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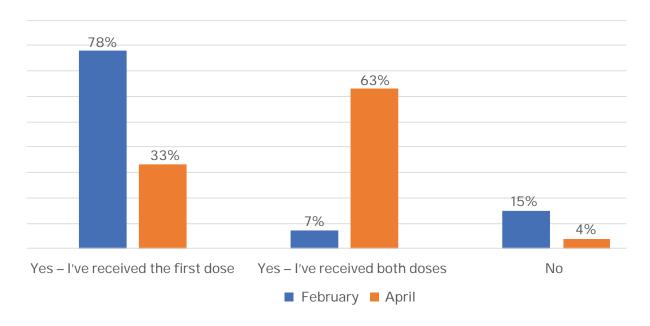
Contents

Introduction	4
Those who had received vaccines	5
Those who had not been offered vaccines	7
Those who had been offered vaccines but had not received them	7
Barriers to accessing the COVID-19 vaccine	8
Those who chose not to have or were advised not to have the COVID-19 vaccine	8
Next steps	8
Appendix 1 – Methodology and breakdown of respondents	10

Nurses and other health and care staff across the UK have been front and centre of the UK's response to the COVID-19 pandemic. This has left them much more exposed to infection from COVID-19, with nursing and particularly staff working in social care settings having disproportionately higher death rates from COVID-19¹. Evidence shows that people from black and ethnic minority communities are at higher risk of becoming

Of the 20,006 respondents who have been offered a vaccine, 96% have received at least one dose of a COVID-19 vaccine (compared with 85% in February), and 63% have received both doses (compared with 7% in February)⁴.

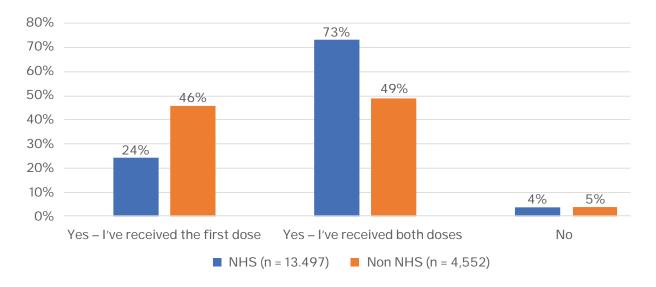
A third of respondents have not yet had the second dose of the COVID-19 vaccine (compared with 78% in February). A small number (4%) have not had a vaccine (compared with 15% in February).



In February, we saw big differences between staff working in the NHS and outside of it, with 71% of non-NHS staff receiving a vaccine compared with 91% of NHS staff. We have now seen the difference improve with 95% of non-NHS staff having received at least one vaccine, which is a similar proportion to the 96% of nursing staff working in the NHS.

However, there are differences between the 6,619 staff who are waiting for their second dose of the vaccine. 46% of nursing professionals working outside the NHS are waiting for their second dose compared with 24% of NHS nursing professionals.

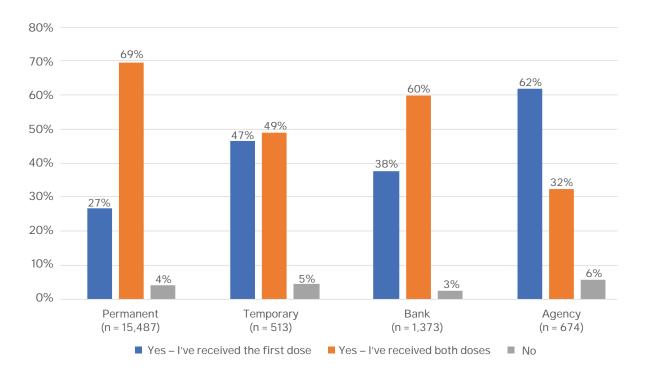
^{4.} When we include data from those who had not been offered a vaccine, 94% of respondents overall have received at least one dose of a vaccine, and 62% of respondents overall have received both doses



Previously, non-permanent staff were much less likely to have had a vaccine compared with permanent staff, but this survey has shown a dramatic improvement:

- 6% of agency staff have not had a vaccine (compared with 44% in February)
- one in 20 temporary staff (5%) have not received a vaccine (compared with 27% in February)
- 4% of permanent staff have not had a vaccine (compared with 12% in February)
- 3% of bank staff have not had a vaccine (compared with 19% in February).

Again, there are differences in respondents waiting for their second dose between permanent and non-permanent staff. 69% of permanent staff have had both doses compared with 60% of bank staff, 49% of temporary staff and 32% of agency staff.



We asked those who had received the first dose (n=6,620) what the plan was for their second dose:

- around three in four (72%) have an appointment scheduled within 12 weeks
- around one in eight (14%) have been advised to return within 12 weeks
- around one in eight (14%) did not know. This specific response was particularly high
 for those working in care homes where one in five (20%) were unaware of plans for a
 second dose compared with one in ten (10%) in both hospitals and in the community.

2% of respondents (n=364) have not been offered a vaccine yet, this compares to 8% of respondents last time we ran the survey.

In this survey there were minimal differences between staff working in the NHS or outside of it. 1% of staff working in the NHS haven't been offered a vaccine (compared with 35% in February). Similarly, 4% of staff working outside the NHS haven't been offered one (down from 72% in February).

We also no longer saw the same extent of differences between permanent and non-permanent staff as we had previously. Though agency staff were still more likely to not have been offered a vaccine compared with permanent staff - 5.6% of agency nursing professionals have not been offered a vaccine compared with only 1.3% of permanent staff.

However, if staff decide against having the vaccine, it is important to understand the reasons for this. It may also be appropriate for employers to consider redeploying staff who have not had the vaccine to lower risk areas.

We do not support staff being forced or coerced into having the COVID-19 vaccine and having the vaccine should not be a condition of employment or part of employment contracts, nor should it ever become national policy. Rather than approaches that instil some form of victim-blaming or fear, more effective ways to improve vaccine uptake are building trust and confidence in the vaccine through providing accessible and culturally-nuanced information, and tackling the issues that have led to poorer outcomes and created the conditions of mistrust and information. This is especially important for black and ethnic minority health and care staff, considering the evidence on the disproportionate risk from COVID-19 for black and ethnic minority groups.

The Joint Committee on Vaccination and Immunisation (JCVI) guidance is clear that the COVID-19 vaccine should be available to all health and social care staff. This is irrespective of where they are employed, including agency staff and those employed in

Appendix 1 – Methodology and breakdown of respondents

An online survey was open from Wednesday 31 March to Tuesday April 6 2021, with the

- Female 91%
- Male 9%
- Non-binary 0.1%
- Other 0.1%
- Prefer not to say 1%
- No 91%
- Prefer not to say 2%
- Yes 7%
- Agenda for Change (AfC) pay band 65%
- Clinical grade 4%
- Organisation's own pay structure/rate 31%
- Agenda for Change (AfC) pay band 16%
- Clinical grade 17%
- Neither 67%
- Band 2-4 (or equivalent) 5%
- Band 5 (or equivalent) 33%
- Band 6 (or equivalent) 30%
- Band 7 (or equivalent) 21%
- Band 8a (or equivalent) 6%
- Band 8b (or equivalent) 3%
- Band 8c or higher (or equivalent) 1%
- Band 8d or higher (or equivalent) 0.4%
- Band 9 or higher (or equivalent) 0.2%
- Very senior management (VSM) 0.1%
- Unsure 0.4%

- A 1%
- B 1%
- C 1%
- D 8%
- E 15%
- F 13%
- G 10%
- H 2%
- Unsure 50%
- £8.19 or under (£14,965 or under) 1%
- £8.20 £8.71 (£14,966-£15,915) 0.4%
- £8.72 £9.29 (£15,916 £16,975) 1%
- £9.30 £9.99 (£16,976 £18,254) 2%
- £10.00 £11.99 (£18,255 £21,909) 3%
- £12.00 £15.49 (£21,910 £28,305) 10%
- £15.50 £19.09 (£28,306 £34,883) 31%
- £19.10 £22.49 (£34,884 £41,096) 17%
- £22.50 and over (£41,097 or over) 22%
- Prefer not to say 9%
- Unsure 3%

