



# ICARS Newsletter

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Issue 63: 12th November 2021

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## Immunisation Clinical Advice Response Service

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### *About this bulletin:*

For any COVID-19 vaccination related queries or to escalate an incident please contact: [england.swicars@nhs.net](mailto:england.swicars@nhs.net)

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**PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE VACCINATION PROGRAMME**

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*Please note that ICARS operates from 9am - 5pm Monday to Friday.*

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## 1. COVID-19 Vaccination Updates and Reminders

### A. Supporting second dose uptake

JCVI guidance remains that where possible, the first two doses of the primary course of immunisation should be of the same vaccine. However, following appropriate counselling and consent and in accordance with MHRA and JCVI requirements, an alternative authorised vaccine may be offered to complete a course of vaccination when it is considered that there might otherwise be a delay in accessing a second dose (for either patient or operational reasons, including where a patient refuses a particular vaccine or where a site does not have the same vaccine as the first dose available). Patients should be made aware that this may lead to a higher risk of short term side effects.

### B. REMINDER: Name changes for COVID vaccines

Colleagues are reminded that new product names are being formally introduced to replace supplier names for COVID vaccines.

The Pfizer-BioNTech vaccine is now known as Comirnaty and Moderna is Spikevax. Astra Zeneca will change to Vaxzevria in due course – to be confirmed in a future bulletin.

The supplier names are still in use for ongoing recording and reporting purposes but are being changed within Point of Care systems. The supplier names will also be retained in public-facing guidance to avoid confusion, but with the new product names in brackets where practical to match packaging and other rebranding.

The public may already be familiar with these, as the product names are already in use within the COVID Pass.

### C. Medicines Safety Week – Every Report Counts

This year's theme for [#MedSafetyWeek](#) is the importance of reporting suspected adverse reactions to vaccines. Patient safety is a priority for the COVID-19 Vaccination Programme and therefore your support is requested to raise awareness of how the [Yellow Card](#) scheme helps to improve the safety of vaccines.

The [Medicines and Healthcare products Regulatory Agency](#) (MHRA) rigorously monitor the safety of all UK-approved vaccines. Reporting helps to identify new adverse reactions and gain more information about known effects. They publish a [weekly report on COVID-19 vaccines](#), summarising the information from the Yellow Card scheme and investigations that they carry out.

#### ***Summary of actions you could take to support this process***

- Don't delay in reporting suspected adverse reactions to the [Yellow Card](#) scheme or via the Yellow Card app

- For each vaccine administered, accurately record in clinical health records details such as the vaccine and product name, batch number, expiry date, the dose, number of vaccinations (if multiple), and site of administration
- Include the brand and batch number when reporting suspected adverse reactions to vaccines to the Yellow Card scheme
- For suspected reactions following a third or booster dose of a COVID-19 vaccine, please provide details of any suspected reactions following previous COVID-19 vaccinations, including which vaccine was previously received
- Consider a discussion about common 'side effects' with your patient; you could talk about:
  - noting the batch number and reading the product information that comes with the vaccine – it lists possible reactions and advises them on what to do, including reporting side effects (remember to issue relevant UKHSA leaflets such as [What to expect after vaccination](#) or [Guide to booster vaccination](#) as well as the vaccine Patient Information Leaflet)
  - the purpose of the Yellow Card scheme and the importance of reporting any suspected problems to help the safe use of vaccines for others
  - what to do if they experience any suspected adverse reactions following vaccination
- Talk to your colleagues about being vigilant for new or rare suspected reactions with vaccines or medicines and reporting them to the MHRA
- Use the [MHRA campaign toolkit](#) to promote the message that **every report counts**.

The [Green Book Chapter 14a](#) has information on COVID-19 vaccine safety and a section on reporting anaphylaxis and other allergic reactions. [UKHSA advise](#) that “any adverse reaction to a vaccine should be documented in the individual’s record and the individual’s GP should be informed”. Additionally, the Specialist Pharmacy Service have a dedicated page regarding [reporting suspected COVID-19 vaccine side effects](#) within the Vaccination Programme.

#### **D. First and second doses of COVID-19 vaccines**

Sites are reminded of the importance of continuing to deliver first and second doses alongside the booster campaign. This is part of the ongoing NHS offer to encourage those not yet vaccinated to come forward. Eligible patients attending vaccination sites should be able to receive a first, second or booster dose as required.

## **E. Clarification of the At Risk/CEV Standard within Checklist B**

We have been asked for further clarification as to what flexibility exists within the revised at risk/CEV standard within [Checklist B](#).

The standard was revised to accommodate the decision to give a greater choice of access to parents, or children, within the Clinically Extremely Vulnerable group (also referred to as at-risk group).

The standard is currently written as follows:

If undertaking the vaccination of the Clinically Extremely Vulnerable children in a setting other than a PCN site, then this must be:

- planned with regional colleagues
- in a dedicated session/clinic for this group of patients unless the parent or child has made the choice to self-book through the National booking Service
- resourced with a senior clinician with experience and competence in meeting the needs of this group of patients
- resourced with guidance on how to manage the unaccompanied child and on the need to check for previous vaccination record.

It is also advised that the local pathway/delivery model is designed with local learning disability experts.

This gives flexibility to parents to make a choice. However, the change does not currently give the flexibility for local systems that are planning to target their at-risk children groups. When the system invites the at-risk child to uptake the vaccine it needs to be to a PCN site or a non-PCN site where there has been a dedicated session

## **2. South West COVID-19 Vaccine Inequalities Network Update**

Many thanks for all the work that you are still doing to promote uptake of the COVID vaccine among underserved communities across the South West. Please find below some updates and resources which may be helpful.

### **FOR ACTION: Distribution list**

Please let us know if you are no longer working on COVID vaccine inequalities, including which colleagues are taking over from you so we can update our distribution list.

### **FOR ACTION: Vaccine confidence event**

Thanks so much to all of you who joined us on the vaccine confidence event on Wednesday. If you attended then please fill out a very brief survey here <https://forms.office.com/r/6MJFPKewUH>.

We were unable to record the event to protect participants' anonymity but please let me know if you would be interested in further vaccine confidence events or training.

**FOR ACTION: JITSUVAX study: call for GP/nurse participants**

You may remember Dawn Holford, who joined us from the Vaccine Communication Handbook team previously. They are developing a vaccine confidence project and are looking for 5 different nurses/GPs who have vaccination responsibilities to support in the piloting of their questionnaire – please see attached for more info.

**Evaluation**

Please see <https://bnssghealthiertogether.org.uk/covid-19-local-research-and-insight/> for the final evaluation report from BNSSG, which Kathryn kindly presented to the network in the Summer. You will also find a slideset aimed at communities on Maximising Vaccination in Ethnic Minority Groups. National work is being progressed to develop an evaluation framework to support local evaluation.

**Resources**

Alongside our webpage of resources at <https://www.england.nhs.uk/south/info-professional/public-health/immunisations/covid-19/>, please see some new resources below.

<p><a href="#">COVID-19 vaccination: easy-read leaflets</a></p>	<ul style="list-style-type: none"> <li>• Added links to translated versions of the easy-read leaflet on COVID-19 vaccination for <b>women who might get pregnant, who are pregnant or are breastfeeding their baby</b>.</li> <li>• Added Easy-read guide to the <b>COVID-19 booster</b> vaccination</li> </ul>
<p><a href="#">COVID-19 vaccination programme</a></p>	<ul style="list-style-type: none"> <li>• Added links to social media resources aimed at pregnant women.</li> </ul>
<p><b>Case studies and videos: vaccination in pregnancy</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">In this twitter thread from NHS North West</a>, two NHS workers in the North West who are currently pregnant, Emma and Rosie, share their experiences of having</li> </ul>

	<p>the <a href="#">#Covidvaccine</a> alongside some facts for people to consider</p> <ul style="list-style-type: none"> <li>• <a href="#">Oldham cares shares a message from Simon Mehigan</a>, Director of Midwifery at The Royal Oldham Hospital</li> <li>• <a href="#">At the BRI this father-to-be explains why his wife has had the vaccine</a> at 28 weeks of pregnancy.</li> <li>• <a href="#">Bradford's, Leah, 22 weeks had her first vaccination</a> after talking to her midwife.</li> </ul> <p>Additional webinar and clips here <a href="https://www.eastlondonhcp.nhs.uk/ourplans/the-vaccine-and-fertility-pregnancy-and-breastfeeding.htm">https://www.eastlondonhcp.nhs.uk/ourplans/the-vaccine-and-fertility-pregnancy-and-breastfeeding.htm</a></p>
<b>Video clip on pregnancy and fertility and COVID19 vaccination from Dr Nikki Kanani</b>	<p>Video clip from Dr Nikki Kanani, Medical Director of Primary Care for NHS England and NHS Improvement</p> <p>Women who are pregnant, breastfeeding or trying for a baby can have the COVID19 vaccination.  <a href="https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/explainer-videos-NK/">https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/explainer-videos-NK/</a></p>
<b>COVID-19 vaccinations - Guide to children and young peoples resources</b>	<p>Please find attached presentation which includes all the currently available resources to support the COVID-19 vaccination programme for:</p> <ol style="list-style-type: none"> <li>1. third dose</li> <li>2. booster does</li> <li>3. children and young people's resources including parents and headteachers guide.</li> </ol>

### 3. COVID-19 Booster Programme Updates and Reminders

#### A. Preparations to enable NBS advance booking of booster vaccinations

All vaccination sites will have received an operational note on 28 or 29 October stating that planning is underway so that people in eligible cohorts will soon be able to book an appointment through the National Booking Service (NBS) 30 days in advance of the date from which they can get the booster, which is 182 days after the date of their second vaccine.

This means that from 152 days after the date of their second vaccine appointment, eligible people can book their advance appointment for a booster.

The actual appointment dates will still only be from 182 days after the date of their second vaccine.

A reminder that from 4 November, LVS sites using the NBS should have followed the instructions in that note, primarily to upload booster calendars six weeks ahead of that date (to at least 16 December). Please also follow the other instructions in that note.

For any queries on this, please email [england.vaccinecentresgroupsupport@nhs.net](mailto:england.vaccinecentresgroupsupport@nhs.net)

## **B. Grab a Job – Developments**

From Thursday 4th November, the SharePoint site has been updated to include 'Booster Dose Availability' which is now visible on the Grab a Job site finder page. This additional information field was made available following the data extract at 11am on 4 November, so that updates made prior to the extract at 1pm on Friday 5th November have been included in the update.

Booster Dose Availability has been set by default to "Yes". This means that sites which are vaccinating 12-15s only will be required to check that booster dose availability has been set to "No".

Homepage Text – The homepage text has been amended to include ***“Please note that all walk-in sites for people aged 16 and over are able to offer booster doses unless stated otherwise”***. This text has now been removed once the above change is live on Friday 5th November.

In addition, there will be a further column for '3rd Dose for Immunosuppressed Availability' which will be set as default to "No". This column can be viewed and completed on SharePoint, but the information will not yet be visible on the Grab a Job site finder. Further communications will be issued prior to this becoming a live feature.

Please find a link to the SharePoint site: [Grab A Job - SharePoint Homepage](#)

## **C. Reminder: Continuing to identify and contact immunosuppressed people for their third primary dose**

Offering a third dose of the primary course of immunisation to citizens who are severely immunosuppressed remains a priority for NHS England. The third primary dose is usually given at least eight weeks after the second dose, but GP's or hospital consultants are able to suggest a different interval where this is required because of ongoing or planned treatment.

Please continue to identify and contact immunosuppressed people who are eligible for their third primary dose, as the booster continues to offer the best

protection for vulnerable people following their first two primary doses of the vaccine.

Many people will also have received a letter directly from NHS England advising that they may be eligible for a third primary dose and they may wish to talk through options with their GP or consultant if they have not done so already.

People eligible for their third dose can get vaccinated:

1. at their local hospital hub following a conversation with their consultant;
2. at their local GP practice or another primary care setting, following a conversation with their GP; or
3. by visiting a local community pharmacy or vaccination centre and taking with them a copy of the referral letter from their GP or consultant. People can attend a walk-in session without an appointment if they have their referral letter.

We know your teams have been working hard to identify and contact these people too – adding your critical local knowledge – thank you for continuing to prioritise this.

#### **D. St John Ambulance workforce support for phase three of the vaccination programme**

St John Ambulance (SJA) continue to be a key part of our workforce offer into phase three of the vaccination programme. In addition to the vaccination volunteer role that SJA have provided to date in the programme, three additional offers of support are also available from SJA to support the vaccination of adults in phase three.

SJA volunteers are trained and competent to be able to administer flu and COVID-19 vaccinations, if you need volunteers who are trained in flu this information will need to be added to your SJA request

- St John Ambulance (SJA) can provide support to PCNs to deliver boosters to care homes. They can provide trained volunteers to vaccinate and provide post-vaccination observation support. The PCN will need to provide the clinical and administrative workforce. You can find more details here on the [offer and workforce model](#). Support can be requested by completing this [form](#) ensuring at least five days' notice is provided. If you have any queries, please contact SJA at [NHS-Vaccinations@sja.org.uk](mailto:NHS-Vaccinations@sja.org.uk)
- SJA are able to provide Mobile Treatment centres which are vehicles which can be used to provide static pop-up vaccination sites. This offer can be used to support hard to reach geographies and communities to improve cohort uptake. You can find more details [here](#). SJA need a minimum of 10 days notice to support deployment of mobile treatment centres.



- SJA are able to assist primary care in the administration of booster vaccination to housebound patients. They can provide a volunteer vaccinator with suitable vehicle to support a RHCP for outreach services. The service will operate as a hub and spoke model where the NHS provider or primary care network will remain responsible for provision of the RHCP and the governance, administration, and oversight of the service. During the administration of the vaccine to housebound recipients, the SJA vaccinator/driver can be employed in accordance with the conditions of other vaccination settings, as patient advocate, vaccinator, post-vaccination observer. By following the National Protocol, suitably trained SJA vaccinators can also draw-up specific vaccines. A minimum of 5-days of notice is required to SJA for the provision of this service. Please contact your [lead employer](#) to access this service.

The full detail of what support can be provided by SJA can be found in the adult workforce considerations for phase three, which is available [here](#).

#### **E. Operational guidance: NBS bookings for boosters to be given earlier than 182 days**

In our ops note on 28 October 2021 we informed you about the National Booking System (NBS) advanced booking function for booster appointments. This is now live. Service users can book their booster 30 days in advance of the date from which they can get the booster, which should be 182 days after the date of their second COVID-19 vaccination.

- We are aware that some people attending for their booster vaccination before reaching 182 days (6 months) are being turned away. We believe this is because Point of Care (POC) systems display a warning if the interval since the last dose is less than 182 days. All Point of Care systems have had/ will have this warning updated by 11 November at the latest.
- We are also aware that some people have been able to book a booster appointment to take place less than 182 days after their second dose. This is due to a technical issue which has now been fixed.
- Until POC systems are updated, people should NOT be turned away if they attend for a booster dose a few days early. The Green Book allows for some operational flexibility and these doses can be given under a Patient Group Direction (PGD) if appropriate.

#### ***IMMEDIATE ACTION***

All vaccination site leads are required to ensure that they have read this operational guidance and have taken the following actions:

- Brief all members of the vaccination team including front-of-house volunteers that they are able to give boosters to patients who have booked to receive one on the NBS around 182 days.

- Although the POC systems display a warning if a booster is being given earlier than 182 days, the system will not stop the event being recorded.
- To ensure sufficient booster booking capacity, please monitor supply levels and add additional calendars or clinic slots to maintain availability for a rolling 6 week period.

If you have any questions please contact [england.vaccinecentresgroupsupport@nhs.net](mailto:england.vaccinecentresgroupsupport@nhs.net)

#### 4. Operational Updates and Reminders

##### A. Transportation of COVID-19 Vaccines

As part of clinical governance and medicines management requirements to maintain the integrity of vaccines, all staff in NHS vaccination sites should ensure that any movement of COVID-19 vaccines between sites is performed in accordance with the relevant policies, standard operating procedures and guidance. Where movement of COVID-19 vaccines is required, systems should have local medicines management reporting mechanisms which capture transfer episodes and include the necessary details required for a robust audit trail.

All staff handling vaccines should be aware of the relevant storage and handling requirements to ensure the highest standard of care is adhered to. To assist designated staff members involved in the packaging, delivery or receipt of COVID-19 vaccines at vaccination sites, the Clinical Workstream has produced a [practical guide/checklist](#) which outlines the essential steps to be taken to safeguard the end to end process of delivery and receipt of vaccines.

##### B. Potential discrepancies in data between Point of Care systems and Manage Your Service (MYS)

We're aware that there has recently been an increased number of queries in relation to COVID-19 vaccination records. As a reminder, if you believe the number of COVID-19 vaccination records shown in Manage Your Service (MYS) differs from the number in your Point of Care system, please contact your supplier in the first instance.

##### C. REMINDER: Vaccination Operational Support Teams (VOST) are available to support vaccinations (COVID-19 and Flu) and 12–17 year-olds

Please see the table below for teams that are currently available for deployment, along with areas where teams can be deployed for the week commencing 8 November 2021. Please contact your [lead employer](#) for the latest deployment details and availability within your area.

WC 08/11/2021	VOST not deployed and are available	Deployed VOST teams
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<b>East of England</b>		Cambridge
<b>London</b>		East London North West London
<b>Midlands</b>	Birmingham & Solihull	
<b>North East &amp; Yorkshire</b>		Durham
<b>North West</b>	East Lancashire	
<b>South East</b>		Sussex Kent
<b>South West</b>		Somerset (2 teams) North Bristol

VOST teams are trained and ready to support COVID-19 and flu vaccinations, including 12-17 year olds and can often be deployed at pace. They are made up of an equal number of Registered Healthcare Professionals and Unregistered Vaccinators as outlined below:

**Team of 6** -1 x Clinical Supervisor, 2 x Registered Healthcare Professionals & 3 x Vaccinators

**Team of 4** -2 x Registered Healthcare Professionals & 2 x Vaccinators

**Team of 2** -1 x Registered Healthcare Professionals & 1 x Vaccinator.

The process for requesting these teams has been reviewed and alongside the current process of requesting via your Lead Employer, NHSP will also now be engaging with sites directly to understand potential new requirements. Where new requirements are identified, NHSP will work with the Lead Employer and the site to ensure the appropriate documentation, recruitment and deployment is in place over a c.4 week period. Where teams are already available these can be deployed at pace.

## 5. Workforce Updates and Reminders

### A. Updated: Guidance for pregnant employees

The guidance for pregnant employees has finally been updated and published this morning: [Coronavirus \(COVID-19\): advice for pregnant employees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/coronavirus-covid-19-advice-for-pregnant-employees)

### B. Vaccination as a condition of deployment (VCOD) for all healthcare workers

#### Policy announcement by the Department of Health and Social Care

The Department of Health and Social Care (DHSC) has formally announced (9 November) that individuals undertaking **CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022 to**

**protect patients**, regardless of their employer, including secondary and primary care.

The government regulations are expected to come into effect from 1 April 2022, subject to parliamentary process. This means that **unvaccinated individuals will need to have had their first dose by 3 February 2022**, in order to have received their second dose by the 1 April 2022 deadline.

This government policy takes into account specific exemptions, including those who are medically exempt; under 18 years of age; do not have contact with patients; or are a participant in a clinical trial investigating COVID-19 vaccination. Further details on exemptions will be detailed within the DHSC Code of Practice which the NHS is NHS England and NHS Improvement Skipton House 80 London Road London SE1 6LH 10 November 2021 expecting to be published imminently. The policy applies to the first and second dose of the COVID-19 vaccination, and not to boosters or the flu vaccination at this stage.

#### Next steps from NHS England and NHS Improvement

The NHS has always been clear that individuals should get the life-saving COVID-19 vaccination to protect themselves, their loved ones and their patients; the overwhelming majority have already done so. We will continue to support individuals who have not yet received the vaccination to encourage them to take up the offer of the 1st and 2nd doses, which will always be made available to them (the 'evergreen' offer).

NHS England and NHS Improvement is working with NHS Employers, DHSC and wider stakeholders to develop detailed implementation guidance, which will be issued in due course. This will give clarity and confirm specifically which individuals are in scope of this policy. We will work with you to minimise service disruption and ensure patient care and safety continues to be our core priority.

We ask local commissioners and systems to support primary care organisations, particularly where uptake is lower. NHS England and NHS Improvement will continue to work with local, regional, and national vaccination teams providing support to increase vaccination uptake. Targeted information is available to tackle misconceptions around vaccinations. For example, we are engaging with clinical, BAME networks and faith leaders through our advisory groups to ensure we provide appropriate support across the workforce; and have created videos with experts around fertility and pregnancy to reassure staff of the safety and importance of being vaccinated against COVID-19.

#### Next steps for the service

We know that one-to-one conversations have been the most effective way to support colleagues to make an informed choice, often leading to vaccination uptake. Therefore, we ask organisations to ask line managers to have supportive one-to-one conversations with unvaccinated staff members to identify reasons for vaccine hesitancy and provide information that will support them to make an

informed decision about the vaccine. Resources to assist with this can be found [here](#).

Other actions which have been found to be especially effective in increasing vaccination rates include:

- Making it as simple and convenient as possible to receive the vaccine and to make the most of walk-ins, pop-ups, and other delivery models, such as hospital hubs, vaccinations centres and local vaccination services.
- Engagement with targeted communities where uptake is the lowest, including extensive work with BAME and faith networks to encourage healthcare workers to receive the vaccine.
- Senior leaders and clinicians to proactively encourage vaccination uptake for all individuals through concerted communication campaigns and proactive engagement with individual colleagues.
- One-to-one follow up with unvaccinated individuals to offer structured support and access to expert clinical advice.

Please encourage individuals who have not yet been vaccinated to use the resources available and discuss with their own GP or trusted healthcare professional if they wish to have a further conversation or have any questions around vaccination.

Staff can access their COVID-19 vaccine from their place of work, from a community pharmacy, or a local vaccination centre using the National Booking Service. Frontline healthcare workers working outside of the NHS, including clinical and non-clinical staff, students, volunteers, and laboratory or mortuary staff, can use the National Booking Service to book their vaccine.

### Support for staff

NHS England and Improvement has put in place a comprehensive package of wellbeing support for health and social care staff which includes:

- [a dedicated health and care staff support service including confidential support via phone and text message](#)
- [free access to a range of mental health apps](#)
- [a range of counselling and talking therapies](#)
- [online resources, guidance, and webinars.](#)

We would like to take this opportunity to thank all those who have already been vaccinated and to emphasise how important it is that every person who is eligible to do so also takes up COVID-19 boosters and flu vaccinations in the lead up to winter.

Thank you for your continued support throughout the vaccination programme and for everything you are doing to care for patients and support your colleagues at this time.

Yours sincerely,

Amanda Pritchard NHS Chief Executive

Prerana Issar Chief People Officer for the NHS

Professor Stephen Powis National Medical Director

Ruth May Chief Nursing Officer for England

Dr Nikita Kanani MBE Medical Director for Primary Care

### **C. NEW St John Ambulance – vaccinator and driver support for housebound patients**

St John Ambulance (SJA) are able to assist primary care in the administration of booster vaccination to housebound patients. They can provide a volunteer vaccinator with suitable vehicle to support a RHCP for outreach services. The service will operate as a hub-and spoke where the NHS provider or primary care network will remain responsible for provision of the RHCP and the governance, administration, and oversight of the service.

During the administration of the vaccine to housebound recipients, the SJA vaccinator/driver can be employed in accordance with the conditions of other vaccination settings, as patient advocate, vaccinator, post-vaccination observer. By following the National Protocol, suitably trained SJA vaccinators can also draw-up specific vaccines.

A minimum of 5 days of notice is required to SJA for the provision of this service.

Please note, SJA vehicles do not have fridges and cannot be used to store pharmaceutical products. The responsibility for safe and suitable transportation of the vaccine (including cold-chain and refrigeration) and associated equipment remains the responsibility of the RHCP-lead.

Please contact your [lead employer](#) to access this service.

### **D. REMINDER Royal Voluntary Service (RVS) Steward Volunteers – now available in your area**

We are pleased to inform you the recent RVS steward volunteer recruiting, including reaching out to corporate and sports bodies, students and other volunteer groups etc, has resulted in an increase in steward volunteer availability along with shift fulfilment. All sites are encouraged to continue requesting steward volunteers from RVS, this includes sites who may be using other providers or be employing paid stewards. Your active engagement, and re-engagement, of RVS stewards will contribute to optimising your workforce availability, capacity and

resilience at this critical time, especially as we enter the winter months. Steward volunteers can support at vaccination centres and at local vaccination services (primary care networks, general practice, and community pharmacies).

Please contact your [lead employer](#) to see how you can access available RVS Steward Volunteers in your area and refer to the short [RVS webinar](#) on volunteer experience, which gives sites some handy top-tips on how they can best support their volunteers.

You can also read four case studies [here](#) describing the benefits of utilising RVS Volunteers and how easy the referral process is.

**E. NEW Booking RVS Steward Volunteers: useful 2-pager guide and an opportunity to ask your questions at upcoming drop-in sessions**

To assist all colleagues involved in either the booking or site-level management of RVS Steward Volunteers, RVS have produced an easy to follow [aide-memoire](#) to ensure all colleagues know what roles volunteers can fill, how to book them, and key points. On page 2, you can find a short checklist, which, if all colleagues use, will really help to ensure that you get the most from your volunteers.

RVS are also hosting a number of drop-in sessions, where they will have their Relationship Managers ready and willing to help with any queries or questions you may have regarding the RVS Steward Volunteers, the booking process and any issues or concerns you may have regarding requesting and working with RVS Volunteers. All Regional managers and referrers from all sites are welcome to these sessions. Please click on the appropriate session link at the time and date stated below, for the session you would like to join.

Date	Time	Hosted by RVS Regional Relationship Managers	Session link
Monday 8 November	12.00-12.30	Angela Sims & Phil Eagle	<a href="#">Click here to join the meeting</a>
Tuesday 9 November	13.30-14.00	Phil Eagle & Julie Crocker	<a href="#">Click here to join the meeting</a>
Wednesday 10 November	11.00-11.30	Alison Waters & Charlie Rossi	<a href="#">Click here to join the meeting</a>
Thursday 11 November	10.00-10.30	Charlie Rossi & Julie Crocker	<a href="#">Click here to join the meeting</a>
Friday 12 November	14.00-14.30	Angela Sims & Alison Waters	<a href="#">Click here to join the meeting</a>

**F. Help improve the staff vaccination experience**

The NHS Vaccines Programme would like your help to understand your experiences with the technology and systems you've used to support your vaccination work over the past three months.

The survey can be found [here](#) and takes approximately 7-10 minutes to complete. Your help will allow us to learn about the needs of people using the service and how it can be improved.