impact in this group. Whilst some eligible Health Board staff members may also be in another eligible risk group for COVID-19 vaccination, being offered vaccination at work increases the opportunity to be vaccinated.</p> <p>Some disabled staff may experience access issues for the vaccinations, including receiving information in an accessible format and accessing vaccination venues.<sup>18</sup></p>		
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has</p>	<p>The vaccinations will be offered to all eligible staff regardless of gender and whether they have undergone gender reassignment.</p> <p>Positive impact on males for COVID-19 vaccination as global data suggests they are more likely to have hospitalisations, ICU admissions and death from COVID-19.<sup>19</sup></p>	<p>The policy offers vaccination to all staff regardless of gender, and reflects the need for accessible and flexible delivery of the vaccination programme to support all eligible staff to be able to access vaccination.</p>	<p>None required</p>

<sup>18</sup> Department of Health & Social Care. 2021. Making vaccination a condition of deployment in health and wider social care settings – Equality Impact Assessment. 9<sup>th</sup> November 2021

<sup>19</sup> Global Health 50/50. The Sex, Gender and COVID-19 Project. Available online at: [The Sex, Gender and COVID-19 Project | Global Health 50/50 \(globalhealth5050.org\)](https://www.globalhealth5050.org/) [Accessed 05.07.22]

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	<p>Positive impact on females for COVID-19 vaccination as UK data suggests females are more likely to be diagnosed with long COVID.<sup>20</sup></p> <p>It is recognised that women may have more barriers to accessing the vaccines (for example, more likely to have caring responsibilities, childcare, part-time working).<sup>19</sup></p>		
<b>6.4 People who are married or who have a civil partner.</b>	No impact on staff because of marriage or civil partnership. Vaccination is offered to all eligible staff regardless of whether they are in a marriage or civil partnership	None required	None required
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	<p>Vaccination will be offered to all eligible staff, including those on maternity or parental leave, regardless of pregnancy or breastfeeding status<sup>21</sup></p> <p>Influenza vaccination offer: Positive impact on staff who are pregnant. Being pregnant is a risk group for developing severe influenza, and these individuals are also offered vaccination through their GP practice. Offering the influenza vaccination in the workplace increases the opportunity for uptake.</p>	None required	None required

<sup>20</sup> Global Health 50/50. The Covid-19 sex-disaggregated data tracker. November Update Report. November 2021. Page 10. Available online at: [November tracker update 2021 \(globalhealth5050.org\)](https://www.globalhealth5050.org/) [Accessed 05.07.22]

<sup>21</sup> Individual staff members will be assessed for contra-indications to the vaccination(s) as per the Green Book guidance prior to receiving the vaccination(s)

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
	<p>COVID-19 vaccination offer: Positive impact on staff who are pregnant. COVID-19 significantly increases the risk of pregnancy complications.<sup>22</sup> Offering the COVID-19 vaccination in the workplace will increase the opportunity for uptake.</p> <p>Positive impact on patients who are pregnant. These patients are more likely to be adversely affected if they catch seasonal influenza, and are at higher risk of pregnancy complications and severe disease from COVID-19, so reducing the risk of exposure will have a positive impact.</p>		
<p><b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>	<p>Vaccination will be offered to all eligible staff members regardless of race, nationality, colour, culture or ethnic origin.</p> <p>COVID-19 vaccination offer. Positive impact of COVID-19 vaccination for ethnic minority groups, as UK data has demonstrated they are more at risk of complications from COVID-19.<sup>23</sup></p>	<p>Employees should not be identified based on their race, nationality, colour, culture or ethnic origin or stereotyped based on these characteristics as this could lead to potential</p>	<p>None required</p>

<sup>22</sup> Lacobucci G. 2022. COVID-19: Severe infection in pregnancy significantly increases risk, study shows. BMJ. 376:0480. doi: <https://doi.org/10.1136/bmj.o480>

<sup>23</sup> Scientific Advisory Group for Emergencies (SAGE). COVID-19 Ethnicity subgroup: Interpreting differential health outcomes among minority ethnic groups in wave 1 and 2, 24 March 2021. Available [online](#) [Accessed 05.07.22]

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
	<p>Prior to vaccination roll-out, UK survey data indicated higher COVID-19 vaccine hesitancy in certain ethnic groups including black (71.8% reported being hesitant), Pakistani/Bangladeshi (42.3%), Mixed (32.4%) and non-UK/Irish white (26.4%) ethnic groups.<sup>24</sup> Coverage of COVID-19 vaccinations in Black, Asian, Mixed and Other ethnic groups compared to combined White ethnic groups was lower across all age ranges in the Wales population overall, with the gap between coverage in ethnic groups between 8% - 15.7% in working age adults.<sup>25</sup></p>	<p>discriminatory treatment<sup>26</sup>. The policy applies to all eligible staff members individually, regardless of race, nationality, colour, culture or ethnic origin.</p>	
<p><b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief</p>	<p>No impact on staff or patients because of their religion, belief or non-belief. Vaccination is offered to all eligible staff regardless of religion, belief, or no religion or belief.</p> <p>Influenza vaccination offer: Concerns which have been raised relating to gelatin in the nasal flu vaccine for children which might affect some individuals in certain religious groups, do not impact on adults receiving the vaccine because the adult vaccine does not contain gelatin.</p> <p>COVID-19 vaccination offer:</p>	<p>Choice to be vaccinated is individual and religious beliefs can vary within a religion. Employees will not be identified by their religion or belief, or stereotyped based on this, as this could lead to potentially discriminatory treatment.</p>	<p>To be considered in the operational delivery (outside scope of the policy).</p>

<sup>24</sup> Robertson E, Reeve KS, Niedzwiedz CL, *et al.* 2021. Predictors of COVID-19 vaccine hesitancy in the UK Household Longitudinal Study. Available [online](#).

<sup>25</sup> Public Health Wales 2022. Wales COVID-19 vaccination enhanced surveillance. Equality Report 13: February 2022.

<sup>26</sup> CIPD 2022. COVID-19 vaccination: guide for employers. 7 March 2022. Available [online](#) [Accessed 04.07.22]

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
	<p>COVID-19 vaccines used in the UK do not contain pork gelatin. There is potential for some individuals to object to the use of ethanol or host cell lines in the production of some of the vaccines<sup>27</sup>.</p>	<p>The policy states sufficient accessible information will be provided to enable an individual's informed decision. This information should include ingredients and the production process of the vaccinations where requested. Signposting to organisations of the individual's religion at their request could support the individual further in their informed decision making.</p>	
<p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	<p>No impact on staff or patients because of their sexual orientation. Vaccination is offered to all eligible staff regardless of sexual orientation.</p> <p>It is recognised that LGBTQ+ staff may be less likely to be vaccinated, with an explanation being fear of discrimination due to their sexual orientation<sup>27</sup>, however there is limited data on this and</p>	<p>None required</p>	<p>None required</p>

<sup>27</sup> Department of Health & Social Care. 2021. Making vaccination a condition of deployment in health and wider social care settings – Equality Impact Assessment. 9<sup>th</sup> November 2021.

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
	all eligible staff will receive an equal offer for vaccination to then make their informed decision.		
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>No impact on staff or patients because of their preferred language. Vaccination is offered to all eligible staff regardless of their preferred language. Posters used to publicise the vaccine are produced in English and Welsh versions.</p>	None required	None required
<p><b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are</p>	<p>All eligible staff will be offered vaccination regardless of their income group. This includes volunteers. Individuals employed by the Health Board but off work will be eligible for the vaccines but would need to attend a Health Board site to receive the vaccinations.</p> <p>There may be concerns from those on low income, particularly if working bank shifts, that there may be an associated loss of income</p>	The policy aims to address this by promoting a supportive culture for vaccine uptake, line manager support to access the vaccinations, and accessible supporting	To be considered in the operational delivery (outside

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
unable to work due to ill-health	<p>where side-effects from the vaccination are experienced affecting their ability to work. “Addressing concerns about side-effects and their impact” was identified as a key factor in the work by Cwm Taf Morgannwg University Health Board looking at vaccination uptake in healthcare staff.<sup>28</sup></p> <p>Positive impact: There are higher rates of COVID-19 diagnosis and death in areas of higher deprivation, so vaccination could give staff from these areas greater protection against morbidity and mortality.</p>	<p>information on the vaccinations including the risk and severity of any side effects to allow for an informed decision.</p> <p>Discussions have been raised with the workforce organisational department regarding the All Wales ‘Managing attendance at work’ policy to consider individuals who are unable to work due to short-term vaccine side-effects.</p>	scope of the policy).
<p><b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators,</p>	<p>All eligible staff will be offered vaccination regardless of where they live. Offer of vaccination for staff will include multiple options and times at Health Board sites.</p> <p>Employees such as those who do not live within the Health Board area and employees without access to transport may find access to</p>	The policy promotes a supportive culture for vaccination and for line managers to allow the employee time to access the vaccination(s) during	To be considered in the operational delivery (outside

<sup>28</sup> Thorneloe R, Lamb M, Jordan C *et al.* 2021. Understanding and addressing the barriers and facilitators for influenza and COVID-19 vaccine uptake among NHS employees in Wales: Qualitative insights and co-produced interventions. Public Health Wales and Cwm Taf Morgannwg University Health Board.

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<p>people unable to access services and facilities</p>	<p>vaccination more difficult when not delivered directly at their workplace.</p> <p>Employees who work from home/remotely, or who are on leave from work, may be negatively impacted in being able to access the vaccinations.</p> <p>Positive impact: There are higher rates of COVID-19 diagnosis and death in areas of higher deprivation, so vaccination could give staff from these areas greater protection against morbidity and mortality.</p>	<p>their working day where this is possible.</p> <p>The policy supports consideration to making the vaccination venues accessible – the operational delivery of the vaccinations is outside the scope of this policy, but should include identification of venues which are in an accessible location.</p>	<p>scope of the policy).</p>
<p><b>6.12 Any other groups relevant to the strategy</b></p>	<p>Positive impact on staff and patients with caring responsibilities. Although vaccination is offered to all eligible staff regardless of whether they are an informal carer outside work, the added benefit of vaccination through work is that the risk of passing on infection to those in receipt of care will be lowered. Although voluntary carers</p>	<p>None required</p>	<p>None required</p>

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<p><b>Caring responsibilities</b></p>	<p>are eligible in their own right for flu vaccination through their GP surgery, and may be eligible for the COVID-19 vaccination through their caring role, having an offer through work as well is likely to increase vaccine uptake in this group.</p> <p>Positive impact on older people in the local population. These groups of patients are more likely to be in receipt of care and adversely affected if they catch seasonal influenza and/or COVID-19, so reducing the risk of exposure will have a positive impact on this age group.</p>		

**7. HIA / How will the policy impact on the health and well-being of our population and help address inequalities in health?**

How will the policy impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p><b>7.1 People being able to access the service offered:</b></p> <p>Well-being Goal - A more equal Wales</p>	<p>All staff will be offered access to the vaccination free of charge, delivered by the Health Board.</p> <p>The offer of vaccination will be accessed through the workplace. Therefore it is anticipated the majority of eligible staff will be able to access it at their usual place of employment or in a nearby vaccination centre.</p> <p>Positive impact: There are higher rates of COVID-19 diagnosis and death in areas of higher deprivation, so vaccination could give staff from these areas greater protection against morbidity and mortality.</p>	<p>None required</p>	<p>None required</p>
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b></p> <p>Well-being Goal – A healthier Wales</p>	<p>The policy covers eligibility and access to vaccination promoting access to support disease prevention.</p>	<p>None required</p>	<p>None required</p>

How will the policy impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p><b>7.3 People in terms of their income and employment status:</b></p> <p>Well-being Goal – A prosperous Wales</p>	<p>The policy is accessible to all eligible Health Board staff (including volunteers and bank staff) regardless of income, banding or seniority.</p> <p>Some staff members may have concerns around missing work due to side-effects of the vaccination. This may be a greater concern for those working temporary or bank shifts, or for those with a high sickness absence record.</p> <p>Some staff may have concerns about access to vaccinations where additional travel is required, due to the additional cost of travel.</p>	<p>The policy promotes a culture of support for receiving vaccination, and that should include supporting staff members who may suffer side effects from the vaccination affecting their ability to work. The All Wales “Managing Attendance at Work” policy is outside the scope of the policy, but agreement on whether side-effects from staff Winter vaccinations would come under section 4.9 – Workplace associated absence is being sought.</p> <p>The policy supports access to vaccination. Where travel is required, staff should be supported by their line managers in accessibility, including awareness and assessing eligibility for travel reimbursement as per the All Wales ‘NHS Wales Travel and Subsistence Policy’.</p>	<p>None required</p>
<p><b>7.4 People in terms of their use of the physical environment:</b></p> <p>Well-being Goal – A resilient Wales</p>	<p>The staff vaccination policy relates to the offer of vaccination. The operational delivery of the vaccination programme will be considered separately. However, the policy emphasises the need for accessible venues to be used.</p>	<p>None required</p>	<p>None required</p>

How will the policy impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p><b>7.5 People in terms of social and community influences on their health:</b></p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>The policy aims to promote a positive and supportive culture in the workplace towards the vaccinations.</p> <p>The policy supports informed decision making, with the information provided and the role of Flu and vaccine champions to provide support whilst avoiding pressure towards accepting the vaccination.</p> <p>Vaccination status will remain confidential to the individual and occupational health, unless the individual chooses to share it.</p>	<p>None required</p>	<p>None required</p>
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b></p> <p>Well-being Goal – A globally responsible Wales</p>	<p>The policy does not directly address environmental or sustainability factors, but it is expected that the operational delivery (outside the scope of this policy) will take into account these factors.</p>	<p>None required</p>	<p>None required</p>

**8.1 Summary of the potential positive and/or negative impacts of the policy**

Overall, no significant impacts requiring improvement or mitigation have been identified. The policy applies equally to all eligible staff irrespective of any protected characteristics the staff member may have.

Positive impacts:

The offer of, and subsequent uptake of, the vaccination(s) should lead to reduced morbidity and mortality from influenza and/or COVID-19. This will be of particular benefit to higher risk groups including: older staff and patients (and children for influenza), staff and patients with a disability making them more clinically vulnerable, staff and patients who are pregnant, staff and patients in Black, Asian, Mixed and Other ethnic groups, staff and patients from areas of high deprivation and staff who have caring responsibilities outside of work.

Negative impacts:

No direct negative impacts from receiving the offer of vaccination were identified. A number of groups who may have higher rates of vaccine hesitancy have been identified. Whilst these have been identified, it is noted that the policy refers to each individual staff member receiving an offer for vaccination, and that it is important to avoid stereotyping based on protected characteristics. Therefore the focus of the policy supports individuals in making informed decisions and the availability of accessible information to support this.

Some groups have also been identified who may have increased difficulty in accessing the vaccinations, including staff members with certain disabilities, staff who work part-time, staff with caring responsibilities and staff who have lower income. The role of this policy is to outline the offer of vaccination, and expectations for delivery i.e. that vaccinations will be made accessible. The operational delivery will be managed separately, where these potential issues should be considered.

## Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	The findings from this EHIA should be considered in the operational planning and delivery of the policy.	Staff Winter Vaccination operational planning group	September 2022	N/A
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>	<p>No, it is not necessary to complete a more comprehensive Equalities Impact Assessment or Health Impact Assessment.</p> <p>The policy is to be delivered universally to all employees of the Health Board, and no significant issues were identified in this assessment.</p>	N/A	N/A	N/A
<b>8.4 What are the next steps?</b>	<p>The proposal is for no changes to this policy in view of the findings from the EHIA, as no significant negative impacts were identified.</p> <p>The Employment Policy Sub-group (EPSG) have reviewed the policy and EHIA. The EPSG recommend and support the policy. The policy underwent a formal consultation period and was approved by the Strategy and Delivery Committee in September 2022. The final policy will be made available to all Health Board staff.</p> <p>The outcomes of the policy will be monitored in terms of uptake data for vaccinations.</p>	<p>Consultant in Public Health, Local Public Health Team.</p> <p>Specialty Registrar in Public Health</p>	September 2022	N/A

